POC Accepted
December 27, 2022
Debbie Freeman, RN
Debra Freeman

The following is the Plan of Correction for The Bungalows at Riverchase Assisted Living regarding the Statement of Deficiencies dated 12/14/2022. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

PLAN OF CORRECTION

Facility Name: The Bungalows at Riverchase - ALF Facility ID #: D5917

Survey Exit Date: 12/14/2022 Administrator: Quan Givens

Deficiency Number: 420-5-4-.07 (2) Food Service

A 702

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

    - On 12/14/2022, EI#1 implemented a new form that included a column for documentation of daily chemical checks
    - On 12/14/2022 EI#1 trained EI#11 on the new form and the documentation of chemical checks to be placed on the log
    - On 12/16/2022 EI#1 trained all kitchen staff on the new form and the required documentation of chemical checks performed

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

    - N/A

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

    - Effective immediately, all dining staff will utilize the correct form that includes a place to document daily chemical checks

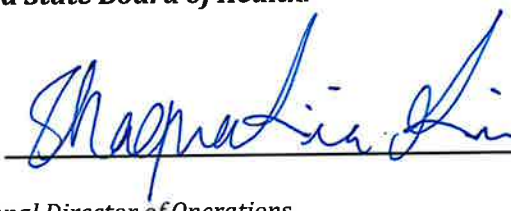
4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.

    - Effective immediately, the Administrator and/or Designee will perform random audits x 3 months, to ensure that the proper form is being utilized and that the daily chemical checks are being logged.

    - Effective 1/1/2023, during routine visits, a Phoenix Support representative will perform random audits of the kitchen to ensure that the correct form is being utilized and that the daily chemical checks are being documented.

NOTE: All Plan of Correction documentation will be in a binder, organized and filed by the Administrator. This binder will be stored in the Administrator's office.

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

Authorized Signature:  ***Date:*** *12/23/2022*

Prepared by:
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