Accepted August 8, 2022

Connie Cherry Type text here

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: A406 Staff Training on Hospice

Goal: All staff who have direct contact with hospice residents will have training upon hire and annually

Strategies: New hires are to be inserviced on hospice and its services provided to residents during initial orientation. Current staff to be inserviced.

Outcome Objective(s): All staff to be inserviced on hospice and the services provided to its residents.

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

Process Objective(s): To ensure that all staff is educated on the needs of hospice 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 hospice.	1. DON/ADON/ Designee	1. Regency, upon hire, DON/ADON or designee, pamphlets/handouts	1. Initial orientation upon hire
2. Current staff inservice on hospice residents care and needs	2. DON/ADON/ Designee	2. Regency, 2nd Tuesday August 2022, pamphlets and/or handouts	2. August 9th, 2022
3. Continuing education for all staff to remain knowledgeable.	3. DON/ADON/Designee	3. Regency, annually, DON/ADON or a hospice transition coordinator	3. Ongoing
4. Post inservice date and time on nursing board and near time clock.	4. DON/ADON/ Designee	4. Regency, DON/ADON or designee	4. Ongoing
5. Complete staff education	5. DON/ADON /Designee	5. Regency, August 9th 2022, DON/ADON or designee	5. Ongoing

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)* Current direct care employees inserviced on hospice residents needs and care received through hospice agency as evidenced by date of inservice on staff log.

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

Hospice inservice sign-in sheets to be placed in an inservice binder kept in DON's office for allotted time designated by law/ADPH.

8/4/22

Strategic Priority: Staff training on diabetes A406

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.

Q 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: A504- Posting of required names, telephone numbers and addresses of agencies and resources in a conspicuous location of a resident common area on SCALF unit

Goal: To post required names, telephone numbers and addresses of agencies and resources in a conspicuous location of a resident common area on SCALF unit

Strategies: Post required names, telephone numbers and addresses of agencies and resources on wall in main hallway near elevator on SCALF unit.

Outcome Objective(s): Constant and easy access of required names, telephone numbers and addresses of agencies and resources posted on SCALF unit

Impact Objective(s): All residents and sponsors provided easy access to required names, telephone numbers and addresses of agencies and resources on SCALF unit

Process Objective(s): Compliance with state guideline for access to required posting of names, telephone numbers and addresses of agencies and resources

Tasks/Action Steps *What will be done?*	**Responsibilities** *Who will do it?*	**Resources** *Funding/time/people/materials*	**Timeline** *By when? Month/day/yr*
1. Posting of required agencies and resources in main hallway on SCALF unit	1. DON	1. Regency-Tuscaloosa	1. July 27, 2022
2. Monitoring of required posting by staff	2. Executive Director, DON, Unit Coordinator	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?)*

Required posting observed by staff in main hallway on SCALF

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

Required posting remains in place on SCALF when monitored by staff

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.

Q. Anderson 7/29/22

Strategic Priority: A601- Nurses to administer medication as ordered by physician

Goal: All nurses to understand to follow physician's orders at all times including routine medication and as needed medication

Strategies: Education in-service for all nurses to follow all medication orders by physicians

Outcome Objective(s): Education in-service completed by nurses to follow physician's order at all times

Impact Objective(s): Nurses to be knowledgeable regarding importance of following physician's orders to meet resident's care needs

Process Objective(s): To ensure nurses are educated on following physician's orders

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 all nurses to follow physician's orders	1. DON and or Unit Coordinator	1. Regency-Tuscaloosa	1. August 12, 2022
2. Education in-service annually	2. DON/Unit Coordinator	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?)*
Current nurses completed in-service as evidenced by dated in-service log

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*
Education in-service sheets completed and kept in in-service binder

Q. Anderson 7/29/22

Action Plan Template

Strategic Priority: A601- Notifying resident's physician and sponsor when physician's orders are refused three times consecutively

Goal: For all nurses to be educated on when to notify physician and resident sponsor for resident's refusal to follow physician's order.

