POC Accepted 10.10.25

Connie Cherry

The following is the Plan of Correction for Truewood by Merrill at Riverchase SCALF regarding the Statement of Deficiencies dated 09/25/2025. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality healthcare services and will continue to make changes and improvement to satisfy that objective.

PLAN OF CORRECTION

Facility Name: Truewood by Merrill at Riverchase - SCALF Facility ID #: P3725

Survey Exit Date: 09/25/2025 Administrator: Eric Sharp

Deficiency Number: 420-5-20-05 (3)(d) Records and Reports

A 504

1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.

    - 09/23/2025, the General Manager held an all-staff in-service on Abuse, Neglect and Exploitation. A copy of the attendance sheet will be placed in the POC Binder.
    - 09/22/2025, the General Manager and Business Office Director terminated and trespassed EI#9 from the community.
    - On or before 10/07/2025, the General Manager will hold an all-staff in-service to retrain on the use of walkie talkies and keeping them on their person at all times, the utilization of call system when needing help while in a resident's apartment should walkie talkie not be on their person or malfunctioned while attempting to use, as well as the Resident Rights with specific detail on Resident Right #2.

2. Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.

    - 09/30/2025, the General Manager reviewed camera footage back to 9/15/2025 and did not see EI#9 enter any other resident apartments outside of the single incident.

3. Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.

    - On or before 10/07/2025, the Registered Nurse and/or Designee, will perform weekly checks to ensure that all staff always have their

walkie talkies on their person and that all resident call systems are functioning properly x 1 month and then randomly x 3 months.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.

    - On or before 10/07/2025, the General Manager will perform random audits to ensure that the Registered Nurse and/or Designee are performing their weekly and random audits.
    - On or before 10/07/2025, the General Manager will randomly perform audits on all staff to ensure that they have their walkie talkies on their person always and that all resident call systems are functioning properly, randomly x 3 months.

NOTE: All Plan of Correction documentation will be in a binder, organized and filed by the Administrator. This binder will be stored in the Administrator's office.

Should any corrective action be determined as ineffective, the Administrator and Governing Authority shall make immediate revisions and submit an amended Plan of Correction to the Alabama State Board of Health.

Administrator Signature Eric Sharp ***Date*** 10/7/25

Prepared by:
Eric Sharp, General Manager
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