POC Accepted 9.3.24
Connie Cherry chg

PRINTED: 08/29/2024
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
	P5116	A. BUILDING: _____ B. WING _____	C 08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COTTAGE MONTGOMERY-MAGNOLIA	235 SYLVEST DRIVE MONTGOMERY, AL 36117

(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 On August 27, 2024, an unannounced complaint investigation was conducted for this 16 bed Specialty Care Assisted Living Facility (SCALF) with a census of 15. There were two (2) complaints investigated during this survey. LC#20240822024 and LC#20240801012 were investigated. Both complaints were received from the same complainant and contained multiple allegations of noncompliance. However, only one element of the complaints was substantiated and one deficiency was cited as a result of the complaint investigations. A deficiency was 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, Specialty Care Assisted Living Facilities. The deficient practice resulted in the potential for harm to the residents and requires a plan of correction.	A 000		
A 621	420-5-20-.06 (9) (b) Care of Residents. (b) Retention. 1. A specialty care assisted living facility shall not allow any resident to return to the specialty care assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the specialty care assisted living facility is licensed to provide or the facility is capable of providing. 2. A specialty care assisted living facility shall not retain a resident that has a PSMS score	A 621	On 8/27/24, R#1 was issued a written 30-day notice. Family notified by Kwanza Jones, Administrator. E#1 was immediately retrained by Regional Director of Operations that PSMS scores 23 or greater must be reviewed with Administrator who in turn will discuss with Regional Executive Director to determine next steps. RN will add discussion of any PSMS scores 20 or above weekly at stand-up meetings with the Administrator. To ensure compliance Regional Executive Director has added to the weekly call agenda to discuss with administrator any PSMS score higher than 20.	8/27/2024

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — Kwanza Jones — TITLE: Executive Director — (X6) DATE: 8/30/2024

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A 621	Continued From page 1	A 621		

greater than 23 or a score of five in feeding, dressing, grooming, bathing or a score of four or five in physical ambulation.

3. A specialty care assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility.

4. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in a specialty care assisted living facility.

5. A specialty care assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:

(i) The individual is capable of performing and does perform all tasks related to his or her own care; OR

(ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity but the individual has sufficient cognitive ability to direct his or her own care and the individual is able to direct facility staff and does direct facility staff to provide the physical assistance needed to complete such tasks, and the facility staff is capable of providing such assistance and does provide such assistance. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.

6. If a resident of a specialty care assisted living facility is diagnosed with a terminal

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A 621	Continued From page 2 illness and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for specialty care assisted living facilities. The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is delivered to the resident. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility retained a resident who did not meet the criteria for retention in a SCALF. THIS DEFICIENCY WAS CITED AS A RESULT OF COMPLAINT INVESTIGATIONS. Findings: The Alabama Department of Public Health received two complaints from the same individual who alleged the facility retained residents who were bedbound and did not meet the criteria for a SCALF. The surveyor was able to substantiate	A 621		

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A 621	Continued From page 3 that one resident currently did not meet the criteria for retention in a SCALF. Resident Identifier (RI)#1 was admitted to the facility on February 3, 2022 and had diagnoses which included vertigo, dementia, hyperlipidemia and generalized weakness. Observations of RI#1 during the onsite survey revealed RI#1 was primarily bedridden. Multiple staff members reported to the surveyor that RI#1 required total care and the assistance of 1-2 staff members for turning, dressing, grooming, bathing and feeding. Review of RI#1's facility record revealed the following PSMS scores for RI#1: July 17, 2024, a total score of 25 with a score of 4 in Physical Ambulation (sits unsupported in chair or wheelchair, but cannot propel self without help); July 26, 2024, a total score of 25 with a score of 4 in Physical Ambulation; August 15, 2024, a total score of 26 with a score of 5 in Physical Ambulation (bedridden more than half the time). During an interview, on August 27, 2024, Employee Identifier (EI)#4 stated that RI#1 had recently declined and agreed that RI#1 no longer met the criteria for retention in a SCALF. CONNIE CHERRY, REGISTERED NURSE	A 621		