10/172023 APPROVED

MADISON HEIGHTS

FACILITY ID P1602

PLAN OF CORRECTION

A Response to the

Alabama Department of Public Health
Bureau of Health Provider Standards
Assisted Living Facilities Unit's
Survey Report
On September 20,2023

Submitted by:

Jazmyn Frazier
Administrator

Facility Name: Madison Heights
Facility ID: P1602
Survey Exit Date: September 20,2023
Administrator: Jazmyn Frazier
Deficiency Number: A406

Deficiency: A 406 420-5-20-.04 (9) (e) Personnel.

If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training. The facility failed to provide required special needs training for staff.

Corrective Action:

All staff will be trained upon hire in special needs of residents to include hospice, oxygen therapy, and diabetes. These training will be repeated annually and prn when necessary.
*Executive Director will utilize onboarding training checklist with all new hires starting 09/20/2023 and will assure all current staff trained in hospice, oxygen therapy, and diabetes by 10/13/2023.

Systemic Changes implemented to ensure the same deficiency will not reoccur:

*All associates employee files will be audited to assure inclusion of oxygen, hospice, and diabetes new hire trainings prior to resident contact.
*Check list has been created with addition of hospice, diabetes, and oxygen therapy.
*Changes in condition and daily review of orders will prompt RN to update care plans and train staff as needed for special circumstances.

Steps taken to identify other Residents or Concerns:

*All care plans will be reviewed and formulated to assure accuracy and Staff will be reeducated on care plan location, and each residents individualized need.
*During new hire orientation care plan, special circumstances, and resident specific needs will be addressed during training.

Monitoring of Proposed Corrective Action:

*RN will review all new orders daily and update care plans accordingly.
*RN will train staff for any special needs or changes in orders that require care plan changes.
*Service plans will be updated and available 24/7 at nurses' station for all staff

to reference.
*Updates will be reflected in EHR Point click care and on point of care task list.
*Executive Director will review all new orders weekly x 3 months then monthly x 3 months, to verify care plans and updates by RN.
*Documentation will be maintained in POC binder kept in ED office.

Administrator: Jazmyn Frazier **Date:** 10/17/23

Facility Name: Madison Heights
Facility ID: P1602
Survey Exit Date: September 20,2023
Administrator: Jazmyn Frazier
Deficiency Number: A504

Deficiency: A 504 420-5-20-.05 (3) (d) Records and Reports

The facility failed to always maintain personal dignity and privacy for every resident. Neighboring residents' rooms are connected by a shower room with two doors. Both resident rooms are connected to a personal bathroom (toilet and sink) through a single door. Each personal bathroom is then connected to the shared shower room through a second door. The two doors in the shared shower room led to each resident's personal bathroom then into the resident's bedroom. Shower doors on each side that are unlocked created a lack of privacy and personal dignity for each resident.

Corrective Action:

*Community has created a policy for assurance that doors leading into shared shower room are always locked when not in use. This was created 9/20/2023.
*This task will be placed on point of care documentation and all staff will be trained on the new policy by 10/13/2023.
*New automatic door closures and automatic locking doors have been ordered and they are expected to arrive November 20,2023. Installation will be completed by 12/15/2023 on every door leading to shower rooms in the facility.
*Staff will be trained on the importance of resident rights, dignity, and privacy.

Steps taken to identify other Residents or Concerns:

Each shower room in the facility has doors that enter from both adjoining apartments. Parts and modifications for automatic closure and locking doors have been ordered and are expected to arrive November 20,2023. Community will have installed by 12/15/2023.

Systemic Changes implemented to ensure the same deficiency will not recur:

Parts and modifications for automatic closure and locking doors have been ordered and are expected to arrive November 20,2023. Community will have installed by 12/15/2023.

Monitoring of Proposed Corrective Action:

*RN will randomly check shower doors during daily rounds each day and retrain as indicated.
*ED will check rooms at random daily before stand-up meetings to assure policy is being followed until new equipment arrives.
*Automatic closures and Automatic door locks have been ordered 10/10/2023 and are expected to ship and arrive 11/20/2023 per manufacturer.
*Maintenance Director will install new equipment by 12/15/2023.
*Documentation will be maintained in POC binder kept in ED office

Administrator Jazmyn Frazier **Date:** 10/17/23

Facility Name: Madison Heights
Facility ID: P1602
Survey Exit Date: September 20, 2023
Administrator: Jazmyn Frazier
Deficiency: A601

Deficiency: A 601 420-5-20-.06 (1) Care of Residents

All physician orders shall be written in accordance with community standards. The facility failed to ensure the physician order was followed for the administration of oxygen for RI#3.

