accepted April 21, 2022

Connie Cherry

TO: Alabama Department of Public Health 4/21/22

Bureau of Health Provider Standards

FROM: Paden Ridge Assisted Living (Facility ID #2805)

Please see attached our updated Plan of Correction for the survey, Exit Date 3/30/22.

Amy Lamberty, ALA

Paden Ridge Assisted Living

Survey Exit Date: 3/30/22

ID#D2805

Plan of Correction

Administrator: Amy Lamberty, ALA

A405- 420-5-4.04 (6) Personnel

All staff, including the Administrator shall have all initial training prior to resident contact. Initial training shall be signed first by the Administrator. The Governing Authority or Facility Nurse will review the new employee file after completion of training and sign documentation for completed and correct training within seven days after initial training. An update form has been established to included signature of Administrator, Governing Authority or Facility Nurse. This documentation is to be kept in the employee file. All annual continuing education will be kept in a separate notebook in the Administrators office and will be reviewed monthly by the Governing Authority or Facility Nurse. This will be documented and kept in the same notebook marked Inservice and year.

Special Needs Training: All staff, including Administrator will receive special needs training in hospice and diabetes. Special needs training will be conducted by April 29, 2022 by the Governing Authority and handouts will be given to all employees. This will be documented and kept in the Inservice notebook. The special needs training of hospice and diabetes have already been added to the initial training documentation form.

A601- 420-5-4-.06 (1) Care of Residents

Upon receiving a new resident or a resident returning after rehab or hospitalization, a resident must have a completed Med Exam signed by the acting physician with a list of scheduled medications. Med Exam will be reviewed by the Administrator or Facility nurse and approved before accepting the resident into the facility. If medications are not clear, Administrator or Facility nurse will notify the responsible party for clarification. After clarification and correct meds are in the facility, then the resident will be accepted into the facility. No medications will be given to the resident unless listed on the Med Exam signed by the physician. The Med Exam and medications will also be reviewed by the Admin. Designee or Facility nurse, they will sign and document that the Med Exam and medications have been reviewed, this documentation will be kept in the residents personal file.

A602- 420-5-4-.06 (2) (a) (b) c) Care of Residents

Upon a residents Annual Physical Examination, the Administrator, Admin. Designee or Facility nurse will ensure all vital signs, weight, new diagnoses, changing of any medications or treatment and any other necessary documentation is noted by the attending physician. Annual Physical Exam dates will be reviewed by the Administrator or Facility nurse at the first of each month and resident and physician will

be notified of upcoming renewal. This documentation will be added to the monthly facility check list and initialed.

A604-420-5-4-.06 (3) (a) (b) Care of Residents

Monthly weights and vitals are conducted in the first week of the month. during weight calculations if a resident is a weight loss or gain in a significant amount, it is reported to the residents physician for any orders. The Administrator or Admin. Designee will report any concerns to the residents physician and the facility registered dietician within two days after weight calculations are recorded. Weight concerns will be reviewed during monthly assessments by the facility nurse. If weight concerns are not addressed by the physician, the facility nurse will contact physician for appropriate course of action. This will be documented during monthly assessments.

A617- 420-5-4-.06 (8) Care of Residents

Any medications of a resident who transferred or discharged from the facility, the responsible party for the resident will sign a medication release form. This form includes residents name, pharmacy, prescription number, prescription name and strength and the amount. This document will be reviewed by the Administrator or Admin. Designee and will be stored in the residents file and kept for at least 3 years. This form was immediately prepared for medication disposition and ready to use.

A703-420-5-4-.07 (3) Food Service

Timing of meals scheduled for residents and staff shall be established and posted for residents and staff to view. Timing of meals have been posted and the Kitchen Supervisor will ensure meal timing schedule continues to stay posted and will do a weekly check on Mondays. If for any reason the Kitchen Supervisor is not on duty, the dining cook for that day will ensure meal timing is posted in the dining room. This will be documented in the kitchen notebook and initialed.

Potable water shall be of sufficient quantity to serve residents for three meals per day to all residents for three days. The Kitchen Supervisor will ensure all water is of sufficient amount each month. The Kitchen Supervisor will document on check list what day water and other items were inventoried. This documentation will be kept in the food closet.

A1101-420-5-4-.11 (1) Fire and Safety

Fire drills are conducted at least once a month and quarterly on each shift. Only 3rd shift fire drills are simulated and without the normal fire alarm signals. Fire drill documentation is kept in the Fire Manual. The Administrator will train the Admin. Designee on how to conduct a fire drill. If for any reason the Administrator is out of the facility for whatever reason to conduct the fire drill. The Admin. Designee will check the Fire Manual by the 25th of the month to ensure the fire drill has been conducted. If the fire drill has not been conducted for that month, the Admin. Designee will schedule and conduct the fire drill before the month ends.

Amy Lamberty, ALA

Amy Lamberty, ALA Administrator

4/21/22

Date

NEW EMPLOYEE ORIENTATION DOCUMENTATION

PADEN RIDGE ASSISTED LIVING

EMPLOYEE NAME:_____ POSITION:_____ DATE:_____

Orientation/Training Subject	Date Completed	Employee Initials	Trainer Initials
ADPH Law and Rules on ALF			
Special Needs of the Elderly, Mentally 111 and Mentally Retarded			
Basic First Aide			
Advance Directives			
Protecting Resident Confidentiality			
Safety and Nutritional Needs of the Elderly			
Resident Fire and Environmental Safety			
Identifying Signs and Symptoms of Dementia			
Paden Ridge Policies and Procedures			
Oxygen			
Diabetic Training			
Hospice Training			

Signature of Administrator: _____

Signature of Governing Authority or Facility Nurse: _____

PADEN RIDGE ASSISTED LIVING

REVIEW OF RESIDENT MED EXAM AND MEDICATION LIST

I have reviewed the residents Med Exam and Medication list. All notations have been made on the Med Exam with the physician signature.

_____

Signature of Admin. Designee or Facility Nurse

_____

Date

PADEN RIDGE
Medication Disposition Record of Discharged or Transferred Residents

This record shall be filed in the facility for at least three years.

Resident Name: _____ **Date:** _____

Pharmacy	Rx Number	Rx Name	Rx Strength	Rx Amount

I certify that on this date I received the above medications.

Signature of Responsible Party: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Paden Ridge Assisted Living

Weekly Check of Posted Meal Times & Weekly Menu

MONTH	DATE/INITIAL	DATE/INITIAL	DATE/INITIAL	DATE/INITIAL	DATE/INITIAL
JAN					
FEB					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUG					
SEPT					
OCT					
NOV					
DEC					

*This is to be documented each Monday. Documentation is to be kept in kitchen notebook.

Paden Ridge Assisted Living

Food & Water Inventory Check

YEAR : _____

Date & Initial

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC