Seagrass Village of Gulf Shores

Approved 12/06/22

420-5-4-.03(1)(a)(b)(c)(d) Administration

A301

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- This ALF is the only affected ALF community.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.
- The governing authority is responsible to ensure compliance with this rule.
- The V.P of Clinical is the representative of the governing authority.
- During visits the representative of the governing authority will perform random observations of the general operation of the facility, perform a record review of a sample of residents and review the facility's most recent plan of correction for compliance and effectiveness.
- The consultant will assist with the development of a plan of correction which meets the approval of ADPH and conduct onsite monitoring, no less than monthly, to ensure the corrective measures put into place are effective and continue to be effective.
- The consultant is providing education on ALF rules to the representative during joint visits.
- The consultant is contracted to assisted the facility until either party terminates the contract.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The representative of the governing authority will visit the facility no less than monthly for the next 4 months, every other month for the next 6 months and quarterly thereafter unless any concerns are identified requiring more frequent visits and monitoring.
- The Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- A record of the monitoring will be maintained in the Plan of Correction (POC) book located in the office of the administrator.
- Any evidence of non-compliance will result in appropriate corrective actions.

Seagrass Village of Gulf Shores

420-5-4-.03 (1) (e) Administration.

A302

Corrective action taken in response to each resident or example identified in the statement of deficiencies.

- The policy and procedure for controlled medication management and Incident Reporting was corrected to comply with the SBOH rule and regulations for ALF.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- All facility policies have been reviewed.
- Any policy needing revision to comply with ALF rules will be revised no later than December 15, 2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

- The administrator and Director of Resident Services were educated on the revised policies by the V.P. of Clinical on 6/28/2022.
- The governing authority is responsible to ensure compliance with this rule.

How the proposed corrective actions will be monitored to ensure monitoring. they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The representative of the governing authority will visit the facility no less than monthly for the next 4 months, every other month for the next 6 months and quarterly thereafter unless any concerns are identified requiring more frequent visits and monitoring.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.

Seagrass Village of Gulf Shores

420-5-4-.03 (2) (a) Administration.

A303

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.
- All deficiencies cited under this ID Tag are addressed under each individual ID Tag.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- See steps listed under individual tags 302, 405, 503, 504, 507, 508, 605, 604, 611, 613, 616, 617, 621, 706, 703, 1001, 1002, 1101 and 1206.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.
- The administrator is responsible to ensure the facility is operated in accordance with SBOH rules for ALFs.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The representative of the governing authority will visit the facility no less than monthly for the next 4 months, every other month for the next 6 months and quarterly thereafter unless any concerns are identified requiring more frequent visits and monitoring.
- The consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance of all corrective actions, reviews of a sample of residents will be performed, observation of residents and other measures as needed will be conducted to ensure that the administrator is following ALF rules.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.04(6) Personnel

A405

Corrective action taken in response to each resident or example identified in the statement of deficiencies

- All current staff were retrained by the administrator no later than October 20, 2022 on the following topics:
    - Handwashing/Infection Control.
    - Fire Safety.
    - Medication Awareness.
    - Admission, Discharge and Continued Stay Policies and Procedures.
    - Incident Investigations and Reporting.
    - Resident Safety.
    - Special Needs of the Elderly.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The employee files of each staff member were reviewed to determine if any additional training is needed. If there was any additional training needed, it was completed no later than October 20, 2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The Director of Resident Services, HR Specialist, Maintenance Director and Dietary Manager were educated on this rule by the administrator no later than October 20, 2022.
- The HR Specialist is responsible to ensure that all staff received all required training prior to any resident contact.
- The HR Specialist will monitor staff required initial training and notify the administrator once a new employee has completed all required training.
- The administrator is responsible to ensure that staff receive continuing education to remain knowledgeable of required training and any additional training needed.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will review all new employee personnel files prior to resident contact for compliance.
- The administrator, or designee, will perform random audits of employee files to ensure continued compliance no less than twice per month for 2 months, then monthly for 2 months for compliance.
- The administrator will perform random observations of staff to ensure that training was successful and to identify any additional training needs.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance of all corrective actions, a record review of a sample of residents will be performed, observation of residents and other measures as needed will be conducted.

