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 Memory Care of Cullman
- ☐ Facility Identification Number: P2202
- ☐ Name of Administrator: Wanda Raines
- ☐ Survey Exit Date: 3/16/2022

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: Thursday, March 31, 2022, at 5pm.

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

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

Westminster of Cullman Specialty Care Assisted Living Facility

Provider ID: P2202

Plan of Correction

ADPH Survey Dated: 3/16/2022

Wanda Raines/ED

Signed: Wanda Raines

Administrator

3-25-2022

Date

Westminster Cullman
1020 Olive Street Southwest
Cullman, Alabama 25603

March 25, 2022

Leslie Morgan
P.O. Box 303017
Montgomery, Al 36130-3017

Re: Plan of Correction for Specialty Care Assisted Living Facility – P2202
Survey exit date 3/16/2022

Dear Mrs. Morgan,

Please find attached the Plan of Correction for deficiencies cited during our survey dated March 16, 2022 at Westminster Cullman. Should you have any questions please contact me at your convenience.

Sincerely,

Wanda Raines
Administrator

Westminster of Cullman Specialty Care Assisted Living Facility POC to ADPH

Survey Date: 3/16/2022

1. **A401 420-5-20-.04 (1) (2) Personnel:** The facility failed to ensure at least two (2) staff members were in the memory care (SCALF) unit at all times.

2. The surveyor was informed by several staff members they had worked alone during the past several months. The staff members reported they had worked anywhere from a few hours to an eight (8) hour shift without a second staff member present. An assignment sheet has been created 3/25/22 to designate the staff member responsible for floating to the SCALF unit when the nurse transitions to the ALF unit for medication pass.

3. An assignment sheet has been created 3/25/22 to designate the staff member responsible for floating to the SCALF unit when the nurse transitions to the ALF unit for medication pass. A transfer form has been created 3/25/22. The designated staff member and the nurse will sign-off together as they transfer responsibilities from the ALF unit to the SCALF unit and back after the nurse completes medication pass on the ALF unit.

4. Administrator and/or Resident Care Coordinator to conduct in-service with all staff regarding the new assignment sheet, the responsibility of the designated floating staff member and the nurse on duty, and the transfer form to be completed with each transition from the SCALF unit and the ALF unit by April 4, 2022.

5. Administrator or designee will monitor the assignment sheet and compare it with the transfer form to ensure that the transition between the designated staff member and the nurse from the SCALF unit to the ALF unit is completed during medication pass times weekly times 4 weeks and then monthly times 5 months. Monitoring of this will be kept in the Plan of Correction binder in the Administrator's office.

Westminster of Cullman Specialty Care Assisted Living Facility POC to ADPH

Survey Date: 3/16/2022

1. **A504 420-5-20-.05 (3) (d) Records and Reports:** The facility failed to post the state inspection report and resulting corrective action plan in a prominent location.

2. During the initial tour the surveyor and staff were unable to find the state inspection report and corrective action plan. The binder with the state inspection report and corrective action plan was placed on the counter at the nursing station on 3/15/22.

3. The binder with the state inspection report and corrective action plan was placed on the counter at the nursing station on 3/15/22. In addition, a sign stating that the state inspection report and corrective action plan is available upon request was framed and hung on the wall on 3/15/22 in the event that a resident walks away with the binder.

4. Administrator and/or Resident Care Coordinator to conduct in-service with all staff regarding ensuring that the binder with the state inspection report and corrective action plan is in place at the nursing station at all times by April 4, 2022.

5. Administrator or designee will monitor and ensure that the binder with the state inspection report and corrective action plan is in place at the nursing station upon making rounds weekly times 4 weeks then monthly times 5 months. Monitoring of this will be kept in the Plan of Correction binder in the Administrator's office.

Westminster of Cullman Specialty Care Assisted Living Facility POC to ADPH

Survey Date: 3/16/2022

1. **A611 420-5-20-.06 (4) (a) (b) Care of Residents:** The facility failed to assist all residents with a clean and well-kept personal appearance.

2. The surveyor along with EI#9, Lead PCA, made observations of the residents' personal appearances . EI#9 agreed that RI#1, RI#5, and RI#7 needed assistance with shampooing their hair, RI#6 needed assistance shaving facial hair, and RI#7 was wearing pants saturated with urine. Residents RI#1, RI#5, and RI#7 were assisted with the shampooing of their hair on 3/16/22. Resident RI#6 was assisted with shaving facial hair on 3/16/22. Resident RI#7 was assisted with toileting, hygiene, and changing of clothing on 3/16/22.

3. Nurse to identify during daily rounds, residents with soiled clothing, and/or grooming deficits, bringing it to the attention of the staff on duty for immediate correction. Form created 3/25/22 to be completed identifying any issues noted, correction actions taken, and turned in to Administrator or designee weekly for review.

4. Administrator and/or Resident Care Coordinator to conduct in-service with all staff regarding appropriate grooming and hygiene as well as use of the new form to be completed if grooming deficits are identified. In-service to be completed by April 4, 2022.

5. Administrator or designee will monitor use of the new form for identifying grooming and hygiene deficits and will ensure that any deficits were corrected immediately weekly times 4 weeks and then monthly times 5 months. Monitoring of this will be kept in the Plan of Correction binder in the Administrator's office.

