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	D3901	A. BUILDING: _____ B. WING _____	07/06/2022

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COLUMBIA COTTAGE-FLORENCE, LTD	2373 ROBERTS LANE FLORENCE, AL 35630

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A 000	Initial Comments On July 6, 2022, an unannounced licensure survey was conducted for this 51 bed Assisted Living Facility (ALF) with a census of 40. There were two complaints investigated during this survey. LC#20201119016 and LC#20201223005 were unsubstantiated with no deficiencies cited as a result of the complaint investigations. 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 504	420-5-4-.05 (3) (d) Records and Reports. (d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission of these rights. A copy of these rights shall be conspicuously posted in a resident common area. Each resident's file shall contain a copy of a written acknowledgment that he or she has read these rights, or has had these rights fully explained by facility staff to the resident, or, if appropriate, to the resident's sponsor. The acknowledgment shall be signed and dated by the administrator or the administrator's designee and by the resident or sponsor, when appropriate. 1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S. solely by reason of status as a resident of the facility.	A 504	On June 6, 2022, Executive Director and Resident Services Director were reminded and retrained by the Regional Executive Director that at no time can pills be left for a resident to take. Employee #5 was immediately retrained not to leave medication for a resident to take later. On July 27, 2022, all staff will be retrained per medication policy and procedure that pills will not be left for residents to take at a later time. They will be trained that they must watch the resident take the medication, and if the resident refuses, they are to discard the pills, document the refusal, and notify the Resident Services Director. On a monthly basis, the Resident Services Director and/or Executive Director will accompany the Resident Assistant staff on a med pass to ensure	

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A 504	Continued From page 1 2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints. 3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy. 4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time. 5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. 6. Every resident shall have the right to manage his or her own financial affairs. If a resident or his or her legally appointed guardian authorizes the administrator of the facility to provide a safe place to keep funds on the premises, an individual account record for each resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions. 7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so.	A 504	compliance. Documentation of this action is found on the Quality Control Evaluation Report that is scanned and sent to the Regional Executive Director for approval and storage. Documentation of the training will be found on the July staff meeting agenda.	

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A 504	Continued From page 2 8. Every resident shall have the right to a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals. 9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident. 10. Every resident shall have access to adequate and appropriate health care consistent with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases. 11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility providing a higher level of care and no longer meets the eligibility and continued stay requirements in these rules, or for medical reasons the resident is considered by a physician to require an emergency relocation to a facility providing a more skilled level of care, or unless the resident engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record. 12. Every resident shall have the right to present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and	A 504		

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A 504	Continued From page 3 governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal. 13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file. 14. Every resident shall have the right to refuse to perform work or services for the facility unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that: (i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care. (ii) The plan of care specifies the nature of the work to be performed and sets forth the compensation to be paid for the service, unless the service is to be performed without compensation; and (iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse. 15. Every resident shall be fully informed, prior to or at the time of admission and at regular intervals during his or her stay, of services	A 504		

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A 504	Continued From page 4 available in the facility, and of related charges. 16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities. 17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area. 18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24 months, then the results of the most recent inspection and any resulting corrective action plan shall be posted. 19. Every resident shall have the right to 30 days prior written notice to both resident and sponsor of any increase of fees or charges. 20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents.	A 504		

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A 504	Continued From page 5 21. Every resident shall have the right to wear his or her own clothes, to keep and use his or her own personal possessions including toilet articles except for personal possessions too large to be stored in the resident's room. 22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings. 23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours and to freely come and go from the home. 24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file. This Rule is not met as evidenced by: Based on observations and interviews, facility staff failed to follow community standards of care for medication assistance. Findings: Resident Identifier (RI)#7 was admitted to the facility on June 3, 2022 with diagnoses which included neuropathy, heart disease and peripheral artery disease. On the afternoon of July 5, 2022, the surveyor observed Employee Identifier (EI)#5 providing	A 504		

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A 504	Continued From page 6 medication assistance to RI#7. Upon entering RI#7's room, the surveyor and EI#5 observed a small plastic medication cup on the counter in RI#7's room which contained five pills. The pills were identified as the following by matching them to pictures on RI#7's Medication Assistance Record (MAR): three Sucralfate 1 gram tablets, scheduled as 1 tablet at 6:00 AM, 12:00 noon, 6:00 PM and 10:00 PM daily; Omeprazole 20 milligrams 2 capsules, scheduled as 2 capsules at 8:00 AM daily. RI#7 stated to the surveyor and EI#5 that staff had left the medications while RI#7 was out of the room and RI#7 failed to take them upon return to the room. All doses of these medications had been initialed on RI#7's MAR for the month of July 2022, indicating the medications had been provided to and taken by RI#7. EI#2 was called to RI#7's room to observe the medications. This deficient practice of leaving medications in a resident's room and not observing the resident swallowing the medication was discussed with EI#1 and EI#2 on July 5, 2022 and both agreed the practice was not an acceptable community standard of care for medication assistance.	A 504		
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	A 616	On July 6th, 2022, Employee #1 removed the control substance from the resident's room and placed that medication in the medication room to be counted each shift by two staff members to ensure the counts are correct. The ED and RSD will on a weekly basis do a full narcotic count together and document to ensure narcotic counts are accurate. On July 27th, 2022, all staff will be retrained per medication policy and procedure that all narcotics will be kept in the medication room under	

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A 616	Continued From page 7 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 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	A 616	double lock and will be counted by two staff at the beginning of each shift. They will be instructed to immediately notify the Resident Services Director if the count is off. Staff will also be trained that all medications must be in unit dose packaging and cannot be assisted with from a prescription bottle. The medication during the survey that was in prescription bottles was destroyed by Resident Services Director and Executive Director after order received. All other residents' med boxes in their apartments were checked to verify that there were no narcotics or prescription bottles. Staff will also be reminded per policy and procedure the correct way to sign out narcotics. Documentation of this action is found on the Quality Control Evaluation Report that is scanned and sent to the Regional Executive Director for approval and storage. Documentation of the training will be found on the July staff meeting agenda.	

