Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065014	A. BUILDING _____ B. WING _____	11/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING ARBOR OF WILMINGTON	809 JOHN D BARRY DRIVE WILMINGTON, NC 28412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the New Hanover County Department of Social Services conducted an annual survey and complaint investigation on 10/30/19 - 11/01/19.	D 000		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 1 of 6 sampled staff (Staff C) had a criminal background check completed prior to hire. The findings are: Review of Staff C's personnel record revealed: -Staff C was hired as a dietary aide on 12/17/15. -There was a consent to have a criminal background check completed on 12/14/15. -There was no documentation of a completed criminal background check for Staff C, prior to her hire date of 12/17/15. Telephone interview with Staff C on 10/31/19 at 2:50pm revealed: -She was originally hired at the facility in 1999 and had to leave employment for a year. -She was rehired 12/17/15 as a dietary aide. -She did not remember having a criminal background check completed when she was rehired. -She did not think she needed to get a new	D 139		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Karen Polce — Regional Director — 12/12/19

STATE FORM 6899 — RBN7H — If continuation sheet: 1 of 92

Karen Polce Reviewed and Acknowledged 12/20/19

12/19/19 RES
Resubmitted with 3 Changes Requested

PLAN OF CORRECTION for Annual Survey and Complaint Investigation completed November 1, 2019. (Aspen Event IDRBN711 / Complaint Intake Reference NC00155527)

Spring Arbor of Wilmington
HAL-065-014
New Hanover County

It is Spring Arbor of Wilmington's policy and standard practice to comply with all North Carolina Adult Care rules and state regulations.

10A NCAC 13F .0407(a)(7) Other Staff Qualifications
(a) Each staff person at an adult care home shall:
(7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40

Plan of Correction

A complete and thorough audit of all current active team members to assure compliance was immediately conducted by the Executive Director and the Business Office Manager.

Prevention of Re-occurrence

The Business Office Manager is responsible to initiate the criminal background check process for each new potential hire. Executive Director is utilizing a computerized tracking system to identify employment requirements of all team members. The Business Office Manager has access to this program to track completion of criminal background checks for each team member.

Monitoring Responsibility & Frequency

Executive Director and/or Business Office Manager will be responsible to keep the computerized tracking system up to date.

Documentation of completion of criminal background check will be maintained by the Business Office Manager for all team members.

Regional Director and Regional Nurse will conduct random audits of team member records during their onsite visits to community.

Correction Completion Date: 11/5/19

10A NCAC 13F .0507 Training on Cardio-Pulmonary Resuscitation
Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation.

Plan of Correction

At time of survey, staff schedule was immediately adjusted to demonstrate compliance with CPR certification requirement. Following this survey, Regional Nurse immediately set up two CPR classes to ensure that team members would be able to reinstate expired CPR certification or to obtain CPR certification. The first class was 11/5/19 and the second CPR class was held 11/20/19. All required team members attended a recertification class.

The Regional Nurse and Executive Director re-educated the Resident Care Director and the Cottage Care Director about the regulatory requirement to schedule a minimum of one CPR-trained team member on each shift.

Prevention of Re-occurrence

Executive Director is utilizing a computerized spreadsheet to identify and track CPR certification and renewal dates for team members.

Executive Director/designee will make this spreadsheet available on each medication cart for SICs to permit quick reference about CPR-qualified team members in the community.

Resident Care Director and Cottage Care Director also have access to this information to ensure ongoing awareness and attention to compliance of CPR certification status and upcoming training needs among team members.

The Assistant Resident Care Coordinator will manage the staff schedule for AL under the supervision of the Resident Care Director and the Cottage Care Director will manage the staff schedule for Cottage. In the absence of either the Resident Care Director or the Cottage Care Director, the Executive Director/designee will assume responsibility to oversee the staff schedule for CPR compliance.

An additional CPR class has been scheduled on-site on January 8, 2020 and is on the training calendar quarterly thereafter.

Monitoring Responsibility & Frequency

Executive Directive and/or Business Office Manager will be responsible to keep the computerized spreadsheet up-to-date. Executive Director/designee will review compliance monthly.

Documentation of competency and completion of CPR will be maintained by the Business Office Manager in team member records.

