POC Accepted 3.7.25

PLAN OF CORRECTION

Connie Cherry

Facility Name: The Pearl of the Shoals SCALF **Facility ID#: P1701**

Survey Exit Date: 02/12/2025 **Administrator: Sharon Byears** chg

A1101 420-5-20-.11 (1) Fire and Safety.

The facility failed to have the sprinkler and fire alarm systems inspected semiannually by licensed personnel.

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.**

   - A review of the past semiannual sprinkler alarm system inspections for 2024 was completed by EI#3. Done on 02/13/2025.
   - A review of the past semi-annual fire alarm system inspection for 2024 was completed by the EI#3 Done on 02/13/2025.
   - A letter was provided to the facility by the Muscle Shoals Fire Department, signed by the Fire Marshall on 02/13/2025, stating that the facility is in good standing with their fire and sprinkler systems. No deficiencies were identified.
   - EI#3, Maintenance Director, was hired by the facility on 09/11/2024. No inspections have been missed since the new Maintenance Director was hired.

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.**

   - EI#3 reviewed all other last inspections to include but not limited to fire extinguishers and kitchen hood and verified upcoming scheduled dates with Fire Pro on 03/03/2025. These inspections will be added to the Monthly QA Form that will be completed by the Administrator each month, starting March 2025.

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.**

   - EI# 3, Maintenance Director, training provided by EI#1, Administrator, on responsibility and importance of maintaining all required inspections, prompt notification to administrator when scheduled and/or any change in schedule and review of semi-annual inspections upon completion immediately with Administrator. Completed by Administrator on 02/12/2025. A review of all specific required inspections was done by EI# 1 and EI#3.

4. **Explain how you will monitor your proposed corrective actions to ensure 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.

- The Maintenance Director will provide the administrator with fire alarm and sprinkler inspections reports and scheduled due dates for both types of inspections. This will be done as they occur semi-annually for administrative review. Effective immediately, ongoing.
- A Monthly QA form will be implemented March 2025, for the Administrator to complete and review and monitor all monthly, semiannual, and annual inspections required.

PLAN OF CORRECTION

Facility Name: The Pearl of the Shoals SCALF **Facility ID#: P1701**

Survey Exit Date: 02/12/2025 **Administrator: Sharon Byears**

A1203 420-5-20-.12 (5) Physical Environment.

The facility failed to maintain structural soundness and repair of the building. Findings: Gutters and Cabinets

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.**

    - 100% of all cabinets in resident rooms, common area bathroom, activity area and dining room were assessed by EI#1 and EI# 3 to identify cabinets that were cracked, worn, or in need of replacement. Done on 02/27/2025. 10 residents' rooms, bathrooms, or kitchenette cabinets were identified in need of replacement for a total of 15 cabinets.
    - On 02/27/2025, EI#3 ordered 15 cabinets from supplier, HD Supply. The estimated time on arrival of cabinets is unknown at this time, per supplier. Some cabinets have already been delivered to the facility as of 03/04/2025. The Maintenance Director has and will begin installing the new cabinets immediately after delivery.
    - On 02/27/2025, EI#3 met with 2 gutter companies to provide estimates on repairs to the facility gutters.
    - On 03/03/2025, the facility and gutter company, Ridgeline & Restoration agreed to the estimate and approved the repairs to facility gutters. The repairs are to begin on 03/17/2025, with an approximate completion date of 03/24/2025.

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.**

    - 100% of all cabinets in resident rooms, common area bathroom, activity area and dining room were assessed by EI#1 and EI#3 to identify cabinets that were cracked, worn, or in need of replacement, done on 02/27/2025. 10 residents' rooms, bathrooms, or kitchenette cabinets were identified in need of replacement for a total of 15 cabinets. The following apartments need cabinet replacement: 201, 202, 203, 204, 205, 206, 207, 208, 209, 210.
    - On 02/27/2025, EI#3 ordered 15 cabinets from supplier, HD Supply. The estimated time on arrival of cabinets is unknown at this time, per supplier. Some cabinets have already been delivered to the facility as of 03/04/2025. The Maintenance Director has and will begin installing the new cabinets immediately after delivery.

- On 02/12/2025, EI#1 and EI#3, walked the outside perimeter of the facility, assessing for additional needed repairs to windows, window screens and sidewalks. No additional repairs were needed.

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.**

    - Management staff will be educated by the Administrator on the importance of building upkeep and repairs regarding the exterior areas of the facility. The Maintenance Director education included that the facility shall be rounded weekly of the exterior of the community to ensure all gutters are working properly, in good repair and are functioning properly. In addition, training included daily rounds are to be conducted on scheduled workdays of the interior of the building to identify any concerns with broken equipment, safety hazards, cabinet wear, toilets, doors, showers, sinks, etc. malfunction. Will be completed by 03/07/2025.

4. **Explain how you will monitor your proposed corrective actions to ensure 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.**

    - The Maintenance Director or Administrator will randomly check 3 resident rooms and one common area cabinets for cracks, worn or in need of repair. All findings will be documented and reviewed with the Administrator and prompt follow-up to correct this issue will be done. This will be documented weekly x 1-month, monthly x 3 months, then quarterly x 2. Will begin on 03/07/2025.
    - The Maintenance Director or Administrator will make rounds to the exterior perimeter of the facility to ensure all gutters are in good repair and are functioning properly. All findings will be documented and reviewed with the Administrator. This will be documented weekly x 1-month, monthly x 3 months, then quarterly x 2. Began week of 02/17/2025.

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

Prepared by N. Kelley, SAGE RN Director of Compliance
SAGE Management, Inc.

PLAN OF CORRECTION

Facility Name: The Pearl of the Shoals SCALF **Facility ID#: P1701**

Survey Exit Date: 02/12/2025 **Administrator: Sharon Byears**

nkelley@sagemanagement.com
251-656-7660

Sharon Byears, E.D. 3/5/25
Administrator Signature/Date