- A record of monitoring will be maintained in the POC book located in the office of the administrator.
- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.

Seagrass Village of Gulf Shores

420-5-4-.05 (3) (a) (b) (c) Records and Reports.
A503

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- A record locator form was inserted into the file of RI#12 to indicate which areas of the record are electronic and which are paper.
- Other items noted cannot be corrected due to this being a closed record.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The records of all current residents were audited to ensure compliance with this rule no later than 9/30/2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The Director of Resident Services was educated on this rule by the administrator on 6/24/2022.
- The Director of Resident Services is responsible for compliance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will perform random audits of discharged resident records no less than twice per month for 2 months, then monthly for 2 months for compliance.
- The administrator, or designee, will perform random audits of resident medical records no less than twice per month for 2 months, then monthly for 2 months for compliance.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance.
- A record review of a sample of discharged residents will be performed to ensure compliance.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

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

A504

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- RI#s 1, 4, 5, & 6 no longer reside in the facility.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The records of all current residents were audited no later than 9/30/2022 by clinical personnel to ensure compliance with this rule and that no residents were at risk of harm.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The Director of Resident Services was educated on this rule by the administrator on 6/24/2022.
- The Director of Resident Services is responsible for compliance.
- The Director of Resident Services will monitor for changes in a resident condition by observation and through communication from other staff.
- Changes in any resident's condition will result in either immediate notification to the administrator or be reported at the facility's daily manager morning meeting depending on the significance of the change.
- Changes in a resident's condition will be documented in the resident's medical record.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will perform random audits of resident medical records no less than twice per month for 2 months, then monthly for 2 months for compliance.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance of corrective actions.
- Residents will be observed during the visit and a record review of a sample of residents will be performed.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.

Seagrass Village of Gulf Shores

420-5-4-.05 (3) (g) Records and Reports.
A507

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- RI#s 1 no longer resides in the facility and his discharge information is documented.
- The date of discharge for RI#12 was entered into the closed record.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- All of records of current residents were audited by the administrator no later than 10/20/2022 to ensure compliance. The files of residents discharged since 6/24/2022 were also audited to ensure each contained a date of discharge.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The Director of Resident Services was educated on this rule by the administrator on 6/24/2022.
- The Director of Resident Services is responsible for compliance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will monitor each admission weekly for 4 months for compliance.
- The administrator, or designee, will monitor each resident discharge weekly for 4 months for compliance.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance with corrective actions.
- A record review of a sample of residents will be performed to ensure correct admission and/or discharge dates are recorded.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.

Seagrass Village of Gulf Shores

420.5.4-.05 (3) (h) Records and Reports.
A508
Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- RI#s 1, 8 & 14 no longer reside in the facility.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- There have been no other incident reports or outbreaks of a contagious disease which needed to be reported to the OIRS and were not.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The Director of Resident Services was educated on this rule by the administrator on 6/24/2022.
- The Director of Resident Services is responsible for compliance.
- Both incidents and outbreaks are to be reported by staff to the Director of Resident Services, or to the administrator if the Director is not available.
- When notified, the Director of Residents Services will communicate with the administrator.
- An incident will be recorded on an Incident Report Form.
- Outbreaks will be reported to the OIRS.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will review all incident reports and disease outbreaks no less than daily for one month, then weekly for one month, then monthly for 2 months.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance of all corrective actions.
- A review of the incident report book will be performed to ensure incidents are properly recorded and investigated.
- If an outbreak has occurred since the previous visit, the Outbreak Tracking Form will be reviewed.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.06 {2) {a) (b) (c) Care of Residents.
A602
Corrective action taken in response to each resident or example identified in the statement of deficiencies.

