POC Accepted 4.23.24

Connie Cherry

THE PEARL OF THE SHOALS

Assisted Living | Memory Care

Facility ID D1705

PLAN OF CORRECTION

A RESPONSE TO THE

Alabama Department of Public Health

Bureau of Health Provider Standards

Assisted Living Facilities Unit's Survey Report for

Survey Exit date of January 25, 2024

Submitted by:

Joseph Ford

Administrator

4/22/2024

Plan of Correction

Name of Provider

Pearl of the Shoals ALF

Street Address, City, State, Zip Code

2904 S Wilson Dam Rd, Muscle Shoals, AL 35661

Provider Identification Number

D1705

Date Survey Completed

01/25/2024

1. ***Cited Deficiency Number: 420-5-4-.03 (1)(a)(b)(c) (d) Administration***
   A301-The governing authority failed to ensure the facility operated in compliance with the SBOH rules for ALFs.

   1. **Corrective action taken for each resident/example identified in the SOD/frequency of action:**
      a. Managing Director/Co-Owner (EI#13) was terminated and replaced on 8/11/2023
      b. Experienced administrator was hired on 4/22/2024
      c. Management company was retained on 11/1/2023
      d. Full-time Maintenance Director hired on 1/22/2024
      e. Full-Time Registered Nurse hired on 4/1/2024
      f. Consultant was hired on 12/4/2023
      g. Unit Coordinator was hired on 4/8/2024

   2. **Additional corrective actions for residents not identified or concerns/frequency:**
      a. Experienced administrator was hired for facility as well as experienced RN hired.
      b. Experienced consultant was hired at facility whom also holds a category II ALA license.

   3. **Measures and changes put in place deficiency will not recur:**
      a. Management company hired to ensure adherence to SBOH rules and regulations, additional
      staff hired (RN, consultant) whom also holds category II ALA license to ensure SBOH compliance.
      b. All managements contact numbers were posted at front desk, nurses' station, and employee breakroom.

   4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
      a. Facility Owners will make weekly visits to ensure SBOH compliance.
      b. Consultant to make weekly visits to ensure SBOH compliance.
      c. Management company to make monthly visits to ensure SBOH compliance.



Joseph Ford, Executive Director

Compliance Logs will be completed by designated employee and logs will be kept in administrator office.

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Date Survey Completed

01/25/2024

1. ***Cited Deficiency Number: 420-5-4-.03 (1)(e) Administration***
   A302-The facility failed to follow its own policies and procedures.

   1. **Corrective action taken for each resident/example identified in the SOD/frequency of action:**
      a. ADPH approved Policies and Procedure manual was copied and placed at front desk and nurse's station making it easily accessible for all staff and visitors.
      b. All staff will be retrained on policy and procedure manual by April 30, 2024.
      c. Staff will be educated on the location of policies and procedure manual made easily
      d. accessible at nurse's station and front desk.
      e. Regional Nurse and Facility RN performed chart audit on 3/26/2024.
      f. Any outstanding medical exam/plan of cares will be completed by 4/30/2024.

   2. **Additional corrective actions for residents not identified or concerns/frequency:**
      a. Mandatory monthly employee in services will include continued education on policies and procedures.
      b. The mandatory staff meetings will take place on the 2nd Thursday of everything month at 2pm at Pearl of the Shoals SCALF.
      c. ADPH approved policies and procedure manual was copied and placed at front desk and nurse's station making it easily accessible for all staff and visitors.
      d. Regional Nurse and Facility RN performed chart audit on 3/26/2024.
      e. Any outstanding medical exam/plan of cares will be completed by 4/30/2024.

   3. **Measures and changes put in place deficiency will not recur:**
      a. Employees who do not attend required training and in-services will be removed from schedule until training and education is completed.
      b. Facility RN will review all medical exam/plan of cares monthly to ensure they are completed within

4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
   a. Facility administrator will ensure all staff complete policy and procedure training by April 30, 2024.
   b. Facility administrator will ensure all staff attend mandatory in services and training.
   c. Facility administrator will track attendance of staff in training binder located in administrator's office.
   d. Facility consultant will perform monthly checks on in-service binder to confirm employee compliance.

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01/25/2024

1. ***Cited Deficiency Number: 420-5-4-.06 (2)(a)(b)(c) Care of Residents A602-Resident's initial physical examination was not completed within 30 days prior to the resident's admission to the assisted living facility.***

   1. **Corrective action taken for each resident/example identified in the SOD/frequency of action:**
      a. All resident medical examinations will be audited by April 30, 2024.
      b. Missing medical examinations will be completed by April 30, 2024.

