Accepted 1018 AM 07172025

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The following is the Plan of Correction for Monarch Place regarding the statement of Deficiencies dated May 15, 2025.

PLAN OF CORRECTION

Facility Name: Monarch Place-ALF Facility ID#: D2209

Survey Exit Date: May 15, 2025 Administrator: Amanda Christopher

Deficiency Number: 420-5-4-.06 (8) Care of Residents

1. A-617

2. Specify the corrective action that you will take in response to each resident or example identified in the Deficiency.

- On the afternoon of May 15, 2025, the Health and Wellness Director along with Medication Technicians destroyed all medications that were being stored and were past 30 days of discontinue, expiration, resident discharge and resident expiration.
- May 15, 2025, a schedule was implemented by the Health and Wellness Director for the Medication Technicians to destroy any expired, discontinued or medications that have not been picked up for transfer when a resident discharges. Med techs will destroy medication in kitty litter or appropriate receptacle for destruction.

3. Specify the corrective action that you will take to identify other concerns not identified by the survey team that are related to those cited in the deficiency. Be sure to include specific timetables and identify responsible facility staff.

- Health and Wellness Director will do an audit of cart and storage area for expired, discontinued, deceased or transferred medications, on a monthly basis.
- Executive Director will monitor storage and documentation of destructed medications on a monthly basis.

4. Describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modification; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

- Health and Wellness Director has scheduled med destruction meeting weekly on Thursday for First shift Medication Technicians and on Friday for Second shift Medication Technicians.
- Health and Wellness Director trained medication technicians and care staff on destruction of medications and witnessing non-narcotic medications, documentation of destruction and disposal.
- Medication Technicians with the supervision of Health and Wellness Director or Executive Director will destroy any expired, discontinued, deceased or transferred narcotic medications.

5. Explain how you will monitor your corrective action to ensure that they are fully implemented; adequately address the identified problems; and are effective. Must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where the documentation of the monitoring will be kept.

- The Medication Technicians will scan documents into PCC and then submit paper copies to Health and Wellness Director immediately upon destruction.
- Documentation will be stored for 3 years.

Note: All Plan of Correction documentation will be in a binder, organized and filed by the administrator. This binder will be stored in the Administrator's office

Should any corrective action be determined as ineffective, the Administrator and Governing Authority shall make immediate revisions and submit an amended Plan of Correction to the Alabama State Board of Health.

Administrator Signature: _____ Date: _____

Prepared by: Amanda Christopher, Administrator of Monarch Place 256-352-3141