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: Westminster Assisted Living of Cullman
- ☐ Facility Identification Number: D2215
- ☐ Name of Administrator: Wanda Raines
- ☐ Survey Exit Date: 11/15/22

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: Monday, November 28, 2022, at 5pm.

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

POC Accepted
November 28, 2022
Debbie Freeman, RN
Debra Freeman

Westminster of Cullman Assisted Living

Facility

Provider: D2215

Plan of Corrections

ADPH Survey Date: 11/15/2022

Wanda Raines

Signed: Wanda Raines

Administrator

11-22-22

Date

Westminster of Cullman

1020 Olive Street SW

Cullman, Al 35055

November 22, 2022

Leslie Morgan

PO BOX 303017-3017

RE: Plan of Corrections for Westminster Assisted Living Facility- D2215

Survey exit date November 15,2022.

Dear Mrs. Morgan,

Please find attached the Plan of Corrections for deficiencies cited during our survey dated November 15, 2022 at Westminster of Cullman. Should you have any questions please contact me at your convenience.

Sincerely,

Wanda Raines,

Administrator

Westminster Assisted Living Facility POC to ADPH

Survey Date: November 15, 2022

1. **A405 420-5-4-.06 (6) Personnel**: The facility failed to ensure all new employees were certified in cardiopulmonary resuscitation (CPR) within 90 days of hire.

2. During the surveyors review of employee charts EI#5 was hired on April 25, 2022 and EI# 9 was hired on May 31, 2022. Both files failed to have CPR certification. All employees are to be certified within 90 days of employment.

3. All current uncertified employees have been given a link, login and password to obtain CPR certification online.

4. A New Hire Orientation Checklist has been implemented starting now to ensure all initial training protocols are being met with dates. A designated spot has been added to ensure employee has been CPR certified within 90 days of hire.

5. An assignment sheet has been created for the Administrator and Business Office Coordinator to review employee charts weekly for a month, and then monthly for 5 months to ensure proper training is completed within the proper time limits.

Westminster Assisted Living Facility POC to ADPH

Survey Date: November 15,2022

1. **A602 420-5-4-.06 (2) (a) (b) (c): Care of Residents:** The facility failed to obtain a statement by the physician that the resident was free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents.

2. The surveyor identified that (RI)#5 was admitted on January 21, 2022 and the initial exam was dated January 20, 2022. The physician didn't clearly mark resident was free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents. The surveyor identified that (RI)#6 was admitted to the facility on November 4, 2022 and the initial exam date was October 25,2022. The physician didn't clearly mark resident was free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents. Resident Care Coordinator contacted physician and was able to obtain required free from infectious disease statement.

3. The facility will print off a new Physician's Plan of Care to be used for each resident for annual exams and new residents. This will ensure all parties completing this document can see the appropriate yes and no questions along with boxes that need to be checked to meet proper requirements for admission.

4. Administrator/Director of Nursing and Resident Care Coordinator will review the Physician's Plan of Care for all new residents and for resident annual exams, ensuring all information is filled out appropriately. Audits will be done weekly for 4 weeks and then monthly for 5 months.

5. Administrator/Director of Nursing and Resident Care Coordinator will audit the files of current resident to ensure theirs are completed appropriately and that any found incomplete will be corrected.

Westminster Assisted Living Facility POC to ADPH

Survey Date: November 15,2022

1. **A611 420-5-4-.06 (4) (a) (b) Care of Residents:** The facility failed to develop appropriate written Resident Service Plans. In addition, a copy of the outside provider's plan of care was not available for all residents.

2. The surveyor identified on November 14, 2022 during a visit, RI#7 told the surveyor he/she had problems with his/her speech. The RSP "Diagnosis List" mentioned aphasia, but there were no interventions needed to address how the speech disorder could affect RI#7's communication with staff. RI#7 RSP also failed to include the warning signs or symptoms of cerebral infaraction. RI#7 with BPH with obstruction and urinary retention. The CRNP wrote an order for the staff to "encourage patient to attempt to void every 2 hours".

3. Resident care coordinator will update service plans within 24 hours of receiving new orders by physicians and any other healthcare provider.

4. Administrator/ Director of Nursing and Resident care coordinator will review Resident Care Plan's weekly for 4 weeks. Then will continue to review monthly them for an additional 5 months.

5. Administrator/ Director of Nursing and Resident care coordinator will audit Resident Care Plan with new and current orders to ensure all staff are aware of new orders and requests from physicians.

