STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D3769	A. BUILDING: _____ B. WING _____	08/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBIA COTTAGE-MOUNTAIN BROOK, LLC	3776 CROSSHAVEN DRIVE BIRMINGHAM, AL 35223

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A 000	Initial Comments On August 23, 2022, an unannounced licensure survey and complaint investigation was conducted for this 48 bed Assisted Living Facility (ALF) with a census of 35. There was one complaint investigated during this survey. LC#20200806003 was unsubstantiated with no deficiencies cited as a result of the complaint investigation. 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 614	420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents. (f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable of maintaining possession and control of his or her medications, who does maintain possession and control of his or her medications, and self-administers his or her medications without creating an unreasonable risk to health and safety. (g) A resident that cannot self-manage his or her own medication without creating an unreasonable risk to health and safety may be assisted with self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure provided:	A 614	Employee #2 was immediately retrained by Regional Executive Director on August 23rd on medication policy and procedure requirement for residents to view and identify their medications. Executive Director will review the medication policy and procedure with all staff at the next staff meeting on September 6th. This review will be documented on that staff meeting agenda. On a monthly basis, the Executive Director will accompany Resident Assistant staff on a med pass to ensure compliance. This will be documented on the monthly Quality Control Evaluation Report that is scanned and sent to the Regional Executive Director for approval and storage.	9/6/2022

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A 614	Continued From page 1 1. The resident can and does identify his or her name on the medication package and has a reasonable understanding of the unit dose packaging system in use by the facility such that the resident could protect himself or herself from medication errors when unit dose packages are brought to the resident by facility staff. The resident shall have the opportunity to demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use. (6) Assistance with self-administration of medication includes the following practices: (a) Reminding a resident that it is time to take a medication or medications, where such medications have been prescribed for a specific time of day, a specific number of times per day, specific intervals of time, or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed. (b) Physically assisting a resident by opening or helping to open a container holding medications. (c) Offering liquids to a resident to assist that resident in ingesting oral medications. (d) Physically bringing a container of medication to a resident. (7) Assistance with self-administration of medications shall under no circumstances include any of the following practices: (a) Medication administration as defined in	A 614		

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A 614	Continued From page 2 these rules. (b) Determining the amount of medication to be given. If a medication is not available in unit dose packaging, unlicensed facility staff may measure the prescribed amount of medication only under the direction and control of the resident, provided that the resident is capable of determining the amount of medication to be given. (c) Giving a resident injections of any kind. (d) Telling or reminding a resident that it is time to take a PRN, or as needed medication. (e) Placing medications in a feeding tube. (f) Giving enemas or suppositories. (g) Crushing or splitting medications, provided that a physician has ordered a specific medication to be crushed or split and the resident is capable of self-managing his or her own medication or the resident is capable of medication self-administration with assistance and would be capable of crushing or splitting his or her own medications but for limitations of mobility or dexterity, may be assisted with crushing or splitting medications by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. 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.	A 614		

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A 614	Continued From page 3 (h) Mixing medications with food or liquids, provided that a physician has ordered a medication to be mixed with food or liquid and the resident is capable of self-managing his or her own medications or the resident is capable of medication self-administration with assistance and would be capable of mixing his or her own medications with food or liquid but for limitations of mobility or dexterity, may be assisted with mixing medications with food or liquid by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. 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. (i) Assisting with self-administration of eye drops, eardrops, nose drops, inhalers, nebulizers, or topical medications, provided that a resident who is capable of self-managing his or her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers, nebulizers, or topical medications by unlicensed facility staff so long as the assistance provided is under the total control and direction of the resident. 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. This Rule is not met as evidenced by:	A 614		

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A 614	Continued From page 4 Based on observations and interview, facility staff failed to allow residents the opportunity to demonstrate their ability to correctly utilize the unit dose package system at every opportunity for medication use. Findings: On the morning of August 23, 2022, the surveyor observed Employee Identifier (EI)#2 assist residents with medications. Resident Identifier (RI)#3's medications were removed from packets and placed in a small cup and given to the resident. RI#3 was not allowed to view the medication packets and identify their own medications. EI#2 then went to RI#4's room and opened RI#4's medication packets and placed the pills in a cup to present to RI#4. The surveyor asked EI#2 if she (EI#2) allowed residents to identify their medications. EI#2 stated she (EI#2) usually did allow residents to identify their medications but had forgotten to do so that morning. EI#2 then presented RI#4 with the medication packets for identification of their medications before allowing RI#4 to take the medications.	A 614		
A 615	420-5-4-.06 (7) (j) Care of Residents. (j) All medications administered to residents and all medications self-administered with assistance of facility staff in an assisted living facility shall be contemporaneously recorded on a standard medication administration or medication assistance record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration or medication assistance record shall include at least the	A 615	Employee #2 was immediately retrained by Regional Executive Director on August 23rd on the medication policy and procedure requirement to contemporaneously sign off on medication during assistance. Executive Director will review the medication policy and procedure with all staff at the next staff meeting on September 6th. This review will be documented on that staff meeting agenda. On a monthly basis, the	9/6/2022

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A 615	Continued From page 5 following: 1. The name of the resident to whom the medication was administered or assisted. 2. The name of the medication administered or assisted. 3. The dosage of the medication administered or assisted. 4. The method of administration or assistance. 5. The site of injection or application, if the medication was injected or applied. 6. The date and time of the medication administration or assistance. 7. Any adverse reaction to the medication. 8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication. This Rule is not met as evidenced by: Based on observation, interview and record review, a resident's medication was not documented contemporaneously on the resident's Medication Assistance Record (MAR). Findings: On the morning of August 23, 2022 around 8:00 AM, the surveyor observed EI#2 assist RI#5 with	A 615	Executive Director will accompany Resident Assistant staff on a med pass to ensure compliance. This will be documented on the monthly Quality Control Evaluation Report that is scanned and sent to the Regional Executive Director for approval and storage.	

