POC Accepted 3.17.24

Connie Cherry

THE PEARL OF THE SHOALS

Assisted Living | Memory Care

3/17/2024

Pearl of the Shoals

2904 S Wilson Dam Rd

Muscle Shoals, AL 35661

Connie,

Attached you will find our plan of correction for Pearl of the Shoals, P1701. If you have any questions, please contact me anytime at 256-640-3844.

Warm Regards,

Jennie Crouse

POC Accepted 3.17.24

Connie Cherry chg 03.26.2024

Plan of Correction

Name of Provider	Street Address, City, State, Zip Code
Pearl of the Shoals Assisted Living	**2904 S Wilson Dam Rd, Muscle Shoals, AL 35661**
Provider Identification Number	Date Survey Completed
P1701	**1/25/24**

1. **Cited Deficiency Number: 420-5-20-.04 – (9) (a) (b) (c) (d) (e) (F) Personnel**
   A406-There was no documentation of training in The Pharmacological Management of Dementia and the Dementia Assessment Series for these five licensed staff members.

1. **Corrective action taken for each employee/example identified in the SOD/frequency of action:**
   a. All nursing employee files will be audited and completed by 4/15/2024.
   b. All nursing employee training will be completed by 4/30/2024.

2. **Additional corrective actions for employees not identified or concerns/frequency:**
   a. Prior to resident contact all new licensed nurses will be trained in The Pharmacological Management of Dementia and the Dementia Assessment Series and signed off by the Administrator.

3. **Measures and changes put in place to ensure deficiency will not recur:**
   a. Administrator or administrator designee will oversee all employee training to ensure all required training is completed and in file prior to resident contact.

4. **Monitoring of corrective actions and staff accountable/frequency and location of log:**
   a. Administrator will conduct random monthly audits on 2 employee files to ensure all training is present in the file until next survey starting 5/1/2024.

   b. Facility Consultant will conduct random monthly audits on 2 employees files to ensure all screenings are present in file until next survey starting 5/1/2024.

   Logs will be maintained in Administrator's office.

Amy Conner, RN, ALA

2/23/24

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P1701	**1/25/24**

2. Cited Deficiency Number: 420-5-20-.06 – Care of Residents
A604- Required assessment was not completed for a newly admitted resident.

1. **Corrective Action taken for resident/example identified in the SOD/frequency of action:**
   a. Facility RN will complete all admission paperwork upon day of admission.
   b. All staff will be in-serviced on admission procedure.
2. **Additional corrective actions for residents not identified or concerns/frequency:**
   a. All resident's admission assessments will be audited by 3/31/2024, anyone found missing their initial assessment will have a baseline assessment completed by 3/31/2024.
3. **Measures and changes put in place to ensure deficiency will not recur:**
   a. Administrator will review and sign off behind facility RN to ensure all admission assessments are completed at the time of admission.
   b. Facility will not accept any admission if an RN is not present in the facility at the time of move in.
4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
   a. Administrator will audit 4 resident charts monthly to ensure that all required assessments are complete and in place until next survey.
   b. Facility Consultant will audit 2 resident charts monthly to ensure that all required assessments are complete and in place until next survey.

Logs will be maintained in Administrator's office.

Amy Conner, RN, ALA

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3. **Cited Deficiency Number: 420-5-20-.10 (1) – Sanitation and Housekeeping.**
   A1001- Premises of the facility was not maintained in a healthy, safe and sanitary manner.

   1. **Corrective Action taken for each resident/example identified in the SOD/frequency of action:**

   a. Full time Maintenance Director hired on 01/22/2024.
   b. Facility grounds were cleaned with all trash removed immediately.
   c. Facility will have vinyl on exterior walls of building pressure washed by 3/31/2024.
   d. All overgrown shrubbery will be trimmed by 3/31/2024.
   e. All items that were stored outside on the property were removed immediately and discarded.
   f. The dryer vent in the outside storage room was covered with filters, creating a fire hazard, and were removed immediately.
   g. Full time housekeeper was hired to help maintain facility.

