The Crossings at East Chase Assisted Living
Provider Identification # D5150
Montgomery, Alabama
Plan of Correction Statement of Deficiencies dated 2/14/2022
Administrator: David Wilbanks

A301 Administration
420-5-4-.03 (1) (a) (b) (c) (d)

Corrective Action:
The Administrator was replaced by a licensed permanent administrator 2/28/2022. ADPH was notified of change in administrator by Age Well Living VP of Operations on 3/1/2022. Refer to 302, 303, 305, 402,403,405,503,504,508,601,602,604,611,615,616,618,621,703, and 1101 for further corrective actions.

Steps taken to identify other residents or concerns:
All residents have the potential to be affected. Refer to 302, 303, 305, 402,403,405,503,504,508,601,602,604,611,615,616,618,621,703, and 1101 to see how other residents were identified.

Measures put into place or systemic changes made to assure deficiency will not recur:
Alabama Nursing consultant was hired on 3/1/2022 to assist getting facility into compliance and train the regional staff on the following: assessments, care plans, personnel, resident rights, reportable incidents, medication administration, retention of appropriate residents, fire and safety, food service, and care of residents. E1#4 is no longer works at The Crossings, and an experienced specialty care RN was hired 3/23/2022, who will only have responsibility for Memory Care. E1#3 will take the ALAA rules review course 7/12/2022 to ensure knowledge of all Alabama Regulatory guidelines. The state approved consultant will train the ALF coordinator/designee on the SBOH rules and regulations 5/18/2022. The Medical Director was given notice of termination on 3/1/2022. The new permanent Medical Director started with the facility on 3/1/2022. Refer to 302, 303, 305, 402,403,405,503,504,508,601,602,604,611,615,616,618,621,703, and 1101 for further measures put into place.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:
The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor

compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

A302 Administration
420-5-4-.03(1)(e)

Corrective Action:

Administrator/designee will in-service all staff on Infection Control Policies and Procedures including the current CDC Covid-19 guidelines by 6/1/2022. Administrator/designee will also inform all staff where to find the policy and procedure binders in the facility for future reference. New policy and procedures will be posted in the breakroom, at the time clock, in the SCALF/ALF buildings, and as part of the Accushield system by 6/1/2022. Signatures of ongoing in-services will be maintained in the employee files/

Steps taken to identify other residents or concerns:

All residents have the potential to be affected. Residents are tested per appearance of symptoms ongoing. There are no current cases of covid

Measures put into place or systemic changes made to assure deficiency will not recur:

The Assisted Living Coordinator/designee will make rounds weekly during an outbreak and monthly when there are no communicable diseases in the facility, beginning 5/1/22, to ensure that all appropriate PPE for resident care/contact is available to the staff. Assisted Living Coordinator will immediately report to Administrator/designee when anyone is diagnosed with a communicable disease. The Administrator/designee will then notify the appropriate local and state authorities. The Assisted Living Coordinator/designee will monitor Infection control practices by observation on rounds beginning 5/1/22. Assisted Living Coordinator/designee will maintain a log of any deficiencies noted on rounds and corrective actions put in place. These records will be kept in the POC binder in the Administrator's office. Currently there are no communicable diseases in the facility. This process will be ongoing. A log will be kept of PPE supplies in the supply closets.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the

following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

A303 Administration
420-5-4-.03 (2) (a)

Corrective Action:

The Administrator was replaced on 2/28/2022. The Medical Director was given notice of termination on 3/1/2022. The new permanent Medical Director started with the facility on 3/1/2022.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected. Refer to 302, 303, 305, 402,403,405,503,504,508,601,602,604,611,615,616,618,621,703, and 1101 to see how other residents were identified.

Measures put into place or systemic changes made to assure deficiency will not recur:

Refer to 302, 303, 305, 402,403,405,503,504,508,601,602,604,611,615,616,618,621,703, and 1101 for measures put into place or systemic changes made to assure deficiency will not recur. A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

A305 Administration

420-5-4.03 (2) (C)

Corrective Actions:

The Vice President of Operations/ designee provided written notification of the last change in Administration on 3/1/2022.

Steps taken to identify other residents or concerns: All residents have the potential to be affected.

Measures put into place or systemic changes made to assure deficiency will not recur:

The COO/designee will ensure that a member of the governing body will notify the SBOH in writing within 15 days of any future change in administrator.

