Theresa Hawkins

Accepted 4/7/25

chg

Dauphin Way Assisted Living
Facility Identification Number: D4983
Administrator: Janice Stallworth
Survey Exit Date: 3/13/25

1. **A 302**
2. **Administrator will be re-educated immediately on all facility policy and procedures to ensure facility is being managed and operated according to agency guidelines. Completed on March 15, 2025.**
3. **The Administrator will conduct a audit of the entire facility to identify any policy and produces rule violations by April 10, 2025.**
4. **The Administrator will review all facility policy and procedures quarterly and to sign signature of review.**
5. **The Administrator will view facilities policy and procedures manual quarterly and sign signature of review to ensure compliance, to be kept in Administrators office.**

1. **A 303**
2. **The board of directors will provide additional training and oversight for the administrator on regulatory requirements and administrative duties immediately and as needed. Completed on March 20, 2025.**
3. **The Administrator will review all areas of facility operations to identify any other potential administrative deficiencies by March 30, 2025. Completed March 30, 2025.**
4. **The Administrator implemented a Administrative Duties checklist to ensure adequate day to day operations of the facility and to maintain previously cited deficient practices completed by March 30, 2025.**
5. **The Administrator will complete checklist monthly to ensure compliance. Review is to be kept in Administrators office.**

1. **A 402**
2. **The Administrator will screen EI#1, EI#3, EI#4, EI#5) immediately against the Alabama Nurse Aide Abuse Registry by Administrator. EI#1 (Administrator) will immediately review facilities policy and procedures regarding the employment process to be educated on the screening of potential employees prior to hire through the Alabama Department of Public Health Nurse Abuse Aid Registry.**
3. **The Administrator will conduct a full audit of all employee records to identify any other employees who were not properly screened against the Alabama Nurse Aid Abuse Registry by March 15, 2025. Completed March 15, 2025.**
4. **The Administrator developed a Pre-Employment Screening Checklist on March 25, 2025, that will be required for all new hires. This checklist ensures: Abuse Registry checks are completed before any job offer is finalized and will be completed by the Administrator and/or designee prior to hire. The Administrator reviewed policy and procedures on March 12, 2025. The Administrator will undergo quarterly training for 6 months on hiring procedures and regulatory requirements. The Administrator and/or designee will conduct quarterly audits of employee files to ensure all hiring requirements are consistently followed.**

5. **Pre-Employment checklist will be completed in its entirety by designee and viewed by the Administrator to ensure all required screenings have been obtained before any job offer is finalized. The Administrator will conduct quarterly audits of employee files to ensure compliance. Checklist will be kept in employee personnel file in Administrators office.**

1. **A 403**
2. **The Administrator or designee will immediately secure all missing documentation for EI#1, EI#2 and EI#4 to complete personal files.**
3. **The Administrator will review all other employee files by March 25, 2025, to ensure all employee personnel files are complete.**
4. **The Administrator developed an Employee File Checklist that will include all required documentation for a complete employee personnel file completed March 30, 2025.**
5. **The Administrator or designee will review personnel records quarterly utilizing the Employee File Checklist to ensure compliance. Record of monitoring will be stored in employee files in Administrators office.**

1. **A 405**
2. **The Administrator will immediately schedule all required training for EI#1, EI#2 and EI#4 to include comprehensive training, Diabetes Care and CPR.**
3. **The Administrator will review all employee records by March 25, 2025, to ensure that no other employees are missing required trainings. Any employee missing training records will be required to complete the necessary courses within 14 days of notification. The Administrator will develop an Employee File Checklist by March 25, 2025, that will include employee training and CPR certification to be completed within 90 days of hire and before resident contact. Checklist will also include annual training due dates. The Administrator will conduct a quarterly audit of employee's files to ensure compliance.**
4. **Administrator developed a Employee File Checklist on March 25, 2025. The Administrator and/or designee will utilize Employee file checklist to ensure all required employee training is completed before resident contact and annually. EI#1, E#2, E#4 completed required training as of March 23, 2025. E#4 completed CPR training through NEWMAN'S AMBULANCE SERVICE on March 25, 2025.**

5. **The Administrator will review employee files and checklist for completion before hire and quarterly to ensure compliance. Reviews will be kept in Administrator's office.**

1. **A 504**

2. **The Administrator will ensure all required postings, including survey results, are displayed in a public area and conduct audit of facility to always ensure a safe environment for residents. Completed March 15, 2025.**
3. **The Administrator will conduct a full facility audit to identify and correct all environmental safety hazards by March 30, 2025.**
4. **The Administrator implemented a Facility operations checklist to be completed monthly by Administrator or designee to ensure all required postings are displayed in a public area and to always ensure a safe environment for residents. Completed March 25, 2025.**
5. **The Administrator or designee will complete and review checklist monthly to ensure compliance. Checklist to be kept in Administrators office.**