   2. **Additional corrective actions for residents not identified or concerns/frequency:**
      a. All resident medical examinations will be audited April 30, 2024.
      b. Any residents with a missing resident medical examination will be completed by April 30, 2024.

   3. **Measures and changes put in place deficiency will not recur:**
      a. All resident medical examinations going forward will be completed prior to admission to the facility and signed off by administrator.

   4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
      a. The administrator will complete a random monthly audit of 2 resident charts to ensure that all resident medical examinations are in place until next survey.
      b. The consultant will complete monthly random audits of 2 resident charts to ensure that all resident medical examinations are in place until next survey.

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01/25/2024

1. ***Cited Deficiency Number: 420-5-4-.06 (3)(a)(b) Care of Residents A604-Residents' assessments were not completed as required.***

    1. **Corrective action taken for each resident/example identified in the SOD/frequency of action:**

    a. All resident assessments will be audited by 4/30/2024.
    b. Baseline assessment will be completed on all residents by 4/30/2024.

    2. **Additional corrective actions for residents not identified or concerns/frequency:**
        a. All resident assessments will be audited by 4/30/2024.
        b. Baseline assessment will be completed on all residents by 4/30/2024.

    3. **Measures and changes put in place deficiency will not recur:**
        a. Facility RN will complete all monthly assessments.
        b. Facility administrator will review all monthly assessments.

    4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
        a. Facility administrator will review all monthly assessments.
        b. Facility consultant will review all monthly assessments.
        c. Regional Clinical Nurse will review all monthly assessments during quarterly visits.

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01/25/2024

1. ***Cited Deficiency Number: 420-5-4-.06 (4)(a)(b) Care of Residents***
   A611-Residents' facility care plans were not updated to address the resident's diagnoses with appropriate interventions to meet the resident's care needs.

   1. **Corrective action taken for each resident/example identified in the SOD/frequency of action:**
      a. All residents will have appropriate care plans to detail residents' specific needs by April 30, 2024.

   2. **Additional corrective actions for residents not identified or concerns/frequency:**
      a. All care plans will be reviewed and revised by facility RN to ensure all residents have specific care plan for their needs by April 30, 2024.

   3. **Measures and changes put in place deficiency will not recur:**
      a. Facility RN will check orders, and communication logs everyday to ensure all orders and resident's needs are placed on care plan.

   4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
      a. Administrator will complete random care plan audits on 4 residents per month for 4 months and then 2 per month until next survey.
      b. Consultant will complete 2 random care plan audits per month until next survey.
      c. Regional Clinical Director will complete 6 random care plan audits per quarterly visit.

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1. ***Cited Deficiency Number: 420-5-4-.06 (11)(b) Care of Residents***
   A621-The facility retained a resident who demonstrated and verbalized behaviors which could be dangerous to themselves or to others.

   1. **Corrective action taken for each resident/example identified in the SOD/frequency of action:**
      a. All residents will be assessed for appropriateness by facility RN by 4/30/2024.
      b. Anyone found to be unable to direct his/her own care will be given a 30-day discharge notice and have medication administered by licensed nurse until resident is discharged.
      c. Any resident found to demonstrate or verbalize behaviors which could be dangerous to themselves or to others will be immediately discharged.
      d. All staff will be in-serviced on behaviors and reporting behaviors by 4/30/2024.

   2. **Additional corrective actions for residents not identified or concerns/frequency:**
      a. All residents will be assessed for appropriateness by facility RN by 4/30/2024.
      b. Anyone found to be unable to direct his/her own care will be given a 30-day discharge notice and have medication administered by licensed nurse until resident is discharged.
      c. Any resident found to demonstrate or verbalize behaviors which could be dangerous to themselves or to others will be immediately discharged.

   3. **Measures and changes put in place deficiency will not recur:**
      a. Facility RN will assess all residents monthly to ensure all residents are able to direct his/her own care if resident is unable to direct his/her own care they will be given a 30-day discharge notice and medications will be administered by licensed nurse.
      b. Facility administrator will review all monthly assessments to ensure all residents are appropriate for continued stay and free of any behaviors that could be dangerous to themselves or others.
      c. Facility consultant will review all monthly assessments to ensure all residents are appropriate for continued stay and free of any behaviors that make them inappropriate to include behaviors which could be dangerous to themselves or others.

d. Facility will perform quarterly in-service on behaviors and reporting behaviors to be conducted by facility RN and administrator.
e. Regional Clinical Nurse will perform audit on 6 resident assessments during quarterly visit to ensure residents are appropriate for continued stay and free of any behaviors that make them inappropriate to include behaviors which could be dangerous to themselves or others.