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A 616	Continued From page 8 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. (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 observations, interviews and record reviews, the facility failed to properly maintain a count of each controlled substance in its possession and failed to ensure residents' medications were unit dose packaged. Findings: Controlled Substance Counts	A 616		

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A 616	Continued From page 9 RI#6 was admitted to the facility on July 22, 2020 and had diagnoses which included syncope, osteoarthritis, hypothyroidism, renal mass, insomnia and hypotension in the presence of hypertension. On the afternoon of July 5, 2022, the surveyor observed EI#5 provide medication assistance to RI#6. RI#6's medications were stored in a locked box inside a locked cabinet in RI#6's room. EI#5 removed a card containing Alprazolam 0.25 milligrams which was scheduled on RI#6's MAR at 8:00 AM and 4:00 PM twice daily. EI#5 signed a sheet which was attached to the medication card and contained a count of the medication. After signing out the medication for the 4:00 PM dose, the count documented on the sign out sheet by EI#5 was 14. However, only 12 pills were remaining on the medication card for the Alprazolam. EI#2 was called to the room to observe the count. EI#2 explained that only PRN (as needed) controlled substances were stored in the medication room and counted by two people each shift. EI#2 further explained that routinely scheduled controlled substances were stored in residents' rooms under two locks and were not counted each shift by two staff members. The scheduled controlled substances were counted by one staff member each time a dose was administered. EI#2 stated she (EI#2) would investigate the incorrect count on RI#6's Alprazolam. On July 6, 2022, EI#1 informed the surveyor that routinely scheduled controlled substances would be removed from residents' rooms and placed in the medication room to be counted each shift by two staff members to ensure the counts were correct.	A 616		

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A 616	Continued From page 10 Residents' Medications Not Unit Dose Packaged On the afternoon of July 5, 2022, the surveyor observed EI#7 and EI#5 count controlled substances which were stored in the medication room. Two of the medications were stored in bottles and were not unit dose packaged. The medications which were stored in bottles were as follows: Hydrocodone/Acetaminophen 5/325 milligrams for RI#3, ordered on December 9, 2021; Hydrocodone/Acetaminophen 5/325 milligrams for RI#4, ordered on October 20, 2021. On July 6, 2022, EI#1 informed the surveyor that physicians' orders had been obtained to discontinue both of these medications and the medications had been destroyed.	A 616		
A 618	420-5-4-.06 (9) Care of Residents. (9) Oxygen Therapy. (a) A resident of an assisted living facility that requires oxygen therapy shall self-manage his or her own oxygen therapy or self-administer his or her own oxygen therapy with assistance of facility staff. A resident that cannot safely self-manage or self-administer his or her own oxygen therapy with assistance shall have oxygen administered only by a physician, RN, or LPN. A resident that cannot direct his or her administration of oxygen and cannot be taught to direct his or her administration of oxygen shall be appropriately discharged. (b) Oxygen use including date, time, rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per	A 618	On July 6, 2022, all staff present were retrained that they must sign off and check the actual oxygen for the correct flow rate and proper functioning. On July 27, 2022, all staff will be retrained that they must sign off and check the actual oxygen for the correct flow rate and proper functioning. These instructions have been added to the Resident Care Manual used by RA staff. The Resident Services Director on a weekly basis will review medication assistance records to ensure staff are signing off appropriately. Documentation of this action is found on the Quality Control Evaluation Report that is scanned and sent to the Regional Executive Director for approval and storage. Documentation of the training will be found on the July staff meeting agenda.	

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A 618	Continued From page 11 shift unless oxygen therapy is self-managed by the resident. (c) If a resident receives oxygen therapy in a facility: 1. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition. 2. All oxygen tanks shall be safely maintained and stored. 3. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted. 4. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen. Refer to National Fire Protection Association (NFPA) 99 for oxygen storage requirements. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to document a resident's oxygen use on the MAR at least once per shift. Findings: RI#5 was admitted to the facility on October 11, 2010 and had diagnoses which included chronic obstructive pulmonary disease, severe osteoarthritis and hypertension. RI#5 used oxygen at 2 liters/minute. An entry on RI#5's MAR for the month of July 2022 read "O2 at 2 L via N/C. Staff to check for correct function and rate	A 618		

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A 618	Continued From page 12 each shift". There was no documentation on RI#5's July 2022 MAR to indicate RI#5's oxygen function and flow rate had been monitored each shift. On July 6, 2022, EI#2 stated staff were checking RI#5's oxygen every shift but had failed to document the results on RI#5's MAR. CONNIE CHERRY, REGISTERED NURSE	A 618		