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: Gardens of Eufaula
- ☑ Facility Identification Number: D0303
- ☑ Name of Administrator: Suzanne Lynn
- ☑ Survey Exit Date: 6/5/24

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, June 20, 2023, at 5pm.

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

POC accepted 06.17.24

chg 06.17.2024

GARDENS OF EUFAULA
ASSISTED LIVING
A CAVALIER SENIOR LIVING COMMUNITY

Facility Name: Gardens of Eufaula

Facility Identification Number: D0303

Name of Administrator: Suzanne Lynn

Survey Exit Date: 6/5/2024

1. **A611 420-5-4-.06 (4)(a)(b) Care of Residents – Resident Care Plans**
   Resident Care Plan

2. Administrator updated RI#6 careplan to reflect the current intervention of self-catheterization. Careplan was printed and placed on the chart and made available to all care staff. 6/05/2024
3. The Administrator conducted a chart review on 100% of all resident charts to identify other residents requiring interventions required to meet resident care needs. No additional findings were made. 6/14/2024
4. The Administrator will audit 100% of resident charts by the 8th of every month to identify any resident care interventions that are required to meet resident care needs for 90 days. This review will be documented on the Resident's Monthly Assessment Form and a copy placed in each residents chart. 09/08/2024
5. A copy of the Resident Monthly Assessment Forms will be placed in the Survey Binder found in the Administrators office. 09/08/2024

1. **A702 420-5-4-.07 (2) Food Service**
   Storage of Emergency Food – Water

2. Administrator relocated the emergency water supply of gallon jugs from the shelf within the laundry room back to the pantry in the kitchen. 06/05/2024
3. Administrator ensured that all other food items were properly stored within the community. 06/05/2024
4. The Administrator will audit the emergency water supply monthly to ensure that the water continues to be stored properly. This audit will be documented on the communities monthly QA form x 90 days. 08/31/2024
5. A copy of community QA form will be placed in the Survey Binder found in the Administrator office. 08/31/2024

GARDENS OF
EUFAULA
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1. **A1002 420-5-4-.10 (2) Sanitation and Housekeeping**
   Water Heater Closets

2. Administrator relocated all items identified to the outside storage building. 6/04/2024
3. Administrator reviewed all water heater closets to ensure that no other closets contained no additional stored items. None were identified. 6/04/2024
4. The Administrator will audit the water heater closets monthly to ensure that no items have been stored within the closets. This audit will be documented on the communities monthly QA form x 90 days. 08/31/2024
5. A copy of community QA form will be placed in the Survey Binder found in the Administrator office. 08/31/2024

1. **A1230 420-5-4-.12 (5) Physical Environment**
   Fire Extinguishers

2. Fire Extinguisher within the kitchen was inspected and checked by the Administrator. There were no indications that the extinguisher was inoperable and the tag was initialed by Administrator. 06/05/2024
3. Administrator inspected all fire extinguishers within the community to ensure that they were inspected and the tags were initialed properly. No additional findings were made. 06/05/2024
4. The Administrator will review all fire extinguishers monthly to ensure that all extinguishers have been inspected and the tags are initialed properly. This audit will be documented on the communities monthly QA form x 90 days. 08/31/2024
5. A copy of community QA form will be placed in the Survey Binder found in the Administrator office. 08/31/2024

Suzanne Flynn, ALA — 06/17/2024

Administrator's Signature — Date