- RI#s 1, 2, 5, 6 and 11 no longer reside in the facility.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The records of all current residents were audited by the Director of Resident Services no later 9/30/2022. All medical examinations are current and complete.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The Director of Resident Services was educated on this rule by the administrator on 6/24/2022.
- Each new resident's initial medical examination will be reviewed by the Director of Resident Services and administrator prior to admission for completeness.
- The Director of Resident Service is responsible for compliance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will monitor each admission prior to admission for 2 months, then weekly for 2 months for compliance.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance.
- A record review of a sample of new resident admissions will be performed to ensure initial medical examinations were completed with all required documentation.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.06 (3) (a) (b) Care of Residents.
A604
Corrective action taken in response to each resident or example identified in the statement of deficiencies.

- RI#s 1, 2, 5, 6, 10, and 11 no longer reside in the facility.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- All current residents were assessed by the Director of Resident Services no later than 7/31/2022 to determine if each resident's abilities allowed them to direct their individual care needs. Any resident identified as no longer being able to direct their individual care needs was issued a 30-day notice of discharge and their medications were managed by a licensed nurse until discharge.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

- The Director of Resident Services was educated on this rule by the administrator on 6/24/2022.
- All other licensed clinical staff were educated on this rule by the Director of Resident Services 10/20/2022.
- Clinical team will assess each resident no less than monthly for compliance.
- The Director of Resident Services is responsible for compliance.
- The Director of Resident Services will monitor for changes in a resident condition by observation and through communication from other staff.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will perform random audits of resident monthly assessments no less than twice per month for 2 months, then monthly for 2 months for compliance.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance.
- Record reviews and observations of a sample of residents will be performed during site visit to ensure that residents are properly assessed each month.
- The V.P. of Clinical will audit random monthly assessments and perform another assessment to ensure accuracy.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.06 (4) (a) (b) Care of Residents.
A611
Corrective action taken in response to each resident or example identified in the statement of deficiencies.

- RI#s 1, 2, 4, 5 and 6 no longer reside in the facility.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- The care plans for all current residents were reviewed and, if needed, updated by the Director of Resident Services no later than 7/31/2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

- The Director of Resident Services was educated on this rule by the administrator on 6/24/2022.
- All other licensed clinical staff were educated on this rule by the Director of Resident Services 10/20/2022.
- The Director of Resident Services is responsible for compliance.
- The Director of Resident Services will monitor for changes in a resident condition by observation and through communication from other staff.
- Changes in any resident's condition will result in either immediate notification to the administrator or be reported at the facility's daily manager morning meeting depending on the significance of the change.
- Changes in a resident's condition will be documented in the resident's medical record.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will perform random audits of resident care plans no less than twice per month for 2 months, then monthly for 2 months for compliance.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance.
- A record review of a sample of residents will be performed during the site visit to ensure plans of care have addressed individual care needs.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents.
A613
Corrective action taken in response to each resident or example identified in the statement of deficiencies.

- RI#s 1, 5, and 10 no longer reside in the facility.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- All residents were assessed by the Director of Resident Services no later than 7/31/2022 to determine each resident's ability to protect themselves from medication errors. Any resident identified as no longer being able to protect themselves from a medication error had their medications administered by a licensed nurse and was issued a 30-day notice of discharge.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

- The Director of Resident Services was educated on this rule by the administrator on 6/24/2022.
- All other licensed clinical staff were educated on this rule by the Director of Resident Services 10/20/2022.
- The Director of Resident Services is responsible for compliance.
- The Director of Resident Services will monitor for changes in a resident condition by observation and through communication from other staff.
- Changes in any resident's condition will result in either immediate notification to the administrator or be reported at the facility's daily manager morning meeting depending on the significance of the change.
- Changes in a resident's condition will be documented in the resident's medical record.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will perform random audits of resident monthly assessments no less than twice per month for 2 months, then monthly for 2 months for compliance.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance of corrective actions.
- Record reviews and observations of a sample of residents will be performed during site visit to ensure that residents are capable of protecting themselves from a medication error.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.06 (7) (k) (I) (m) (n) (o) Care of Residents
A616
Corrective action taken in response to each resident or example identified in the statement of deficiencies.

