PLAN OF CORRECTION – GORHAM HOUSE

Survey Completed: February 11, 2026 | Event ID: 1E0BFF-H1 | Provider ID: 205166

Submission of this Plan of Correction does not constitute an admission of the findings or conclusions.

F0550 — Facility failed to ensure staff spoke to residents in a dignified manner

1. Corrective Action: Resident #10 assessed for psychosocial harm; none ongoing. Rep notified. Involved LPN removed from duty day-of and employment terminated 2/6/26.

2. Identification of Others: Unit and facility-wide observations conducted to identify additional dignity concerns; none substantiated.

3. Systemic Changes: Dignity, de-escalation, and policy education completed for staff.

4. Monitoring: Rounding to be completed by the DON or their designee to monitor for dignity and de-escalation opportunities. The grievance log will be reviewed weekly by the social worker or their designee; trends to be reported to QAPI monthly.

5. Completion Date: March 16, 2026 and ongoing

F0552 — Facility failed to inform a resident/representative in advance of psychotropic risks/benefits, options, and alternatives

1. Corrective Action: R67 representative contacted; informed consent obtained and documented; care plan updated.

2. Identification of Others: An audit was completed on psychotropics to verify consents are present and care plans are updated. Residents on psychotropics have the potential to be affected.

3. Systemic Changes: Education provided to nursing staff on psychotropic orders and obtaining consents.

4. Monitoring: Weekly audit of new psychotropic starts for 8 weeks, then monthly for 4 months. Results reported to monthly QAPI meeting.

5. Completion Date: March 16, 2026 and ongoing

F0584 — Facility failed to maintain a safe/clean/homelike environment and protect resident property

1. Corrective Action: Deep-clean done on Windsor 2 kitchen and high-dust areas; repair/replace damaged room items cited; R4 belongings inventory created and facility-funded replacement eyeglasses ordered.

2. Identification of Others: Facility-wide environmental audits completed; chart audit for belongings inventory form; complete/update as needed.

3. Systemic Changes: EVS daily/weekly/monthly schedules with supervisory sign-off; belongings inventory added to admission packets.

4. Monitoring: Weekly EVS audits (10 rooms/unit) x12 weeks; Weekly TELS audit for completion x 12 weeks; weekly admission audits for belongings inventory x 12 weeks, grievance log to be monitored monthly, results of audits to be reported at monthly QAPI meetings.

5. Completion Date: March 16, 2026 and ongoing

F0605 — Facility failed to meet psychotropic drug requirements

1. Corrective Action: R2 PRN trazodone corrected to comply with 14-day PRN policy; R67 diagnosis corrected to appropriate indication with target symptoms; R8 and R42 side-effect monitoring orders placed.

2. Identification of Others: Residents on psychotropics have the potential to be affected. Orders reviewed for appropriate diagnosis, PRN limits, and monitoring.

3. Systemic Changes: Education with nursing staff on diagnosis/target symptoms/monitoring/PRN end-date; discuss with consultant pharmacist quarterly GDR protocol with documentation if contraindicated; TAR lines for adverse-effect monitoring added for psychotropics.

4. Monitoring: Weekly audit of new psychotropic starts for 8 weeks, then monthly for 4 months. Results reported to monthly QAPI meeting.

5. Completion Date: March 16, 2026 and ongoing

F0628 — Facility failed to issue required written transfer/discharge and bed-hold notices with appeal rights and Ombudsman contacts

1. Corrective Action: R67 remains in the facility, A note from the hospital alerted the facility that R69 did not want to pay for a bed hold.

2. Identification of Others: Residents transferring from the facility have the potential to be affected.

3. Systemic Changes: Education provided to nursing staff on discharge, transfer, and bed hold process. Hospital Transfer Packet with State Ombudsman contacts, appeal rights, and bed-hold details packets provided to nursing staff.

4. Monitoring: The social worker or their designee will review transfers weekly x8 weeks, then monthly x4 months; results of the audits will be reported at monthly QAPI meeting.

5. Completion Date: March 16, 2026 and ongoing

F0657 — Facility failed to review, revise, and update the care plan to reflect current needs

1. Corrective Action: R67 care plan was revised.

2. Identification of Others: Residents on devices have the potential to be affected. An audit was completed on care plans to ensure they are updated.