Regional Nurse will audit compliance of CPR certifications at least quarterly during on-site visits.

Correction Completion Date 11/5/19

10A NCAC 13F .0802(s) Resident Care Plan
(a) An adult care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan is an individualized written program of personal care for each resident.

Plan of Correction

Care Plan for Resident #3 is complete, current and in compliance.

Following this survey, Resident Care Director, Cottage Care Director, Executive Director and Regional Nurse conducted a complete review of resident care plans to assure that every care plan was current, detailing an individualized written program of personal care for each resident, and signed by the physician.

Prevention of Re-occurrence

A computerized spreadsheet is being used in the community to identify dates of resident care plan completion and due dates. The Resident Care Director and Cottage Care Director will be responsible to keep this computerized spreadsheet up-to-date for ongoing compliance of care plans.

The Resident Care Director and Cottage Care Director will also be responsible to track the timely return of signed care plans from physician, or to follow-up with physician office as needed. Documentation of all communications with a physician office about a care plan will be maintained.

Monitoring Responsibility & Frequency

Resident Care Director and Cottage Care Director will be accountable to keep this computerized tracking system up-to-date for compliance of care plans. Executive Director/designee will review the tracking system on a monthly basis to assure ongoing compliance.

Regional Nurse will conduct random audits of the tracking system and active charts upon on-site visits.

Correction Completion Date: 11/22/19

10A NCAC 13F .0901(b) Personal Care and Supervision
(b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.

Plan of Correction

With an urgent call to action by the Regional Nurse, the Executive Director, Resident Care Director and Cottage Care Director initiated implementation of the Rose Program (Falls Management), beginning with a review of Fall Risks. Our on-site therapy provider worked in collaboration with Resident Care Director and Cottage Care Director in completing Fall Risk Assessments for each resident.

Re-education on the Rose Program was conducted by the Regional Nurse for Spring Arbor managers, team members and on-site therapy provider on 11/1/19.

Weekly "At Risk" meetings were begun following the Rose Program review. Regular participants include Executive Director/designee, Resident Care Director, Cottage Care Director, therapy provider and a rotating group of team members. Fall management interventions are determined and/or updated by this team for individual residents.

Residents at risk for falls are clearly identified. These residents and their personalized falls management interventions are communicated to all team members for ongoing implementation and follow through.

Prevention of Re-occurrence

Residents will be assessed for fall risk upon move-in, after a change in condition, after a fall or at least quarterly. Results of the assessment and identified falls management interventions will be shared with the resident, family, physician and team members and will be included in care planning and documentation.

Resident Care Director and Cottage Care Director will work closely with therapy provider to continually support and educate team members in the practice of identified falls management interventions for individual residents. Team members will be encouraged to communicate and share safety concerns or observations about residents with their manager or at the "At Risk" meetings. Team members and residents are encouraged to take full advantage of the on-site therapy provider resource readily available to them each day in the community.

Rose Program "At Risk" meetings will continue to be held each week under the direction of the Resident Care Director or Executive Director. Strong collaboration with therapy provider to help determine most effective falls management interventions for individual residents will continue.

An incident report will be completed by the Supervisor-in-Charge for any resident who has a Fall and the physician and responsible party will be notified. As required, the incident report will be sent to county DSS by the Resident Care Director or Cottage Care Director for any accident or incident resulting in resident death or an accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation hospitalization or medical treatment other than first aid.

Monitoring Responsibility & Frequency

The Resident Care Director and Cottage Care Director, in collaboration with the on-site therapy provider, are responsible to assure that fall risk assessments are completed for each resident as required.

The Executive Director/designee is responsible to assure that weekly "At Risk" meetings continue to be held and documented.

Sister-community resources have been scheduled to help assure clinical and operational compliance following this survey. This includes support from an experienced Resident Care Coordinator, Senior Cottage Care Coordinator and Executive Director. These resources have been committed through at least the end of January.

The Regional Nurse and Regional Director will confirm ongoing Rose Program compliance during their on-site visits to community. Each will participate in at least one "At Risk" meeting in the next 60 days.

Correction Completion Date: 11/22/19

10A NCAC 13F .0902(b) Health Care
(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.