   2. **Additional corrective actions for residents not identified or concerns/frequency:**

   a. Maintenace Director will walk grounds daily to ensure that there is not any trash on facility grounds.
   b. Facility will perform semi-annual pressure washing on all exterior walls of building.
   c. Maintenacé Director will observe shrubbery during daily exterior grounds and will trim any shrubs found to be overgrown.
   d. Maintenance Director was in-serviced on 1/23/2024 and educated that no items are to be stored on outside on property and must be properly secured in a designated area.
   e. Maintenace Director will observe dryer vent in the outside storage room daily to ensure it is clean and not covered.

3. **Measures and changes put in place to ensure deficiency will not recur:**

a. Maintenace Director will walk grounds daily to ensure that there is not any trash on facility grounds.
b. Facility will perform semi-annual pressure washing on all exterior walls of building.
c. Maintenace Director will observe shrubbery during daily exterior grounds and will trim any shrubs found to be overgrown.
d. Maintenance Director was in-serviced on 1/23/2024 and educated that no items are to be stored on outside on property and must be properly secured in a designated area.
e. Maintenace Director will observe all dryer vents daily to ensure it is clean and not covered.

4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**

a. Administrator will perform weekly inspections to ensure facility grounds are free of trash until next survey.
b. Administrator will ensure that semi-annual pressure washing is completed on the exterior walls of the building and will have additional pressure washing completed if needed until next survey.
c. Administrator will observe shrubbery weekly to ensure that shrubs are manicured and not over grown until next survey.
d. Administrator will perform weekly property inspections to ensure that no items are stored outside until next survey.
e. Administrator will observe all dryer vents weekly to ensure it is clean and not covered until next survey.
f. Consultant will perform monthly inspections to ensure facility grounds are free of trash until next survey.
g. Consultant will observe exterior walls to ensure that pressure washing has been completed and no further cleaning is needed monthly until next survey.
h. Consultant will observe shrubbery monthly to ensure that shrubs are manicured and not over grown until next survey.
i. Consultant will perform monthly inspection on all dryer vents to ensure they are clean and free of any coverings or clutter until next survey.

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4. **Cited Deficiency Number: 420-5-20-.10 – Sanitation and Housekeeping.**
A1002- Trash, lint, dust and clothing articles were found behind the washers and behind the dryers. A heavy coating of lint and dust was on the electrical cords leading from the washers and dryers to the electrical outlet, creating a fire hazard.

1. **Corrective Action taken for each resident/example identified in the SOD/frequency of action:**

a. Area behind washers in laundry room was cleaned immediately by maintenance director.
b. Full-time housekeeper was hired on 12/3/2024.

2. **Additional corrective actions for residents not identified or concerns/frequency:**

a. Laundry room will be completely cleaned by full-time housekeeper by 3/31/2024.

3. **Measures and changes put in place to ensure deficiency will not recur:**

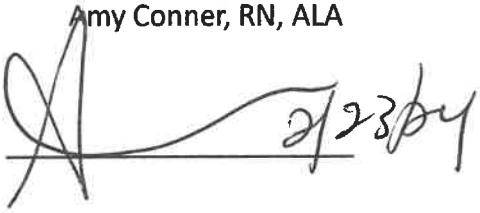
a. Housekeeper will observe daily to ensure that areas behind the washers and dryers are clean and free of any items or debris.
b. Maintenace Director will observe daily to ensure that areas behind the washers and dryer are clean and free of any items or debris.
c. Housekeeper will clean laundry room weekly including behind the washer and dryer and will perform extra cleaned if found needed during daily inspection.

4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**

a. Administrator will observe laundry room weekly to ensure that areas behind the washer and dryers are clean and free of any items or debris until next survey.
b. Consultant will observe laundry room monthly to ensure that areas behind the washer and dryers are clean and free of any items or debris until next survey.

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P1701	**1/25/24**

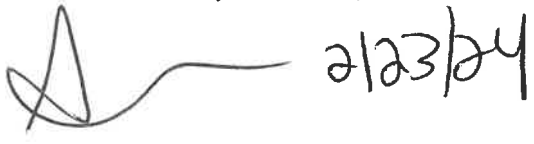
5. **Cited Deficiency Number 420-5-20-.11 (1) (a) (b) (c) (d) (e) Fire and Safety**
   1101- Fire drills were not conducted monthly and quarterly on each shift. In addition, the fire alarm system and sprinkler system had not been inspected as required.
   1. **Corrective Action taken for each resident/example identified in the SOD/frequency of action.**
      a. Full time maintenance director was hired on 1/22/2024.
      b. Fire drill performed 1/25/2024 and will continue monthly alternating between shift to ensure that each shift completes a fire drill per quarter.
      c. Sprinkler Inspection will be completed by 3/31/2024.
      d. Five-year fire alarm inspection will be completed by 3/31/2024.

   2. **Additional corrective action for residents not identified or concerns/frequency:**
      a. Full time maintenance director was hired on 1/22/2024.
      b. Fire drill performed 1/25/2024 and will continue monthly alternating between shift to ensure that each shift completes a fire drill per quarter.
      c. Sprinkler Inspection will be completed by 3/31/2024.
      d. 5 Year fire alarm inspection will be completed by 3/31/2024.

   3. **Measures and changes to put in place to ensure deficiency will not recur:**
      a. Part Time Maintenance Director terminated 1/21/2024
      b. New Full time Maintenance Director was hired on 1/22/2024/ & training was provided on required fire drills and inspections.
      c. Maintenance Schedule will be tracked through TELS Program to ensure compliance.

   4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
      a. Administrator will audit TELS logs at end of each month to ensure all required inspections and fire drills are performed per state requirements until next survey.
      b. Administrator will be present at all fire drills to ensure staff is properly educated and all residents and staff are able to safely egress from facility until next survey.
      c. Administrator will ensure facility is staffed with a full-time maintenance director at all times.

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5. **Cited Deficiency Number 420-5-20-.12 (5) Physical Environment**
   A1203- Building not in good repair

   1. **Corrective Action taken for each resident/example identified in the SOD/frequency of action.**
      a. Full time maintenance director was hired on 1/22/2024.
      b. Rust on the trim around the top of the chimney on the north end of the building will be removed by 4/30/2024.
      c. The wooden steps leading to the storage building will be replaced by 4/30/2024.
      d. The wooden bases of the columns on the back porch of the facility will be replaced by 4/30/2024.
      e. Window screens will be replaced by 4/30/2024.
      f. Vinyl siding will be inspected and any found not secured will be secured by 4/20/2024.
      g. Wooden ramp leading off the sidewalk curb behind the 100 hall will be replaced by 4/30/2024.
      h. Trim in resident bathroom 203 will be replaced by 4/30/2024.
      i. Carpet in room 205 was replaced on 2/5/2024.
      j. The linoleum floor in bathroom 208 will be replaced by 4/30/2024.
      k. Cabinets in resident rooms will be cleaned and replaced if needed by 4/30/2024.
      l. Exposed plumbing and electrical wiring were partially repaired during survey and will be capped off and wall repaired by 4/30/2024.
      m. All fire extinguishers were inspected monthly starting January 2024 and will be visually inspected and documented on monthly by full time maintenance director.

   2. **Additional corrective action for residents not identified or concerns/frequency:**
      a. Full time maintenance director was hired on 1/22/2024.
      b. Maintenace Director will inspect all chimneys during daily rounds to ensure they are intact and free of rust.
      c. Maintenace director will inspect all steps during daily rounds to ensure they are in good repair and replace as needed.
      d. Maintenace director will inspect all columns during daily rounds to ensure they are intact and free of rot, any columns round with rot will be replaced.

e. Maintenace director will inspect vinyl siding during daily rounds to ensure all vinyl siding is properly secured any siding found not secured will be secured immediately.
f. Maintenace director will inspect all screens during daily rounds and will replace any that are found with tears.
g. Maintenace director will inspect all ramps during daily rounds to ensure they are all in good repair and free of rot.
h. All resident rooms will be inspected weekly by maintenance director, if any trim is found peeling or broken it will be replaced immediately by full time maintenance director.
i. Maintenace Director will inspect all flooring in residents' rooms during weekly inspections, if flooring is found loose or dirty it will be cleaned or replaced.
j. Maintenace Director will inspect all resident cabinets and will replace any noted with sagging or missing boards.
k. Full time maintenance director will visually observe all fire extinguishers monthly and document. If fire extinguisher does not pass visual inspection Fire Pro will be contacted immediately to replace fire extinguisher.