New Hire Orientation Checklist

Employee Name:	Start Date:
Mentor:	Estimated Completion Date:
Date employee must be CPR certified by: (90 days):	

Topic/Module	Date Completed	Trainer's Initials	Employee's Initials
Before Day 1:			
☐ ***Completion of New Hire paperwork***			
☐ ***Obtain copies of TB, Vaccines, SS Card, Drivers Lic***			
Day 1:			
Conducted by Business Office Coordinator:			
• Introduction of leadership team and staff at standup			
• Review Employee Handbook			
• Bathroom Location			
• Use and Location of Timeclock			
• Review how to fix missed punches and request time off			
• Review Staff meal info and options			
Executive Director:			
• Company Mission Statement			
• Missing Resident Procedures			
• Discuss Facility Culture & Expectations			
Life Enrichment Coordinator:			
• Role of all staff in activities			
• Assisting residents to get to activities			
• Participation in activities when available			
Dietary Manager:			
• Review how to serve meals in dining room			
• Review Special Diets- **Regular, NAS, NCS**			
• Staff's role in dining room at mealtime			
• All hands-on deck at mealtime			
• Snack time for residents- **10 AM, 2 PM, 7 PM**			
Fire Safety and Emergency Preparedness (Must be completed by **Maintenance Director** during facility tour)			
• Review Entire Fire & Emergency Manual			
• Fire Alarm System			
• Fire Extinguishers			
• Evacuation Routes & Assembly Areas/ Procedures			
• Location & Operation of Utility Cut-offs			
• Proper use of chemicals			
• Utility Outages			
• How to use washer and dryer			
• Procedure for reporting maintenance issues			
• Location of the Safety Data Sheet Notebook			
Day 2:			

Care Coordinator			
• Discuss Care Components of Residents			
• First Aid/CPR protocols			
• Death of a Resident			
• Skin assessment documentation			
• Documentation of ADLs			
• Matrixcare Access			
Lead SIC			
• Review of Job Duties & Responsibilities			
• Discuss work schedule			
• Discuss training schedule			
• Expectations reviewed			
• Introduce to mentor/trainer			
• Complete PCA skills checklist for care staff			
• Review HCM to go app / Crew app and proper use			
• ALG Roots FB introduction			
Begin Collins Training			
Day 3-5			
Continue Collins training completed			
Begin shadowing with mentor			

Signature of Office Staff:	Date:

Westminster Assisted Living POC for ADPH

A405

The facility failed to ensure all new employees were certified in cardiopulmonary resuscitation (CPR) within 90 days of hire

Administrator and Business Office Coordinator to review employee charts weekly for a month, and then monthly for 5 months

Week 1	Administrator Signature:	Business Office Coordinator Signature:
Week 2	Administrator Signature:	Business Office Coordinator Signature:
Week 3	Administrator Signature:	Business Office Coordinator Signature:
Week 4	Administrator Signature:	Business Office Coordinator Signature:
Month 1	Administrator Signature:	Business Office Coordinator Signature:
Month 2	Administrator Signature:	Business Office Coordinator Signature:
Month 3	Administrator Signature:	Business Office Coordinator Signature:
Month 4	Administrator Signature:	Business Office Coordinator Signature:
Month 5	Administrator Signature:	Business Office Coordinator Signature:

Westminster Assisted Living POC for ADPH

A602

The facility failed to obtain a statement by the physician that the resident was free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents

Administrator/Director of Nursing and Resident Care Coordinator will review the Physician's Plan of Care for all new residents and for resident annual exams, ensuring all information is filled out appropriately. Audits will be done weekly for 4 weeks and then monthly for 5 months

Week 1	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Week 2	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Week 3	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Week 4	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Month 1	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Month 2	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Month 3	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Month 4	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Month 5	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:

Westminster Assisted Living POC for ADPH

A611
The facility failed to develop appropriate written Resident Service Plans. In addition, a copy of the outside provider's plan of care was not available for all residents Administrator/ Director of Nursing and Resident Care Coordinator will review Resident Care Plan's weekly for 4 weeks. Then will continue to review them for an additional 5 months.

Week 1	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Week 2	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Week 3	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Week 4	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Month 1	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Month 2	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Month 3	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Month 4	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature:
Month 5	Administrator Signature:	Director of Nursing Signature:	Resident Care Coordinator Signature: