POC Accepted
August 8, 2022
Debbie Freeman, RN
Debra Freeman

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: Regency Retirement Village of Tuscaloosa/Pathways Memory Care of Tuscaloosa
- ☑ Facility Identification Number: D6305/P6305
- ☑ Name of Administrator: Jennifer Anderson
- ☑ Survey Exit Date: 7/14/2022

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, August 1, 2022, at 5pm.

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

Strategic Priority: Staff training on diabetes A405

Goal: All staff that has direct care with diabetic residents will have training upon hire and annually

Strategies: New hires are to be inserviced on diabetes sign and symptoms of hypoglycemia and hyperglycemia and whom to report signs and symptoms to ensure proper response to either.

Outcome Objective(s): All staff be trained on diabetes and how to know the signs and symptoms of hypoglycemia and hyperglycemia.

Impact Objective(s): Staff to become knowledgeable regarding diabetic residents needs and care.

Process Objective(s): To ensure all staff is educated on the needs of diabetic residents.

Tasks/Action Steps *What will be done?*	**Responsibilities** *Who will do it?*	**Resources** *Funding/time/people/materials*	**Timeline** *By when? Month/day/yr*
1. Inservice for all new hires in direct resident care regarding diabetes.	1. ADON/DON/Designee	1. Regency, upon hire, ADON/DON, American Diabetic Assoc., handouts	1. Prior to floor orientation
2. Current staff inservice on diabetic residents care.	2. ADON/DON/Designee	2. Regency, 2nd Tuesday in August 2022, ADON/DON, ADA, handouts	2. August 9th, 2022
3. Continuing education for all staff annually to remain knowledgeable.	3. ADON/DON/Designee	3. Regency, annually, ADON/DON, American Diabetic Assoc. (ADA), handouts	3. Ongoing
4. Post inservice date and time on nursing board and near time clock.	4. ADON/DON/Designee	4. Regency, ADON/DON/Designee	4. Ongoing
5. Complete staff education.	5. ADON/DON/Designee	5. Regency, August 2022, ADON/DON or designee	5. Ongoing

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*
Current staff inserviced on diabetes as evidenced by date of inservice on current staff log.

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*
Diabetic inservice staff sign in sheets to be placed in binder and kept for time specified by law/ADPH.

J. Anderson 7/29/22

Strategic Priority: Staff training on indwelling foley catheter care. A405

Goal: Caregivers, Medicine Technicians and licensed staff who are in direct care with residents who have indwelling foley catheters will receive training upon hire and annually.

Strategies: Caregivers, Medicine Technicians and Licensed staff are to be inserviced on catheter care and documenting changes in urine and foley integrity.

Outcome Objective(s): Nursing direct care staff to be inserviced on catheter care for residents with indwelling foley catheters.

Impact Objective(s): Staff to become knowledgeable regarding indwelling foley catheter care and reporting significant findings.

Process Objective(s): To ensure that all nursing staff is educated on the proper technique to perform foley catheter care.

Tasks/Action Steps *What will be done?*	**Responsibilities** *Who will do it?*	**Resources** *Funding/time/people/materials*	**Timeline** *By when? Month/day/yr*
1. Inservice new hires that are direct resident caregivers regarding foley catheters.	1. ADON/DON / Designee	1. Regency, upon hire (orientation) ADON/DON/designee / handouts	1. upon hire/orientation
2. Current staff inservice on foley catheter care	2. ADON/DON / Designee	2. Regency 2nd Tuesday in August 2022, ADON/DON/Designee, handouts	2. August 9th, 2022
3. Continuing education for all nursing direct care staff annually.	3. ADON/DON/Designee	3. Regency, Annually, ADON/DON/ Designee, handouts	3. Ongoing
4. Post date and time of inservice on nursing board and near time clock.	4. ADON/DON/Designee	4. Regency, ADON/DON/Designee	4. Ongoing
5. Complete Staff education	5. ADON/DON/Designee	5. Regency, August 2022, ADON/DON/ Designee	5. Ongoing

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*

Current nursing direct care staff inserviced on foley catheter care as evidenced by date of inservice on current staff log.

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*

Foley catheter care inservice staff sign in sheets to be placed in binder and kept for time specified by law.

