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:

- [x] Facility Name: Morningside of Auburn
- [x] Facility Identification Number: D4106
- [x] Name of Administrator: Eunice Lartey
- [x] Survey Exit Date: 7/30/25

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: Saturday, August 16, 2025, at 5pm.

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

Cynthia H. Granger

Accepted

08.19.2025

PRINTED: 08/06/2025
FORM APPROVED

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D4106	A. BUILDING: _____ B. WING _____	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF AUBURN	871 TWIN FORKS AVENUE AUBURN, AL 36830

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On July 30, 2025, an unannounced investigation of care survey was conducted at the facility. Incident report 2025075003 was investigated. Deficiencies were cited as a result of the investigation. Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a risk or potential risk of harm to residents and requires a plan of correction.	A 000		
A 611	420-5-4-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community standards. (a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times. (b) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care	A 611	420-5-20-.06(4)(a)(b) Care of Resident(s)	

Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 611	Continued From page 1 shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated. 1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following: 2. A listing of the resident's individual needs or problems that require intervention by the facility. 3. A listing of interventions provided by the facility to address the resident's identified needs or problems. 4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider. 5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident. (i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.	A 611		10/31/2025

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A 611	Continued From page 2 (ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips. (iii) Hair. Resident's hair shall be kept clean, neat, and well groomed. (iv) Manicure. Fingernails and toenails shall be kept clean and trimmed. (v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed. (vi) Personal Safety. Residents shall be provided assistance with personal safety. 6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a resident's care plan reflected the current condition of the resident. Findings: Resident Identifier (RI)#1 was readmitted to the facility from the hospital on June 24, 2025, following an acute illness. The facility medical health statement/plan of care documented RI#1 was receiving hospice services and had	A 611	cont. A611 A) Director of Health and Wellness was educated on this rule by the administrator on August 8, 2025. B) The care staff was educated on this rule on August 6, 2025. C) The Director of Health and Wellness is responsible for compliance. D) The monitoring tools will be gathered and kept in a binder and will be maintained in the Administrator's office. A) The Director of Health and Wellness/designee will conduct random reviews of resident care plans monthly for 12 weeks for compliance. B) Any evidence of non-compliance may result in additional re-education and continued monitoring. A) All care plans of the other residents were reviewed by the Director of Health and Wellness on 7/31/25 for accuracy and to address any needed changes.	10/31/2025 10/31/2025

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A 611	Continued From page 3 diagnoses of failure to thrive, cerebrovascular accident (CVA), Von Willebrand disease, urinary tract infection and colitis. RI#1 was on a clear liquid diet and was visually impaired. A review of RI#1's care plan revealed RI#1 was total care, requiring assistance with all ADLS including toileting. The care plan also listed wandering behavior as a problem to be addressed with interventions. On June 30, 2025, during an interview with RI#1's sitter, the sitter told the surveyor RI#1 was able to walk to the bathroom by him/herself and use the bathroom by him/herself. The sitter stated RI#1 guided him/herself by running his/her hands along the wall to locate the bathroom and maneuver around in the bathroom. While interviewing the sitter, the surveyor observed RI#1 get out of bed and walk to the bathroom without difficulty or assistance. RI#1's sitter also told the surveyor RI#1 ate finger foods by herself and she (sitter) would help RI#1 eat soups and other foods RI#1 could not see well enough to eat. During an interview with Employee Identifier (EI)#2, LPN, EI#2 was asked about RI#1's wandering behavior. EI#2 said RI#1 did not wander around the facility aimlessly or exit seek as if she had dementia. EI#2 said she listed wandering on the care plan because EI#2 would leave her room to walk to the nurses station or other parts of the facility without assistance. EI#2 said since RI#1 is legally blind, she (EI#2) meant the wandering entry to be a safety measure to keep RI#1 safe from falls or other type accidents. EI#2 stated RI#1 was not on a clear liquid diet. RI#1 received a clear liquid diet for a colitis flare up but was now on a regular diet with finger	A 611	Type text here	10/31/2025

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A 611	Continued From page 4 foods. EI#2 agreed the care plan did not accurately reflect RI#1's current condition.	A 611		
A 613	420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents. (5) Medications. (a) Medications as defined in these rules, may be administered to a resident of an assisted living facility only after the drugs have been prescribed specifically for the resident by an individual currently licensed to prescribe medications in Alabama. A currently licensed physician in good standing with the Medical Licensure Commission of any state may prescribe medications to a resident of an assisted living facility only during the initial physical examination. (b) A physician order is required for a resident to manage and have custody of his or her own medications. (c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession. (d) Nothing in these rules shall preclude a facility from using a licensed nurse employed by the facility or nursing agency to administer medication to any resident. An RN or LPN shall administer medications to residents in the	A 613	420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents.	