4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
   a. Facility RN will observe medication assisting weekly until next survey to ensure staff and resident compliance.
   b. Administrator will observe medication assisting weekly until next survey.
   c. Administrator will review all monthly assessments to ensure resident appropriateness each month until next survey.
   d. Consultant will review all monthly assessments to ensure resident appropriateness each month until next survey.



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1. ***Cited Deficiency Number: 420-5-4-.10 (1) Sanitation and Housekeeping***
   A1001-The premises of the facility were not maintained in a healthy safe, and sanitary manner. In addition, water temperatures were not maintained in a safe range.

   1. **Corrective action taken for each resident/example identified in the SOD/frequency of action:**
      a. Full time maintenance director was hired on 1/22/2024.
      b. Facility will have vinyl on exterior walls of building pressure washed by 4/30/2024.
      c. Facility grounds were cleaned with all trash removed immediately.
      d. All overgrown shrubbery were trimmed by 3/27/2024 and will be trimmed semiannually.
      e. All items that were stored outside on the property were removed immediately and discarded.
      f. The dryer vent in the outside storage room was covered with filters, creating a fire hazard, were removed immediately.
      g. Full time housekeeper was hired to help maintain facility.

   2. **Additional corrective actions for residents not identified or concerns/frequency:**
      a. Maintenace Director will walk grounds daily to ensure that there is not any trash on facility grounds.
      b. Facility will perform semi-annual pressure washing on all exterior walls of building.
      c. Maintenace Director will observe shrubbery during daily exterior rounds and will trim any shrubs found to be overgrown.
      d. Maintenace Director was in-serviced on 1/23/2024 and educated that no items are to be stored on outside on property and must be properly secured in a designated area.
      e. Maintenace Director will observe dryer vent in the outside storage room daily to ensure it is clean and not covered.

3. **Measures and changes put in place deficiency will not recur:**
   a. Maintenance Director will walk grounds daily to ensure that there is not any trash on facility grounds.
   b. Facility will perform semi-annual pressure washing on all exterior walls of building.
   c. Maintenace Director will observe shrubbery during daily exterior grounds and will trim any shrubs found to be overgrown.
   d. Maintenace Director was in-serviced on 1/23/2024 and educated that no items are to be stored outside on property and must be properly secured in a designated area.
   e. Maintenace Director will observe all dryer vents daily to ensure it is clean and not covered.

4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
   a. Administrator will perform weekly inspections to ensure facility grounds are free of trash until next survey.
   b. Administrator will ensure that semi-annual pressure washing is completed on the exterior walls of the building and will have additional pressure washing completed if needed until next survey.
   c. Administrator will observe shrubbery weekly to ensure that shrubs are maincred and not over grown until next survey.
   d. Administrator will perform weekly property inspections to ensure that no items are stored outside until next survey.
   e. Administrator will observe all dryer vents weekly to ensure it is clean and not covered until next survey.

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Cited Deficiency Number: 420-5-4-.10 (2) Sanitation and Housekeeping
A1002-The laundry room had not been properly maintained.

1. **Corrective action taken for each resident/example identified in the SOD/frequency of action:**
   a. Area behind washers in laundry room was cleaned immediately by maintenance director during survey.
   b. Full-time housekeeper was hired on 12/3/2024 with laundry room added to weekly housekeeping schedule.
   c. Laundry room was renovated to include replacement of floorings, walls, exhaust vents, wall outlets, and sink on 4/14/2024.

2. **Additional corrective actions for residents not identified or concerns/frequency:**
   a. Laundry room was renovated to include replacement of floorings, walls, exhaust vents, wall outlets, and sink on 4/14/2024.

3. **Measures and changes put in place deficiency will not recur:**
   a. Housekeeper will observe daily to ensure that areas behind the washers and dryers are clean and free of any items or debris.
   b. Maintenace Director will observe daily to ensure that areas behind the washers and dryers are clean and free of any items or debris.
   c. Housekeeper will clean laundry room weekly including behind the washer and dryer and will perform extra cleanings if needed during inspection.

4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
   a. Administrator will observe laundry room weekly to ensure that areas behind the washer and dryers are clean and free of any items or debris until next survey.
   b. Facility Owner will inspect laundry room during weekly visits.
   c. SRI Management company will inspect laundry room during monthly visits.



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1. ***Cited Deficiency Number: 420-5-4-.11 (5) Fire and Safety***
   A1101-Fire drills were not conducted monthly and quarterly on each shift. In addition, the fire alarm system and sprinkler system had not been inspected as required.

