STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D3002	A. BUILDING: _____ B. WING _____	09/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COTTAGE-RUSSELLVILLE	900 NORTH JACKSON RUSSELLVILLE, AL 35653

(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 September 6, 2022, an unannounced licensure survey was conducted for this 29 bed Assisted Living Facility (ALF)with a census of 18. There were no complaints investigated during this survey. 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 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction.	A 000		
A 405	420-5-4-.04 (6) Personnel. (6) Training. (a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below: 1. State law and rules on assisted living facilities. 2. Facility policies and procedures. 3. Resident rights.	A 405	On 9/6/2022 Executive Director and Resident Services Director were retrained by Regional Executive Director on what training must be completed prior to resident contact. On 9/12/2022 New Staff Training Checklist was updated to indicate what training must be completed prior to resident contact. Monthly, Executive Director will audit new staff documentation to ensure state required training is being completed prior to resident contact. This documentation will be located on the Quality Control Evaluation Report that is submitted monthly to the Regional Executive Director for review and maintained digitally on SharePoint.	9/12/22

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A 405	Continued From page 1 4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire. 5. Identifying and reporting abuse, neglect, and exploitation. 6. Basic first aid. 7. Advance directives. 8. Protecting resident confidentiality. 9. Resident fire and environment safety. 10. Special needs of the elderly, mentally ill, and mentally retarded. 11. Safety and nutritional needs of the elderly. 12. Identifying signs and symptoms of dementia. (b) Cardiopulmonary Resuscitation. An assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of an assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. An assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who	A 405		

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A 405	Continued From page 2 has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or American Red Cross in CPR or AED utilization. (c) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training. (d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff received state required training prior to resident contact. Findings: Review of employee files on September 6, 2022 revealed the following information. Employee Identifier (EI)#5 was hired at the facility on August 17, 2022 and completed state required training on August 19, 2022. The first resident contact date for EI#5 was August 17, 2022, prior to completion of training. EI#7 was hired at the facility on July 27, 2022 and completed state required training on July 29, 2022. The first resident contact date for EI#7 was July 28, 2022, prior to completion of training. EI#8 was hired at the facility on September 3, 2021 and completed state required	A 405		

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A 405	Continued From page 3 training on September 9, 2021. The first resident contact date for EI#8 was September 8, 2021, prior to completion of training. During interviews on September 6, 2022, both EI#1 and EI#2 reported newly hired employees had been allowed to assist with residents' care prior to completion of training. Both verbalized understanding of the requirement and stated compliance would be maintained for future employees.	A 405		
A 611	420-5-4-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community standards. (a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times. (b) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated.	A 611	On 9/6/2022 Executive Director and Resident Services Director were retrained by Regional Executive Director on the requirement to review and update any and all care plans. On 9/12/2022 Quality Control Evaluation Report was updated to indicate that the Executive Director must review any and all new orders to ensure they have been care planned. Monthly, Executive Director will audit resident files to ensure all new orders are care planned. This documentation will be located on the Quality Control Evaluation Report that is submitted monthly to the Regional Executive Director for review and maintained digitally on SharePoint.	9/12/22

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A 611	Continued From page 4 1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following: 2. A listing of the resident's individual needs or problems that require intervention by the facility. 3. A listing of interventions provided by the facility to address the resident's identified needs or problems. 4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider. 5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident. (i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested. (ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.	A 611		

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A 611	Continued From page 5 (iii) Hair. Resident's hair shall be kept clean, neat, and well groomed. (iv) Manicure. Fingernails and toenails shall be kept clean and trimmed. (v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed. (vi) Personal Safety. Residents shall be provided assistance with personal safety. 6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented. This Rule is not met as evidenced by: Based on record review and interview, a resident's facility care plan did not reflect the resident's current care needs. Findings: Review of resident records on September 6, 2022 revealed the following information. Resident Identifier (RI)#4 was admitted to the facility on October 4, 2021 with diagnoses which included diabetes mellitus type II, hyperlipidemia, osteoarthritis, hypertension, anemia, chronic obstructive pulmonary disease and lumbago. RI#4 had a physician's order to maintain possession of and self-administer medications.	A 611		

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A 611	Continued From page 6 During a tour of the facility on September 6, 2022, RI#4 showed the surveyor a locked container where medications were stored in their room and informed the surveyor they self-administered medications. RI#4's facility care plan, dated September 4, 2021, read "...Medication: Staff Assist-Assist resident per medication policy and procedure; immediately report to supervisor if resident is unable to pass medication test; note on MAR if resident refuses medication. Make sure (he/she) has (his/her) glasses on for every med pass...". When interviewed on September 6, 2022, both EI#1 and EI#2 stated RI#4 had self-administered medications since admission to the facility but had discussed allowing staff to assist with medications. RI#4's facility care plan was revised on September 6, 2022, by EI#1, to reflect RI#4's self-administration of medications. CONNIE CHERRY, REGISTERED NURSE	A 611		