POC Accepted 3.16.24
Connie Cherry
chg 03.26.2024

Facility Name: Madison at The Range - SCALF
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 302

Deficiency: A 302 420-5-20-.03 (e) Administration
Based on observations, record reviews and interviews, the facility failed to follow its own policies

Corrective Action:
Facility will follow Policies.
All Fire Extinguishers were inspected and dated/corrected within 72 Hours of ADPH survey.
Sufficient amounts of Emergency Non-Perishable Food and Potable water were received within 2 weeks of ADPH Survey. Storage of memory care supplies stored in memory care.
State reportable events will be reported to Alabama Department of Public Health withing 24 hours of occurrence per regulatory standards.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action.

Systemic Changes implemented to ensure the same deficiency will not recur:
Incidents will be reported according to ADPH State Regulation.
Sufficient amount of Emergency Non-Perishable Food and Potable water will be maintained in SCALF facility.
Fire extinguishers will be inspected monthly per policy.

Monitoring of Proposed Corrective Action:
ED/Designee will review all Incidents reported to ADPH for timely submission for 3 Months.
Wellness Director and or Memory care coordinator will review all new orders within 24 hours for confirmation and initiation of orders. Interventions will be implemented as needed to ensure no missed doses of medications.
ED/Designee will inspect Emergency Non-Perishable Food and Potable water weekly for 3 Months and Monthly for 3 Months to ensure sufficient amounts are maintained.
ED/Designee will review and sign fire extinguisher inspections monthly for 6 Months.
The Regional Director of Operations will spot check fire extinguishers at each visit, verify food and potable water supplies are maintained in SCALF at least quarterly.
The Regional Director of Clinical Compliance will monitor missed medications reports weekly x 3 months then monthly x 3 months to assure all orders are being followed as ordered.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range - SCALF
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 501

Deficiency: A 501 420-5-20-.05 (1) Records and Reports
Based on observations and interviews, the facility failed to maintain confidentiality of resident's records.

Corrective Action:
Lock on record storage room replaced, closure hinge adjusted to assure door closes securely when exiting and locks automatically.
Inservice of all staff on HIPPA and security of resident information will be completed on 03/08/2024.
Inservice of Nursing staff covering laptop security, lock screens and protection of resident sensitive information will be completed on 03/08/2024.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action.

Systemic Changes implemented to ensure the same deficiency will not recur:
Wellness Director/Designee will proctor staff Inservice regarding confidentiality will be performed upon hire via Relias, annually and prn. Immediate training will be completed on 03/08/2024 for all clinical staff.

Monitoring of Proposed Corrective Action:
Wellness Director/Designee will proctor quarterly staff Inservice regarding confidentiality for 6 Months.
ED/Designee will verify File Room door is secured daily via walking rounds daily for 3 months then weekly for 3 Months.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range - SCALF
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 508

Deficiency: A 508 420-5-20-.05 (3) Records and Reports
Based on record reviews and interviews, an incident was not reported to the Alabama Department of Public Health as required. Medication not received as ordered.

Corrective Action:
Facility will report incidents to the ADPH per regulation.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action.

Systemic Changes implemented to ensure the same deficiency will not recur:
Vice President of Clinical Compliance provided overview to management team covering all Alabama regulations and reportable events.
The Wellness Director and or designee will review every new order every 24 hours to assure medication ordered, notated on MAR and administered as ordered.
The wellness Director and or designee will monitor Point click care dashboard daily for "meds not administered" and intervene with corrective actions as required to resolve issue. This includes reporting medication error to ADPH if MD orders are not followed.

Monitoring of Proposed Corrective Action:
WD/Designee will proctor Inservice for Nurses and Medication aides regarding following MD orders, medication errors, and reportable events to ADPH monthly for 3 Months.
The ED or designee will review incident reports daily within Point click care to assure all reportable events have been reported.
Regional Director of Clinical Compliance will review Incident reports weekly to verify reportable events have been properly reported to ADPH for 3 months.
Abnormal occurrences and incidents including medication errors will be discussed daily in stand up for appropriate care plan and reporting.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range - SCALF
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 601

Deficiency: A 601 420-5-20-.06 (1) Care of Residents
Based on observations, interviews, and record reviews the facility failed to follow physician's orders for administration of resident's medication.

Corrective Action:
Oxygen order was changed to PRN on 2.22.2024
All new medication orders will be reviewed by Wellness director or designee within 24 hours to assure notation on MAR and administration.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action.

