Accepted May 12, 2022
Connie Cherry

The Crossings at East Chase Memory Care
Provider Identification # P5117
Montgomery, Alabama
Plan of Correction: Statement of Deficiencies dated 2-14-22
Administrator: David Wilbanks

A 301 Administration – Governing Authority
420-5-20-.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 AgeWell Living VP of Operations on 3/1/2022. Refer to 302, 303, 305, 402,403,405,406,501,504,508,601,602,603,604,611,612, 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, 402,403,405,406,501,504,508,601,602,603,604,611,612, 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 the Memory Care RN, and an experienced specialty care RN was hired 3/23/2022, who will only have responsibility for Memory Care. E1#3 will take the Alabama AL Administrator training classes 7/12/2022 to ensure knowledge of all Alabama Regulatory guidelines. 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, 402,403,405,406,501,504,508,601,602,603,604,611,612, 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 have a daily call to 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 approved ADPH approved consulting company will continue to monitor for regulatory compliance throughout the probationary period.

302 Administration - Policies
420-5-20-.03 (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 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.
Refer to 504 and 508 to see how other residents were identified.

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

The Memory Care RN/designee will make rounds daily 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. Memory Care RN/designee will immediately report to Administrator/designee when anyone is diagnosed with a communicable disease. The Administrator/designee will then notify the appropriate local or state authorities. The Memory Care RN/designee will monitor Infection control practices by observation on rounds beginning 3-24-22. The Memory Care RN/designee will maintain a log of any needed supplies noted on rounds and how supplies will be stocked. These records will be kept on a log in the supply room. Currently there are no communicable diseases 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 have a daily call to 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 approved ADPH approved consulting company will continue to monitor for regulatory compliance throughout the probationary period.

303 Administration
420-5-20-.03 (2) (a)

Corrective Action:
The Administrator was replaced by a permanent licensed Administrator on 2/28/2022. E1#4 is no longer employed by The Crossings, and an experienced specialty care RN was hired 3/23/2022, who will only have responsibility for Memory Care. 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, 402,403,405,406,501,504,508,601,602,603,604,611,612, 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, 402,403,405,406,501,504,508,601,602,603,604,611,612, 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, 402,403,405,406,501,504,508,601,602,603,604,611,612, 616,618,621,703, and 1101 for measures put into place or systemic changes made to assure deficiency will not recur.

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 monitor compliance 2 times a month for 3 months, beginning 4/1/2022. The facility Administrator/COO/Corporate

Nurse/ VP of Operations/Consultant will meet monthly for 3 months to review progress beginning 3/1/2022. The Administrator/ Memory Care RN/ Corporate Nurse/ COO/ VP of Operations will have telephone calls weekly for 3 months beginning 6/1/2022. During this monitoring period if there are fewer or no compliance issues noted the monitoring duration/frequency will be re-evaluated. See the attached checklists for content of reviews. Documentation of the monitoring will be kept in the survey binder in the Administrator's office.
Refer to A301, 302, 305, 402,
403,405,406,501,504,508,601,602,603,604,611,612,616,618,621,703,1101 for how further monitoring will take place.

305 Administration
420-5-20.03 (2) (C)

Corrective Action:
The Vice President of Operations 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.

402 Personnel
420-5-20.03 (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#9 was screened for abuse on 1/5/22 by the BOM.

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.

403 Personnel
420-5-20.03 (4)

Corrective Action:

EI#9's license was verified on 1/5/2022 by the BOM. 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, verify nursing licenses when applicable, and document date of first resident contact on all files by 5/1/2022.

Steps taken to identify other residents or concerns:

An audit will be completed of all current employee files to assure 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 5/1/2022.

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, verify all nursing licenses, and document the first date of resident contact in the files beginning 3/1/2022. The BOM will take the completed file to the Administrator for final approval before the first day of contact with residents.

The Administrator will audit all new hire files for the previous month by the 5th of every month beginning 4/1/2022 This documentation will be kept in the Administrator's office in the state survey binder.

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 employee files monthly and throughout the probationary period to ensure all SBOH required documentation has been completed.

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

405 Personnel
420-5-20.03 (8)

Corrective Action:

E1#4 is no longer employed at The Crossings, and an experienced specialty care RN was hired 3/23/2022, who will only have responsibility for Memory Care. An ALF coordinator was also hired 3/23/2022 to oversee ALF only.

