POC Accepted and Signed

Connie Cherry

AZALEA MANOR OF HALEYVILLE
FACILITY IDENTIFICATION #: D6702
ADMINISTRATOR: ELIZABETH LAY
SURVEY COMPLETE: 04/16/2026

PLAN OF CORRECTION

1) A 306 (420-5.4-.03 (2) Administration

2) Corrective Action for each resident or example listed in the deficiency:

Director of Operations in-serviced the administrator on regulatory pre-hiring process. All employee files were audited to ensure that all files followed state regulations..

3) Steps taken to identify other residents or concerns not identified by the survey team:

On 04/17/26, Shirleys Law Elder and Adult in Need of Protective Services Abuse Registry screening was successfully completed for all currently active employees.

4) Measures, systems, or changes put into place to ensure this deficiency does not reoccur:

To maintain systemic compliance, complete screenings including the Shirleys Law form, and background check will be submitted to the corporate office for validation as a pre-hiring requirement.

5) Monitoring of the proposed corrective actions:

The Administrator will complete the Shirleys Law screening on all prospective employees as a strict pre-hiring requirement. To maintain systemic compliance, a log of completed screenings will be submitted to the Director of Operation for a period of 4 months to review and verify that all pre-employment screenings have been executed in full compliance with state regulations. The POC binder will be kept in the Administrator's office.

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PLAN OF CORRECTION

1) A 1001 420-5-4-.10 (1) Sanitation and Housekeeping

2) Corrective Action for each resident or example listed in the deficiency:

On April 15, 2026, the facility grounds were mowed and landscaped by the Maintenance Director and maintenance staff to address the overgrown grass. The encroaching vines on the facility building were completely removed and cleared on April 17, 2026.

3) Steps taken to identify other residents or concerns not identified by the survey team:

The Administrator conducted a thorough inspection of the facility's entire exterior perimeter on April 15, 2026, to verify that the grounds were properly maintained. A follow-up inspection was completed by the Administrator at the end of the business day on April 17, 2026, to confirm the successful removal of the vines and to ensure no other areas of concern were present on the building exterior.

4) Measures, systems, or changes put into place to ensure this deficiency does not reoccur:

The facility has implemented a routine maintenance schedule to ensure routine mowing. The Administrator, in coordination with the Maintenance Director or designee, will provide ongoing oversight to ensure grounds are maintained properly and that the building exterior remains free of encroaching vines.

5) Monitoring of the proposed corrective actions:

The Administrator will conduct joint compliance rounds with the Maintenance Director or designee weekly for 4 (consecutive) weeks, followed by monthly rounds for 2 months. The POC binder will be kept in Administrator's office.

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PLAN OF CORRECTION

1) A 1002 420-5-4-.10 (1) Sanitation and Housekeeping

2) Corrective Action for each resident or example listed in the deficiency:

On 4-15-2026, the Maintenance Director procured and installed locks to all closet doors. Additionally, all hazardous and flammable products (e.g., paint, bleach) were permanently removed from these areas.

3) Steps taken to identify other residents or concerns not identified by the survey team:

Administrator conducted a comprehensive, facility- wide audit of all closets to verify that no flammable or hazardous products were present and to ensure all closet doors were properly secured.

4) Measures, systems, or changes put into place to ensure this deficiency does not reoccur:

The Maintenance Director or designee will implement routine inspections to ensure ongoing compliance, verifying that all relevant closets remain securely locked and free of flammable or hazardous material.

5) Monitoring of the proposed corrective actions:

The Administrator will conduct weekly compliance audits for a duration of 4 weeks, followed by monthly audits for an additional 4 months, to ensure strict adherence to state regulations. The POC binder will be kept in the Administrators office.

POC Accepted 6.15.26
Connie Cherry

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SURVEY COMPLETE: 04/16/2026

PLAN OF CORRECTION

1) A 1203 420-5-4-.12 (5) Physical Environment

2) Corrective Action for each resident or example listed in the deficiency:

Maintenance Director contacted the flooring contractor to schedule an on-site evaluation and resolve the flooring deficiencies. Additionally, the Maintenance Director met with the owner to establish a resolution plan for the uneven concrete at the east exit. All deficient window screens were replaced by the Maintenance Director on 04-16-2026. All portable heaters were removed from the facility. The floor electrical outlet was repaired and secured with appropriate covering.

3) Steps taken to identify other residents or concerns not identified by the survey team:

The Maintenance Director conducted a comprehensive, facility wide audit to identify any additional missing window screens, portable heaters, or uncovered or broken floor outlets. A thorough physical walk through was completed, focusing on all interior flooring conditions and external exit pathways to identify and mitigate potential trip hazards.

4) Measures, systems, or changes put into place to ensure this deficiency does not reoccur:

The Maintenance Director or designee will implement a recurring inspection schedule. This will verify that exterior ramps remain defect- free, facility flooring is maintained in good repair, window screens remain intact, flooring outlets are undamaged/ covered, and unapproved portable heaters are prohibited from the building. Additionally, maintenance logs will be reviewed and signed off monthly by the administrator to ensure strict adherence to all corrective maintenance protocols. The Maintenance Director has secured a formal contract ensuring the flooring defects will be completed by June 27th, 2026. Repairs to the exterior concrete at East exit will be completed on June 4th, 2026.

5) Monitoring of the proposed corrective actions:

Repairs to the exterior concrete at East exit was successfully completed on June 4th, 2026. The Administrator and Maintenance Director will conduct joint compliance audits weekly for four (4) consecutive weeks, and then monthly for four (4) months. These audits will verify window screens are properly in place, the absence of portable heaters, and the elimination of trip hazards. Maintenance Director will ensure the flooring is done by June 27th, 2026. Repair to the East exit was successfully completed by June 4th, 2026. The POC binder will be kept in the Administrator's office.

****A copy of audits and in-servicing / education will be kept in the POC / Compliance book.****

Azalea Manor Administrator Signature

06-04-2026
Date