3. Systemic Changes: Weekly IDT huddle to confirm care plans are updated for wound vacs, psychotropic monitoring, individualized dementia strategies, and other devices.

4. Monitoring: Bi-weekly care plan audits (10 charts) x8 weeks; then monthly x4 months; QAPI review.

5. Completion Date: March 16, 2026 and ongoing

F0689 — Facility failed to ensure environment free of accident hazards

1. Corrective Action: Cited hazards have been fixed. Heater cover installed; outlet replaced; permanent flooring repairs completed as scheduled.

2. Identification of Others: Facility-wide environmental audit completed to observe floors, outlets, radiators, bathrooms, and other resident areas.

3. Systemic Changes: Education provided on filling out work orders, on completing and prioritizing work orders. Monthly safety walks with the Maintenance director and Executive Director and/or their designees.

4. Monitoring: Weekly rounds of 9 resident rooms to observe all rooms over 5 weeks. Issues will be identified and put into TELS system. Results of rounding and completion of work orders from TELS to be reviewed monthly at safety meeting.

5. Completion Date: March 16, 2026 and ongoing

F0756 — Facility failed to act on pharmacist regimen review recommendations and pharmacist failed to re-flag unresolved irregularities

1. Corrective Action: Providers acted on R1 and R2 recommendations with documented decisions.

2. Identification of Others: New consultant pharmacist completed review of residents. Residents receiving medications have the potential to be affected.

3. Systemic Changes: Provider to respond within 5 business days to recommendations. Escalation to Medical Director/Administrator at day 7; consultant pharmacist will re-flag unresolved items in next monthly report.

4. Monitoring: Weekly DRR review by Director of Nursing or their designee x8 weeks, then monthly for 4 months.

5. Completion Date: March 16, 2026 and ongoing

F0847 — Facility failed to properly handle binding arbitration agreements and ensure they were not a condition of admission

1. Corrective Action: Arbitration form removed from admission packets; created standalone optional packet.

2. Identification of Others: Residents signing admission agreements electronically have the potential to be affected. Residents who signed arbitration agreements previously have had them nullified and removed from charts with a notice sent that if they choose to sign a new one they can reach out to the facility.

3. Systemic Changes: Revised admissions policy; Admissions staff educated on voluntary arbitration agreements.

4. Monitoring: 100% audit of new admissions weekly for 4 weeks then monthly for 4 months; Results of audits to be reported at QAPI monthly.

5. Completion Date: March 16, 2026 and ongoing

F0865 — Facility failed to make a good-faith effort to maintain an effective QAPI program prioritizing safety

1. Corrective Action: All safety concerns identified have been addressed and corrected. The QAPI agenda is updated to make a good faith effort to increase awareness and action prioritizing safety.

2. Identification of Others: Review incident/grievance/maintenance logs for unaddressed safety themes. Residents living in the facility have the potential to be affected.

3. Systemic Changes: Staff have been educated on adding work orders to TELS, maintenance educated on identifying and prioritizing safety related TELS work orders.

4. Monitoring: The administrator or their designee will conduct Bi-weekly review of TELS tasks to ensure safety-related items are addressed in 48 hours or less for 4 weeks then weekly for 4 weeks, then monthly thereafter. Monthly safety meeting will include review of open work orders to ensure safety prioritization and timeliness of acting on TELS work orders.

5. Completion Date: March 16, 2026 and ongoing

F0880 — Facility failed to maintain infection prevention and control related to cleanable seating and environmental hygiene

1. Corrective Action: R60's contaminated fabric chair removed and replaced with cleanable, non-porous chair; room terminally cleaned and disinfected.

2. Identification of Others: Audit completed of other rooms to identify/remove soiled or high-risk fabric seating.

3. Systemic Changes: Education completed with staff to identify fabric seating that could become soiled and to ensure cleaning or removal of any soiled items.

4. Monitoring: Weekly spot-checks by IP (10 rooms/week) x8 weeks during environmental rounding x4 months; Infection preventionist or their designee with report results of audits at monthly QAPI meeting.

5. Completion Date: March 16, 2026 and ongoing