Refer to 302, 406,501,504,508,601,602,603,604,611,612, 616, and 618 for further corrective actions.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected.

Refer to 302, 406, 501, 504, 508, 601, 602, 603,604,611,612, 616, and 618 to see how other residents or concerns were identified.

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.

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

The Consultant will provide training for the Memory Care RN/designee on the requirements for that position as outlined in the SBOH regulations, by 5/18/2022.

The Corporate Nurse will attend the SBOH rules review training on 7/12/22

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.

Refer /to 302, 406,501,504,508,601,602,603,604,611,612, 616, and 618 for further monitoring of corrective actions.

Corporate nurse will audit 5 resident charts a month beginning 5/1/2022 and throughout the probationary period to ensure assessments and care plans are completed timely and accurately.

406 Personnel
420-5-20.03 (9)

Corrective Action:

EI#9 received training on the Dementia Assessment Series, Pharmacological Management of Dementia, and Diabetes Management on 2/9/2021 by BOC.
EI#1-will receive specialized training by 5/1/2022.
EI#4 no longer works for The Crossings
EI# 9 received the specialized training 2/9/2021 and Diabetes training 3/18/2022.
EI#12 received training on Diabetes Management on 3/1/202.
The corporate nurse 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.

The Operations Director/VP of Operations/designee will audit all the current employee files and record any staff that need this training by 5/16/2022.
BOM will have all current employees who have not completed these trainings complete the training and document it in the employee files.

Measures put into place or systemic changes made to assure deficiency will not recur:
The Administrator will train the BOM/HR Director on the SBOH rules for completion of Dementia Assessment series and Pharmacological Management of Dementia for all new licensed healthcare employees before the initial contact with residents by 5/16/2022.

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 employee files monthly and throughout the probationary period to ensure all SBOH required documentation has been completed.

501 Records and Reports
420-5-20-.05 (1)

Corrective Action:

MC RN/designee will weigh all current residents and record in a binder to be kept in the MC Nurse's office and on the monthly assessments in the charts. Completed 3/1/2022.

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

All current resident charts were audited for the presence of weights.
All current weights for all residents were entered on monthly assessments by EI#4 by 3/1/2022.

Measures put into place or systemic changes made to assure deficiency will not recur:
Corporate nurse/designee trained the Memory Care RN/Designee on the SBOH rule for making all records readily available for review and copying by the SBOH surveyors. This was completed 3/23/2022. The consultant will train the MC RN/designee on the SBOH rule for making all records available for review and copying by the SBOH surveyors on 5/18/2022.

The Corporate nurse trained the Memory Care RN/designee on how and where to record resident weights monthly on 3/23/2022. This training included how to report the monthly weights to the contracted RD for dietary recommendations. The training also

included how to report significant weight loss or gain to the RD, to report RD recommendations to the MD, communicating new MD orders to families and how to record the communications between both MD and resident's sponsors. The Consultant will train the Memory Care RN/designee on reporting of weight loss to the RD. The training also included how to report significant weight loss or gain to the RD, to report RD recommendations to the MD, communicating new MD orders to families and how to record the communications between both MD and resident's sponsors.

The contracted Registered Dietician has a scheduled visit to look at weights and make recommendations on 5/18/2022 and monthly.

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.

504 Records and Reports
420-5-20-.05 (3) (d)

Corrective Action:

RI#1 was immediately placed in isolation
RI#7 was immediately placed in isolation
EI#4 no longer works for The Crossings
EI#7 was in serviced by 5/1/2022 on infection control policies including Covid 19.
Refer to #601 for further specific details.
VP of Operations immediately placed PPE carts in front of covid positive residents.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected
All MARS are audited weekly starting 4/1/202.

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

Administrator/designee will in-service all staff on Infection Control Policies and Procedures including the current CDC Covid-19 guidelines by 6/1/2022. The policy and procedure binders are located at the front desk, nurse's stations and Administrator's office. in the facility. 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.

The Memory Care RN/designee will make rounds daily 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. Memory Care RN/designee will immediately report to Administrator/designee when anyone is diagnosed with a communicable disease. The Administrator/designee will then notify the appropriate local or state authorities. The Memory Care RN/designee will monitor Infection control practices by observation on rounds beginning 3-24-22. The Memory Care RN/designee will maintain a log of any needed supplies noted on rounds and how supplies will be stocked. These records will be kept on a log in the supply room. Currently there are no communicable diseases in the facility.