Plan of Correction

Following this survey, immediate re-education was conducted by the Regional Nurse to clarify Spring Arbor's policy and procedure regarding incident reporting and referral and follow up with licensed physicians following an incident. This training was conducted on 11/1/19 and attended by Resident Care Director, Cottage Care Director, and Supervisors-in- charge. The Resident Care Director and Cottage Care Director continued this training with all other Supervisors not on duty during first class.

Effective 11/1/19, all lab orders and referrals will be given directly to the Resident Care Director or Cottage Care Director for scheduling and/or follow up and documentation.

Re-education inservices continued 11/4/19 when the Regional Nurse reviewed the "Hot Box" documentation system in place to assure follow through on change in condition and referrals and orders.

Prevention of Re-occurrence

Comprehensive chart audits on all current residents were conducted to review orders and referrals to assure follow through and compliance with all. This audit was completed on 11/29/19.

Resident Care Director or Cottage Care Director will be responsible to complete a chart audit within three days of new move-in going forward, to assure that all referrals and orders are identified and promptly acted upon.

Executive Director implemented a "red" calendar/planner system for Resident Care Director and Cottage Care Director to use for logging, scheduling and tracking all laboratory orders to assure that all follow up is completed.

Bi-weekly Medication Aide/Supervisor-in-Charge inservices were begun on 11/5/19 and will continue this schedule for at least the next three months for the purpose of increased awareness and understanding of medication administration procedures and systems, including follow through with systems to process all physician orders, including referrals and lab work. The Resident Care Director and Cottage Care Director will be responsible to conduct these inservice trainings, together with the oversight of the Executive Director/designee.

Monitoring Responsibility & Frequency

The Executive Director/designee will be responsible to review new move-in charts each week and to verify follow up on referrals, lab orders and physician communications.

The Executive Director/designee will assure that bi-weekly Medication Aide/Supervisor-in-Charge inservices are being conducted by Resident Care Director and Cottage Care Director and are being attended by designated team members.

Sister-community resources have been scheduled to help assure clinical and operational compliance following this survey. This includes support from an experienced Resident Care Coordinator, Senior Cottage Care Coordinator and Executive Director. These resources have been committed through at least the end of January.

Regional Nurse will confirm this compliance during each onsite visit and will support and reinforce education as needed.

Correction Completion Date: 11/29/19

10A NCAC 13F .0902(c)(3-4) Health Care
(c) The facility shall assure documentation of the following in the resident's record:
(3) written procedures, treatments or orders from a physician or other licensed health professional;
(4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.

Plan of Correction

Resident #9 was discharged on 11/22/19 to skilled nursing, in response to increased care needs and physician order.

Following the survey, immediate re-education was conducted by the Regional Nurse to review physician orders and the FL2 form, including timing of community receipt of FL2 and the critical information and orders to review in advance of a resident being approved to move into community.

This training was conducted on 11/4 and 11/5 and attended by Resident Care Director, Cottage Care Director, and Supervisors-in- charge. The Resident Care Director and Cottage Care Director have continued this training to assure that all Supervisors-in-Charge have completed.

Prevention of Re-occurrence

Resident Care Director and Cottage Care Director will communicate with Marketing Director and referral sources (physician, hospital, rehab centers) to assure timely receipt of FL2 to allow Spring Arbor to determine ability to meet resident care needs and physician orders.

A structured "Order Tracking System" was put into place in each medication room, to be followed by every Medication Aide and Supervisor-in-Charge to assure that all physician orders are acted upon in a prompt and efficient manner.

Bi-weekly Medication Aide/Supervisor-in-Charge inservices were begun on 11/5/19 and will continue this schedule for at least the next three months for the purpose of increased awareness and understanding of medication administration procedures and systems, including follow through with systems to process all physician orders, including referrals and lab work. The Resident Care Director and Cottage Care Director will be responsible to conduct these inservice trainings, together with the oversight of the Executive Director/designee.

Monitoring Responsibility & Frequency

The Executive Director/designee will review the FL2 for each new prospective resident, to assure community's ability to comply with physician's recommended level of care (i.e., assisted living vs SCU).

The Executive Director/designee will assure that bi-weekly Medication Aide/Supervisor-in-Charge inservices are being conducted by Resident Care Director and Cottage Care Director and are being attended by designated team members.