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A 613	Continued From page 5 assisted living facility only in accordance with physician orders and the Nurse Practice Act. (e) A resident who is incapable of recognizing his or her name, or understanding the facility unit dose medication system, or does not have the ability to protect himself or herself from a medication error shall require medication administration. Medication administration shall be provided only by a physician or by an RN or LPN. If the resident cannot understand or be trained to understand the unit dose medication system used by the facility or cannot protect himself or herself from medication errors by facility staff, the resident will be appropriately discharged. This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure medication administration was provided by a licensed nurse for a resident who could not protect his/herself from a medication error by staff. Findings: RI#1's facility medical health statement/plan of care dated June 23, 2025, documented RI#1 was blind. The facility did not have a system in place for RI#1 to identify his/her medications as required. A review of RI#1's medication administration record revealed, two unlicensed staff members administered medication to RI#1 multiple times in June 2025 and July 2025. EI#2 told the surveyor the facility did not have a method in place, at that time, for RI#1 to identify his/her medications. EI#2 was aware unlicensed staff administered medication to RI#1.	A 613	cont. A613 A) RI# 1 was re-evaluated on 7/31/25 after a system of textile stickers put in place for proper medication identification due to visual impairment to ensure resident is able to protect herself from medication error. RI# 1 understands and is able to identify medications packs for day and night. A) All other residents who receive medi -cation assistance were reviewed by the Director of Health and Wellness on 7/31/25 by a thorough medication review for compliance and to address any needed changes.	10/31/2025

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A 614	Continued From page 6	A 614	Type text here	10/31/2025
A 614	420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents. (f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable of maintaining possession and control of his or her medications, who does maintain possession and control of his or her medications, and self-administers his or her medications without creating an unreasonable risk to health and safety. (g) A resident that cannot self-manage his or her own medication without creating an unreasonable risk to health and safety may be assisted with self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure provided: 1. The resident can and does identify his or her name on the medication package and has a reasonable understanding of the unit dose packaging system in use by the facility such that the resident could protect himself or herself from medication errors when unit dose packages are brought to the resident by facility staff. The resident shall have the opportunity to demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use. (6) Assistance with self-administration of medication includes the following practices: (a) Reminding a resident that it is time to take a medication or medications, where such medications have been prescribed for a specific time of day, a specific number of times per day,	A 614		

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A 614	Continued From page 7 specific intervals of time, or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed. (b) Physically assisting a resident by opening or helping to open a container holding medications. (c) Offering liquids to a resident to assist that resident in ingesting oral medications. (d) Physically bringing a container of medication to a resident. (7) Assistance with self-administration of medications shall under no circumstances include any of the following practices: (a) Medication administration as defined in these rules. (b) Determining the amount of medication to be given. If a medication is not available in unit dose packaging, unlicensed facility staff may measure the prescribed amount of medication only under the direction and control of the resident, provided that the resident is capable of determining the amount of medication to be given. (c) Giving a resident injections of any kind. (d) Telling or reminding a resident that it is time to take a PRN, or as needed medication. (e) Placing medications in a feeding tube.	A 614	cont. A614	

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A 614	Continued From page 8 (f) Giving enemas or suppositories. (g) Crushing or splitting medications, provided that a physician has ordered a specific medication to be crushed or split and the resident is capable of self-managing his or her own medication or the resident is capable of medication self-administration with assistance and would be capable of crushing or splitting his or her own medications but for limitations of mobility or dexterity, may be assisted with crushing or splitting medications by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff. (h) Mixing medications with food or liquids, provided that a physician has ordered a medication to be mixed with food or liquid and the resident is capable of self-managing his or her own medications or the resident is capable of medication self-administration with assistance and would be capable of mixing his or her own medications with food or liquid but for limitations of mobility or dexterity, may be assisted with mixing medications with food or liquid by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff. (i) Assisting with self-administration of	A 614	cont. A614	

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A 614	Continued From page 9 eye drops, eardrops, nose drops, inhalers, nebulizers, or topical medications, provided that a resident who is capable of self-managing his or her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers, nebulizers, or topical medications by unlicensed facility staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a visually impaired resident could utilize the facility's unit dose packaging system to protect his/herself from a medication error by staff. Findings: RI#1's facility medical health statement/plan of care dated June 23, 2025, documented RI#1 was blind. The facility did not have a system in place for RI#1 to identify his/her medications as required. During an interview with EI#2 on July 30, 2025, EI#2 agreed there was no system in place for RI#1 to identify his/her medications to protect RI#1 from a medication error by staff.	A 614	cont. A614 A) RI# 1 was re-evaluated on 7/31/25 after a system of textile stickers put in place for proper medication identification due to visual impairment to ensure resident is able to protect herself from medication error. RI# 1 understands and is able to identify medications packs for day and night. B) An updated Plan of Care Examination was completed for RI# 1 by the physician addressing approval for an unlicensed person to assist with medication. A) a. All other residents who receive medication assistance were reviewed by the Director of Health and Wellness on 7/31/25 by a thorough medication review for compliance and to address any needed changes.	