   1. **Corrective action taken for each resident/example identified in the SOD/frequency of action:**
      a. Full time maintenance director was hired on 1/22/2024.
      b. Fire drill performed on 4/12/2024 and will continue monthly alternating between shifts to ensure that each shift completes a fire drill per quarter.
      c. Sprinkler inspection was completed on 3/6/2024.
      d. Five-year fire alarm inspection was completed on 3/6/2024.

   2. **Additional corrective actions for residents not identified or concerns/frequency:**
      a. Full time maintenance director was hired on 1/22/2024.
      b. Fire drill performed on 4/12/2024 and will continue monthly alternating between shifts to ensure that each shift completes a fire drill per quarter.
      c. Sprinkler inspection was completed on 3/6/2024.
      d. Five-year fire alarm inspection was completed on 3/6/2024.

   3. **Measures and changes put in place deficiency will not recur:**
      a. Part-time Maintenace Director terminated 1/21/2024.
      b. New full-time Maintenace Director was hired on 1/22/2024 & training was provided on required fire drills and inspections.
      c. Maintenace schedule will be tracked through TELS Program to ensure compliance.

   4. **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
      a. Administrator will audit TELS logs at end of each month to ensure all required inspections and fire drills are performed per state requirements until next survey.
      b. Administrator will be present at all fire drills to ensure staff is properly educated and all residents and staff are able to safely egress from facility until next survey.

c. Administrator will ensure facility is staffed with a full-time maintenance director at all times.



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1. ***Cited Deficiency Number: 420-5-4-.12 (5) Physical Environment.***
   A1203-The building was not maintained in good repair, inside and out, to provide a safe, functional, sanitary, decent a comfortable environment for residents, staff and visitors. In addition, fire extinguishers were not visually inspected monthly.

1. ***Corrective Action taken for each resident/ example identified in the SOD/frequency of action.***
   a. Full time maintenance director was hired on 1/22/2024.
   b. Rust on the trim around the top of the chimney on the north end of the building will be repaired by 4/30/2024.
   c. The wooden steps leading to the storage building will be preplaced by 4/30/2024.
   d. The wooden bases of the columns on the back porch of the facility will be replaced by 4/30/2024.
   e. Window screens will be replaced by 4/30/2024.
   f. Vinyl siding will be inspected and any found not secured will be secured or replaced by 4/30/2024.
   g. Wooden ramp leading off the sidewalk curb behind the 100 hall will be replaced by 4/30/2024.
   h. Maintenance room was cleaned during survey with new storage shelves and cabinets added to properly store items away from fire panel.
   i. Water heater room was cleaned and all facility supplies were removed from room.
   j. Room 303 will have toilet properly installed by 4/30/2024 with complete repairs to room completed by 5/31/2024.
   k. Room 310 had bathroom flooring replaced on 3/30/2024.
   l. All cabinets in all rooms will be cleaned and inspected by 4/30/2024 with any repairs needed completed by 5/31/2024.
   m. All carpet was cleaned on 03/28/2024.
   n. All resident bathroom will have flooring properly cleaned and inspected by 4/30/2024 with any repairs needed completed by 5/31/2024.
   o. Repairs to break room walls will be completed by 4/30/2024.
   p. The ceiling in the hallway near resident room 101 will be repaired by 4/30/2024.
   q. Resident Room 115 will be cleaned and inspected by 4/30/2024 with any repairs and painting needed to be completed by 6/30/2024.
   r. Ceilings are to be cleaned and inspected by 4/30/2024 with any repairs and painting needed to be completed by 5/31/2024.

s. Mechanical room was cleaned with all items stored in area removed on 4/5/2024 and will be visually inspected and documented on monthly by full time maintenance director.

