POC Approved
December 23, 2021
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Wills Creek Village Assisted Living

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FACILITY ID Number: D2507

Administrator: Janet Owen

Survey Exit Date: 12/15/2021

PLAN OF CORRECTION

Deficiency cited:

Chapter 420-5-4-.04 (3) Personnel **Tag ID- A402**

2. **The employee file checklist was revised for El#13. All new employees will be screened for potential abuse through the abuse registry prior to beginning work.**
3. **Any new employees will have a revised checklist to verify the screen for abuse prior to hire through the Alabama Department of Public Health Nurse Aide Abuse Registry. All current employee's checklists will be reviewed and completed by 01/15/2022.**
4. **A revised checklist will be put into place by El#2 in all employee charts. A refresher course for required documents will be completed by El#2 by 01/15/2022.**
5. **El#2 will be responsible to review all new employee files before first day of resident contact and on a monthly basis. El#1 or El#2 will keep a monitoring record manual in the office.**

Chapter 420-5-04-.04 (4) Personnel **Tag ID- A403**

2. **Employee documentation was implemented to include the initial resident contact date, as evidenced in employee files on El#6 and El#13.**
3. **Documentation of employee initial resident contact will be reviewed in all current employee files by 01/15/2022.**
4. **A revised checklist with documentation will be placed in all employee files by El#2 to include the initial resident contact no later than 01/15/2022.**
5. **El#2 will be responsible to review all new employee files before first day of resident contact and on a monthly basis. El#1 or El#2 will keep a monitoring record manual in the office.**

Chapter 420-5-4-.04 (6) Personnel **Tag ID-A405**

2. **Employee files will include updated CPR cards and training for all staff in special needs to include diabetes. This includes El#1, laundry staff and housekeeping staff.**
3. **Documentation of the CPR cards and special needs training will be included in all employee files. The CPR class has been scheduled for 12/30/2021. The special needs training class for diabetes has been scheduled for 01/05/2022 presented by Amedisys.**
4. **A revised documentation checklist will be placed in all employee files by El#2 to verify current CPR and special needs training on diabetes by 01/15/2022.**
5. **El#2 will be responsible to review all CPR cards and special needs training on a monthly basis. This will include all new and current employees. A refresher course will be scheduled annually and as on an as needed basis for special needs training and recertification for CPR. El#1 or El#2 will keep a monitoring record manual in the office.**

Chapter 420-5-4-.06 (1) Care of Residents Tag ID-A601

2. **The medication assistance staff will ensure all resident's care will be provided as ordered by the resident's attending physicians.**
3. **A revision for the documentation of the daily blood glucose log was implemented immediately on Rl#1. The medication assistance staff were re-educated to properly record the readings contemporaneously.**
4. **To protect future residents from this deficiency all orders for blood glucose monitoring will be checked by El#1 and make sure the medication assistants are following physician orders on how they would like the resident's blood glucose to be monitored. All current files will be checked by 01/15/2022 by El#1 or El#2.**
5. **El#1 will be responsible to ensure and review all resident files on a monthly basis in order to protect the resident's and to prevent this deficiency from occurring again. This will include all new and current residents. El#1 or El#2 will keep a monitoring record manual in the office.**

Chapter 420-5-4-.06 (2) (a) (b) (c) Care of Residents Tag ID-A602

2. **Documentation for new residents will be provided for tuberculosis (TB) evaluation within the previous twelve months prior to moving into the facility.**
3. **A revision of the documentation for the TB evaluation has been implemented immediately to ensure the deficiency will not be repeated. We are trying to obtain a copy of Rl#2 TB or a chest x-ray evaluation from a previous facility.**
4. **To protect future residents from this deficiency all new resident files will be checked by El#1. All current files will be checked by 01/15/2022 by El#1 or El#2.**
5. **El#1 will be responsible to ensure and review all resident files on a monthly basis in order to prevent this deficiency from occurring again. This will include all new and current residents. El#1 or El#2 will keep a monitoring record manual in the office.**

Chapter 420-5-4-.06 (4) (a) (b) Care of Residents Tag ID-A611

2. **The resident service and plan of care has been updated to reflect the current conditions of Rl#1 and has been dated.**
3. **A revised resident service and plan of care has been implemented to ensure the deficiency will not be repeated. The RSPC's were reviewed and corrected immediately for Rl#1.**
4. **To protect future residents from this deficiency all RSPC's will be checked by El#1. All current files will be checked by 01/15/2022 by El#1 or El#2.**
5. **El#1 will be responsible to ensure and review all resident files on a monthly basis in order to protect the residents and to prevent this deficiency from occurring again. This will include all new and current residents. El#1 or El#2 will keep a monitoring record manual in the office.**

Chapter 420-5-4-.06 (7) (j) Care of Residents Tag ID-A615

2. **The medication assistance staff will ensure all MAR's will be checked and match backed according to physician's orders.**
3. **A revision for the Medication Administration Record (MAR) was implemented immediately on Rl#1. The medication staff were counseled immediately on proper documentation of the MAR's. An In-service will be presented by Amedisys for further education on MAR's which is scheduled 01/05/2022.**
4. **To protect residents from this deficiency, all MAR's will be checked by El#1 or El#2 to ensure proper documentation. All current MAR's will be checked immediately by El#1 and rechecked by El#2.**
5. **El#1 and El#2 will be responsible to review all MAR's on a monthly basis and as needed basis in order to protect the residents and to prevent this deficiency from occurring again. This will include all new and current MAR's. El#1 or El#2 will keep a monitoring record manual in the office.**

Chapter 420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents Tag ID-A616

2. **The overflow of controlled substance was moved to a different location in order to be properly accounted for.**
3. **A revised controlled substance sheet was implemented immediately for the narcotic overflow.**
4. **To correct this deficiency, the overflow of controlled substance will be located in the medication room in a lockbox. The medication assistance staff will be responsible for the overflow narcotic count before and after each shift effective 12/22/2021. The narcotic count will be completed by the medication assistant staff and witnessed by another staff member.**
5. **El#1 or El#2 will be responsible to review all controlled substance overflow spreadsheets on a daily, monthly and as needed basis in order to prevent this deficiency from occurring again. El#1 and El#2 will keep a monitoring record manual in the office.**

Chapter 420-5-04-.12 (1) Personnel Tag ID- A1201

2. **The beauty salon will be used only for resident services.**
3. **El#1 and El#12 were advised to cease all services for outside customers effective immediately.**
4. **On 12/15/2021 both El#1 and El#12 agreed services would no longer be provided to outside customers in the beauty salon ensuring the deficiency will not be repeated.**
5. **El#2 will be responsible to ensure no outside customers will be receiving services in the beauty salon. El#2 will monitor on a weekly basis and will keep a monitoring record manual in the office.**

Janet Owen, Administrator *December 22, 2021*