1. A 507
2. The Administrator will obtain Emergency Transfer Plans for R1, R2, R3, R4, R5, R6 and R7 to include preference of hospital, nursing home, specialty care assisted living facility and funeral home to transfer resident when the facility can no longer meet the residents needs. Completed March 25, 2025.
3. The Administrator will review all resident files and obtain any missing Emergency Transfer Plan by March 25, 2025. The Administrator will implement a system to track the completion (update as needed) of Emergency Transfer Plans for all residents to be completed by March 25, 2025.
4. The Administrator implemented a system to track the completion (update as needed) of Emergency Transfer Plans for all residents on March 25, 2025.
5. The Administrator and/or designee will monitor monthly to ensure compliance. Review will be stored in Administrators office.

1. A 602
2. The Administrator and/ or designee will schedule annual physical examination for R4 and request any missing required information on physical examinations for R1, R4, R5, R6 and R7 to include vitals, tuberculosis screenings, assistance with ADLs, and free from commutable disease to be completed by April 10, 2025.
3. The Administrator will audit all other resident's files to ensure all annual physical examinations are current and complete by March 30, 2025. A system will be implemented to track annual exam due dates, and completion of documentation for all required components.
4. The Administrator completed audit of all resident files on March 25, 2025, and scheduled appointments and requested missing information from resident's physicians to be completed by April 10, 2025. The Administrator created a system on March 25, 2025, outlining all resident's annual physical exam due dates and a checklist to ensure documentation has all required information.
5. The Administrator and/or designee will review checklist each time a new physical examination is received and monthly to ensure compliance. Record of review will be kept in Administrators office.

1. A 604
2. The Administrator will immediately complete monthly assessment assistance with medication for R4. The Administrator will retrain E2 on the importance and completion of assistance with medication monthly assessments.
3. The Administrator and/or designee will audit all resident's files to ensure all residents have completed monthly assistance with medication records, and complete immediately and if needed by March 25, 2025. The Administrator will retrain E2 on the importance and completion of assistance with medication monthly assessments and to immediately notify the Administrator of any changes. The Administrator will also implement a system to track the completion of monthly assessments.
4. The administrator retrained E2 on March 21, 2025, on the importance and completion of monthly assessments. To notify the Administrator immediately if any changes. A monthly checklist was created on March 27, 2025, to ensure the completion of assessments for all residents.

5. **The Administrator will review checklist and resident's files monthly to ensure compliance. Record of training and checklist will be kept in Administrators office.**

1. **A 606**
2. **The Administrator will issue a 30-day notice for R4 and immediately notify the physician and obtain an order for a licensed nurse to administer medications until discharge. Order for Licensed nurse to administer medication until discharge obtained on March 13, 2025. Notice issued on March 12, 2023**
3. **The Administrator or designee will conduct assessments on all residents to ensure meet care and safety needs within the facilities licensure to be completed by April 1, 2025. The Administrator will train all employees to recognize changes in residents status by March 25, 2025.**
4. **The Administrator trained all staff on March 23, 2025, to recognize changes in residents status. The Administrator or designee will conduct assessments monthly and as needed.**
5. **The Administrator will review assessment findings monthly and as needed if a resident status changes. Results will be stored in residents files kept in Medication room.**

1. **A 611**
2. **The Administrator will immediately create a care plan for R5 to address significant diagnosis and self-administration of medication.**
3. **The Administrator will audit all resident's files for incomplete care plans and will complete any missing by April 10, 2025.**
4. **The Administrator implemented a checklist to track the completion of required care plans on March 30, 2025.**
5. **The Administrator and/or designee will monitor monthly for compliance. The checklist will be kept in the Administrators office.**

1. **A 613**
2. **The Administrator will immediately notify and obtain an order from R4 physician requiring a Licensed Nurse to administer R4 medications. The Administrator will immediately issue R4 a discharge notice. The Administrator will retrain E2 on proper protocol when a resident fails to demonstrate understanding of the facilities unit dose medication system by March 15, 2025.**
3. **The Administrator will conduct assessments of all resident's understanding of the facilities unit dose medication system by March 25, 2025.**
4. **The Administrator completed assessments of all residents on March 15, 2025. The Administrator completed training with all employees on March 14, 2025, on proper protocol when a resident fails to demonstrate understanding of the facilities unit dose medication system.**
5. **The Administrator will view Med Tech's monthly when providing assistance with resident's medication to ensure compliance. Review sheet and employee training signature of participation will be kept in Administrators office.**

1. A 616
2. The Administrator will immediately ensure R2 and R5 medications are secured. Resident's Medications secured on March 11, 2025. The Administrator will educate R2 and R5 on proper medication storage by March 15, 2025. Completed on March 15, 2025.
3. The Administrator and/or designee will immediately conduct a audit of all residents rooms that self-administer medications to ensure proper medication storage. Completed on March 14, 2025.
4. The Administrator and/or designee will conduct monthly checks to ensure compliance.
5. The review checklist will be stored in the Administrator office.