Systemic Changes implemented to ensure the same deficiency will not recur:
The Wellness Director or Designee will review every new order within 24 hours and assure administration as ordered.
Medications no longer required (oxygen) MD will be notified and order discontinued or changed to PRN.

Monitoring of Proposed Corrective Action:
The Wellness Director or designee will review all new orders within 24 hours and ensure all orders are notated on MAR, care planned and administered as ordered.
Dashboard in Point click care will be monitored daily by Wellness Director or designee for missing/not administered meds and corrections made as required.
Regional Director of Clinical Compliance will monitor missed medication reports weekly for 3 months and monthly for 3 months.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range - SCALF
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 604

Deficiency: A 604 420-5-20-.06 (3) Care of Residents
Based on record review and interviews, a resident assessment was not completed as required. PSMS score of 24 and physical ambulation score as a 4 on RI#7.

Corrective Action:
Ensure all documentation includes resident name and date of completion.
PSMS scores, wound development, change of condition and resident declines will be discussed daily in stand up for intervention and action of discharge to higher level of care as required.
RN coordinator will be retrained on proper preadmission assessment forms required on 03/08/2024.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action.

Systemic Changes implemented to ensure the same deficiency will not recur:
The wellness Director and or designee will ensure that all preadmission forms and assessments forms are properly notated with names and dates of completion.
New orders reviewed daily to detect change of condition or declines by Wellness Director or designee.
Based on Monthly review assessments, quarterly comprehensive assessments, and change of condition assessments the ED will be made aware of need to issue 30-day notices for higher level of care. These discussions will take place daily in stand-up meetings.

Monitoring of Proposed Corrective Action:
The Wellness Director or designee will review all new admission documents and preadmission assessments for completeness weekly for 3 months and monthly for 3 months.
10 residents will be checked monthly for 3 months by Wellness Director to assure residents remain appropriate for SCALF environment.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range - SCALF
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 606

Deficiency: A 606 420-5-20-.06 (3) (g) Care of Residents
Based on observation, interviews, and record review the facility failed to make arrangements for discharge of a resident to an appropriate setting when the resident required a higher level of care than the SCALF could provide.

Corrective Action:
Ensure all residents with a PSMS score greater than 23 or a score of 5 in feeding, dressing, grooming, bathing, or a score of 4 or 5 in physical ambulation are not retained in the facility.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action.

Systemic Changes implemented to ensure the same deficiency will not recur:
RN Memory Care Coordinator will report any/all residents with a PSMS score greater than 23 or a score of 5 in feeding, dressing, grooming, bathing, or a score of 4 or 5 in physical ambulation to the Wellness Director upon assessment of such. These concerns/findings will be discussed daily in stand up for intervention and issuance of 30-day notice.

Monitoring of Proposed Corrective Action:
The Wellness Director will review all new preadmission forms weekly for 3 months and monthly for 3 months.
10 residents will be checked monthly for 3 months by Wellness Director to assure residents remain appropriate for SCALF environment.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range - SCALF
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 611

Deficiency: A 611 420-5-20-.06 (4) (a) (b) Care of Residents
Based on observation, record reviews and interviews the facility failed to update a residents facility care plan with appropriate interventions to meet the current care needs of the resident. In addition, a resident's fingernails were not kept cleaned and trimmed.

Corrective Action:
Update all Care Plans per ADPH SCALF regulations. Care plans will be reflective of current care needs.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action.

Systemic Changes implemented to ensure the same deficiency will not recur:
RN Memory Care Coordinator will update all care plans per ADPH SCALF regulations.
Lifestyle Director will schedule/proctor fingernail care activity at a minimum of once per week. Make sure this is on weekly ON activity calendar if using this intervention. It would also have to include room visits for those who cannot or won't attend group setting.
RN Memory Care Coordinator will visually assess residents' personal hygiene and promptly address any concerns.
Inservice with review of Shower schedules, nail care, and facial hair maintenance will be completed on 03/08/2024.

Monitoring of Proposed Corrective Action:
RN Memory care coordinator will complete assessments as required in SCALF, update care plans with all changes and new orders as required by ADPH.
Wellness Director will review 10 residents' assessments and care plans per month for 3 months to assure care plans are updated and reflective of current level of care.
ED/Designee will review Activity Calendar monthly for 6 months to assure weekly nail activity is being performed.
ED and WD will visually assess residents' personal hygiene monthly for 6 months will be observed by POC completion in point click care and visual observation during daily rounds.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range - SCALF
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 618

Deficiency: A 618 420-5-20-.06 (7) Care of Residents
Based on observations, record review and interview the facility failed to document a residents oxygen use on the residents MAR. In addition, the facility failed to post oxygen signage.