Sister-community resources have been scheduled to help assure clinical and operational compliance following this survey. This includes support from an experienced Resident Care Coordinator, Senior Cottage Care Coordinator and Executive Director. These resources have been committed through at least the end of January.

Regional Nurse and Regional Director will confirm this compliance during their on-site visits and will support and reinforce education as needed.

Correction Completion Date: 11/5/19

10A NCAC 13F .0909 Resident Rights
An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Resident's Rights, are maintained and may be exercised without hindrance.

Plan of Correction

The Executive Director immediately placed a call to the Ombudsman, Kandace Lego, to request her availability to conduct Resident Rights training on-site. The earliest dates available were 11/18 and 11/19. The Executive Director and Regional Nurse conducted Resident Rights training for all Spring Arbor team members (assisted living and Cottage/SCU). Training was held on 11/4 and 11/5, with special focus on resident dignity, respect and privacy, and receiving care and services which are adequate, appropriate and in compliance with relevant laws, rules and regulations. Training used interactive scenarios and return demonstrations from team members for competency assurance of their understanding of the material covered.

Prevention of Re-occurrence

Executive Director and Business Office Manager are using a computerized spreadsheet to track new hires as well as current team members to assure that all Spring Arbor employees receive Resident Rights training upon hire and annually. In addition, Resident Rights will be reviewed and reinforced by the Executive Director/designee at monthly team member meetings.

Monitoring Responsibility & Frequency

The Business Office Manager will be responsible to update the tracking spreadsheet following each documented training. The Executive Director/designee will review the spreadsheet monthly to assure current compliance with Resident Rights training.

The Regional Nurse will conduct random audits of team member training files each quarter during on-site visits to assure ongoing compliance.

Training on resident rights will be held upon hire and annually thereafter for all team members. Documentation of attendance and completion of training will be maintained in team member records.

Correction Completion Date: 11/19/19

10A NCAC 13F .1212(a) Reporting of Accidents and Incidents
An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or an accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization or medical treatment other than first aid.

Plan of Correction

Training was conducted by the Regional Nurse on incident reporting policy and procedure, including timely communication to the county DSS for accidents or incidents resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization or medical treatment other than first aid. This training was attended by Resident Care Director, Cottage Care Director, and Supervisors-in-Charge. This training was conducted on 11/1/19. The Resident Care Director and Cottage Care Director have continued this training with all other Supervisors-in-Charge.

A new fax cover sheet was created by the Regional Nurse to be used exclusively for timely Spring Arbor required reporting of accidents and incidents to county DSS.

Prevention of Re-occurrence

Resident Care Director, Cottage Care Director and/or Executive Director/designee will review all new incident reports daily. Incidents required to be reported will be submitted by one of these managers to county DSS within 48 hours utilizing the new fax cover sheet. Fax transmission documentation will be attached to the incident report before filing. Resident Care Director, Cottage Care Director or Executive Director/designee will immediately notify county DSS of any mental or physical abuse, neglect or exploitation of a resident and will maintain documentation of this communication.

Monitoring Responsibility & Frequency

The Resident Care Director or Cottage Care Director will communicate with the Regional Nurse, in advance of submission, to review any incident that is required to be reported to county DSS.

The Executive Director/designee will review all incident reports each week to assure that communication to county DSS is being completed in a timely manner and that appropriate documentation is in place.

Regional Nurse will confirm this compliance during on-site visits.

Correction Completion Date: 11/29/19

10A NCAC 13F .1306 Admission to the Special Care Unit
In addition to meeting all requirements specified I the rules of this Subchapter for the admission of residents to the home, the facility shall assure that the following requirements are met for admission to the special care unit:
(1) A physician shall specify a diagnosis on the resident's FL-2 that meets the conditions for the specific group of residents to be served.
(2) There shall be a documented pre-admission screening by the facility to evaluate the appropriateness of an individual's placement in the special care unit.
(3) Family members seeking admission of a resident to a special care unit shall be provided disclosure information required in G.S. 131D-8 and any additional written information addressing policies and procedures listed in Rule .1305 of this Subchapter that is not included in G.S. 131D-8. This disclosure shall be documented in the resident's record.