- RI#s 7 and 18 no longer reside in the facility.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- A cart audit was performed by a nurse consultant of the facility's pharmacy on 7/22/2022. Any concerns were corrected no later than 7/31/2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

- The Director of Resident Services was educated on this rule by the administrator on 6/24/2022.
- All other licensed clinical staff were educated on this rule by the Director of Resident Services 10/20/2022.
- The Director of Resident Services is responsible for compliance.
- The Director of Resident Services will perform medication cart audits weekly for 2 months, then monthly for 2 months to ensure all medications under the custody of the facility are unit dose packaged and properly labeled by a pharmacy.
- A record of monitoring will be maintained in the office of the Director of Resident Services.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will perform random audits of resident medication no less than twice per month for 2 months, then monthly for 2 months for compliance.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance of all corrective actions, a record review of a sample of residents will be performed, observation of residents and other measures as needed will be conducted.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.06 (8) Care of Residents.
A617
Corrective action taken in response to each resident or example identified in the statement of deficiencies.

- RI#4 no longer resides in the facility.
- All medications for RI#19 are current.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- A cart audit was performed by a nurse consultant of the facility's pharmacy on 7/22/2022. Any concerns were corrected no later than 7/31/2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

- The Director of Resident Services was educated on this rule by the administrator on 6/24/2022.
- All other licensed clinical staff were educated on this rule by the Director of Resident Services 10/20/2022.
- The Director of Resident Services is responsible for compliance.
- The Director of Resident Services will perform random inspections of medication carts and the holding area for medication awaiting destruction no less than twice per month.
- A record of the inspections will be maintained in the office of the Director of Resident Servicers.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will perform random audits of discharged resident medications no less than twice per month for 2 months, then monthly for 2 months for compliance.
- The administrator, or designee, will perform random audits of current resident medication no less than twice per month for 2 months, then monthly for 2 months for compliance.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance.
- A random audit of resident medication under the control of the facility will be conducted to ensure compliance.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.06 (11) (b) Care of Residents.
A621
Corrective action taken in response to each resident or example identified in the statement of deficiencies.

- RI#s 1, 2, 5, 8 and 10 no longer reside in the facility.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- All current residents were assessed by the Director of Resident Services no later than 7/31/2022 to determine each resident's appropriateness and eligibility for continued stay. Any resident identified as no longer appropriate had their medications administered by a licensed nurse and was issued a 30-day notice of discharge.
- No new residents have been admitted who did not meet admission criteria.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

- The Director of Resident Services and Director of Sales were educated on this rule by the administrator on 6/24/2022.
- The Director of Resident Services and/or Administrator will review all potential new residents for appropriateness prior to admission.
- The Director of Resident Services and/or Administrator will observe current residents for changes which may deem the resident no longer appropriate for assisted living.
- The administrator is responsible for compliance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will monitor each admission to ensure every resident is appropriate for admission prior to the day of admission for 2 months, then weekly for 2 months for compliance.
- The administrator, or designee, will perform random visual observations of audits of resident monthly assessments no less than twice per month for 2 months, then monthly for 2 months to ensure residents remain eligible to reside in the facility.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance of corrective action.
- A record review of a sample of residents and observation of residents will be performed to ensure each resident meets the continued stay criteria.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.07 (2) Food Service
A702
Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- The cleaning chemicals were immediately removed by the administrator once notified.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- Other areas of the facility were inspected by the dietary manager no later than June 23, 2022. All areas were in compliance.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- All staff was educated on this rule by the administrator on 8/31/2022.
- The dietary manager is responsible for compliance.
- The dietary manager will perform random inspections no less than bi-weekly for 4 months of various areas where food is stored to ensure compliance.
- A record of the inspections will be maintained in the office of the dietary manger.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will perform random audits of food storage areas no less than twice per month for 2 months, then monthly for 2 months for compliance.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance of all corrective actions, a record review of a sample of residents will be performed, observation of residents and other measures as needed will be conducted.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
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- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.07 (3) Food Service.
A703
Corrective action taken in response to each resident or example identified in the statement of deficiencies.

