3/6/24 Theresa Hawkins

chg

MADISON AT THE RANGE

FACILITY ID D4544

PLAN OF CORRECTION

A Response to the:

Alabama Department of Public Health
Bureau of Health Provider Standards
Assisted Living Facilities Unit's
Survey Report
On February 12th, 2024

Submitted by:

Jennifer White
Administrator
License # II-1811

Facility Name: Madison at The Range
Facility ID: D4544
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 703

Deficiency: A 703 420-5-4-07 (3) Food Services
Based on observation and interview, the facility failed to ensure the time scheduled for meals was posted.

Corrective Action:
Mealtimes are currently posted.
ED will be responsible for assuring Meal menus and times are posted at all times.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action

Systemic Changes implemented to ensure the same deficiency will not recur:
ED/Designee will ensure mealtimes are always posted in the facility.

Monitoring of Proposed Corrective Action:
ED/Designee will visualize posted Mealtimes in the community daily for 30 days. Weekly for 8 Weeks and Monthly for 3 Months.
Regional Director of Operations will visualize posted mealtimes quarterly for 6 Months.

Administrator Jennifer White, A.L.A **Date:** 3-7-2024

Facility Name: Madison at The Range
Facility ID: D4544
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 804

Deficiency: A 804 420-5-4-08 (4) Physical Facilities
Based on observations and interviews, the facility failed to ensure kitchen equipment was maintained to be free of dust, grease, and dirt.

Corrective Action:
Kitchen will have a complete clean after each meal. All surfaces, cooktops, counters will be cleaned and sanitized.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action

Systemic Changes implemented to ensure the same deficiency will not recur:
Kitchen Staff Inservice to address cleaning, contamination, proper sanitation of workspace completed 03/8/2024.
Daily cleaning schedule created with sign off by dietary staff after each meal.
Weekly deep cleaning schedules created.
ED/Designee Kitchen Walk-Through's and spot checks of Kitchen cleanliness at random before, after and during meal service.

Monitoring of Proposed Corrective Action:
ED/Designee will proctor Monthly Kitchen Inservice's for 6 Months
Cleaning Schedule Reviewed by ED/Designee Weekly for 3 Months and Monthly for 3 Months.
ED/Designee will proctor weekly kitchen walk throughs for 3 months and Monthly for 3 Months.
Regional Director of Operations will proctor Quarterly Kitchen Walk-Through's for 6 Months.

Administrator Jennifer White, A.L.A **Date:** 3-7-2024

Facility Name: Madison at The Range
Facility ID: D4544
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 1101

Deficiency: A 1101 420-5-4-11 (1) Fire and Safety
Based on observation and interview, the facility failed to ensure the Fire Alarm Monitoring System was operating as per NFPA (National Fire Protection Association) standard 72. This Failure put all 42 residents at risk for harm.

Corrective Action:
Subsequent Fire Drill was performed during ADPH survey resulting in satisfactory equipment performance and signaling per the NFPA standard 72.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action

Systemic Changes implemented to ensure the same deficiency will not recur:
The Maintenance Director will document signal response times and verification that fire doors were in proper working order on Fire Drill report. Fire drills will be completed monthly on different shifts.

Monitoring of Proposed Corrective Action:
ED/Designee will review and sign fire drill reports monthly for 6 months.
Regional Director of Operations will review Fire Drill reports quarterly for 6 months.

Administrator Jennifer White, A.L.A **Date:** 3-7-2024

Facility Name: Madison at The Range
Facility ID: D4544
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 1201

Deficiency: A 1201 420-5-4-.12 (1) Physical Environment
Based on observations and interviews, the facility failed to maintain the facility in a manner to ensure the safety of the residents. Black substance observed on sheetrock under the baseboard that had been removed from previous water leak.

Corrective Action:
Area of concern was promptly covered/protected during ADPH survey. Mitigation company aware/treating dark spots discovered appropriately. Permits are being obtained, Insurance company has reached agreement to complete repairs and restoration process is expected to begin in next 30 -45 days.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action

Systemic Changes implemented to ensure the same deficiency will not recur:
Mitigation/Restoration process will begin the week of 3.4.2024 with asbestos testing, building permits are being obtained and repairs will be initiated first in primary area of concern.

Monitoring of Proposed Corrective Action:
The Maintenance Director will ensure mitigation/restoration process begins in area of concern and that any additional areas of concern are reported to ED/Designee immediately.
ED/Designee will monitor mitigation/restoration process daily until completed.
Regional Director of Maintenance will oversee repair/restoration process weekly until completion.

Administrator Jennifer White, A.L.A **Date:** 3-7-2024

Facility Name: Madison at The Range
Facility ID: D4544
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 1203

Deficiency: A 1203 420-5-4-.12 (5) Physical Environment
The facility failed to ensure the structural soundness of patio and French doors to prevent flooding. The facility further failed to ensure the repair of buckling floors.

Corrective Action:
Courtyard drains were immediately uncovered during ADPH survey. Drain spouts cleared of debris and positioned to drain properly. Buckling floors will be repaired as part of restoration process.

Steps taken to identify other Residents or Concerns:
ED/Designee will walk through community to identify areas of concern and provide a list to flooring company.
Stained carpets will be pulled up and replaced with new flooring.
All patio/courtyard rooms will have exterior doors inspected for proper seal drainage path for water, corrections will be made immediately as required.

Systemic Changes implemented to ensure the same deficiency will not recur:
ED/Designee will walk through community with Maintenance Director to identify areas of concern and ensure drains are free from debris/gravel.
During times of inclement weather and heavy rains all interior courtyard rooms and French doors leading to courtyards will be checked to assure no water intrusion.

Monitoring of Proposed Corrective Action:
Buckled flooring will be repaired within 3 Months.
ED/Designee will walk through community with Maintenance Director to identify areas of concern and visualize drains, rain barrels and exterior courtyard doors monthly for 6 Months.
Regional Director of Operation will walk through community with ED/Designee quarterly for 6 Months.

Administrator Jennifer White, A.L.A **Date:** 3-7-2024

Facility Name: Madison at The Range
Facility ID: D4544
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 1205

Deficiency: A 1205 420-5-4-.12 (7) Physical Environment
Based on observations and interviews, the facility failed to ensure that 4 sets of fire doors functioned in accordance with the NFPA 101 Life Safety Code. This deficient practice placed all 42 residents at risk for significant harm.

Corrective Action:
Subsequent Fire Drill was performed during ADPH survey resulting in satisfactory equipment performance.
Monthly fire drills will be completed on different shifts to include verification of magnetic door release/closure.
Global Fire contacted at time of survey and "remapping of signal to all rooms and emergency fire doors "completed.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action

Systemic Changes implemented to ensure the same deficiency will not recur:
Maintenance Director will document verification that fire doors were in proper working order on Fire Drill report.

Monitoring of Proposed Corrective Action:
ED/Designee will review and sign fire drill reports monthly for 6 months.
Regional Director of Operations will review Fire Drill reports quarterly for 6 months.

Administrator Jennifer White, A.L.A **Date:** 3-7-2024