POC accepted 8/25/2024

chg

Plan of Correction

Whitehall Assisted Living Community

Kimberly S. Keller, RN, Administrator

Facility Identification #D3517

Survey Completed July 31, 2024

1. **A 504 420-5-4-.05 (3) (d) Records and Reports**

2. The door to the Nurse's Room was closed and locked when not in use, or someone was not there to safeguard resident information, with only necessary staff having access.

3. There are no other rooms or offices that housed resident information.

4. The Administrator, along with the Wellness Nurse and Resident Attendant reviewed facility policy and State Rules for the storage and safeguard of all Resident Records. The Nurse's Room door will be modified to an always locked (storeroom) lockset doorknob by the maintenance staff within the next 30 days. The Nurse's Room door will be checked daily by the Wellness Nurse, with weekly and monthly random checks to ensure that they are not only closed but locked. If found unlocked, the staff on duty will be directed to close and lock them.

5. The Administrator or Designee will perform random door checks weekly for 3 months to ensure that the Nurse's Room door is closed and locked when not in use, or someone present to safeguard the resident information. The checks will be documented on a Weekly Door Check form kept in the Quality Assurance Binder. After 3 months of compliance, the checks will be performed monthly. Corrective action training will be provided to all Resident Attendants to review the importance of safeguarding resident information. Training will be documented on the Training Sign in the form found in the Staff Inservice file.

1. **A 508 420.5.4-.05 (3) (h) Records and Reports**

2. All suspected cases of abuse or exploitation must be reported immediately to the Administrator. The Administrator must report to the appropriate authorities and agencies (ADPH (Alabama Department of Public Health) Online Incident Reporting System, DHR or local law enforcement) within a 24-hour period.

3. All other resident incident reports and investigations that met the requirements for reporting to the ADPH (Alabama Department of Public Health) Online Incident Reporting System, had been reported.

4. The Administrator reviewed the facility policy and State Rules and acknowledges that the information should have been reported to not only ADPH but also DHR. All incidents will have a detailed investigation performed by the Administrator or designee. Any that meet the requirements for reporting to the ADPH on their Online Incident Reporting System will be submitted within the 24-hour window for initial reporting and the 72-hour window for full investigation if requested. Furthermore, incidents that meet the reporting requirements to DHR or local law enforcement will be completed in a timely matter. During our September 2024 Inservice meeting SARCOA will be providing an Inservice on Elder Abuse, what and when to report

and to whom. Employees will review the policy for reporting any suspected abuse and the requirement to report to the Administrator immediately.

5. The Administrator along with the Wellness Nurse or Administrative Assistant will review and initial all incident/investigation reports to ensure no incident/investigation fails to be reported on the ADPH (Alabama Department of Public Health) Online Incident Reporting System or any other agencies such as DHR or local law enforcement. Employees will be trained at orientation and annually on the Abuse and Incident Reporting policy with documentation in the Staff Inservice File.

1. **A1002 420-5-4-.10 (2) Sanitation and Housekeeping**

2. All doors (Chemical Storage, Laundry Room, and Electrical Room) were closed and locked. Only necessary staff have access to all the above-mentioned rooms. The doors will remain closed and locked unless staff are in the rooms to provide a safe environment for all residents, staff, and the public.

3. All publicly accessible rooms were checked for chemicals. All other doors for chemical storage were closed and locked or chemicals were locked away in cabinets. Kitchen employees have keys for locked doors in the kitchen area. Resident Attendants on duty and housekeeper have keys for locked doors in other areas.

4. All employees reviewed facility policy and State Rules for the storage and safeguard of all Resident Records. The Chemical Storage, Laundry Room, and Electrical Room doors will be modified by maintenance staff to an always locked (storeroom) lockset doorknob within the next 30 days. The Chemical Storage, Laundry Room, and Electrical Room doors will be monitored daily by the Administrative or Designee with weekly and monthly random checks to ensure that they are not only closed but locked. If found unlocked, the appropriate staff on duty will be directed to close and lock them.

5. The Administrator or Designee will perform random door checks weekly for 3 months to ensure that the Chemical Storage, Laundry Room, and Electrical Room doors are closed and locked when not in use, or someone present to provide a safe environment for all residents, staff, and the public. The checks will be documented on a Weekly Door Check form kept in the Quality Assurance Binder. After 3 months of compliance, the checks will be performed monthly.

Respectfully Yours,

Kimberly S. Keller RN

Kimberly S. Keller, RN
Whitehall Assisted Living Administrator
8-21-2024