Westminster of Cullman Specialty Care Assisted Living Facility POC to ADPH

Survey Date: 3/16/2022

1. **A612 420-5-20-.06 (4) (c) (d) (e) (f) Care of Residents: The facility failed to provide activities appropriate to each resident every day.**

2. The surveyor noted the activities planned for 8:30am and 9:00am did not occur. The surveyor reviewed the February 2022 and March 2022 activity calendars with EI#7, Activities Director. There were no planned activities on Saturdays or Sundays. Scheduled in-service with all staff regarding planned activities being led by staff on-duty in the absence of the Activities Director. Activities Calendar updated to include activities for Saturdays and Sundays.

3. Administrator and/or Resident Care Coordinator to conduct scheduled in-service with all staff regarding planned activities being led by staff on-duty in the absence of the Activities Director. Administrator or designee to review the Activities Calendar for the upcoming month to ensure activities are scheduled for Saturdays and Sundays each week.

4. Administrator and/or Resident Care Coordinator to conduct scheduled in-service with all staff regarding planned activities being led by staff on-duty in the absence of the Activities Director and on weekends. In-service to be completed by April 4, 2022.

5. Administrator or designee will monitor and observe activities at random weekly times 4 weeks then monthly times 5 months to ensure that activities are led according to the Activities Calendar. Monitoring of this will be kept in the Plan of Correction binder in the Administrator's office.

Westminster of Cullman Specialty Care Assisted Living Facility POC to ADPH

Survey Date: 3/16/2022

1. **A703 420-5-20-.07 (3) Food Service:** The facility failed to post the time schedule of meals with the current week's menu.

2. The surveyor observed a menu for February 20-26, 2022 (Week 2) posted on a bulletin board in the hallway near the resident's dining room. The current week's menu and meal times were not posted. The current week's menu was posted on 3/15/22.

3. Administrator or designee to observe bulletin board with menu weekly to ensure that current week's menu is posted each week.

4. Administrator to conduct scheduled in-service with dietary manager and staff regarding routine posting of the weekly menus. In-service to be completed by April 4, 2022.

5. Administrator or designee will monitor and observe bulletin board with menu weekly to ensure menus are posted for the current week weekly times 4 weeks and monthly times 5 months. Monitoring of this will be kept in the Plan of Correction binder in the Administrator's office.

A401 PERSONNEL

The facility failed to ensure at least two (2) staff members were in the memory care (SCALF) unit at all times.

Administrator or designee will monitor the assignment sheet and compare it with the transfer form to ensure that the transition between the designated staff member and the nurse from the SCALF unit to the ALF unit is completed during medication pass times weekly times 4 weeks and then monthly times 5 months. Monitoring of this will be kept in the Plan of Correction binder in the Administrator's office.

MONTH	MONITORING OF ASSIGNMENT SHEET & TRANSITION FORM ADMINISTRATOR/DESIGNEE INITIALS	COMMENTS
April 2022 Week 1		
April 2022 Week 2		
April 2022 Week 3		
April 2022 Week 4		
May 2022		
June 2022		
July 2022		
August 2022		
September 2022		

A612 CARE OF RESIDENTS

The facility failed to provide activities appropriate to each resident every day.

Administrator or designee will monitor and observe activities at random weekly times 4 weeks then monthly times 5 months to ensure that activities are led according to the Activities Calendar. Monitoring of this will be kept in the Plan of Correction binder in the Administrator's office.

MONTH	WEEKLY MONITORING OF ACTIVITIES/CALENDAR ADMINISTRATOR/DESIGNEE INITIALS	COMMENTS
April 2022 Week 1		
April 2022 Week 2		
April 2022 Week 3		
April 2022 Week 4		
May 2022		
June 2022		
July 2022		
August 2022		
September 2022		

A504 RECORDS AND REPORTS

The facility failed to post the state inspection report and resulting correction action plan in a prominent location.

Administrator or designee will monitor and ensure that the binder with the state inspection report and corrective action plan is in place at the nursing station upon making rounds weekly times 4 weeks then monthly times 5 months. Monitoring of this will be kept in the Plan of Correction binder in the Administrator's office.

MONTH	STATE INSPECTION BINDER & CORRECTIVE ACTION PLAN IN PLACE ADMINISTRATOR/DESIGNEE INITIALS	COMMENTS
April 2022 Week 1		
April 2022 Week 2		
April 2022 Week 3		
April 2022 Week 4		
May 2022		
June 2022		
July 2022		
August 2022		
September 2022		

A703 FOOD SERVICE

The facility failed to post the time schedule of meals with the current week's menu.

Administrator or designee will monitor and observe bulletin board with menu weekly to ensure menus are posted for the current week weekly times 4 weeks and monthly times 5 months. Monitoring of this will be kept in the Plan of Correction binder in the Administrator's office.

MONTH	WEEKLY MONITORING OF MENU BOARD ADMINISTRATOR/DESIGNEE INITIALS	COMMENTS
April 2022 Week 1		
April 2022 Week 2		
April 2022 Week 3		
April 2022 Week 4		
May 2022		
June 2022		
July 2022		
August 2022		
September 2022		

A611 CARE OF RESIDENTS

The facility failed to assist all residents with a clean and well-kept personal appearance.

Administrator or designee will monitor use of the new form for identifying grooming and hygiene deficits and will ensure that any deficits were corrected immediately weekly times 4 weeks and then monthly times 5 months. Monitoring of this will be kept in the Plan of Correction binder in the Administrator's office.

MONTH	MONITORING OF USE OF GROOMING & HYGIENE FORM ADMINISTRATOR/DESIGNEE INITIALS	COMMENTS
April 2022 Week 1		
April 2022 Week 2		
April 2022 Week 3		
April 2022 Week 4		
May 2022		
June 2022		
July 2022		
August 2022		
September 2022		