Plan of Correction

A complete and thorough review of all health care records and administrative files was conducted to assure that disclosure forms had been completed for each resident in Cottage (Special Care Unit/SCU). All were found. All were filed in administrative files.

All FL2s for Cottage (SCU) residents were reviewed for appropriate dementia diagnosis with a recommended level of care of special care unit. All were found in compliance.

Prevention of Re-occurrence

Each new resident moved into Cottage (SCU) will have a pre-admission assessment completed to assure appropriate placement. It is the responsibility of the Cottage Care Director or Resident Care Director to assure the completion of this assessment. This assessment will be filed in the resident's health record.

Each Cottage (SCU) resident will have a signed disclosure statement on-file upon move-in. This will be filed in the resident's administrative file. It is the responsibility of the Marketing Director or Executive Director/designee to review the disclosure with Responsible Party and to provide the signed disclosure to the Business Office Manager for secure filing.

Monitoring Responsibility & Frequency

Cottage Care Director or Resident Care Director will assure that all pre-admission assessments and disclosure forms are completed, signed and filed appropriately for each new Cottage move-in.

The Executive Director/designee will review ongoing compliance of pre-admission assessment and disclosure completion on a monthly basis.

The Regional Nurse and/or Regional Director will conduct random administrative file and health care record audits each quarter during on-site visits.

Correction Completion Date: _11/19/19

G.S. 131D-21(2) Declaration of Residents' Rights
Every resident shall have the following rights:
2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.

Plan of Correction

The Executive Director immediately placed a call to the Ombudsman, Kandace Lego, to request her availability to conduct Resident Rights training on-site. The earliest dates available were 11/18 and 11/19. The Executive Director and Regional Nurse conducted Resident Rights training for all Spring Arbor team members (assisted living and Cottage/SCU). Training was held on 11/4 and 11/5, with special focus on resident dignity, respect and privacy, and receiving care and services which are adequate, appropriate and in compliance with relevant laws, rules and regulations. Training used interactive scenarios and return demonstrations from team members for competency assurance of their understanding of the material covered.

Prevention of Re-occurrence

Executive Director and Business Office Manager are using a computerized spreadsheet to track new hires as well as current team members to assure that all Spring Arbor employees receive Resident Rights training upon hire and annually. In addition, Resident Rights will be reviewed and reinforced by the Executive Director/designee at monthly team member meetings.

Monitoring Responsibility & Frequency

The Business Office Manager will be responsible to update the tracking spreadsheet following each documented training. The Executive Director will review the spreadsheet monthly to assure current compliance with Resident Rights training.

The Regional Nurse will conduct random audits of team member training files each quarter during on-site visits to assure ongoing compliance.

Training on resident rights will be held upon hire and annually thereafter for all team members. Documentation of attendance and completion of training will be maintained in team member records.

Correction Completion Date 11/19/19

G.S 131D-4.5B(b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements

(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:

(1) A five-hour training program developed by the Department that includes training and instruction in all the following:

a. The key principles of medication administration.

b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.

(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.

(3) Within 60 days from the date of hire, the individual must have completed the following:

a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:

1. The key principles of medication administration.

2. The federal Centers of Disease Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.

b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.

Plan of Correction

Staff G and H were removed from medication administration duties until required training was completed. Regional Nurse immediately scheduled 10/15-hour Medication Aide training program on-site, which Staff G and H each successfully completed.

A review of all Medication Aide records was conducted, to assure each Medication Aide had required training and clinical skills evaluation documentation on file.

Three separate 10/15-hour Medication Aide training programs have been conducted on-site since date of survey. Trainings were conducted by Regional Nurse and RN Consultant, who have also completed clinical skills evaluations as required for new Medication Aides.

Prevention of Re-occurrence

A computerized tracking system is being used to assure that all Medication Aide training and clinical skills evaluation requirements are met and on-file before an individual Medication Aide is assigned to pass medications.

It is the responsibility of the Business Office Manager to maintain the tracking system and employee training files. It is the responsibility of the Resident Care Director and/or Cottage Care Director to assure all requirements have been met prior to scheduling a Medication Aide to pass medications.

An additional 10/15-hour training program has been scheduled on-site in January 2020.