J. Anderson 7/29/22

Strategic Priority: A504- Posting of State Inspection Report and Correction Action Plan from last survey

Goal: Maintain constant and easy access to residents and sponsors by posting last state survey

Strategies: Install document holder for last state survey in main hallway of first floor lobby

Outcome Objective(s): Constant and easy access of last state survey provided for residents and sponsors

Impact Objective(s): All residents and sponsors provided easy access to posted last state survey

Process Objective(s): Compliance with state guideline for access to last state survey

Tasks/Action Steps *What will be done?*	**Responsibilities** *Who will do it?*	**Resources** *Funding/time/people/materials*	**Timeline** *By when? Month/day/yr*
1. Install document holder on wall of main hallway	1. Maintenance staff	1. Regency-Tuscaloosa	1. July 14, 2022
2. Monitor that state survey remains in document holder as placed	2. Executive Director	2. Regency-Tuscaloosa	2. Continued
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*
On July 14, 2022 surveyor observed the last state survey posted in main hallway with easy access to residents and sponsors

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*
Correct posting of last state survey with monitoring by Executive Director

J. Anderson 7/29/22

Strategic Priority: Reporting Positive COVID-19 Cases to ADPH and Red Cap A508

Goal: All Cases of Positive COVID-19 residents to be reported in a timely manner.

Strategies: COVID-19 testing per protocol of residents in the community. Report all cases of positive results to the proper state and federal authorities.

Outcome Objective(s): All cases of COVID-19 positive results will be entered into the proper data bases per state regulations.

Impact Objective(s): No positive COVID-19 results will be undocumented in state regulated data bases.

Process Objective(s): To ensure that no positive COVID-19 results are undocumented.

Tasks/Action Steps *What will be done?*	**Responsibilities** *Who will do it?*	**Resources** *Funding/time/people/materials*	**Timeline** *By when? Month/day/yr*
1. Residents in community screened for COVID-19 per protocol.	1. Nursing	1. Regency, as needed, nursing, POC COVID-19 tests	1. as needed, per positivity rate
2. Document any COVID-19 positive cases	2. Nursing	2. Regency, as needed, nursing	2. as needed, per positive case
3. Notify Executive Director, D.O.N., PCP, and sponsor	3. Nursing	3. Regency, as needed, nursing	3. as needed, per positive case
4. COVID-19 protocols initiated	4. Nursing	4. Regency, as needed, nursing	4. as needed, per positive case
5. Report positive cases to ADPH/ Red Cap	5. Executive Director	5. Regency, as needed, Executive Director	5. as needed for positive cases

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*

Any positive COVID-19 results reported/recorded in proper State data bases.

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*

All cases of positive COVID-19 results have been logged and noted in the proper State data bases.

J. Anderson 7/29/22

Strategic Priority:	A611- Assistance with nail care to be provided by staff when nail care needed
Goal:	To use in-service education to alert staff to nail care assistance when needed by resident
Strategies:	Educate staff on need for assistance with resident's nail care
Outcome Objective(s):	Staff to understand to assist with resident nail care as needed
Impact Objective(s):	Resident's assistance with nail care to be provided by staff as needed
Process Objective(s):	To ensure staff has competed education in-service on assisting resident with nail care

Tasks/Action Steps *What will be done?*	**Responsibilities** *Who will do it?*	**Resources** *Funding/time/people/materials*	**Timeline** *By when? Month/day/yr*
1. Education in-service on assisting resident with nail care as needed	1. Unit Coordinator or DON	1. Regency-Tuscaloosa	1. August 12, 2022
2. Education in-service annually	2. Unit Coordinator/DON	2. Regency-Tuscaloosa	2. Continued
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*

When staff has completed education in-service on assisting resident with nail care

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*

When in-service completed and documented in In-service binder

J. Anderson 7/29/22

Action Plan Template

Strategic Priority: A611- All Residents' Plan of Care and Home Health Care Plan (if applicable) to be updated to reflect current and specific interventions to address the residents' care needs.

