What You Need to Know About Your Plan of Correction

Alabama Department of Public Health
Bureau of Health Provider Standards
Assisted Living Facilities Unit

Your Plan of Correction (POC) must contain the following information:

- ☑ Facility Name: Brennity at Fairhope
- ☑ Facility Identification Number: D0204
- ☑ Name of Administrator: Ashley Lee
- ☑ Survey Exit Date: 8/20/25

Each deficiency in the statement of deficiencies (SOD) must be separately addressed and include the following five (5) elements:

1. The cited deficiency number from the SOD.

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. **DO NOT include resident rosters or any Protected Health Information (PHI) in the POC.** If PHI is included in the POC, corrections to remove that information will be requested.

4. The POC must 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 modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

Your POC must be signed, dated, and returned by: Sunday, September 7, 2025, at 5pm.

Return to:
Alabama Department of Public Health
Bureau of Health Provider Standards
alfcomplaints@adph.state.al.us

Accepted 09092025 1817PM

Accepted 9.09.2025

Gregory C. Gaitlin, RN, MSHAI

Theresa Hanna

Plan of Correction (POC)

Facility Name: The Brennity at Fairhope

Facility Identification Number: D0204

Administrator: Ashley Lee

Survey Exit Date: August 20, 2025

Deficiency A602 – 420-5-4-.06 (2) Medical Examination Records
Required information was not documented on residents' initial admission medical examination records.

1.Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.

On 3/23/25, a revised admission form was created that did not include the fields for temperature, respirations, or weight. In May 2025, Sage consulting company suspended use of that form and issued a corrected version that includes all required vitals. E#1, E#2, E#3, and the Sales and Marketing Director were educated on the corrected form.

On 9/5/25 E#2 and E#3 audited records for R#2, R#3, and obtained and recorded temperature and respiration.

9/5/2025 E#2 and E#3 audited records for R# 5 and obtained and recorded weight.

2. Specify how you will identify other residents or concerns not identified by the survey team who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.

E#2 and E#3 will audit all admission records and obtain and record any missing information. This process will be completed by 9/15/25.

3. Describe the measures you have put into place or the systemic changes you have made or both to ensure the same deficiency will not recur in your facility.

On 8/23/25, E#1 provided education to E#2, E#3, and the Sales and Marketing Director on the updated admission form to ensure all required fields are completed accurately.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective action adequately addresses the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.

E#2 or designee will audit all new admission records immediately to identify any missing required items. Following this review, the form will be submitted to E#1 for verification and review of documentation.

All Plan of Correction documentation will be filed and maintained in the Administrator's office.

Plan of Correction (POC)

Facility Name: The Brennity at Fairhope

Facility Identification Number: D0204

Administrator: Ashley Lee

Survey Exit Date: August 20, 2025

Deficiency A613 – 420-5-4-.06 (5) Medications

The facility failed to obtain a physician's order for a resident to manage and have custody of their own medication. The facility also failed to follow physician orders

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1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.

R#12: A physician order was obtained on 8/19/25 by E#2 permitting bedside Nystatin use.
R#3: The Ofloxacin order was discontinued on 8/19/25 by E#2, and the prescribing physician was notified. State reportable was submitted after the finding. On 8/19/2025 a Three-way match back was completed on R#3 After reviewing it was identified that medication was enter by E#3 and pharmacy making it a duplicate copy. Staff notified about discontinued medication.

2. Specify how you will identify other residents or concerns not identified by the survey team who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.

On 9/1/25, Nurse conducted a facility-wide three-way match back audit. Expired medications were removed, and all active orders were verified for accuracy.

3. Describe the measures you have put into place or the systemic changes you have made or both to ensure the same deficiency will not recur in your facility.

On 9/5/25, Sage Consultant educated E#1, E#2, and E#3 on the pharmacy clipboard system. A new form was introduced by the consultant to align with this process.

Effective 8/23/25, "profile only" orders will be entered only by the pharmacy to prevent duplication, with verification completed by E#2 and E#3.

All new orders will be double-checked by both E#2 and E#3 for accuracy, including stop dates. Clarification will be requested immediately when unclear of physician's order.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective action adequately addresses the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.

On 9/5/25, the pharmacy clipboard system was initiated. E#3 records each order on the clipboard and leaves it posted until E#2 verifies and signs off. Weekly MAR audits will be conducted by E#3, with results reviewed by E#2 upon completion.

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Plan of Correction (POC)

Facility Name: The Brennity at Fairhope

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Administrator: Ashley Lee

Survey Exit Date: August 20, 2025

Deficiency A615 – 420-5-4-.06 (7)(j) Medication Documentation

Based on record review and interview, medications were not documented contemporaneously.

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1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.

R#10's Medication was signed off immediately after observation.
E#6 Educated by E#2 on state regulations that medication must be contemporaneously recorded immediately after medications are administered. E#6, who did not sign medications out immediately, was re-educated and immediately counseled with corrective action presented by E#2.

2. Specify how you will identify other residents or concerns not identified by the survey team who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.

On 8/21/25, E#3 audited all MARs for accuracy. No additional errors were identified.

3. Describe the measures you have put into place or the systemic changes you have made or both to ensure the same deficiency will not recur in your facility.

On 8/22/25 Med tech educated regarding contemporaneous medication documentation.
An in-depth medication pass review will be conducted during the September 23rd 2025 all-staff in-service by E#2, E#3, and E#1.

Education on medication review will continue on a quarterly basis with all nursing staff completed by E#2 and E#3.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective action adequately addresses the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.