The Corporate Nurse trained the Memory Care RN/designee on how to audit all medication administration records daily for any medication exceptions on 3/24/2022.
The Memory Care RN/Care Coordinator will then investigate the exception and document in the resident's file, notify the MD, and resident sponsor beginning 3/24/2022 and ongoing.

The pharmacy will provide 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. Completed by 6/1/2022.

The corporate nurse has programmed the Electronic Mar system to email a report of all medication exceptions to the corporate nurse, Memory Care RN/Care Coordinator, and Administrator's facility email address daily. These reports will be printed, reviewed and interventions/outcomes recorded. This process was started on 3/1/2022.

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.
RN/designee will randomly monitor MARS monthly to ensure all meds are being given and documented properly,

508 Records and Reports
402-5-20-.05 (3) (h)

Corrective Action:

EI#4 is not loner employed at The Crossings.
There have been no further cases of Covid I the building since2/1/2022.
RI#4 no longer lives in the facility. Discharged on 1/8/2022.

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 Consultant will train the Memory Care RN/designee on the SBOH rules of reportable incidents, the OIRS system, timely reporting, and adequate investigation of each incident. This was completed by 5/18/2022.

Administrator/designee will in service all staff on incident reporting to include the types of reportable incidents to the ADPH by 6/1/2022.

RN/designee will bring all incident reports to daily standup meeting for the Administrator/designee to review. Any incident deemed reportable to the state will be immediately investigated, documented, 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:
Administrator/designee will report any outbreak to the ADPH and local health department, corporate nurse, and COO within 24 hours.

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.

Corporate nurse/designee will audit 5 incident reports monthly to ensure accurate/timely reports.

601 Care of Residents
420-5-20-.06 (1)

Corrective Action:
RI#6 is no longer living in the facility
RI#1 missing medications were communicated to the MD
RI#3 missing medications were communicated to the MD
RI#6 no longer resides in the facility
RI# missing medications were communicated to the MD
EI#4 is no longer employed by the community.
EI#7 was in serviced by the corporate nurse on how to reorder medications and infection control.

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:
Pharmacy will train all licensed staff working in the MC unit on medication administration, including how to document when a resident refuses to take their medication by 6/30/2022.

The Memory Care RN/designee will audit all medication administration records daily for any medication exceptions 4/1/2022.
The pharmacy will do a 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. Will be completed by 6/30/2022.

On 3/23/22 the corporate nurse has programmed the Electronic Mar system to email a report of all medication exceptions to her, Memory Care RN/designee and Administrator's facility email address daily.

The corporate nurse will train all licensed staff to place a copy of any new physician order in the Memory Care RN/designee's mailbox for review once the order has been faxed to pharmacy by 6/1/2022.

The Memory Care RN/designee will monitor all new orders daily to make sure all new orders in her mailbox have been completed and fulfilled, copy of order has been added to resident's chart and care plan has been updated in care plan and 3 in 1 assessment 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.

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's orders monthly to ensure orders are being fulfilled and documented appropriately.

602 Care of Residents
420-5-20-.06 (2) (a) (b) (c)

Corrective Action:

RI#1 had a new MEPOC on 6/7/2021. That included all the required information for the SBOH.

RI#5 had a MEPOC 9/28/21 that was updated and initialed by the NP.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected.

Audit of all the MEPOCs will be completed by the Corporate Nurse/designee by 6/30/22.

Any missing information will be corrected and given to the MD/CRNP to sign.

Measures put into place or systemic changes made to assure deficiency will not recur:
The corporate nurse trained the Memory Care RN/designee how to review the initial Medical Examination form to ensure that all the required medical information has been properly documented on the form by 3/24/2022. The consultant will also train the Memory Care RN/designee how to review the initial Medical Examination form to ensure that all the required medical information has been properly documented on the form by 5/18/2022

The Memory Care RN/designee will review all initial medical examinations for complete and proper documentation before the resident is admitted to the facility beginning 5/1/2022 and ongoing. MC RN/designee will submit to the OPS supervisor for a second review.

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.
Please refer to 504, 508, 601, 604, 611, 612, 621 for further information.

Administrator/designee will audit 5 MEPOCs monthly beginning 5/1/2022 to ensure they Are complete with all required information.

Monthly audits will be kept in the POC binder in the Administrator's office.