Corrective Action:

*RI#3 oxygen therapy was no longer being utilized consistently; it was ordered while pending a sleep study for new c pap.
*Oxygen was discontinued by physician on 09/20/2023 while survey was in process.
*Staff training on proper noting, execution, and monitoring of orders completed by 10/13/2023 and ongoing.
*RN will review all new physician orders daily, and update care plans to be reflective of individualized needs.
*RN will review medication list monthly when assessments are completed for medications and or orders that are no longer needed. MD will be prompted to discontinue as appropriate.

Systemic changes implemented to ensure the same deficiency will not recur:

*Staff training on proper noting, execution, and monitoring of orders to be completed by 10/13/2023.
*RN will review all new physician orders daily, and update care plans to be reflective of individualized needs.
*RN will review medication list monthly when assessments are completed for medications and or orders that are no longer needed. MD will be prompted to discontinue as appropriate.
*All staff will be trained by 10/13/2023 on oxygen therapy and specialty services that can be offered in SCALF.

Steps taken to identify other residents or concerns:

*RN will review all new Physician orders and update Care plans to verify all individualized needs are being met.
*Follow through and monitoring of orders as needed will be placed on Point of Care for documentation by staff.

*Should a resident be capable of self-administration by passing of self-administration of medications, a physician order will be obtained to allow this, and care plan will reflect self-administration.

Monitoring of proposed corrective action:

*Staff training on proper noting, execution, and monitoring of orders to be completed by 10/13/2023.
*RN will review all new physician orders daily, and update care plans to be reflective of individualized needs.
*RN will review medication list monthly when assessments are completed for medications and or orders that are no longer needed. MD will be prompted to discontinue as appropriate.
*Executive Director will review orders weekly x 3 months, then monthly x 3 months and ensure care plans are updated appropriately.
*Documentation will be maintained in POC binder kept in ED office

Administrator: Jazmyn Frenzier **Date** 10/17/23

Facility Name: Madison Heights
Facility ID: P1602
Survey Exit Date: September 20,2023
Administrator: Jazmyn Frazier
Deficiency Number: A611

Deficiency: A 611 420-5-20-.06 (4) (a) (b) Care of Residents

Portions of resident records necessary for staff to provide care, including plans of care and relevant portions of the medical examination records and admission records, shall be always accessible to the direct care staff. Plan of Care. The RN shall develop written plans of care for each resident prior to or at time of admission. The plans of care shall be based on resident assessments, diagnosis, and recommendations of the resident's physician. The Plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the intervention and modify the plan of care as necessary. The facility failed to ensure the Plan of Care included goals and interventions for management of RI#3 oxygen, to include interventions to monitor flow rate and function of the oxygen.

Corrective action:

*RI#3 oxygen was no longer necessary; it was discontinued by Physician on 09/20/2023 while survey is in progress.
*Staff retrained on proper notation, follow through, and monitoring of orders by 10/13/2023.
*RN will review all new orders of all residents and update care plans as needed by 10/13/2023.
*Monitoring and follow through will be notated by RN or designee in point of care of EHR for documentation and monitoring by front line staff.

Steps Taken to Identify Other Residents or Concerns:

*Staff retrained on proper notation, follow through, and monitoring of orders by 10/13/2023.
*RN will review all new orders of all residents and update care plans to reflect monitoring and function of orders as needed by 10/13/2023.
*Monitoring and follow through will be notated by RN or designee in point of care of EHR for documentation and monitoring by front line staff.

Systemic Changes implemented to ensure the same deficiency will not recur:

*Staff retrained on proper notation, follow through, and monitoring of orders by 10/13/2023.
*RN will review all new orders of all residents and update care plans as needed by 10/13/2023.
*Monitoring and follow through will be notated by RN or designee in point of care of EHR for documentation and monitoring by front line staff
*New hire orientation will now have additions of Oxygen therapy, Hospice, and Diabetes prior to resident contact and as necessary.
*Current associates will all be trained in Oxygen therapy, Hospice, and Diabetes by 10/13/2023.
*New admission assessments will be reviewed by both ED and RN to assure all specialty needs are being met and proper training has occurred prior to admission of resident.

Monitoring of Proposed Corrective Action:

*Monitoring and follow through will be notated by RN or designee in point of care of EHR for documentation and monitoring by front line staff.
*Executive Director will review all new orders weekly x 3 months then monthly x 3 months and verify all orders are documented and monitored appropriately on care plans.
*New hire orientation will now have additions of Oxygen therapy, Hospice, and Diabetes prior to resident contact and as necessary.
*Current associates will all be trained in Oxygen therapy, Hospice, and Diabetes by 10/13/2023.Documentation of training will be located in every associate personnel file.
*Executive Director will complete checklists for all new hires that includes Oxygen therapy, Hospice, and diabetes training. Checklists and verification of training will be maintained in each associate file in the ED office.
*Documentation will be maintained in POC binder kept in ED office.