1. A 620
2. Resident was discharged from facility April 16, 2023.
3. The Administrator will interview all residents to ensure they meet criteria for appropriate admission by April 10, 2025.
4. Administrator and/or designee will review facilities policy and procedures quarterly to ensure appropriate admission of residents. Administrator and/or designee will be more diligent in admissions process to ensure appropriate admissions. Administrator will draft a preadmission screening checklist by March 30, 2025.
5. The preadmissions screening checklist will be completed by Administrator and/or designee during assessment of each potential resident to ensure appropriate placement indefinitely. The Administrator will review before each admission to ensure compliance. Checklist will be kept in Administrator's office.

1. A 621
2. The Administrator or designee will provide R2, R3, R4 with code to exit door to ensure free egress.
3. The Administrator or designee will meet with all residents to ensure the door code is provided by March 15, 2025.
4. The Administrator removed the code requirement during daylight hours on March 11, 2025. The Board of Directors will draft a policy and procedure regarding the removal of code during daylight hours to ensure residents free egress by March 15, 2025: completed on March 15, 2025. The Administrator or designee will conduct checks daily for 1 month.
5. The Administrator or designee will check removal of code requirement daily for 1 month to ensure compliance. Review will be kept in Administrators office.

1. A 703
2. The Administrator will immediately post meal service times and weekly menus in the food service area. Completed on March 11, 2025.
3. The Administrator will ensure new menus are completed 1 week in advance.
4. The Administrator or designee will and monitor weekly before current weeks end to ensure menus and mealtimes are posted.
5. The Administrator created a checklist that is to completed weekly by kitchen manager to ensure compliance. Checklist will be stored in kitchen.

1. **A 802**
2. **The Administrator will ensure lock is repaired by March 12, 2025. Completed March 11, 2025.**
3. **The Administrator or designee will check all door locks to ensure they are operational by March 12, 2025. The Administrator will reeducate all staff on ensuring medication room is secured when not in use by March 23, 2025.**
4. **The Administrator drafted a facility operations checklist to inspect doors to ensure lock is operational to be completed monthly by Administrator or designee. Employee training completed by Administrator on March 23, 2025, regarding medication room security.**
5. **The Administrator will review checklist monthly to ensure compliance. Checklist will be kept in Administrators office.**

1. **A1001**
2. **Administrator will ensure water heater settings are adjusted to ensure water temperature does not exceed 110° in areas utilized by residents.**
3. **The Administrator or designee checked water temperatures in all areas utilized by residents on March 20, 2025.**
4. **The Administrator or designee will check water temperatures daily for 1 week and monthly thereafter to ensure compliance.**
5. **The Administrator will review checks monthly to ensure compliance. Log will be kept in laundry area.**

1. **A 1002**
2. **The Administrator immediately will remove all flammable liquids, and secure chemicals.**
3. **The Administrator or designee will audit the facility to ensure any other flammable liquids are removed and chemicals secured by March 15, 2025. The Administrator will reeducate staff on proper storage of chemicals and flammable liquids by March 25, 2025. Completed March 24, 2025.**
4. **The Administrator completed audit of the facility on March 15, 2025, to ensure all chemicals were stored properly. The door lock was repaired on March 11, 2025. The staff was reeducated on proper storage of chemicals and flammable liquids on March 23, 2025. The Administrator drafted a facility operation checklist to be completed monthly by Administrator or designee.**
5. **The Administrator will review monthly to ensure compliance. Checklist to be kept in Administrators office.**

1. **A 1101**
2. **Administrator will immediately be reeducated on facilities policy and procedures on conducting fire drills monthly and quarterly on each shift.**
3. **The Administrator will review fire drill log by March 20, 2025, to view times fire drills were conducted.**
4. **Administrator will create a fire drill schedule; to ensure fire drills are conducted monthly and quarterly on each shift as listed per schedule by March 20, 2025. Completed March 20, 2025.**
5. **The Administrator will review monthly to ensure compliance. Fire drill log and schedule will be kept in Administrators office to ensure compliance.**

1. **A1203**
2. **The Administrator will ensure the 3 EXIT lights are repaired by March 25, 2025.**
3. **The Administrator or designee will check all other EXIT lights to ensure they are functioning properly by March 13, 2025. Completed March 13, 2025. The Administrator will draft a Facility operations checklist by March 25, 2025.**
4. **The Administrator drafted checklist completed on March 25, 2025.**
5. **The Administrator or designee will complete monthly checks to ensure compliance. Checklist will be stored in Administrators office.**

Janice Hallwalt
4-6-25