3. **Measures and changes to put in place to ensure deficiency will not recur:**
   a. Full time maintenance director was hired on 1/22/2024.
   b. Maintenace Director will inspect all chimneys during daily rounds to ensure they are intact and free of rust.
   c. Maintenace director will inspect all steps during daily rounds to ensure they are in good repair and replace as needed.
   d. Maintenace director will inspect all columns during daily rounds to ensure they are intact and free of rot, any columns round with rot will be replaced.
   e. Maintenace director will inspect vinyl siding during daily rounds to ensure all vinyl siding is properly secured any siding found not secured will be secured immediately.
   f. Maintenace director will inspect all screens during daily rounds and will replace any that are found with tears.
   g. Maintenace director will inspect all ramps during daily rounds to ensure they are all in good repair and free of rot.
   h. All resident rooms will be inspected weekly by maintenance director, if any trim is found peeling or broken it will be replaced immediately by full time maintenance director.
   i. Maintenace Director will inspect all flooring in residents' rooms during weekly inspections, if flooring is found loose or dirty it will be cleaned or replaced.
   j. Maintenace Director will inspect all resident cabinets weekly and will replace any noted with sagging or missing boards.
   k. Full time maintenance director will visually observe all fire extinguishers monthly and document. If fire extinguisher does not pass visual inspection Fire Pro will be contacted immediately to replace fire extinguisher.

4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**

a. Full time maintenance director was hired on 1/22/2024.
b. Administrator will inspect all chimneys during weekly rounds to ensure they are intact and free of rust until next survey.
c. Administrator will inspect all steps during weekly rounds to ensure they are in good repair and replace as needed until next survey.
d. Administrator will inspect all columns during weekly rounds to ensure they are intact and free of rot, any columns round with rot will be replaced until next survey.
e. Administrator will inspect vinyl siding during weekly rounds to ensure all vinyl siding is properly secured any siding found not secured will be secured immediately until next survey.
f. Administrator will inspect all screens during weekly rounds and will replace any that are found with tears until next survey.
g. Administrator will inspect all ramps during weekly rounds to ensure they are all in good repair and free of rot until next survey.
h. All resident rooms will be inspected monthly by administrator, if any trim is found peeling or broken it will be replaced immediately by full time maintenance director until next survey.
i. Administrator will inspect all flooring in residents' rooms during monthly inspections, if flooring is found loose or dirty it will be cleaned or replaced until next survey.
j. Administrator will inspect all resident cabinets and will replace any noted with sagging or missing boards monthly until next survey.
k. Administrator will visually observe all fire extinguishers monthly and document alongside of the full-time maintenance director. If fire extinguisher does not pass visual inspection Fire Pro will be contacted immediately to replace fire extinguisher until next survey.

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3. **Cited Deficiency Number: 420-5-20-.12 (8) – Physical Environment.**
   A1206- Door locks failed to release on all three exit doors upon activation of the fire alarm system.

   1. **Corrective Action taken for each resident/example identified in the SOD/frequency of action:**

   a. Fire watch was started immediately at the time the malfunction was discovered.
   b. Malfunction was resolved by Fire Pro on 1/11/2024.

   2. **Additional corrective actions for residents not identified or concerns/frequency:**

   a. Fire watch was started immediately at the time the malfunction was discovered.
   b. Malfunction was resolved by Fire Pro on 1/11/2024.

   3. **Measures and changes put in place to ensure deficiency will not recur:**

   a. Maintenace Director will perform weekly inspection on door locks to ensure all doors release at the time the fire alarm is activated.

   4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**

   a. Administrator will perform monthly inspection to ensure all door lock release when fire alarm is activated monthly during fire drill.

   Logs will be located in administrator's office.

Amy Conner, RN, ALA

