AZALEA COURT ASSISTED LIVING FACILITY

FACILITY ID# D3405

PLAN OF CORRECTION

A response to the
Alabama Department of Public Health
Bureau of Health Provider Standards
Assisted Living Unit's Survey Report

On

August 14, 2024

Administrator Jeri Grant

Jeri Grant — Signature

8-22-24 — Date

POC accepted 9/5/2024

TaBlack chg

A405 Personnel
420-5-4-.04(6)

Corrective Action:

EI#2 – Will be trained by 8/22/24 on Diabetes, Hospice, and the Freestyle blood sugar monitoring system.

EI#4 – Will be trained by 8/22/24 on Diabetes, Hospice, and the Freestyle blood sugar monitoring system.

EI#5 – Will be trained by 8/22/24 on Diabetes, Hospice, and the Freestyle blood sugar monitoring system.

The Administrator/Designee will schedule trainings for all staff on the special needs, to include Hospice, Diabetes, and blood sugar monitoring systems currently used in the facility to be completed by Jeri S. Grant (Administrator) on or before 8/22/24. Records of these trainings will be kept in the employee files.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected.

Administrator/designee will audit all the current employee files and record any staff that need this training by 8/16/24. Staff who has not had the training will be educated by 08/22/2024.

Measures put into place or systemic changes made to assure deficiency will not recur:

The Administrator/Designee will update the new hire training form to include Diabetes and Hospice care, and blood glucose monitoring systems. All new hired staff will receive this training before having resident contact.

The Administrator/Designee will review all new resident paperwork. If any resident has a special need, training will be set up for key staff on each shift immediately, until the rest of the staff can be trained, ensuring that at least one staff member on each shift has been trained. New hired staff will sign the training form indicating they have completed the training. These forms will be kept in the employee training file.

Monitoring of corrective actions:

The Administrator/Designee will audit 3 employee files a month for 3 months beginning 09/01/2024 to 11/30/2024 to ensure specialized training has been completed. Copies of audits will be kept in the POC binder in the Administrator's office.

A612 Care of Residents
420-5-4-.06 (c)(d)(e)(f)

Corrective Action:

EI#3 was pulled from kitchen duties and placed back in the Activities position full time. The facility entered into an agreement with Morrison's on 08/01/2024 to provide full time kitchen staff.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected.

Measures put into place or systemic changes made to assure deficiency will not recur:

The facility entered into an agreement with Morrison's on 08/01/2024 to provide full time kitchen staff. The Administrator/Designee will complete random checks during the week to ensure the calendar is being followed and residents are participating.

Monitoring of corrective actions:

The Administrator/Designee will complete random checks weekly for 3 months beginning 09/01/2024 and ending 11/30/2024 to ensure the calendar is being followed and residents are participating. Copies of audits will be kept in the POC binder in the Administrator's office.

A702 Food Service
420-5-4-.07 (2)

Corrective Action:

The Administrator immediately trained staff and had them wearing aprons during mealtimes while serving on 08/14/2024 the day the deficiency was identified.

Steps taken to identify other residents or concerns:

All residents have the potential to be affected.

Measures put into place or systemic changes made to assure deficiency will not recur:

The Administrator/Designee trained all staff on the importance of wearing coverings during mealtimes on 08/14/2024. The Administrator/Designee will complete weekly random checks during mealtimes to ensure the staff is wearing their aprons or other appropriate clothing coverings during meals times while serving.

Monitoring of corrective actions:

The Administrator/Designee will complete random checks weekly for 3 months beginning 09/01/2024 and ending 11/30/2024 to ensure the staff is wearing aprons or other proper clothing coverings during mealtimes while serving the residents. Copies of audits will be kept in the POC binder in the Administrator's office.