Monitoring Responsibility & Frequency

It is the ongoing responsibility of the Resident Care Director and Cottage Care Director to assure that training and competency requirements are current for all Medication Aides. The Executive Director/designee will review the tracking system data on a monthly basis, to assure updated and ongoing compliance.

The Regional Nurse and RN Consultant will conduct a random audit of Medication Aide records each quarter during community visits to assure compliance and will support needs for ongoing 10/15-hour training as requested.

Correction Completion Date: November 14, 2019

G.S. 131D-25 Implementation
Responsibility for implementing the provisions of this Article shall rest with the administrator of the facility. Each facility shall provide appropriate training to staff to implement the declaration of residents' rights included in G.S. 131D-21.

Plan of Correction

The Executive Director in place at time of survey is no longer employed by Spring Arbor of Wilmington and is in process of being replaced.

As demonstrated throughout this Plan of Correction, the Regional Director and Regional Nurse are leading and managing the Wilmington team and additional regional resources to assure that management, operations and policies of Spring Arbor are implemented and rules are maintained in the areas of: Other Staff Qualifications, Training on CPR, Resident Care Plans, Supervision, Referral and Follow-up, Health Care Implementation, Resident Rights, Reporting of Accidents and Incidents and Admission to the Special Care Unit.

The Regional team will continue focus on the development of Resident Care Director in his role. He has trained and worked closely with Regional Nurse, Regional Director, a sister-community Resident Care Coordinator and the former Executive Director since his hire date of 8/12/19. Will re-educate and provide support from Regional level as needed.

The Regional team is in process of reviewing and assessing the performance of the Cottage Care Director in her role. She has trained and worked closely with two Regional Nurses, the Regional Director, a Senior Cottage Care Coordinator and the former Executive Director since her hire date of 7/18/19. Will re-educate and support from Regional level as assessment of performance determines needs.

Bi-weekly Medication Aide/Supervisor-in-Charge inservice trainings were begun on 11/5/19 and will continue this schedule for at least the next three months for the purpose of increased awareness and understanding of medication administration procedures and systems, including follow through with systems to process all physician orders, including referrals and lab work. The RCD and CCD will be responsible to conduct these inservice trainings, together with the oversight of the Executive Director/designee.

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Prevention of Re-occurrence

A thirteen-month Training Calendar has been developed to address all required training needs (Dec 2019 – Dec 2020) This advance scheduling will allow for improved planning, participation and overall compliance. Monthly "All Staff" meetings have been consistently scheduled for 2:30 pm and 10:30 pm, to permit maximum participation by team members from two shifts each meeting.

In order to improve ease of communication the Regional team has introduced the DIAL MY CALLS system to Spring Arbor team members. This app allows for automated text messages to be sent to any/all team members by a manager, reminding them of an upcoming meeting or training or simply to say Thank You for a job well done.

The Regional team will collaborate with sister-community resources to support the Wilmington Resident Care Director and Cottage Care Director with ongoing operations needs and education efforts to team members in order to remain in compliance with regulations.

Regional Nurse(s) will be available by telephone for additional resource. Regional Nurse(s) will be on-site at least monthly for additional oversight, trainings and inservice training of resident care team members.

Regional Director will be available by telephone for additional resource. Regional Director will be on-site at least monthly for additional operations and management support as needed.

Monitoring Responsibility & Frequency

The Regional Director and Regional Nurse(s) will work closely with the Resident Care Director and Cottage Care Director to assure consistent involvement and oversight of of management and operations systems in compliance with policies and regulations.

The Regional team has arranged for experienced sister-community resources (i.e., Executive Director, Resident Care Coordinator, Senior Cottage Care Coordinator) to support the Wilmington Resident Care Director and Cottage Care Director on a regular schedule each week. This support is currently in place and is scheduled through the end of January 2020. Need for ongoing support past that date will be reviewed and arranged as needed.

Regional Nurse(s) will be on-site at least monthly for additional oversight, trainings and inservice training of resident care team members. Regional Nurse(s) will randomly audit in all areas of violation during each on-site visit.

Regional Director will be on-site at least monthly and will randomly audit areas of violation during on-site visits.

Correction Completion Date: 11/29/19

Respectfully submitted by

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Randy Jackson, Regional Director Date