Accepted 9/24/2025

Date: 09/24/2025

Facility Name: The Reserve at Fairhope ALF

Facility Identification Number: D0229

Name of Administrator: Elizabeth Skipper

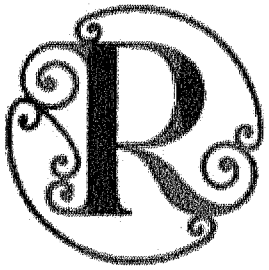
Survey Exit Date: 08/27/2025

SOD # A 302--Administration

1. **Corrective Action for identified example:** All cited policies and best practices have been reviewed on 09/15/2025 (Incident/Accident/Accident & Unusual Occurrences, Health Assessments-ALF, Monitoring Resident's Nutritional Status, Resident's Change in Condition, Significant Weight Change, Health Services Evaluations)
2. **Corrective Action to identify other residents at risk:** All residents have the potential to be affected.
3. **Measure in place to ensure the same deficiency will not occur at the community:**
   Staff Training: EI 1 was re-trained on the identified policies and best practices by the Regional Director of Operations (RDO) on 09/15/2025
4. **Monitoring of corrective action:** RDO will participate in monthly QA review for 6 months. Documentation will be kept in the Administrators Office.

SOD: A 508 Records and Reports

1. **Corrective Action for identified residents:** the following reportable incidents were late notification to ADPH: 2024105006, 20241225008, and 20241015006
2. **Corrective Action to identify other residents:** All Reportable incidents have been reviewed for the last 12 months for any instances with late reporting or lack of reporting.
3. **Measure in place to ensure the same deficiency will not occur at the community:**



Staff Training: Re-Education of EI#2 was done on 09/04/2025 and EI #1 on 09/15/2025for submitting reportable incidents online and for review on incident investigations.

Staff Changes: EI 2 is no longer an associate of the community

Staff Training for licensed staff was completed on 09/16/2025 by the ED.

4. **Monitoring of corrective action:** All reportable incidents will be reviewed for timeliness of reporting as they occur by the Administrator for the next 60 days. A copy of the reportable incident will be kept in the Administrator's office for review beginning 09/16/2025.

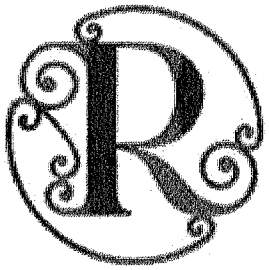
SOD: A 604 Care of the Residents Health Supervision-Significant Weight Loss

1. **Corrective Action for identified residents:** RI #2—physician, family and Registered Dietician were notified, and the service plan was updated on 08/27/2025.
2. **Corrective Action to identify other residents with significant change in status:** All residents are at risk. All residents' weights were reviewed on 09/05/2025 for the last 6 months. The Registered Dietician reviewed all residents for weight changes on 09/12/2025.
3. **Measure in place to ensure the same deficiency will not occur at the community:**

   Staff Training: Obtain weights by the 5th of each month. Turn in weights to DHW or designee' for review. DHW or designee' will print a running 6 months of weights for residents and turn into the Administrator completed by the 6th of each month. The report will be reviewed at weekly risk meetings.
4. **Monitoring corrective action:** The Executive Director will confirm that all residents with significant weight changes will be reviewed weekly and service plans will be reviewed weekly until resolved for the next 60 days. 09/17/2025 for the next 60 days. Documentation will be kept in the Administrator's Office.

Assessments:

1. **Corrective Action for identified residents:** RI #2, monthly assessments were reinitiated in August.
2. **Corrective Action for other identified residents:** All residents are at risk. All resident records were reviewed for assessments on 09/05/2025. Monthly assessments were completed for residents.



3. **Measure in place to ensure the same deficiency does not occur again:** Monthly Assessments Schedules in PCC were reviewed by the Executive Director and AL LPN to ensure they were scheduled on 09/16/2025. Monthly assessments will be reviewed for completion by the 25th of the month by Director of Health and Wellness (DHW)or designee beginning 09/25/2025.
4. **Monitoring of Corrective Action:** The ED will review the completed assessments list in PCC for the next 60 days to confirm completion of the monthly assessments. The documentation will be kept in the Administrator office beginning 09/26/2025 for the next 60 days.

SOD: A 611

1. **Corrective Action for identified residents:** RI 2: MD & Family were notified on 09/02/2025 by the DHW. The Registered Dietician evaluation was completed on 08/27. Weekly weights x4 weeks were initiated and service plan was updated on 08/27/2025
2. **Corrective Action to identify other residents with significant weight:** An audit completed by the previous DHW and ED on September 5th, any residents identified with significant weight changes were sent to the RD and the service plan was updated.
3. **Measure in place to ensure the same deficiency will not occur in the community:**
   Staff Training: Licensed staff were trained on the following policies: Service Plans by ED on 09/16/2025
   Staff Changes: EI #2 is no longer with the community
4. **Monitoring of corrective action:** The ED will audit PCC to confirm that service plans are current with current goals and will observe weekly risk to confirm service plans reflect any significant changes for the next 60 days. Documentation will be kept in the Administrator's Office

All documentation will be kept in the Administrtor's Office.

Date: 09/24/2025

Signature: Elizabeth Duncan