Corrective Action:
Oxygen order changed to PRN on February 22nd, 2024.
Oxygen sign was placed on storage room door on March 4th, 2024.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action.

Systemic Changes implemented to ensure the same deficiency will not recur:
RN Memory Care Coordinator will review all new orders as they are received and update signage, assure notated on MAR properly, and verify during monthly assessments all ordered medications are required and being administered/ documented properly.
Staff Inservice will be completed on 03/08/2024 regarding oxygen therapy, monitoring of administration, signage, and proper documentation on MAR.

Monitoring of Proposed Corrective Action:
The wellness Director or designee will review all new orders within 24 hours and ensure order is notated on MAR, proper signage is posted, and care plan updated accurately to reflect needs.
ED/Designee will visualize oxygen sign on storage door monthly for 6 months.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range - SCALF
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 621

Deficiency: A 621 420-5-20-.06 (9) (b) Care of Residents
Based on observations, record reviews and interviews the facility retained a resident whose physical self-maintenance scale (PSMS) score was above the level allowed for retention in a SCALF.

Corrective Action:
Ensure all residents with a PSMS score greater than 23 or a score of 5 in feeding, dressing, grooming, bathing, or a score of 4 or 5 in physical ambulation are not retained in the facility. RI#7 was transferred to a higher level of care on 2.29-2024.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action.

Systemic Changes implemented to ensure the same deficiency will not recur:
RN Memory Care Coordinator will report any/all residents with a PSMS score greater than 23 or a score of 5 in feeding, dressing, grooming, bathing, or a score of 4 or 5 in physical ambulation to the Wellness Director upon assessment of such.

Monitoring of Proposed Corrective Action:
Wellness Director will review all new forms weekly for 3 months and monthly for 3 months.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range - SCALF
Facility ID: D4544
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 702

Deficiency: A 702 420-5-20-.07 (2) Food Service
Based on observation and interview, the facility failed to discard expired food items.

Corrective Action:
Expired items will be discarded upon expiration per ADPH regulation.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action

Systemic Changes implemented to ensure the same deficiency will not recur:
Kitchen Staff Inservice to address proper food storage and expiration dates will be completed on 03/08/2024.
Daily cooler/freezer inspection schedule created with sign off by dietary staff daily.
ED/Designee Kitchen Walk-Through's and spot checks of coolers/freezers.

Monitoring of Proposed Corrective Action:
ED/Designee will perform Monthly Kitchen Inservice's for 6 Months
Cooler/Freezer Schedule Reviewed by ED/Designee Weekly for 3 Months and Monthly for 3 Months.
ED/Designee will perform weekly kitchen walk throughs for 3 months and monthly for 3 Months.
Regional Director of Operations will perform Quarterly Kitchen Walk-Through's quarterly for 6 months.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range - SCALF
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 703

Deficiency: A 703 420-5-20-.07 (3) Food Service
Based on observations and interviews, no weekly menu was posted in the food service area. In addition, a 3-day supply of emergency food and water was not sufficient quantity to provide for the resident population at time of survey and was not stored in the facility.

Corrective Action:
Facility will follow Policies.
Sufficient amount of Emergency Non-Perishable Food and Potable water were ordered within 2 weeks of ADPH Survey. Storage of memory care supplies stored in memory care.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action.

Systemic Changes implemented to ensure the same deficiency will not recur:
Sufficient amount of Emergency Non-Perishable Food and Potable water will be maintained in SCALF facility.

Monitoring of Proposed Corrective Action:
ED/Designee will inspect Emergency Non-Perishable Food and Potable water weekly for 3 Months and Monthly for 3 Months to ensure sufficient amounts are maintained.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 804

Deficiency: A 804 420-5-20-.08 (4) Physical Facilities
Based on observations and interviews, the facilities kitchen equipment was not maintained free of dust and grease.

Corrective Action:
Kitchen will have a complete clean after each meal.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action

Systemic Changes implemented to ensure the same deficiency will not recur:
Kitchen Staff Inservice
Daily – Weekly – Monthly Cleaning Schedule
ED/Designee Kitchen Walk-Through's

Monitoring of Proposed Corrective Action:
ED/Designee will proctor Monthly Kitchen Inservice's for 6 Months
Cleaning Schedule Reviewed by ED/Designee Weekly for 3 Months and Monthly for 3 Months.
ED/Designee will proctor weekly kitchen walk throughs for 3 months and Monthly for 3 Months.
Regional Director of Operations will proctor Quarterly Kitchen Walk-Through's

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 1002

Deficiency: A 1002 420-5-20-.10 (2) Sanitation and Housekeeping
Based on observations and interviews the facility failed to provide a safe, functional, decent, sanitary, and comfortable environment for residents, staff and the public.

