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Connie Cherry

THE CROSSINGS AT EAST CHASE

FACILITY PROVIDER # P5117

PLAN OF CORRECTION

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

Survey Exit
March 01, 2023

Submitted by:
David Wilbanks, Administrator

David Wilbanks

Signature

3/9/2023

Date

The Crossings at East Chase Memory Care
Provider Identification # P5117
Plan of Correction: Exit 03/01/2023
Administrator: David Wilbanks

A601 420-5-20-06(1): Records and Reports
Deficiency Description – the facility failed to follow physician orders for a resident's medications.

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 April 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 Memory Care
Provider Identification # P5117
Plan of Correction: Exit 03/01/2023
Administrator: David Wilbanks

A604 420-5-20-06(3)(a)(b)(c)(d)(e): Care of Residents
Deficiency Description – assessments of residents were not completed as required upon admission.

Corrective Action: The Corporate RN / Designee educated the memory care RN on 03/01/2023 regarding completing resident assessments upon the admission of a new resident.

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 memory care RN will be notified by admissions department of new residents and their move-in date. The RN will complete the move-in assessments no later than 24 hours of admission to the memory care.

Monitoring of corrective action:
The Administrator/ Designee and RN / Designee will meet monthly for 6 months beginning 04/01/2023 and ending 09/31/2023 to ensure admission assessments are being completed timely and 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 Memory Care
Provider Identification # P5117
Plan of Correction: Exit 03/01/2023
Administrator: David Wilbanks

A611 420-5-20-.06 (4)(a)(b): Care of Residents
Deficiency Description – a resident care plan was not updated with adequate interventions following elopement of the resident from the facility.

Corrective Action:
RN completed a new individualized care plan to address 1-hour checks on 02/09/2023.This care plan was accepted by ADPH. A new form documenting the hourly checks was put in place the same day. Staff was in-serviced on the change and how to document on the new form. The door code to the door in question was changed the same day of the incident. A new squawk box alarm was added to the exit door on 02/02/2023. The mag lock was replaced with a more powerful lock on 02/22/2023.

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:
Care plans will be updated by the RN to include adequate interventions for all exit seeking residents by 03/30/2023. All staff will be educated on care plans addressing the exit seeking behavior care plans.

A list of exit seeking residents will be posted at the nurse's station by the RN / Designee for staff to quickly identify which residents are at risk for elopement.

The mag lock was replaced on 02/22/2023. A new squawk box alarm was added to the exit door on 02/02/2023. Mag locks and squawk box are checked for proper use during monthly fire drills.

Monitoring of corrective action:
The Administrator/ Designee and RN / Designee will meet monthly for 6 months beginning 04/01/2023 and ending 09/31/2023 to ensure the 1-hour check form is being completed and care plans are in place for exit seeking residents. 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.