The COO and Administrator/designee will have weekly calls to review the day-to-day operations of the building.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

A402 Personnel

420-5-4.03 (3)

Corrective Action:

The Business office manager will complete The Alabama Department of Public Health Nurse Aide abuse registry screenings for all current staff that do not have the screening by 4/1/2022.

EI#1 was screened for abuse on 3/4/2021.

EI#4 is no longer employed at The Crossings.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected.

An audit will be completed of all current employee files to ensure proper screening through the Nurse Aide Abuse Registry, in accordance with the SBOH rules. This audit will be completed and signed off by the VP of Operations by 4/28/2022.

Measures put into place or systemic changes made to assure deficiency will not recur:
The Business office manager will complete The Alabama Department of Public Health Nurse Aide abuse registry screenings for all future staff new hires beginning 5/1/2022. The BOM will submit the completed new hire file to the Administrator/designee daily in standup before the first day of contact with residents.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

A403 Personnel
420-5-4.04 (4)

Corrective Action:

EI#1 – Employee file documents the date of initial resident contact for this employee on 3/4/2021.

EI#4 - EI#4 no longer works at The Crossings.

EI#15 -The operations manager recorded the date of initial resident contact for this employee on 6/9/2021.

The Business office manager will document date of first resident contact on all files starting 4/1/2022.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

An audit will be completed and then signed off by The VP of Operations 6/1/2022 of all current employee files to assure all employee files have the date of initial resident contact documented.

Measures put into place or systemic changes made to assure deficiency will not recur:
The Business office manager will complete The Alabama Department of Public Health Nurse Aide abuse registry screenings for all future staff new hires beginning 5/1/2022. The BOM will submit the completed new hire file to the Administrator/designee daily in standup before the first day of contact with residents.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

A405 Personnel
420-5-4-.04(6)

Corrective Action:

EI#1 - Encompass HH provided training on Diabetes, Hospice, and Oxygen to this employee on 3/18/2022 and 3/23/2022.

EI#4 – No longer works for The Crossings

EI#15 – will be trained by 6/30/2022 Diabetes, Hospice care. Oxygen training was completed on 6/9/2021.

The corporate nurse/designee will schedule trainings for all special needs currently in the community to be completed by 6/1/2022. Records of these trainings will be kept in the employee files.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected.

Administrator/designee will audit all the current employee files and record any staff that need this training by 6/1/2022.

The Administrator/designee will have all current employees who have not completed these trainings complete the training and document it in the employee files. Completed by 6/1/2022.

Measures put into place or systemic changes made to assure deficiency will not recur:

New Hire training form added to orientation to include Oxygen, Diabetes, and hospice care.

The Corporate Nurse will attend the Rules and regulations class on July 7/12/2022.

The Business office manager will complete The Alabama Department of Public Health Nurse Aide abuse registry screenings for all future staff new hires beginning 5/1/2022. The BOM will submit the completed new hire file to the Administrator/designee daily in standup before the first day of contact with residents.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions: The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

The Administrator will audit 5 employee files a month beginning 5/1/2022 throughout the probationary period to ensure specialized training has been completed. Copies of audits will be kept in the POC binder in the Administrators office.

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

Corrective Action:

RI#10 – The resident no longer lives in the community.

EI#4 is no longer employed by the facility.

Steps taken to identify other residents or concerns:

All discharged residents have the potential to be affected.

Measures put into place or systemic changes made to assure deficiency will not recur:

The corporate nurse/designee will train the Assisted Living Coordinator on how to pull a discharged resident's MAR from QuickMar by 5/18/2022.

When a resident discharges from the facility, the Assisted Living Coordinator/designee will print all the MARS from Quickmar and add to the discharged file.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

Administrator/designee will audit one discharged chart monthly to beginning 5/1/2022 and throughout the probationary period to ensure that discharged files include MARS.

Audits will be kept in the POC binder on the Administrator's office.

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

Corrective Action:

RI#5 & RI#6 - Signage, isolation carts stocked with PPE, and bio-hazard bins were noted by the surveyor on January 5, 2022, in the immediate area where these two residents were isolated.

Steps taken to identify other residents or concerns:
All residents have the potential to be affected.
All residents are tested upon appearance of symptoms. No further cases of covid in the building.