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A 621	Continued From page 10	A 621	420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents.	
A 621	420-5-4-.06 (11) (b) Care of Residents. (b) Retention 1. An assisted living facility shall not allow any resident to return to the assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the facility is licensed to provide or the facility is capable of providing. 2. An assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility. 3. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in an assisted living facility. 4. An assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless: (i) The individual is capable of performing and does perform all tasks related to his or her own care; OR (ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity BUT the individual has sufficient cognitive ability to direct his or her own care AND the individual is able to direct others and does direct others to provide the physical assistance needed to complete such tasks, AND the facility staff is capable of providing such assistance and does	A 621		

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A 621	Continued From page 11 provide such assistance. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff. 5. If a resident of an assisted living facility is diagnosed with a terminal illness other than dementia and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for assisted living facilities. The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is delivered to the resident. 6. All skilled services provided in the facility, such as but not limited to wound care or insertion of a urinary catheter, shall be provided by the staff of properly licensed or certified agencies. Skilled services shall not be delegated to facility staff. 7. Residents that develop acute infectious pulmonary disease, such as active tuberculosis, or other diseases capable of	A 621	cont. A621	

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A 621	Continued From page 12 transmission to other individuals through normal person-to-person contact shall be immediately transferred to an appropriate level of care until certified by a physician to be free of a contagious condition. 8. No assisted living facility shall be operated in whole or in part in a manner that prevents free and unhindered egress from the facility by any of its residents. 9. An assisted living facility shall not retain any resident who cannot safely reside in the facility unless his or her egress from the facility is restricted. This Rule is not met as evidenced by: Based on record review and interview, the facility readmitted a resident from a higher level of care who no longer met criteria for residency in an assisted living facility. Findings: RI#1 was readmitted to the facility on June 23, 2024 after an acute illness. RI#1's primary hospice diagnosis was cerebrovascular accident (CVA). A review of page 17 of 20 of a hospice comprehensive assessment and plan of care update report revealed RI#1 was not able to do activities of daily living due to progressive vascular dementia and had a history of a large stroke with progressive loss of performance. A review of the facility's resident level of care assessment revealed; resident decision making capabilities as severly impaired: never/rarely makes decisions, non-ambulatory/bed bound or dependent on staff for ambulation needs, in need	A 621	A) RI#1 Level of Care Assessment has been redone and it reflects that the resident is able to make decisions, she is ambulatory, she requires assistance from staff to perform some care tasks. A) All residents were assessed by the Director of Health and Wellness no later than 8/31/25 for appropriateness for a continued stay. No concerns noted at this time. A) Director of Health and Wellness was educated on this rule by the administrator on 08/08/2025. B) The care staff was educated on this rule on 08/06/2025. C) The Director of Health and Wellness is responsible for compliance. D) The monitoring tools will be gathered and kept in a binder and will be maintained in the Administrator's office. a. The Director of Health and Wellness/designee wil l conduct random reviews of residents Level of Care Assessment(s)monthly for 3 months to ensure all resident(s) Level of Care is accurately recorded. b. Any evidence of non-compliance may result ad ditional re-education and continued monitoring.	10/31/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D4106	A. BUILDING: _____ B. WING _____	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE OF AUBURN	871 TWIN FORKS AVENUE AUBURN, AL 36830

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A 621	Continued From page 13 of physical assistance for transfers on a regular basis, 24 hour private care services and dependent on staff for entire bathing activity, grooming and dressing. In addition, RI#1 was dependent on staff assistance for all continence management needs and required a service plan due to refusing meals or resisting dining assistance. It was documented that RI#1 had cognitive impairment, memory loss and severe confusion that required constant redirection and monitoring. Per the assessment documentation, page 23 of 29, RI#1 required medication administration by a licensed nurse or physician because RI#1 was incapable of recognizing his/her name or understanding the facility unit dose medication system. Although the surveyor observed RI#1 had made marked improvements since admission, RI#1 did not qualify for readmission to the facility at the time of discharge from the hospital. During an interview with EI#2, EI#2 said she thought a resident on hospice in RI#1's condition could return to the facility as long as the resident had private sitters. CYNTHIA GRANGER, REGISTERED NURSE	A 621		10/31/2025

Emily Hurley, RD
8/15/2025