603 Care of Residents
420-5-20-.06 (2) (d)
Corrective Action:
RI#6 no longer lives in the facility. Discharged 12-25-21.
EI#15 will be in serviced on documenting family communications by 5/15/2022.
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.

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.

The corporate nurse trained the Memory Care RN/designee on how to inform and document communications to all residents and their sponsors of upcoming immunizations by 3/25/2022.

MCRN will contact any resident sponsors about upcoming availability of immunizations in the facility. All communication with the resident's sponsors will be documented in the resident's care plan.

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.

MC RN/designee will audit 5 care plans monthly beginning 5/1/2022 to ensure community clinics provided at the facility have been communicated to the resident's sponsor for authorization and is documented in the care plan.

604 Care of Residents
420-5-20-.06 (3) (a) (b) (c) (d) (e)

Corrective Action:

All residents have had new comprehensive assessments, behavior assessments, and PSMS by 5/1/2022.

RI#9 – Discharged from the facility on 10/14/2021.

RI#1 – Has had a comprehensive exam, PSMS, behavior screening completed by EI#4 on 1/13/2022.

RI#3 – Had a comprehensive assessment, behavior assessment and PSMS on by 4/28/2022.

RI#4 – Resident was discharged 1/11/2022.

RI#5 – The MCRN completed a comprehensive assessment, behavior assessment and PSMS by 5/1/2022. Also, a new individualized care plan was completed on R! #5.

RI#6 – Discharged from the facility on 1/25/2021.

RI#7 -A PSMS, Behavior Screen and Comprehensive assessment for this resident documenting the wound was completed 1/13/2022by EI#4.

EI#4 is no longer employed by the facility.

The Memory Care RN/designee ill assess all current MC residents. All documentation will be made readily available to the surveyors for review and copy.

Steps taken to identify other residents or concerns:
All residents have the potential to be affected.
Audit of all MC residents was completed by 3/27/2022 to ensure all 3in1 assessments were completed.

Measures put into place or systemic changes made to assure deficiency will not recur:
The corporate nurse trained the Memory Care RN/designee on completion of significant change assessments on 3/25/2022. The consultant will train the MC RN/designee on completion of significant change assessments 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.

Audits of all assessments will be completed monthly starting 5/1/2022 and throughout the probationary period.

611 Care of Residents
420-5-20-.06 (4) (a) (b)

Corrective Action:

RI#1 – Care plan was completed 5/1/2022.

RI#2 – Care plan was completed by 5/1/2022. Resident was admitted to Hospice 3/2022.

RI#3 -RN/designee completed an updated care plan by 5/1/2022.

RI#4 – Resident was discharged from the facility on 1/11/2022.

RI#5 – RN /designee competed an individualized care plan for RI#5 to include specialized activities to help with wandering behaviors.

RI#6 – Resident was discharged on 12/25/2021

RI#7 - RN/Designee competed the resident's individualized care plan by 5/1/2022.

RI#9 -Discharged from the facility on 10/14/2021.

EI#4 is no longer employed by the facility.

The Memory Care RN/Care Coordinator will assess all current Memory Care residents and review and update care plans, when necessary, to assure all pertinent areas of care are addressed by 5/1/2022, to include resident's ordered diet.

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

Measures put into place or systemic changes made to assure deficiency will not recur:
The Memory Care RN/ designee will be trained by the consultant on how to complete and update care plans to meet the individualized needs of current and future residents in the facility by 5/18/2022.

Assessments will continue to be completed as required by the 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.

Administrator/designee will audit 5 charts monthly for updated individualized care plans beginning 5/1/2022 and throughout the probationary period to ensure care plans are being kept up to date.

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

612 Care of Residents
420-5-20-.06 (4)(c) (d) (e) (f)

Corrective Action:

RI#4 – Resident was discharged on 1/11/2022.

RI#5 – RN completed a new individualized care plan to address wandering on 4/28/2022.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected.
The Memory Care RN/designee assessed all current MC residents. Those found to have wandering/exit seeking behaviors will have care plans updated to include individualized activities addressing these behaviors by 5/16/2022.

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

The Corporate nurse will train the Memory Care RN/designee to work with the MC lifestyle director regarding creation of an individualized activity plan for any resident with wandering or exit seeking behaviors. Completed by 5/1/2022.

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.

Administrator/designee will audit 5 care plans monthly beginning 5/1/2022 through the probationary period to ensure that all residents with wandering or exit seeking behaviors have appropriate activities in place.