All Mars were audited for omissions and exceptions by 3/24/2022.

Measures put into place or systemic changes made to assure deficiency will not recur:
Administrator/Corporate Nurse/ Assisted Living Coordinator will in-service all staff on Infection Control Policies and Procedures including the current CDC Covid-19 guidelines by 4/1/2022 New policy and procedures will be posted in the breakroom, at the time clock, in the SCALF/ALF buildings, and as part of the Accushield system by 06/01/2022.

The Assisted Living Coordinator/designee will make rounds weekly during an outbreak and monthly when there are no communicable diseases in the facility, beginning 04/01/2022, to ensure /that all appropriate PPE for resident care/contact is available to the staff. Assisted Living Coordinator / Designee will immediately report to Administrator/Corporate Nurse when who is diagnosed with a communicable disease. The Administrator will then notify the appropriate local or state authorities. Assisted Living Coordinator / Designee will monitor Infection control practices by observation on rounds beginning 04/01/2022. Log of PPE supplies kept in the supply room. Currently there are no communicable diseases in the facility. This process will be ongoing.

Corporate nurse/ Designee will train the Assisted Living Coordinator how to audit and investigate medication records daily for any medication exceptions by 04/16/2022.

The pharmacy will train all nurses working in the ALF unit on medication administration, including how to document when a resident refuses to take their medication by 06/30/2022.

Assisted Living Coordinator or her designee will audit all medication administration records weekly for any medication exceptions beginning05/01/202
The Assisted Living Coordinator will then investigate the exception and document in the care plan, notify the MD, and resident sponsor beginning 05/01/2022

The pharmacy will do monthly audit of the medication carts and a mandatory all nursing staff training on the QuickMar medication management system and a medication management class for all operations team members by 06/30/2022.

The corporate nurse has programmed the Electronic Mar system to email a report of all medication exceptions to the corporate nurse, Assisted Living Coordinator, and Administrator's facility email address daily. Starting on 3/23/2022.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:
The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

Administrator/designee will audit one discharged chart monthly to beginning 5/1/2022 and throughout the probationary period to ensure that discharged files include MARS.

Audits will be kept in the POC binder on the Administrator's office.

A508 Records and Reports
402-5-4-.05 (3) (h)

Corrective Action:

RI#5 Resident remains in the facility and is Covid free.

RI#6 - Resident no longer lives in the community. Discharged on 2/14/2022

RI#8 – Resident remains in the facility. Resident was evaluated in the Emergency Room and returned with no new orders.

EI#4 is no longer employed at the facility.

RI#2 Resident no longer lives in the facility.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected.

Measures put into place or systemic changes made to assure deficiency will not recur:

The Administrator/designee will Inservice all staff on incident reporting to include the types of reportable incidents to ADPH on 6/1/22.

The Assisted Living Coordinator /administrator will immediately investigate, document, and notify the ADPH using the OIRS when a reportable incident occurs in the facility within 24 hours of occurrence. Record of the reportable incident will be kept in a binder in the administrator's office.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

Administrator/designee will audit 5 incident reports monthly to ensure accurate and timely reporting.

Audits will be kept in the POC binder on the Administrator's office.

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

Corrective Action:

The Medical Director was given notice of termination on 3/1/2022. The new permanent

Medical Director started with the facility on 3/1/2022. Please refer to 508 and 618 for further information.

RI#1 – The resident discharged 6/1/2022.

RI#8 – The order for oxygen was obtained 1/6/2022 and added to the MAR by EI#4. Resident was sent to the ER for evaluation due to medication error. Resident returned to the facility the same day with no new orders. Resident was in serviced on awareness of placement of patch.

EI#11 – Was in serviced on placement of patch. Location of patch was added to MAR for recording of placement.

Steps taken to identify other residents or concerns:
All residents have the potential to be affected.

Measures put into place or systemic changes made to assure deficiency will not recur:
Corporate nurse/designee will train the AL coordinator for following Physician's orders and how to obtain physician's orders, to include, but not limited to all pharmacological orders, therapeutic orders, lab work, vital signs, and x-rays by 6/1/2022. The Assisted Living Coordinator/designee will train all staff that assist with medications on the SBOH rules for Physician's orders. Completed by 6/1/2022.

Pharmacy will train all staff that assist with medications in the AL unit on medication administration, including how to document when a resident refuses to take their medication by 6/28/2022.