Corrective Action:
Storage closets were permanently latched on 02/19/2024. Stained carpets will be replaced within 30 days. Soiled mattress will be replaced within 30 days. Exposed battery faceplates were covered on 03/06/2024. Wall mount with exposed edges was removed during ADPH survey. Wall will be patched/painted within 30 days. Toilet seats were replaced on 02/16/2024. Leather chair was thrown away on 02/16/2024.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action

Systemic Changes implemented to ensure the same deficiency will not recur:
Daily tides will be performed by caregivers in each apartment. Weekly housekeeping of rooms will be performed on a scheduled rotation to ensure all apartments are deep cleaned. Staff Inservice to address cleaning, contamination and proper sanitation of community completed 02/29/2024.

ED/Designee SCALF facility Walk-Through's and spot checks of apartments to ensure daily cleaning cleanings are being performed.

Monitoring of Proposed Corrective Action:
The Maintenance Director will Inservice Housekeeping and Care associates for 6 Months to all to ensure proper protocols are being followed.
Cleaning Schedule Reviewed by ED/Designee Weekly for 3 Months and Monthly for the following 3 Months.
ED/Designee will proctor weekly SCALF Facility walk throughs weekly for 3 months and Monthly for 3 Months.
Regional Director of Operations will proctor Quarterly SCALF Facility Walk-Through's Quarterly for 6 months.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range - SCALF
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 1101

Deficiency: A 1101 420-5-20-.11 (1) Fire and Safety
Based on observations, records reviews and interviews, fire drill documentation was incomplete, and the fire alarm signal did not transmit to the monitoring company upon activation of fire system.

Corrective Action:
Subsequent Fire Drill was performed during ADPH survey resulting in satisfactory equipment performance.
Monthly fire drills will be completed on different shifts to include verification of magnetic door release/closure.
Global Fire contacted at time of survey and "remapping of signal to all rooms and emergency fire doors "completed.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action

Systemic Changes implemented to ensure the same deficiency will not recur:
The Maintenance Director will document verification that fire doors were in proper working order on Fire Drill report.

Monitoring of Proposed Corrective Action:
ED/Designee will review and sign fire drill reports monthly for 6 months.
Regional Director of Operations will review Fire Drill reports quarterly for 6 months.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range - SCALF
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 1201

Deficiency: A 1201 420-5-20-.12 (1) Physical Environment
Based on observation and interviews the facility failed to maintain the safety of the residents, staff, and visitors at all times. Electric Oven and Keurig within reach of SCALF residents.

Corrective Action:
Electric Oven and Keurig were removed during ADPH survey.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action

Systemic Changes implemented to ensure the same deficiency will not recur:
Electric ovens and Keurig devices will be stored behind a locked door or in a locked cabinet when not under direct supervision of staff.

Monitoring of Proposed Corrective Action:
ED/Designee will perform weekly SCALF Facility walk throughs for 3 months and monthly for 3 Months.
Regional Director of Operations will perform Quarterly SCALF Facility Walk-Through's for 6 months.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Facility Name: Madison at The Range - SCALF
Facility ID: P4516
Survey Exit Date: February 15th, 2024.
Administrator: Jennifer White
Deficiency Number: A 1203

Deficiency: A 1203 420-5-20-.12 (5) Physical Environment
Based on observations, record reviews and interviews the facility failed to maintain a functional call system for residents at all times. In addition, fire extinguishers were not inspected visually monthly as required.

Corrective Action:
All Fire Extinguishers were inspected and dated/corrected within 72 Hours of ADPH survey.
Call System was returned to working order during ADHP survey.

Steps taken to identify other Residents or Concerns:
Adhere to Monitoring of Proposed Corrective Action.

Systemic Changes implemented to ensure the same deficiency will not recur:
Fire extinguishers will be inspected monthly per policy.
Call system will be visually inspected/tested monthly.

Monitoring of Proposed Corrective Action:
The Regional Director of Operations will spot check fire extinguishers at each visit.
Maintenance Director will visually inspect/test Call System monthly for 6 months.

Administrator Jennifer White, A.L.A **Date:** 3-15-2024

Oversight of the above Plan of Correction will be documented and kept in the office of the administrator, Jennifer White.