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: Seagrass Village of Gulf Shores
- ☒ Facility Identification Number: D0227
- ☒ Name of Administrator: Loresa Smith
- ☒ Survey Exit Date: 10/11/23

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: Friday, November 10, 2023, at 5pm.

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

Theresa Gamble
Cynthia A. Stanger
APPROVED

PRINTED: 10/31/2023
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
	D0227	A. BUILDING: _____ B. WING _____	10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEAGRASS VILLAGE OF GULF SHORES	21298 COTTON CREEK DRIVE GULF SHORES, AL 36547

(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 This is a 60 bed Assisted Living Facility (ALF) with a census of 27 residents on October 10, 2023. A probational licensure follow-up survey was conducted to determine if the facility was in compliance with the Plan of Correction (POC) accepted by the Alabama Department of Public Health (ADPH), on December 6, 2022. 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 420-5-20, Alabama Administrative Code, for Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction. The facility was determined to be in substantial compliance with the accepted POC at this time and is recommended for regular licensure status.	A 000		
A1206	420-5-4-.12 (8) Physical Environment. (8) Building Requirements - Congregate Assisted Living Facility. (a) General. Congregate assisted living facilities licensed, constructed, or renovated under the currently adopted codes shall comply with the building code and the requirements for limited care facilities in the "New Health Care Occupancies" Chapter of the Life Safety Code (excluding NFPA 101A, Alternative Approaches to Life Safety). Facilities, or portions of facilities, built under previously adopted editions of the codes shall comply with the currently adopted Life Safety Code Chapter for Existing Residential	A1206	**A1206-5-4 12(8) Physical Environment** **Corrective action taken in response to each resident or example identified in statement of deficiencies.** • Community maintenance director installed straight arm magnetic door stops. • Monthly testing of disengaging fire doors. • Daily community observation of engaged fire doors by the Community maintenance director. • Reeducate All Staff during the community ALL Staff meeting on proper disengaging fire doors during Fire/smoke alarms. • The Plan of Corrections binder will be store in the Administrators office, for continuous follow up and review.	

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

Alabama Department of Public Health

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A1206	Continued From page 1 Board and Care Occupancies, Impractical Evacuation Capability, thereby requiring compliance with the requirements for limited care facilities in the "Existing Health Care Occupancies" Chapter for the Life Safety Code (excluding NFPA 101A Alternative Approaches to Life Safety). (b) Exit doors. Panic hardware shall be installed on all exit doors. (c) Corridors and Passageways. Corridors and passageways shall be unobstructed and shall not lead through any room or space used for a purpose that may obstruct free passage. (d) In new construction, the temperature of hot water accessible to residents shall be automatically regulated by tempering valves and a circulating pump system, unless the water heater is dedicated to resident use. (e) Utility rooms shall be provided for each floor of Congregate assisted living facilities. The following equipment shall be provided: 1. Paper towel holder with an adequate supply of paper towels. 2. Wall cabinet or shelves. 3. Table or counter. 4. Soap dispenser with soap. 5. Sink - counter top, wall or floor mounted.	A1206		

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A1206	Continued From page 2 6. Space and facilities for cleaning equipment and supplies. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure that a fire door functioned in accordance with the NFPA 101 Life Safety Code. This deficient practice placed all 27 residents at risk for significant harm. Findings include: In the afternoon of 10/10/23 an observation was made of a magnetic lock on a first-floor fire door that was not engaged. The door was found to be held open by being wedged against a protruding hallway column adjacent to the edge of the door. A fire drill was conducted to confirm the door could not release when the fire alarm was activated. Employee Identifier (EI)#s 1 and 3 were present during the fire alarm. EI#s 1 and 3 agreed the magnetic lock was not engaged and could not release in the event of a fire or during a fire drill. Because of the door being held open by the column and not releasing during the fire alarm so it could close, an action plan was put in place for fire safety of the residents. THERESA HARRISON, REGISTERED NURSE	A1206		