Administrator Jazmyn Frazier **Date:** 10/17/23

Facility Name: Madison Heights
Facility ID: 1602
Survey Exit Date: September 20,2023
Administrator: Jazmyn Frazier
Deficiency Number: A612

Deficiency: A 612 420-5-20-.06 (4) (c) (d) (e) (f) Care of Residents

Activity Program. There shall be an activity program designed to meet the individual needs of each resident. The facility shall maintain supplies and equipment as necessary to implement the activities programs. Every day the facility shall provide activities appropriate to residents with dementia. Residents who have wandering behaviors shall have a documented activity program to manage this behavior. Facility failed to develop a specific activity program for RI#1 to meet the needs of the resident who had wandering behaviors.

Corrective Action:

*Staff will be given additional training on wandering, diversional activities, and how to redirect and intervene when residents with dementia become restless, wander and exit seek.
*RN will review progress notes, new orders, and gather information during stand up and communicate changes to MD. Care plan will be updated with interventions and specific activity programs.

Steps taken to identify Other Residents or Concerns:

*RN will review new orders daily and complete change of condition/care plan update as needed.

*Changes in behavior, increased restlessness, exit seeking or any change outside the baseline for a resident will be placed on 24-hour report and discussed daily at stand up.

Systemic Changes implemented to ensure the same deficiency will not recur:

*RN will review new orders daily and complete change of condition/care plan update as needed.

*Changes in behavior, increased restlessness, exit seeking or any change outside the baseline for a resident will be placed on 24-hour report and discussed daily at stand up.

Monitoring of Proposed Corrective Action:

*RN will review new orders daily and update care plans and interventions as needed.
*Executive director will review orders weekly and verify updates have been placed on care plans by RN. Review of orders weekly x 3 months then review of orders monthly x 3 months.
*Staff training on wandering, exit seeking, and diversional activities will be completed for all staff by 10/13/2023.
*Games, arts and crafts, puzzles or similar will always be made available for staff to utilize.
*Snacks and drinks will be readily available to offer when residents wake up during the night.
*Documentation will be maintained in POC binder kept in ED office

Administrator: Jazmyn Frazier **Date** 10/17/23

Facility Name: Madison Heights
Facility ID: P1602
Survey Exit Date: September 20,2023
Administrator: Jazmyn Frazier
Deficiency Number: A613

Deficiency: A 613 420-5-20-.06 (5) (a) (b) (c) (d) (e) Care of Residents

A physician order is required for a resident to manage and have custody of his or her own medications. A resident may have custody of and manage over the counter topical medications with written approval of a physician. A physician order is not required for over-the-counter medications that are self-administered by residents and approved by the physician for resident possession. Medication administration, as defined in these rules shall be conducted by a physician or an RN or LPN. An RN or LPN shall administer medications to residents in the specialty care assisted living facility only in accordance with physician orders and the Nurse Practice Act. The facility failed to ensure a physician order was in place for RI#3 self-administration of oxygen.

Corrective Action:

*RI#3 oxygen therapy was no longer being utilized consistently; it was ordered while pending a sleep study for new c pap.
*Oxygen was discontinued by physician on 09/20/2023 while survey was in process.
*Staff training on proper noting, execution, and monitoring of orders completed by 10/13/2023 and ongoing.
*RN will review all new physician orders daily, and update care plans to be reflective of individualized needs.
*RN will review medication list monthly when assessments are completed for medications and or orders that are no longer needed. MD will be prompted to discontinue as appropriate.

Systemic changes implemented to ensure the same deficiency will not recur:

*Staff training on proper noting execution, and monitoring of orders to be completed by 10/13/2023.
*RN will review all new physician orders daily, and update care plans to be reflective of individualized needs.
*RN will review medication list monthly when assessments are completed for medications and or orders that are no longer needed. MD will be prompted to discontinue as appropriate.
*All staff will all be trained by 10/13/2023 on oxygen therapy and specialty services that can be offered in SCALF.

Steps taken to identify other residents or concerns:

*RN will review all new Physician orders and compare Care plans to verify all individualized needs are being met.
*Follow through and monitoring of orders as needed will be placed on Point of Care for documentation by staff.
*Should a resident be capable of self-administration by passing of self-administration of medications, a physician order will be obtained to allow this, and care plan will reflect self-administration.

Monitoring of proposed corrective action:

*Staff training on proper noting, execution, and monitoring of orders to be completed by 10/13/2023.
*RN will review all new physician orders daily, and update care plans to be reflective of individualized needs.
*RN will review medication list monthly when assessments are completed for medications and or orders that are no longer needed. MD will be prompted to discontinue as appropriate.
*Executive Director will review orders weekly x 3 months, then monthly x 3 months and ensure care plans are updated appropriately.
*Self-administration assessment of meds will be completed should a resident desire to administer their own medication. This will be in Point Click Care.
*If resident passes self-administration of medication assessment, then Physician order will be obtained to self-administer.
* Self administration of medication will be care planned accordingly.
*Documentation will be maintained in POC binder kept in ED office

Administrator: Jazmyn Frazier **Date** 10/17/23