The corporate nurse has programmed the Electronic Mar system to email a report of all medication exceptions to the corporate nurse, Assisted Living Coordinator, and Administrator's facility email address daily. Starting on 3/23/2022.

The pharmacy will do monthly audit of the medication carts and a mandatory all nursing staff training on the Quick Mar medication management system and a medication management class for all operations team members by 06/30/2022.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

The corporate nurse has programmed the Electronic Mar system to email a report of all medication exceptions to the corporate nurse, Assisted Living Coordinator, and Administrator's facility email address daily.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to - day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

RN/designee will monitor 5 charts for physician orders monthly to make sure orders are being fulfilled and documented appropriately.

Audits will be kept in the POC binder on the Administrator's office.

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

Corrective Action:

RI#1 – Resident is no longer lives in facility.

RI#2 –Resident no longer lives in facility.

RI#4 – 30-day notice has been given to resident's sponsor. May 5th is her tentative discharge date.

RI#5 – The resident passed away on 1/6/2022.

RI#8 – Chest x-ray completed 5/18/2021

Steps taken to identify other residents or concerns:

All residents have the potential to be affected.

Audit of all MEPOCs will be completed by 6/30/2022 by Al Unit Coordinator /designee by 6/30/2022. Any missing info will be corrected and given to MD/NP to sign.

Measures put into place or systemic changes made to assure deficiency will not recur:

The Assisted Living Coordinator will be trained by the corporate nurse on how to review the initial Medical Examination form to ensure that all the required medical information has been properly documented before the resident is admitted beginning 5/1/2022. The OPS

coordinator/designee will complete a second review of the MEPOC to ensure all documentation is completed.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:
The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

Admin/designee will audit 5 MEPOC monthly beginning 5/1/2022 and thought the probationary period to ensure the MEPOC is complete with all required information. Monthly audits will be kept in the POC binder in the administrator's office.

A604 Care of Residents
420-5-4-.06 (3) (a) (b)
Corrective Action:
RI#1: Resident no longer lives in facility
RI#2: Resident no longer lives in the facility
RI#4: Was assessed and deemed inappropriate. 30-day notice given and tentative discharge date 5/5/2022. Resident refuses to be weighed.
RI#5 Resident monthly assessment completed by 4/1/2022.
RI#6 Resident no longer lives in the facility
RI#9 Resident monthly assessment was completed by 4/1/2022.
EI#4 is no longer employed by the Crossings

Steps taken to identify other residents or concerns:
All residents have the potential to be affected.
Audit will be completed on all current residents to ensure that each resident has a current assessment to include a monthly medications awareness assessment.

Audit of all weights was completed by EI#4 3/1/2022. All weights were obtained and documented on monthly assessments.

Measures put into place or systemic changes made to assure deficiency will not recur:
Assisted Living Coordinator has been trained by corporate nurse/designee on how to complete monthly assessments in the ALF to include monthly medication awareness. The consultant will train the Assisted Living Coordinator on 5/18/2022 about the SBOH regulations on assessments. MC RN will review all AL monthly assessments to ensure they are completed.
A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Medication awareness has been added to all MARS.

For those residents who self-administer their medications, a self-medication assessment will be completed quarterly to ensure that resident is able to safely self-administer. The MEPOC will also document whether the resident can self-administer medications.

New ALF coordinator was hired on 3/23/2022 and trained by corporate nurse on 3/24/2022 on the importance of completing monthly assessments to include obtaining monthly weights. The consultant will also train the ALF coordinator on 5/18/2022 regarding SBOH regulations on obtaining weights.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

Assisted Living Coordinator/designee will audit 2 residents who self-administer medications monthly to ensure that they have a current self-administration assessment.

Assisted Living coordinator/designee will audit 5 monthly assessments to ensure that monthly weights were obtained and documented.

Copies of all audits will be kept in the POC binder in the Administrators office.

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

Corrective Action:

RI#1 – Resident no longer lives in facility. Discharged 1/6/2022

RI#2 – Resident is no longer living in the facility. Discharged to higher level of care on 4/22/2022.

RI#4 – Care plan was updated on 4/15/2022. Resident has been given a 30-day notice to discharge tentatively 5/5/2022.

RI#5 – Care plan has updated on 4/15/2022.

RI#6 - Resident is no longer living in facility. Discharged on 2/14/2022.

RI#7 - **Care** plan was updated on 4/15/2022.

RI#8 - Care plan was updated on 4/15/2022.

The Corporate nurse has updated all current AL residents and review and update care plans, when necessary, no less than monthly, to assure all pertinent areas of care are addressed, that care plans are individualized, diets are included, and ADLs are addressed by 5/1/2022.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected.
The Corporate nurse audited all care plans, and all care plans are current and customized.

Measures put into place or systemic changes made to assure deficiency will not recur:
A new Assisted Living coordinator was hired 3/23/2022 and given training by the corporate nurse on 3/24/2022 on how to complete and update care plans to meet the individualized needs of each resident. The consultant will do further training on individualized care plans on 5/18/2022.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

Administrator/designee will audit 5 care plans a month to ensure care plans address the individualized needs of each resident.
All audits will be kept in the POC binder in the administrator's office.

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

Corrective Action:
RI#1 – The order for the Fentanyl patch, to include location of patch placement, was added to the MAR by 2/1/2022 by EI#4.

EI#8 – No longer employed at The Crossings

Steps taken to identify other residents or concerns:
All residents have the potential to be affected.

The corporate nurse reviewed orders for the current AL residents, for any medication requiring site recording 3/1/2022. All MARS for those residents were updated with a body site drop down list to choose from by corporate nurse on 3/1/2022.

Measures put into place or systemic changes made to assure deficiency will not recur:
All staff who assist with medication will be in services by Pharmacy on or before 6/30/22. Record of trainings will be kept in the employee files.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Pharmacy will perform a monthly med pass observation for 6 months started beginning 5/2022.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

The ALF coordinator/designee will monitor 5 MARS every month to ensure that medications are being given and documented appropriately.

Audits will be kept in the POC binder in the Administrators office.

A616 Care of Residents
420-5-4.06 (7) (k) (l) (m) (n) (o)

Corrective Action:

EI#9 was trained on appropriate narcotic documentation by the corporate nurse by 5/1/2022.

EI#10 is no longer employed at The Crossings.

EI#4 is no longer employed at the facility.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected.
An audit of all narcotic records was completed on 3/1/2022.

Measures put into place or systemic changes made to assure deficiency will not recur:

The corporate nurse/designee will in-service and document training with all staff who assist with medications on SBOH regulations about appropriate controlled substance documentation and record of the training will be kept in the POC binder in the administrator's office.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

The ALF coordinator/designee will conduct random checks of narcotic sheets to ensure proper documentation.

The pharmacy will also include controlled substance documentation in their in-service on medication administration by 6/30/22. Documentation of training and audits will be kept in a POC binder in the Administrator's office.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

Administrator/designee will audit narcotic sheets beginning 5/1/2022 throughout the probationary period.
Audit documentation will be kept in the POC binder in the Administrator's office.

A618 Care of Residents
420-5-4.06 (9)

Corrective Action:

RI#1 – This resident no longer lives in the facility. Was discharged on January 6, 2022.

RI#8 – An order was obtained for this resident's oxygen on 1/10/2022 by EI#4.
Oxygen was added to the MAR on 1/10/22 by EI#4. RI#8 is aware of current oxygen order at 2 liters per NC.

The corporate nurse added all appropriate orders for oxygen use to the current AL Residents MARs to be checked every shift for appropriate liters per NC. 3/1/2022

EI#7 – Employee was in serviced by Encompass Home Health on proper oxygen use and documentation of attendance recorded 3/29/2022.

EI#4 is no longer employed at the facility.

Steps taken to identify other residents or concerns:
All residents have the potential to be affected.
The corporate nurse audited all current files for oxygen orders and added oxygen orders in the MAR by 3/24/2022.

Measures put into place or systemic changes made to assure deficiency will not recur:
New ALF coordinator hired on 3/23/2022.
The AL coordinator/designee will make sure oxygen orders are entered into MAR upon admission and when oxygen orders are obtained beginning 4/1/2022.

The corporate nurse/Al coordinator/designee will train all nursing staff that oxygen must be included when medication awareness testing is being done. This will be completed by 4/1/2022.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:
The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

ALF coordinator will audit all resident's on O2 to ensure that appropriate documentation is on the MAR monthly.