E#2 will conduct random medication pass observations weekly for four weeks, then biweekly for two months, and monthly for three months.

E#1 will review the audit logs during monthly QA meetings.

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Plan of Correction (POC)

Facility Name: The Brennity at Fairhope

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Deficiency A703 – 420-5-4-.07 Food Service

The facility failed to ensure a three-day emergency supply of non-perishable food and potable water was available. Review of inventory showed insufficient water and food supply.

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1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.

On 8/21/25, E#10 ordered and stocked sufficient non-perishable food and water to meet the three-day requirement.

2. Specify how you will identify other residents or concerns not identified by the survey team who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.

On 8/21/25, E#10 conducted a facility-wide inventory of food and water to ensure adequate supplies for all residents.

3. Describe the measures you have put into place or the systemic changes you have made or both to ensure the same deficiency will not recur in your facility.

On 8/22/25, a monthly checklist was implemented by E#10 to verify compliance and replace any items rotated out. E#10 will notify E#1 of any concerns, and the Administrator will immediately obtain the necessary items. On 8/22/25, E#10 was educated by E#1 on the regulatory requirement to maintain a three-day supply of nonperishable food and potable water for each resident. E#10 was educated that a dedicated budget is always available for emergency supplies and that maintaining these supplies is a state requirement. E#10 education All dietary staff were re-trained on 8/27/25 by E#10 regarding emergency preparedness requirements. The emergency menu was updated, and additional food and water supplies were purchased. E#1 reviewed and verified the inventory.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective action adequately addresses the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.

E#10 will review and document the inventory on a monthly basis and report any concerns to E#1. E#1 will conduct random inventory audits for six months and document compliance.

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Facility Name: The Brennity at Fairhope

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Administrator: Ashley Lee

Survey Exit Date: August 20, 2025

Deficiency A804 – 420-5-4-.08 Physical Facilities (Kitchen Sanitation)

The facility failed to ensure kitchen equipment was maintained and free of dust, grease, and dirt.

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1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.

On 8/21/25, both operable and non-operable ovens were thoroughly cleaned, including the convection oven, to remove heavy grease and food debris. On 8/22/2025, the vent hood was cleaned to eliminate grease buildup, and the food preparation table was also cleaned.

2. Specify how you will identify other residents or concerns not identified by the survey team who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.

On 8/22/25, E#10 and E#1 inspected the entire kitchen. All areas were cleaned and verified.

A review was completed to ensure all dietary equipment was included on the cleaning schedule, and no concerns were identified.

3. Describe the measures you have put into place or the systemic changes you have made or both to ensure the same deficiency will not recur in your facility.

On 8/27/25 All dietary staff received education on cleaning and sanitation, including their specific duties and responsibilities in following the established cleaning schedule.

E#10 will conduct weekly inspections, and any issues identified will be addressed directly with the responsible employee.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective action adequately addresses the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.

E#10 will monitor for completion of deep cleaning. E#10 will conduct and document inspections weekly for four weeks, biweekly for four weeks, and monthly for three months. If ongoing concerns occur, disciplinary action will be taken with the staff members involved and documented in their personnel file.

E#1 will perform random inspections biweekly for four weeks and monthly for three months and will continue to inspect thereafter.

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Survey Exit Date: August 20, 2025

Deficiency A901 – 420-5-4-.09 Laundry

The facility failed to ensure lint traps were clean in all dryers.

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1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.

On 8/19/25, the lint trap in the 300 hall dryer was immediately cleaned by maintenance staff.

2. Specify how you will identify other residents or concerns not identified by the survey team who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.

On 8/19/25, all dryers were inspected and lint traps cleaned by maintenance staff. E#1 inspected the work and verified that it was completed.

3. Describe the measures you have put into place or the systemic changes you have made or both to ensure the same deficiency will not recur in your facility.

On 8/20/25, staff was educated that lint traps are required to be cleaned after every load.

9/5/25 Sign posted in laundry room as a reminder to clean lint trap.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective action adequately addresses the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.

Maintenance staff or the Administrator will conduct inspections weekly for four weeks, biweekly for four weeks, and monthly for three months.

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Facility Name: The Brennity at Fairhope

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Survey Exit Date: August 20, 2025

Deficiency A1001 – 420-5-4-.10 Sanitation/Hot Water

The facility failed to maintain hot water temperatures at or below 110°F

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1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.

A mixing valve has been ordered and will be installed and adjusted immediately upon arrival to ensure hot water does not exceed 110°F. Installation and adjustment will be completed by build right construction.

E#1 spoke with R#6 regarding the assessment of hot water. The resident stated that the water was not too hot. E#1 advised R#6 to report immediately if anything changed.

2. Specify how you will identify other residents or concerns not identified by the survey team who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.

All hot water temperatures will be checked throughout the facility by 9/12/25, and any concerns identified will be addressed immediately

3. Describe the measures you have put into place or the systemic changes you have made or both to ensure the same deficiency will not recur in your facility.

Upon review, it was identified that hot water checks had not been completed. Moving forward, maintenance staff will complete these checks, or E#1 will designate a staff member to ensure 100% of monthly hot water temperature checks are completed.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective action adequately addresses the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.

Maintenance staff or a designee will conduct monthly water temperature monitoring in 100% of resident rooms. Documentation will be reviewed and signed by E#1 each month for six months.

All Plan of Correction documentation will be filed and maintained in the Administrator's office.

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

Ashley Lee, ED

Administrator

9/7/25

Date