261 Oliver Street
Fall River, MA 02724

Gabriel House
ASSISTED LIVING RESIDENCE

Tel: 508-678-9095
Fax: 508-677-2973

November 30, 2023

Christopher Mundy
Christopher.mundy2@mass.gov
Assisted Living Certification Specialist
Executive Office of Elder Affairs
One Ashburton Place
Boston, MA 02108

Dear Mr. Mundy,

Please find Gabriel House's completed Plan of Correction enclosed.

Thank You,

Patricia J. Jancarik LSW
Social Worker
Gabriel House Assisted Living

# EXECUTIVE OFFICE OF ELDER AFFAIRS

Assisted Living Certification Unit
www.mass.gov/elder

## PLAN OF CORRECTION (POC)

The Executive Office of Elder Affairs (EOEA), has developed a templated Plan of Correction (POC) form. The POC form has been designed to standardize the response process and provide an efficient means of documenting steps to correct findings identified during the recertification process.

To complete the POC template, please adhere to the following guidelines:

- To complete the first column, "Regulation or Finding," consistently cite from the compliance review letter each specific finding **or** each specific regulation.
- To complete the second column, "Plan of Correction," succinctly summarize what has been done or will be done to prevent recurrence of each identified finding.
- To complete the third column, "Completion Date(s)," provide the date of completion or expected date of completion for each POC item.

The POC is to be submitted electronically to the assigned Assisted Living Certification Specialist who also sent the compliance review letter. The submission should include two separate attachments: (1) the completed POC form and (2) all supplemental documentation of completed corrective actions.

Enclosed: Plan of Correction Template

# PLAN OF CORRECTION (POC)
## Massachusetts Executive Office of Elder Affairs
## Assisted Living Certification and Compliance Unit

| | | | |
|---|---|---|---|
| **ALR Name:** | Gabriel House | | |
| **ALR Address:** | 261 Oliver Street | Fall River | |
| | ***Street Address*** | ***City/Town*** | |
| **Name of Person Submitting POC*:** | Patricia J. Jancarik | **Title of Person Submitting POC:** | Social Worker |
| **Date POC Submitted:** | November 30, 2023 | | |
| **By providing the information herein, you are attesting to the accurate completion and submission of a plan of correction on behalf of the ALR you are representing.* | | | |

In accordance with the Massachusetts Assisted Living regulations (651 CMR 12.09), EOEA or its authorized designee shall conduct a compliance review of an Assisted Living Residence (ALR) prior to the issuance of an initial or renewal certification. If EOEA finds that the Sponsor is not in compliance, a notice of noncompliance shall be sent to the Sponsor describing the noncompliance with particularity and indicating the specific portion of the law(s) or regulation(s) which have been violated, and shall include the corrective action to be taken by the Applicant or Sponsor within a time period deemed reasonable by the Secretary.

The POC required should be submitted using this form within 30 days from the day of the ALR's receipt of the compliance review letter or from the date on which the Sponsor had been notified of the decision issued in accordance with the Administrative Appeal Process as described in 651 CMR 12.10, whichever is later. Each finding should be addressed with the following POC information, as required under 651 CMR 12.09(4)(g)(1):

a. A specific plan of what will be or was done to correct the problem;
b. A description of what will be done to prevent recurrence of this problem, or problems of this type;
c. Designation of the individual(s) who will be responsible for monitoring the correction to ensure the problem does not recur; and
d. The date by which lasting correction will be achieved.

Supplemental documentation required to support the POC content must be submitted directly to the Executive Office of Elder Affairs Assisted Living Certification Unit. If multiple pages are required to complete this form, please number each page accordingly on the bottom of the page.

| | |
|---|---|
| **ALR Name:** | Gabriel House |

| ALR Name: | gabriel house | |
|---|---|---|
| **Finding(s)** | **Plan of Correction** | **Completion Date(s) *(MM/DD/YYYY)*** |
| Enter Findings<br>A)Service Plan Development Requirements<br>1. Missing Q30day reassessment<br>2. Missing Q6month reassessment | Enter Plan of Correction<br>1.Changes made to service plan - added Q30day reassessment(SEE FORM ATTACHED)<br>2.Q6 Month paperwork will be completed as scheduled. | Enter Date initiated 10/31/23 by nursing(R.Pimentel) |
| B) Quality Assurance Performance Improvement<br>1. Fall Risk Assessment<br>2. Medication Administration | 1. Second page added to fall Risk Assessment(SEE FORM ATTACHED) for a preventative plan of action R/T future falls<br>2. Dates will be written by staff opening new packages of eye drops prior to 1st administration assistance upon delivery of prescription from the pharmacy<br>3. Medication boxes will be checked & cleaned quarterly by CNAs/Nursing( SEE FORM ATTACHED) | Initiated on 11/1/2023 by R Pimentel |
| D)Correspondence Log | 1. Additional training done with CNA staff.<br>2. Reviewed daily @ both AM/PM shift report the significance of maintaining the communication log updated .<br>3. Continue to review communication log protocol @ quarterly staff meetings | 10-31-2023 to 10/31/2024 by R> Pimentel |
| F) Introductory Visit & Review | To be done within a week of admission to Gabriel House | 11/1/23 to 11/1/24 by R.Pimentel |

| Finding(s) | Plan of Correction | Completion Date(s) *(MM/DD/YYYY)* |
|---|---|---|
| C- General Requirements for an Assisted Living Residence-Emergency Preparedness Plan and Reporting Requirements:<br><br>Reporting Resident Specific Emergencies<br><br>> The Residence filed 26 incident reports greater than 24 hours after the occurrence of the incident during the period reviewed. | Reinforce to Staff on an ongoing basis to notify Designated Reporter in a timely manner of incidents to allow for reporting within the required twenty-four hours.<br><br>Have more than one Designated Reporter for incident reporting. Having more than one Reporter will provide wider coverage for reporting incidents, particularly for periods of vacation, sick leave or other periods of absence of a Reporter.<br><br>Request for an additional user to the Dynamics Reporting System to be submitted to ALRincidentreport@MassMail.State.MA.US<br><br>Ongoing compliance with incident reporting to be monitored by Patricia Jancarik | 12/03/2023 |

| ALR Name: | | |
|---|---|---|
| **Finding(s)** | **Plan of Correction** | **Completion Date(s)** ***(MM/DD/YYYY)*** |
| Enter Findings<br><br>E: Health Screening Requirements.<br>Three personnel records were missing documentation of pre-employment physical exams.<br><br>F: LGBTQ Training<br>Missing two documentations of LGBTQ training | Enter Plan of Correction<br><br>Employees have provided all the required physical exams which have been filed in their personeel charts. All missing documentation from employees is up to date with physical exams.<br><br>In the future Gabriel House will ensure that all health screening requirements are completed and filed during hiring.<br>Stacy Keets and Sidonia Boleates will be responsible for monitoring and ensuring that this problem does not occur again and files will be up to date.<br><br>Employees that were missing LGBTQ training were all completed on 11/21/2023.<br><br>In the future LGBTQ training will be included in the orientation agenda for new hires.<br>Stacy Keets and Sidonia Boleates will be revising the orientation agenda to add in this training. Stacy and Sidonia will also be responsible for monitoring and ensuring that this problem does not occur again and files will be up to date. | Enter Date<br><br>11/29/2023<br><br>12/01/2023 |