A621 Care of Residents
420-5-4-.06 (11) (b)

Corrective Action:

RI#4 was issued a 30-day notice by the Administrator and has tentative discharge date of 5/5/2022.

RI#7 – Resident continues to reside in the building. Wound has healed.

EI#1 is no longer the Administrator of this facility as of 2/28/22. New Administrator was hired.

EI#4 is no longer employed at this facility.

Steps taken to identify other residents or concerns:
All residents have the potential to be affected.
Audit of all residents with wounds completed by 5/1/2022 to ensure wound care is being provided by a licensed HH provider.

Measures put into place or systemic changes made to assure deficiency will not recur:
Weekly care coordination meeting to be conducted by the MC RN, ALF coordinator, Administrator, and third-party providers to discuss all AT RISK residents and residents requiring a higher level of care will be provided a 30-day discharge notice.

The corporate nurse gave training to the Assisted Living Coordinator/designee on the SBOH rules of retention in an ALF facility. Training will be documented and kept in the POC binder and employee file by 5/1/2022. The consultant will train the Assisted Living Coordinator/designee on the SBOH rules of retention on 5/18/2022.

The Administrator/designee will educate all staff on the SBOH criteria for continued stay for assisted living and reporting the inappropriateness of residents. The in-service will be completed by 6/30/2022 on Relias. Documentation of training will be maintained in the employee files.

ALF coordinator/designee will maintain a log of residents who are receiving skilled care beginning 5/1/2022. When a resident is near the 60-day mark, a conversation will be held with the home health provider to determine the prognosis and assure the skilled care will not be provided more than 90 days in the facility.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

Alf unit coordinator/designee will meet with administrator/designee weekly beginning 4/14/22 for 6 months and then monthly for the duration of the probationary period. Documentation of these discussions will be maintained int eh POC binder in the administrator's office.

A703 Dietary Services
420-5-4-.07 (3)

Corrective Action:
The VP of operations purchased the appropriate amount of potable water and placed in dry storage/pantry of kitchen 1/7/2022.

Steps taken to identify other residents or concerns:
All residents have the potential to be affected.

Measures put into place or systemic changes made to assure deficiency will not recur:
The administrator/designee will audit monthly to ensure amount of potable water remains in compliance beginning 2/1/2022. Record of audit will be kept in the POC binder in Administrator's office.

Monitoring of corrective actions:

The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the

following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/ designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

Administrator/designee will audit potable water supply monthly to ensure appropriate amount is available and within expiration date.
Audit documentation will be kept in the POC binder in the administrator's office.

A1101 Fire and Safety
420-5-4-.11 (1)

Corrective Action:
The maintenance director will hold monthly fire drills in ALF building starting 4/1/2022, on all shifts to ensure staff and residents are prepared. Logs of fire drills will be kept in the POC binder in the administrator's office.

Fire Drills have ben preformed monthly and quarterly on each shift.

Sprinkler system was inspected 1/18/2022 and 4/20/22.

Fire alarm system was inspected on 1/21/22.

Steps taken to identify other residents or concerns:
All residents have the potential to be affected.

Measures put into place or systemic changes made to assure deficiency will not recur:
Maintenance Director/designee will conduct monthly audits on all shifts each quarter and document. Documentation will be turned into administrator for review to ensure drills are completed to SBOH.

A consulting company, as approved by ADPH, was hired on 04/01/2022 to provide routine monthly visits and assist with regulatory compliance and POC oversight.

Monitoring of corrective actions:
The President and COO will supervise the new permanent Administrator in the day-to -day operations of the facility to ensure that the facility is operated in accordance with the Rules of the Alabama State Board of Health. Further Corporate oversight will be provided by the following Corporate Monitoring Plan: The Vice President of Operations, The President and COO of the management company, and The Corporate Nurse will meet to monitor compliance monthly for 6 months, beginning 4/1/2022. After 6 months the meeting will be held by zoom call for the remainder of the probationary period. The Administrator/

designee and the COO will have telephone calls weekly to monitor the day-to-day operations. Documentation of the monitoring will be kept in the POC binder in the Administrator's office.

Administration/designee will audit maintenance records monthly beginning 5/1/2022 throughout the probationary period to ensure fire drills, sprinkler and fire system checks are documented appropriately.
All Audits will be kept in POC binder in the Administrators office.