616 Care of Residents
420-5-20.06 (5) (i) (j) (k) (l) (m)

Corrective Action:
RI#8 -All medications were placed in the appropriate dose packaging as of 41/1/2022.

EI#7 –All medications are being packaged in the appropriate dose packaging as of 4/1/2022.

EI#8 – No longer employed by The Crossings as of 3/1/2022.

Steps taken to identify other residents or concerns:
All residents have the potential to be affected.
The corporate nurse audited all medication carts to ensure all medications are in unit dose packaging. Any medication found out of compliance was given to family to take home and medication filled appropriately by pharmacy. Completed by 4/1/2022.

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.

The consultant will in-service and document training with the MC RN/designee on SBOH regulations about medication packaging and appropriate controlled substance documentation and record of the training will be kept in employee files and completed by 5/18/2022.

The Memory Care RN/designee will train all newly hired licensed staff on the SBOH regulations on medication packaging and storage in new hire orientation stating 5/1/2022.

The Memory Care RN/designee will conduct random checks of narcotic sheets weekly to ensure proper documentation starting 4/1/2022.

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

The Administrator/designee will in service the move in coordinator on SBOH medication packaging requirements.

RN/designee will review all new medications for the SBOH required packaging before resident's move in.

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.

Pharmacy will conduct monthly audits for 6 months of narcotic count documentation and packaging starting 4/1/2022.

Administrator/designee will complete monthly audits of narcotic sheets beginning 5/1/2022 and throughout the probationary period.

618 Care of Residents
420-5-20.06 (7)

Corrective Action:
RI#2 – Oxygen use was added to this resident's MAR by EI#3 on 3/17/2022.

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 them to the residents' MARS on 3/17/2022.

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.

The corporate nurse will train the Memory Care RN/designee where and how to document Oxygen orders in the MAR by 3/24/2022.

The Memory Care RN/designee will review all medical exams and any orders received from the physicians, upon receipt, to ensure oxygen orders are appropriately entered into MAR beginning 4/1/2022.

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.

RN/Designee will audit all residents on oxygen therapy monthly to ensure appropriate documentation is on the MAR.

621 Care of Residents
420-5-20-.06 (9) (b)

Corrective Action:

RI#1 – Resident is currently receiving HH for wound care and Administrator will issue a 30-day notice by 5/5/2022 due to need for higher level of care needed to treat the wound.

RI#7 – Wound has healed completely.

Steps taken to identify other residents or concerns:
All residents have the potential to be affected.
Administrator/designee will review charts of all residents currently receiving skilled care by 5/16/2022 to determine if any others have received skilled care in the facility for more than 90 days.

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.

The consultant will train the Memory Care RN/designee on SBOH rules of retention in a SCALF facility. Training will be documented and kept in the POC binder in the administrator's office by 5/18/2022. Residents who are assessed to be inappropriate per SBOH regulations, will be issued a 30-day notice.

Administrator/designee will educate care staff to report any red/open areas observed daily during ADL care by 6/1/2022. Training documentation will be kept I the employee files.

The corporate nurse has created a weekly audit form that the Memory Care RN/ designee will send to list anyone who is at risk for a 30-day notice. Corporate nurse and administrator will review list for interventions and to create notifications beginning 4/1/2022.

The Corporate nurse will discuss all at risk residents in weekly Resident care meetings.

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.

MC RN will audit all residents receiving skilled nursing care monthly to ensure services do not exceed 90-day limit. Beginning 5/1/2022 and throughout the probationary period.

703 Dietary Services
420-5-20-.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:
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 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 of water is available and within expiration date. Record of the audits will be kept in the POC binder in the Administrator's office.

1101 Fire and Safety
420-5-20-.11 (1)

Corrective Action:
The maintenance director will hold monthly fire drills on the MC building by 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.

Maintenance director/designee will conduct monthly fire drills on all shifts each quarter and document. Documentation will be turned into administration for review to ensure drills are completed to SBOH regulations.

Measures put into place or systemic changes made to assure deficiency will not recur:
The administrator/designee will train the maintenance director on the SBOH guidelines on fire and safety by 3/15/2022.

The administrator/designee will ensure that the maintenance director/designee performs fire drills at least once per month in all facilities at varying times and days and quarterly on each shift and that fire and sprinkler systems are performed semiannually, by signing off on the fire book monthly beginning 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.

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.