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A 615	Continued From page 6 application of a Lidocaine patch. The patch was applied to RI#5's right rib area as directed by RI#5. EI#2 failed to document the medication on RI#5's MAR. On the afternoon of August 23, 2022, the Lidocaine patch had still not been documented on RI#5's MAR around 5:00 PM. EI#2 stated she (EI#2) had forgotten to document the medication.	A 615		
A 616	420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents. (k) Medications kept under the control or custody of an assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Medications kept under the control or custody of an assisted living facility that are not available in unit dose packaging must be packaged by the pharmacy and administered by a physician, RN, or LPN or self-administered with assistance under the total control and direction of the resident. (l) Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents need not use the same pharmacy that is used by other residents unless express policy of the assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission. The assisted living facility shall require pharmacies used for medication supply for residents not self-managing their medications to review all ordered medication regimens for possible errors or adverse drug interactions and	A 616	Employee #1 and Employee #2 were immediately retrained by Regional Executive Director on August 23rd on the shift change narcotic count policy. Executive Director will review the shift change narcotic count policy with all staff at the next staff meeting on September 6th. This review will be documented on that staff meeting agenda. On a weekly basis, Executive Director and Resident Services Director will do a full narcotic count together to ensure narcotic counts are accurate. Narcotic counts review for compliance by Executive Director will be documented on the monthly Quality Control Evaluation Report that is scanned and sent to the Regional Executive Director for approval and storage.	9/6/2022

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A 616	Continued From page 7	A 616		

to advise the facility and the prescribing health care provider when these are detected.

(m) If controlled substances prescribed for residents of any assisted living facility are kept in the custody of the assisted living facility, they shall be stored in a manner that is compliant with state and federal laws, the requirements of the Alabama State Board of Pharmacy, and any requirements prescribed by the State Board of Health. At a minimum, controlled substances in the custody of the facility shall be stored using a double lock system, under proper temperature and humidity controls and permit only authorized personnel access. The facility shall maintain a system to account for all controlled substances in its possession. All other medications in the custody of the facility shall be stored using at least a single lock, under proper temperature and humidity controls and permit only authorized personnel access. This shall include medications stored in a resident's room when the staff and not the resident have access to the medications. Medications may be kept in the custody of an individual resident who can safely manage his or her medications. Such medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in the resident's living quarters, if the room is single occupancy and has a locking entrance.

(n) Medication administration or medication assistance records and written physician orders for all over-the-counter drugs, legend drugs, and controlled substances shall be retained for a period of not less than three years. They shall be made available for inspection at reasonable times by residents, anyone authorized by the resident, and by the sponsors of residents.

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A 616	Continued From page 8 (o) Labeling of Drugs and Medicines. All containers of prescribed medicines and drugs shall be labeled in accordance with the rules of the Alabama State Board of Pharmacy and shall include appropriate cautionary labels, such as, "Shake Well," or "For External Use Only." This Rule is not met as evidenced by: Based on observation, interview and record review, facility staff failed to consistently document the count of controlled substances in the possession of the facility. Findings: On the afternoon of August 23, 2022, the surveyor observed EI#6, EI#7 and EI#8 count controlled substances for the facility. Two sheets labeled Shift Narcotic Count were available for staff to sign that the count was correct each shift, one sheet for the North Hall and one sheet for the South Hall. Both sheets were reviewed for the month of August 2022. Multiple shifts did not contain initials of the staff members who counted the narcotics. EI#10 stated she (EI#10) believed the controlled substances were being counted but staff were not documenting the counts. EI#10 added that EI#1 had been working with staff to reach compliance with documenting controlled substance counts	A 616		
A1002	420-5-4-.10 (2) Sanitation and Housekeeping. (2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe,	A1002	Employee #2 immediately closed the Janitor's closet door securing the cleaning supplies and solutions that were found unsecured on August 23rd. Executive	9/6/2022

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A1002	Continued From page 9 functional, sanitary, decent, and comfortable environment for residents, staff, and the public. (a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies. (b) Bathtubs and Lavatories. Bathtubs and lavatories shall be kept clean and in proper working order, and shall not be used for laundering. (c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. (d) General Storage. 1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms. 2. The use of attics for storage of combustible materials shall be prohibited unless protected by an automatic sprinkler system and then only in small quantities so as not to create a hazardous condition. 3. Basements used for storage shall meet acceptable standards for storage and shall be designed and constructed in a manner that protects against fire hazards. 4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine,	A1002	Director will retrain all staff on keeping cleaning supplies and solutions secured and keeping the Janitor's closet door closed at the next staff meeting on September 6th. This review will be documented on that staff meeting agenda. Secure storage of cleaning solutions review for compliance by Executive Director will be documented on the monthly Quality Control Evaluation Report that is scanned and sent to the Regional Executive Director for approval and storage.	

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A1002	Continued From page 10 acetone, and oil-based paint shall not be stored in the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room. 5. Poisonous or External Use Substances. Facility cleaning supplies and poisons shall be attended at all times or shall be kept in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to secure cleaning supplies. Findings: On the morning of August 23, 2022, the surveyor and EI#2 observed a cart which contained cleaning supplies and solutions in a Janitor's closet near room 31. The closet door was partially open, leaving the cleaning supplies unsecured. The cleaning supplies included multi-purpose cleaner, disinfectant bathroom cleaner and glass cleaner. EI#2 agreed the cleaning supplies should have been secured. CONNIE CHERRY, REGISTERED NURSE	A1002		