- An adequate supply of potable and non-perishable food was restocked no later than July 23, 2002.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- No other concerns were noted.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The dietary manager was re-educated on this rule by the administrator on 8/31/2022.
- The dietary manager is responsible for compliance.
- The dietary manager will record any adverse findings on the monthly dietary QA checklist.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will inspect the emergency food supplies no less than monthly for 4 months.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance of all corrective actions, a record review of a sample of residents will be performed, observation of residents and other measures as needed will be conducted.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
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- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.10 (1) Sanitation and Housekeeping
A1001
Corrective action taken in response to each resident or example identified in the statement of deficiencies.

- A pump has been ordered for the pond on the facility's properties and it will be installed by an outside provider once received.
- The manager of the adjacent property where their other pond is located was notified on 10/5/2022 by the facility administrator of the concern noted by ADPH. A pump is now operating in this pond.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- There are no other ponds on the property nor adjacent to it.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The maintenance director was re-educated on this rule by the administrator no later than October 20, 2022.
- The maintenance director is responsible for compliance.
- The maintenance director will perform a visual inspection of the pond no less than bi-weekly to ensure the pond pump is operational.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator will perform a visual inspection of each pond no less than monthly to ensure pond pumps are operational.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance of all corrective actions, a record review of a sample of residents will be performed, observation of residents and other measures as needed will be conducted.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
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- Any findings of non-compliance will result in appropriate corrective action and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.1O (2) Sanitation and Housekeeping.
A1002
Corrective action taken in response to each resident or example identified in the statement of deficiencies.

- The flammable chemicals were immediately removed by the administrator once notified.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- Other areas of the facility were inspected by the maintenance director no later than June 23, 2022. All areas were in compliance.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The maintenance director was re-educated on this rule by the administrator on 6/14/2022.
- All staff were educated on this rule no later than 10/20/2022.
- The maintenance director is responsible for compliance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will perform random audits of various areas of the facility no less than twice per month for 2 months, then monthly for 2 months for compliance.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance of all corrective actions, a record review of a sample of residents will be performed, observation of residents and other measures as needed will be conducted.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
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- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.11 (1) Fire and Safety
A1101
Corrective action taken in response to each resident or example identified in the statement of deficiencies.

- Fire drills have been conducted in compliance with this rule since July, 2022.
- A new form to document fire drills will be utilized beginning November, 2022, which includes the missing items noted in this deficiency.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- No other concerns were noted.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The maintenance director was re-educated on this rule by the administrator on 6/14/2022.
- The maintenance director is responsible for compliance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator, or designee, will inspect the monthly fire drills no less than monthly for 4 months.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance of all corrective actions, a record review of a sample of residents will be performed, observation of residents and other measures as needed will be conducted.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
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- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores

420-5-4-.12 (8) Physical Environment

A1206

Corrective action taken in response to each resident or example identified in the statement of deficiencies.

- The fire doors identified had magnet locks installed on 9/2/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- All other fire doors were inspected by the administrator no later than 6/24/2022 and all operate appropriately.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The maintenance director was re-educated on this rule by the administrator no later than 6/24/2022.
- The maintenance director is responsible for compliance.
- The maintenance director will monitor the proper function of all fire doors during each monthly fire drill.
- A record of door function will be included in the fire drill report.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will inspect the functionality of the fire doors and review the monthly fire drill report no less than monthly for 4 months.
- During site visits, the POC book will be reviewed by the governing authority and consultant to ensure compliance of all corrective actions, a record review of a sample of residents will be performed, observation of residents and other measures as needed will be conducted.
- A record of monitoring will be maintained in the POC book located in the office of the administrator.
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- Any findings of non-compliance may result in appropriate corrective action, additional training and continued monitoring.
- Results of the monitoring will be recorded and kept in the office of the administrator.

Seagrass Village of Gulf Shores