Teresa Silcox 10/29/2024
APPROVED

What You Need to Know About Your Plan of Correction

Alabama Department of Public Health
Bureau of Health Provider Standards
Assisted Living Facilities Unit

Your Plan of Correction (POC) must contain the following information:

- ☐ Facility Name: Meadows of Atmore, The
- ☐ Facility Identification Number: D2703
- ☐ Name of Administrator: Teresa Silcox
- ☐ Survey Exit Date: 7/16/24

Each deficiency in the statement of deficiencies (SOD) must be separately addressed and include the following five (5) elements:

1. The cited deficiency number from the SOD.

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. **DO NOT include resident rosters or any Protected Health Information (PHI) in the POC.** If PHI is included in the POC, corrections to remove that information will be requested.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

Your POC must be signed, dated, and returned by: Thursday, October 31, 2024, at 5pm.

Return to:
Alabama Department of Public Health
Bureau of Health Provider Standards
alfcomplaints@adph.state.al.us

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Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

PLAN OF CORRECTION

Facility Name: The Meadows of Atmore **Facility ID #: D2703**

Survey Exit Date: 7/16/2024 **Administrator: Teresa Silcox**

1. **Cited Deficiency Number from SOD.**

   A701 420-5-4-.07 (1) Food Service

   The facility failed to ensure meals were provided that met the resident's needs and choices from the basic food groups. The facility also failed to provide the oversight of a qualified dietician.

2. EI#1 and regional administrator met with Life Source Consulting and have implemented a new contract to ensure oversight of a registered dietician and to provide meals that meet all resident needs and allow choices for residents from the basic food groups.
3. EI#1 reviewed each resident diet and then met with each individual resident to discuss their dietary needs/preferences.
4. EI#1/designee will conduct monthly menu review meetings. EI#1/designee have submitted all resident diets to Life Source Consulting and have been assured that the menus approved meet the dietary requirements of all residents. EI#1 has ensured that all staff have been thoroughly trained to follow the menu approved by Life Source Consulting strictly and if any changes are felt to be needed, a change order will be in place.
5. EI#1/designee will audit 2 to 3 meals a week at random to ensure that the menus approved by Life Source Consulting are being followed. EI#1 developed a log that will record said meals and will be signed by administrator/designee and by regional administrator/designee monthly. This log will be located in the administrator's office and kept for a period of 3 months.

Teresa Silcox A.L.A. 10/28/2024

MONTH November 2024	Meal/Date	Meal/Date	Meal/Date
Week 1			
Week 2			
Week 3			
Week 4			

Administrator/Designee Signature: _____

Date: _____

Regional Administrator/Designee Signature: _____

Date: _____

MONTH December 2024	Meal/Date	Meal/Date	Meal/Date
Week 1			
Week 2			
Week 3			
Week 4			

Administrator/Designee Signature: _____

Date: _____

Regional Administrator/Designee Signature: _____

Date: _____

MONTH January 2024	Meal/Date	Meal/Date	Meal/Date
Week 1			
Week 2			
Week 3			
Week 4			

Administrator/Designee Signature: _____

Date: _____

Regional Administrator/Designee Signature: _____

Date: _____

PLAN OF CORRECTION

Facility Name: The Meadows of Atmore **Facility ID #: D2703**

Survey Exit Date: 7/16/2024 **Administrator: Teresa Silcox**

1. **Cited Deficiency Number from SOD.**

   A1201 420-5-4-.12 (Physical Environment)

   The facility failed to ensure handrails to the front porch entrance were maintained to prevent excessive peeling paint.

2. EI#1 spoke with the maintenance team and had them respond to the facility. Sanding began immediately to the handrails on 7/16/2024; painting was done promptly after.
3. EI#1 completed safety rounds of all exterior paint to ensure no additional hazardous peeling of paint.
4. EI#1/designee is completing monthly rounds of the interior and exterior of the facility.
5. EI#1 developed a monthly log that records the dates of interior and exterior rounds. This log is signed by administrator/designee and regional administrator or designee. This log will be located in administrator's office and kept for a period of 6 months.

Teresa Silcox A.L.A. 10/28/2024

Monthly interior/exterior paint monitoring log

October 2024-March 2025

Month	Interior	Exterior	Administrator	Regional Administrator
OCTOBER				
NOVEMBER				
DECEMBER				
JANUARY				
FEBRUARY				
MARCH				