2. ***Additional corrective actions for residents not identified or concerns/frequency:***
    a. Full time maintenance director was hired on 1/22/04.
    b. Maintenance Director will inspect all steps during daily rounds to ensure they are intact and free of rust.
    c. Maintenance director will inspect all steps during daily rounds to ensure they are in good repair and replaced as needed.
    d. Maintenance director will inspect all columns during daily rounds to ensure they are intact and free of rot, any columns round with rot will be replaced. Maintenance director will inspect vinyl siding during daily rounds to ensure all vinyl siding is properly secured any siding found not secured will be secured immediately.
    e. Maintenance Director will inspect all screens during daily rounds and will replace any that are found with tears.
    f. Maintenance Director will inspect all ramps during daily rounds to ensure they are in good repair and free of rot.
    g. All resident room will be inspected weekly by maintenance director, if any trim is found peeling or broken it will be replaced immediately by full time maintenance director.
    h. Maintenance Director will inspect all flooring in resident's room during weekly inspections, if flooring is found loose or dirty it will be cleaned or replaced.
    i. Maintenance Director will inspect all resident's cabinets and will replace any noted with sagging or missing boards during weekly rounds.
    j. Maintenance Director will inspect all carpet during daily rounds and will arrange semiannual cleaning as well as needed additional as needed cleanings.
    k. Maintenance Director will inspect all bathroom floors during weekly rounds to ensure they are clean and free of leaks and in good repair.
    l. Maintenance Director will make weekly rounds to inspect the break room to ensure it is in good repair.
    m. Maintenance Director will inspect all rooms weekly to ensure they are in good repair with any needed repairs completed within 30 days of discovery.
    n. Maintenance Director will inspect all ceilings weekly to ensure they are free of cleans and no stains are present.
    o. Maintenance Director will inspect mechanical room weekly to ensure it remains free of clutter and in good repair.
    p. Full time maintenance director will visually observe all fire extinguishers monthly and document. If fire extinguisher does not pass visual inspection Fire Pro will be contacted immediately to replace fire extinguisher.

3. ***Measures and changes put in place deficiency will not recur:***
    a. Full time maintenance director was hired on 1/22/2024.
    b. Maintenance Director will inspect all chimneys during daily rounds to ensure they are intact and free of rust.

c. Maintenance Director will inspect all steps during daily rounds to ensure they are in good repair and replaced as needed.
d. Maintenance Director will inspect all columns during daily rounds to ensure they are intact and free of rot, any columns round with rot will be replaced.
e. Maintenance Director will inspect all screens during daily rounds and will replace any that are found with tears.
f. Maintenance Director will inspect all ramps during daily rounds to ensure they are all in good repair and free of rot.
g. All resident rooms will be inspected weekly by maintenance director, if any trim is found peeling or broken it will be replaced immediately by full time maintenance director.
h. Maintenance Director will inspect all flooring in resident's rooms during weekly inspections, if flooring is found loose or dirty it will be cleaned or replaced.
i. Maintenance Director will inspect all resident cabinets and will replace any noted with sagging or missing boards during weekly rounds.
j. Maintenance Director will inspect all carpet during daily rounds and will arrange semimanual cleaning as well as needed additional as needed cleanings.
k. Maintenance Director will inspect all bathroom floors during weekly rounds to ensure they are clean and free of leaks and in good repair.
l. Maintenance Director will make weekly rounds to inspect the break room to ensure it is in good repair.
m. Maintenance Director will inspect all rooms weekly to ensure they are in good repair with any needed repairs completed within 30 days of discovery.
n. Maintenance Director will inspect all ceilings weekly to ensure they are free of cleans and no stains are present.
o. Maintenance Director will inspect mechanical room weekly to ensure it remains free of clutter and in good repair.
p. Full time maintenance director will visually observe all fire extinguishers monthly and document. If fire extinguisher does not pass visual inspection Fire Pro will be contacted immediately to replace fire extinguishers.

4. ***Monitoring of corrective actions and staff accountable/frequency and location of logs:***
   a. Administrator will inspect all chimneys during weekly rounds to ensure they are intact and free of rust until next survey.
   b. Administrator will inspect all steps during weekly rounds to ensure they are in good repair and replace as needed until next survey.
   c. Administrator will inspect all columns during weekly rounds to ensure they are intact and free of rot, any columns with rot will be replaced until next survey.
   d. Administrator will inspect vinyl siding during weekly rounds to ensure all vinyl siding is properly secured, any siding found not secured will be secured immediately until next survey.
   e. Administrator will inspect all screens during weekly rounds and will replace any that are found with tears until next survey.

f. Administrator will inspect all ramps during weekly rounds to ensure they are in good repair and free of rot until next survey.
g. All resident rooms will be inspected monthly y administrator, if any trim is found peeling or broken it will be replaced immediately by full time maintenance director until next survey.
h. Administrator will inspect all flooring in resident's rooms during monthly inspections, if flooring is found loose or dirty it will be cleaned or replaced until next survey.
i. Administrator will inspect all resident cabinets and will replace any noted with sagging or missing boards monthly until next survey.
j. Administrator will visually observe all fire extinguishers monthly and document alongside of the full-time maintenance director. If fire extinguisher does not pass visual inspection Fire Pro will be contacted immediately to replace fire extinguisher until next survey.

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