Goal: DON and/or Unit Coordinator to review all resident's chart to update Residents' Plan of Care and Home health care POC if receiving Home Health Care

Strategies: DON and/or Unit Coordinator to review all resident's charts weekly until all Resident's Plan of Care and HHC Plan of Care are up to date

Outcome Objective(s): All residents' Plan of Care and Home Health Care Plan to be updated

Impact Objective(s): All residents' Plan of Care and Home Health Care Plan are updated correctly and in a timely manner

Process Objective(s): Continuing updating of all Residents' Plan of Care and Home Health POC are current

Tasks/Action Steps *What will be done?*	**Responsibilities** *Who will do it?*	**Resources** *Funding/time/people/materials*	**Timeline** *By when? Month/day/yr*
1. DON to monitor 30% of SCALF Care Plans monthly x 3 months	1. DON	1. Regency-Tuscaloosa	1. October 31 ,2022
2. Unit Coordinator to monitor 30% of ALF Care Plans monthly x 3 months	2. Unit Coordinator	2. Regency-Tuscaloosa	2. October 31, 2022
3. Inservice on monitoring Care Plans for DON and Unit Coordinator	3. DON/Unit Coordinator	3. Regency-Tuscaloosa	3. July 26, 2022
4.	4.	4.	4.
5.	5.	5.	5.

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*

When all residents' plan of care and Home Health Care POC have been updated

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*

Inservice documents and documents of monthly care plan monitoring to be kept in binder in DON office.

8/4/2022 C Anderson

Action Plan Template

Strategic Priority: A615- Educate nurses on how to utilize record item in physician orders to select site for all injections and topical patches for MAR

Goal: To use in-service education to educate nurses on how to utilize site for all injections and topical patches on MAR

Strategies: Educate nurses on recording sites for all injections and topical patches

Outcome Objective(s): Nurses to understand how to utilize and record injection and topical patch sites

Impact Objective(s): Nurses to understand how to utilize and record injection and topical patch sites on MAR for medication administration compliance

Process Objective(s): To ensure nurses have completed education in-service for injection and topical patch sites on MAR

Tasks/Action Steps *What will be done?*	**Responsibilities** *Who will do it?*	**Resources** *Funding/time/people/materials*	**Timeline** *By when? Month/day/yr*
1. Education in-service on injection and topical patch sites on MAR	1. Unit Coordinator or DON	1. Education in-service hand-out	1. August 9, 2022
2. Continuing education for all nurses annually	2. Unit Coordinator or DON	2. Education handout	2. Continued
3. Unit Coordinator to monitor orders for required site documentation monthly x 3 months	3. Unit Coordinator	3. Regency-Tuscaloosa	3. October 31, 2022
4.	4.	4.	4.
5.	5.	5.	5.

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*

When nurse have completed education in-service on utilizing and recording injection and topical patch sites on MAR

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*

In-service and monitoring completed and documented in in-service binder in DON office.

8/4/22

Action Plan Template

Strategic Priority: A617- Required documentation from facility of release of medication upon discharge of resident

Goal: All nurses and medication technicians to be educated on release of medication upon discharge of resident

Strategies: Educate all nurses and medication technicians on release of medication upon discharge of resident by staff education in-service using medication release form and and form instructions

Outcome Objective(s): All nurses and medication technicians are to understand how to use medication release form upon discharge of resident

Impact Objective(s): Medication release upon discharge of resident to be documented correctly

Process Objective(s): To ensure all nurses and medication technicians are educated on medication release upon resident discharge

Tasks/Action Steps *What will be done?*	**Responsibilities** *Who will do it?*	**Resources** *Funding/time/people/materials*	**Timeline** *By when? Month/day/yr*
1. Education in-service for nurses and medication technicians	1. DON and/or Unit Coordinator	1. Medication release form Medication release form instructions	1. August 12, 2022
2. Education in-service annually	2. DON and/or Unit Coordinator	2. Medication release form Medication release form instructions	2. Continued
3. Monitor for release of medication forms for discharged residents monthly x 3 months	3. Don/Unit Coordinator	3. Regency-Tuscaloosa	3. October 31, 2022
4.	4.	4.	4.
5.	5.	5.	5.

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*

When all nurses and medication technicians have completed in-service education on release of medication upon discharge of resident

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*

In-services and monitoring completed and kept in-service binder in DON office

8/4/22

Action Plan Template

Strategic Priority:	A702 - All leftover foods in refrigerators shall be labeled and dated with "use by date", which is no more than 3 days from date it was prepared
Goal:	All staff to be educated on "use by date" for leftovers in refrigerators.
Strategies:	Educate all staff on "use by date" on all leftovers in refrigerators
Outcome Objective(s):	All staff to understand how to label leftovers in refrigerator with "use by date", which is no more thand 3 days from date it was prepared.
Impact Objective(s):	All leftovers to be labeled correctly with "use by date"
Process Objective(s):	To ensure all staff has completed education in-service for leftovers in refrigerators 'use by date", which is no more than 3 days from date it was prepared.

