Accepted 3.10.23

Connie Cherry Type text here

THE CROSSINGS AT EAST CHASE

FACILITY PROVIDER # D5150

PLAN OF CORRECTION

A response to the
Alabama Department of Public Health
Bureau of Health Provide Standards
Assisted Living Facility Unit's Survey Report

Survey Exit
March 01, 2023

Submitted by:
David Wilbanks, Administrator

Signature

3/10/2023
Date

The Crossings at East Chase Assisted Living
Provider Identification # D5150
Plan of Correction: Exit 03/01/2023
Administrator: David Wilbanks

A504 420-5-4-05(3): Records and Reports
Deficiency Description – facility failed to provide healthcare consistent with established and recognized standards within the community by ensuring resident's topical medications were applied as ordered by the physician.

Corrective Action:
The pharmacy will perform medication assistance classes to assist with re-education of staff.
All current employees including EI#8 and EI#9, conducting medication assistance will receive re-education by having a member of nursing management / pharmacy representative / designee watch each employee assisting with medications to ensure medication assistance is being performed correctly and as ordered by the physician. This will be completed by 04/30/2023.

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

Measures put into place or systemic changes made to assure deficiency will not recur:
A member of nursing management / pharmacy representative / designee will randomly observe employees assisting with medication assistance monthly to ensure they are conducting medication assistance including the use of topicals, correctly and as ordered by the physician. Any employees not performing medication assistance correctly will be retrained by the RN /Designee. Any employee who continuously fails to perform correctly will receive disciplinary action up to termination.

Monitoring of corrective actions:
The Administrator/ designee and RN / designee will meet monthly for 6 months beginning 04/01/2023 and ending 09/31/2023 to ensure monthly medication assistance observations are being completed appropriately. Documentation of the meeting will be kept in the POC binder in the Administrator's office. The ADPH approved consulting company will continue to monitor regulatory compliance for at least 6 months.

The Crossings at East Chase Assisted Living
Provider Identification #D5150
Plan of Correction: Exit 03/01/2023
Administrator: David Wilbanks

A601 420-5-4-06(1): Care of Residents
Deficiency Description – The facility failed to follow physician orders for a resident's medication.

Corrective Action:
The pharmacy will perform medication assistance classes to assist with re-education of staff.
All current employees conducting medication assistance will receive re-education by having a member of nursing management / pharmacy representative / designee watch each employee assisting with medications to ensure medication assistance is being performed correctly including how to document missed doses and what to do when a dose in unavailable. This will be completed by 04/30/2023.

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 member of nursing management / pharmacy representative will randomly observe employees assisting with medication assistance monthly to ensure they are conducting medication assistance including how to document a missed dose and when a dose is unavailable. Any employees not performing medication assistance correctly will be retrained by the RN /Designee. Any employee who continuously fails to perform correctly will receive disciplinary action up to termination.

Monitoring of corrective actions:
The Administrator/ Designee and RN / Designee will meet monthly for 6 months beginning 04/01/2023 and ending 09/31/2023 to ensure monthly medication assistance observations are being completed appropriately. Documentation of the meeting will be kept in the POC binder in the Administrator's office. The ADPH approved consulting company will continue to monitor regulatory compliance for at least 6 months.

The Crossings at East Chase Assisted Living
Provider Identification # D5150
Plan of Correction: Exit 03/01/2023
Administrator: David Wilbanks

A614 420-5-4-06(5)(f)(g)(6)(7)(a)-(i): Care of Residents
Deficiency Description – residents were unable to utilize the unit dose packaging system to identify their medication's and protect themselves from medication errors.

Corrective Action:
The pharmacy will perform medication assistance classes to assist with re-education of staff.
The corporate RN ordered identifiers for the medication packets on 03/01/2023. Any resident with a visual impairment will be taught how to use the identification system. Staff will allow the resident the opportunity to use the system at each medication assistance opportunity. All staff who assist with medication assistance will be taught how to use the identification system. This training will be completed by 04/30/2023.

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

Measures put into place or systemic changes made to assure deficiency will not recur:
All potential residents will be screened prior to admission for visual impairments. When a resident is identified with visual impairments, a flyer will be placed on the MAR book for that resident noting that they have a visual impairment and require special identifiers on the packaging system. The RN/Unit Coordinator/designee will ensure that the packaging system has the correct identifiers placed on packets when the medication arrives from pharmacy. Residents who are in need of special identifying packages will be taught how to use the system to identify their medications. Staff assisting with

The ALF monthly assessment form was update 03/01/2023 to include monthly medication awareness for staff to document the monthly testing. The E-mar system currently has a pop-up window that asks if the resident can identify their medications, which has to be answered by staff assisting with medication.

Monitoring of corrective actions:
The Administrator/ Designee and RN / Designee will meet monthly for 6 months beginning 04/01/2023 and ending 09/31/2023 to ensure residence with visual impairments have the correct identification on their medication packaging. Documentation of the meeting will be kept in the POC binder in the Administrator's office. The ADPH approved consulting company will continue to monitor regulatory compliance for at least 6 months.

The Crossings at East Chase Assisted Living
Provider Identification # D5150
Plan of Correction: Exit 03/01/2023
Administrator: David Wilbanks

A615 420-5-4-06(7)(j): Care of Residents
Deficiency Description – The site of insulin injections was not documented with each dose.

Corrective Action:
The e-MAR system was updated by the corporate nurse during the survey to ensure all injectable medications have the box to document the site for the injection.
The pharmacy will perform medication assistance classes to assist with re-education of staff.
All current employees including EI#8, conducting medication assistance will receive re-education by having a member of nursing management / pharmacy representative / designee watch each employee assisting with medications to ensure medication assistance is being performed correctly to include how to document the site of an injection. This will be completed by 04/30/2023.

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

Measures put into place or systemic changes made to assure deficiency will not recur:
A member of nursing management / pharmacy representative will randomly observe employees assisting with medication assistance monthly to ensure they are conducting medication assistance including how to document the site of an injection correctly and as ordered by the physician. Any employees not performing medication assistance correctly will be retrained by the RN /Designee. Any employee who continuously fails to perform correctly will receive disciplinary action up to termination.

Monitoring of corrective actions:
The Administrator/ Designee and RN / Designee will meet monthly for 6 months beginning 04/01/2023 and ending 09/31/2023 to ensure monthly medication assistance observations are being completed appropriately. Documentation of the monitoring will be kept in the POC binder in the Administrator's office. The ADPH approved consulting company will continue to monitor regulatory compliance for at least 6 months.