Strategies: To use education in-service to educate nurses when to notify resident's physician and sponsor for refusal to follow physician's order.

Outcome Objective(s): Nurses to understand what actions to take when resident refuses to follow physician's order

Impact Objective(s): Residents to receive proper care from nurses by understanding and taking appropriate actions when resident's refuse to follow physician's order

Process Objective(s): To ensure nurses are educated on the care of residents regarding physician's orders

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 inservice for all nurses	1. DON and/or Unit Coordinator	1. Regency-Tuscaloosa with inital training	1. August 12, 2022
2. Continuing education on reporting resident's refusal to follow physician's orders	2. DON and/or Unit Coordinator	2. Regency-Tuscaloosa	2. Continued annually
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 nurses have completed education in-service on nursing action regarding resident's refusal to follow physician's order

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

when in-service in completed and placed in in-service binder.

J. Anderson 7/29/22

Strategic Priority: A 602- Ensuring all resident's Medical Examination Records are correct

Goal: Designated staff knowledgeable of ensuring resident's Medical Examination Records are filled out correctly and completely

Strategies: Designated staff to devise timeline to ensure all Medical Examination Records are reviewed for correctness

Outcome Objective(s): Designated staff knowledgeable of plan to review all Medical Examination records

Impact Objective(s): All Medical Examination Records are reviewed for required information

Process Objective(s): To ensure timeline to update all Medical Exam Records are in place

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/Unit Coordinator to review all SCALF Medial Exam Records for required information	1. DON/Unit Coordinator	1. ADPH requirements sheet	1. September 30, 2022
2. DON/ Unit Coordinator to review all ALF Medical Exam Records for required information	2. DON/Unit Coordinator	2. ADPH requirement sheet	2. September 30, 2022
3. DON/Unit Coordinator to perform monthly chart audits to ensure Med Exam records are current	3. DON/Unit Coordinator	3. ADPH requirement sheet	3. On going
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 resident's Medical Exam Records are current and contain all required information

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

When all Medical Exam Records contain required information and up to date evidenced by on-going chart audits

J. Anderson 7/29/22

Strategic Priority: A 604- Monthly assessments to be done by a RN monthly and when necessary to identify changes in resident's health status.

Goal: Facility RNs to understand requirements regarding resident monthly summaries

Strategies: RNs to have education in-service to understand requirements of resident monthly assessments

Outcome Objective(s): All RNs to be educated on performing resident monthly assessment per requirements

Impact Objective(s): RNs knowledgeable of requirements for monthly summaries

Process Objective(s): To ensure RNs understand their responsibility and requirements of monthly assessments

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 RNs	1. DON/Unit Coordinator	1. ADPH requirement handout	1. August 12, 2022
2. Monthly summaries monitored monthly by using chart audit form	2. DON/Unit Coordinator	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?)*

RNs to have acknowledged understanding of education in-service as evidenced by date of in-service on in-service log

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

When education in-service is completed and recorded in in-service binder.

Q Anderson 7/29/22

Strategic Priority: A 604- RN or Care Coordinator responsibility to meet requirements to screen prospective residents for eligibility for admission to SCALF

Goal: RN and Unit Care Coordinator to be knowledgeable of the requirements to screen prospective residents for eligibility for admission to SCALF

Strategies: Education in-service for RN and Care Coordinator

Outcome Objective(s): Education in-service completed

Impact Objective(s): RN and Care Coordinator knowledgeable of requirements of screening prospective residents to SCALF

Process Objective(s): To ensure RN and Care Coordinator aware of their responsibility regarding screening prospective 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. Education in-service for DON/Unit Coordinator on screening SCALF prospective residents	1. Unit Coordinator/DON	1. ADPH requirement handout	1. July 28, 2022
2.	2.	2.	2.
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?)*

DON and Unit Coordinator have acknowledged understanding of education in-service

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

When education in-service is completed and recorded in In-service binder

J. Anderson 7/29/22