Theresa Hawsey

March 19, 2025 chg

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter ofcompliance with Federal and State Law.

PLAN OF CORRECTION

Facility Name: The Meadows of Brewton **Facility ID #: D2702**

Survey Exit Date: 03/06/2025 **Administrator: Toni Burnham**

1. **Cited Deficiency Number from SOD.**

   The facility failed to screen a potential employee prior to hire and resident contact.

2. E#8 abuse registry check was verified during the survey and had no findings in the Alabama Abuse Registry.

3. All employee files have been audited. All employees are in compliance and have no findings on the Alabama Abuse registry. All employees have been screened per ADPH requirements prior to resident contact.

4. EI#2 received re training on pre-employment screening prior to resident contact by EI#1 on March 6, 2025.

   EI#2 and/or designee will review all new hires Alabama Abuse registry. The Meadows of Brewton has changed screening companies to VETTY and within our package the Alabama Abuse registry is included automatically.

   The Meadows of Brewton will also run the Alabama Certified Nurse Registry (https://dph1.adph.state.al.us/NurseAideRegistry/) to include with pre-employment screening.

5. EI#2 (Administrator) and/or designee will review new hire screenings 48 hours prior to first day of employment to ensure all required documentation is clear and accurate for 6 months. EI#1 (Regional Administrator) and/or designee will review all new hire files monthly for 6 months. The audits will be kept in the Administrator's office.

Toni B Burnham, ADLA
3/18/25

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter ofcompliance with Federal and State Law.

PLAN OF CORRECTION

Facility Name: The Meadows of Brewton **Facility ID #: D2702**

Survey Exit Date: 03/06/2025 **Administrator: Toni Burnham**

1. **Cited Deficiency Number from SOD.**

   A504 420-5-4-.05 (3) (d) Records and Reports

   - The facility failed to ensure a resident's right to an environment free from overnight visits by family members of staff.
   - The facility failed to ensure a resident's right to free speech.

2. EI#5 and EI#7 were provided training on March 6, 2025 and again on March 10, 2025 regarding bringing family members to work and allowing them to sleep while they are on shift. At this time they were provided an Employee Handbook covering employee visitor policy.

   EI#2 was re-trained on Resident's Rights by EI#1 on March 6, 2025.

3. All employees have been re-trained on Employee Handbook and expectations of no visitor's while on shift by EI#2.

   All employees have been re-trained on Resident's Rights and free speech on March 10, 2025 by EI#2. Resident's Rights were reviewed with all residents during lunch meal on March 10, 2025.

4. All employees as well as any new hire will be trained on The Meadows of Brewton visitor policy. All employees will be trained upon hire Residents Rights. Ombusman to make a visit before the end of March 2025 to review residents rights with employees and residents.
5. EI#2 will review cameras randomly and make random visits at different times to ensure no visitors are present during employee shift times weekly for 6 weeks. EI#2 will interview random residents weekly for 6 weeks to ensure residents rights are being protected. Documentation will be kept in the Administrator's Office.

Toni P Burnham, ALA
3/18/25

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter ofcompliance with Federal and State Law.

PLAN OF CORRECTION

Facility Name: The Meadows of Brewton **Facility ID #: D2702**

Survey Exit Date: 03/06/2025 **Administrator: Toni Burnham**

1. **Cited Deficiency Number from SOD.**
   A614 420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents
   The facility failed to ensure that every resident was offered the opportunity to demonstrate the correct utilization of the facility's unit does system at each medication opportunity.
2. EI#5 and EI#7 were retrained on the state regulations regarding medication assistance well as the facility's medication policy on March 10, 2025.
3. RI#1 is no longer a resident at the facility. All residents will be given the opportunity to protect themselves from a medication error at every effective medication opportunity immediately and ongoing.
4. All facility residents were assessed for medication awareness (by correctly identifying his/her name on the medication package and by demonstrating a reasonable understanding of the unit dose packaging system used by the facility). The medication awareness assessments were completed by Roneka Gamble, RN (consultant)on February 18, 2025 and March 17, 2025.
   All employees were trained on the state regulations regarding medication assistance as well as the facility's medication assistance policy on March 10, 2025

   All resident's during lunch meal on March 10, 2025 were educated by EI#2 on the requirements to identify every medication card at every medication opportunity to protect themselves from a medication error.EI#2 and/or designee will randomly survey residents and ask if they "were brought their medication cards to identify at medication scheduled time?"

5. EI#2 and/or designee will conduct weekly medication pass observations to ensure that every resident is given the opportunity to identify and protect themselves from a medication error at every medication opportunity. The observations will be different days and shifts each week. The observations will be logged for 6 weeks. EI#1 will conduct bi-monthly medication pass observations.
   EI#2 and/or designee will document random resident question survey weekly for 6 weeks

Toni Burnham pa/a
3/18/25

asking "were you brought your medication cards to identify at every medication opportunity?" The observation logs will be kept in the Administrator's office.

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter ofcompliance with Federal and State Law.

PLAN OF CORRECTION

Facility Name: The Meadows of Brewton **Facility ID #: D2702**

Survey Exit Date: 03/06/2025 **Administrator: Toni Burnham**

1. **Cited Deficiency Number from SOD.**
   A702 420-5-4-.07 (2) Food Service

   The facility failed to ensure employees wore hair nets while in the kitchen.

2. EI#6 was re-trained on state regulations regarding food service especially the wearing of hair nets to even enter the kitchen to get something by EI#2 on March 6, 2025
3. All employees have been trained on the use of hair nets to enter the kitchen on March 10, 2025.
4. Hair nets have been placed directly by the entry door to be easily accessible by all employees. EI#2 and/or designee will ensure supply is sufficient weekly.
5. EI#2 and/or designee will randomly audit the proper attire of employees entering the kitchen for the next 6 weeks. EI #1 and/or designee will audit the proper attire of employees entering the kitchen bi-monthly for 3 months. The audits will be kept in the Administrator's office.

Toni Burnham, aka
3/18/25

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter ofcompliance with Federal and State Law.

PLAN OF CORRECTION

Facility Name: The Meadows of Brewton **Facility ID #: D2702**

Survey Exit Date: 03/06/2025 **Administrator: Toni Burnham**

1. **Cited Deficiency Number from SOD.**
   A703 420-5-4-.07 (3) Food Service

   The facility failed to ensure meals served to residents were palatable.

2. EI#2 provided training on March 10, 2025 to EI#10 as well as all employees regarding hot and cold temperature holding as well as following recipes and tasting to ensure food is tasty.
3. All employees have been trained on food service procedures and following recipes and tasting what they prepare prior to serving residents.
4. EI#2 will hold resident council monthly to review the menu for the next month and request resident input to the menu changes. The changes will then be submitted to Sherri Daughtery, Registered Dietician, for approval of changes. EI#10 cooked lunch on March 12, 2025 and a test tray was requested by EI#2 and stated it was at correct temperature and was delicious (Baked Ham, Lima Beans, Fried Potatoes with Onions, Cornbread, Pecan Pie). RI#4 and RI#5 also complimented EI#10 on her meal and the tastiness of food.
5. EI#2 will request a test tray randomly from EI#10 and test the temperature and tastiness of the meal for the next 6 week. EI#2 will randomly interview residents regarding menus choice and tastiness of meals for the next 6 weeks. EI#1 will sample a test meal bi monthly for the next 3 months. Audits will be kept in the Administrator's office.

Toni B Burnham, aLa
3/18/25