Tasks/Action Steps *What will be done?*	**Responsibilities** *Who will do it?*	**Resources** *Funding/time/people/materials*	**Timeline** *By when? Month/day/yr*
1. Education in-service on leftovers in refrigerators "use by date"	1. Dietary manager/DON/ Unit Coordinator	1. Regency-Tucaloosa	1. August 12, 2022
2. Training for dietary staff to be done during initial training	2. Dietary manager	2. Regency-Tuscaloosa	2. Continued
3. Refrigerators in dietary dept to be checked for dates on leftover foods weekly x 3 weeks, then monthly x 3 months	3. Dietary manager	3. Regency-Tuscaloosa	3. October 31, 2022
4.	4.	4.	4.
5.	5.	5.	5.

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*

When all staff have completed education in-service on labeling leftovers with "use by date", which is no more than 3 days from date it was prepared.

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*

When completed education in-service and completed weekly/monthly monitoring by dietary manager documented in in-service binder kept in DON office

8/4/22

Action Plan Template

Strategic Priority: A702- Compliance of staff with direct resident contact to wear aprons while serving the food in dining room

Goal: All staff to have education in-service on wearing aprons while serving food in dining room

Strategies: Educate all food servers in dining room to wear aprons while serving food

Outcome Objective(s): All staff serving food in dining room to understand and comply with wearing aprons while serving food in dining room

Impact Objective(s): All staff serving food in dining room to wear aprons

Process Objective(s): To ensure all staff serving food in dining room have completed education in-service

Tasks/Action Steps *What will be done?*	**Responsibilities** *Who will do it?*	**Resources** *Funding/time/people/materials*	**Timeline** *By when? Month/day/yr*
1. Education in-service on wearing aprons while serving food in dining room	1. Dietary manager	1. Regency-Tucaloosa	1. August 12, 2022
2. Training on wearing aprons while serving food in dining room to be done upon initial training and annually	2. Dietary manager	2. Regency-Tuscaloosa	2. Continued
3. Dietary manager to monitor staff for wearing aprons while serving food in dining room weekly x 3 weeks and then monthly x 3 months	3. Dietary Manager	3. Regency-Tuscaloosa	3. October 31, 2022
4.	4.	4.	4.
5.	5.	5.	5.

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*

When all food servers have completed education in-service on wearing aprons while serving food in dining room

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*

Completed in-service and weekly/monthly monitoring documented and kept in in-service binder in DON office.

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8/4/2022

Strategic Priority: A1101 - Monthly fire drills

Goal: Fire drills to be performed monthly

Strategies: Maintenance staff to perform monthly fire drills and keep records in binder in maintenance Director's Office and Executive Director's office.

Outcome Objective(s): Maintenance staff to understand the importance of performing monthly fire drills and keeping record of performance.

Impact Objective(s): Monthly fire drills to performed and records of drills to be properly kept in designated areas.

Process Objective(s): To ensure that monthly fire drills are performed, documentation of fire drills are properly done and records stored properly.

Tasks/Action Steps *What will be done?*	Responsibilities *Who will do it?*	Resources *Funding/time/people/materials*	Timeline *By when? Month/day/yr*
1. Inservice for maintenance staff to perform monthly fire drills.	1. Executive Director	1. Regency / July 28th, 2022 / executive director / policy and procedure	1. July 28th, 2022
2. Inservice maintenance staff to document monthly fire drills.	2. Executive Director	2. Regency / July 28, 2022 / executive director / policy and procedure	2. July 28th, 2022
3. Inservice maintenance staff to place documents in binder(s).	3. Executive Director	3. Regency / July 28, 2022 / executive director / policy and procedure	3. July 28th, 2022
4. Inservice maintenance to store binder(s) in maintenance director and executive director's office	4. Executive Director	4. Regency / July 28, 2022 / executive director / policy and procedure	4. July 28th, 2022
5. Monthly fire drill(s) performed.	5. Maintenance director/designee	5. Regency / maintenance director / designee	5. Ongoing

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*

unannounced monthly fire drills performed, staff signs inservice sheet, maintenance director place documentation in binders that are kept in executive director's office and maintence director's office.

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*

Monthly fire drills inservice sheets separated by months, placed in binders and kept in maintenance/executive director's offices for allotted time.

M/M