Accepted May 19, 2026 07:20 AM
Gregory C. Gaitlin, RN, MSHAI

PLAN OF CORRECTION

Facility Name: Mountain Cove **Facility ID #:** D2809

Survey Exit Date: March 19, 2026 **Administrator:** Kim McDuffie

A 504 Deficiency Number: 420-5-4-.05 (3)(d) **Records and Reports**

Based on observation and interview, the facility failed to ensure each resident's right to privacy was protected.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   Effective immediately, any and all resident's records or personal information will be kept in upmost privacy. During the survey, EI #5 removed the sliding scale from the top of the cart and placed it inside the drawer of medication cart. Weekly, EI #2 will make rounds to check all areas of the facility to ensure that all resident's information remain confidential and are not in public display.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   No other incidents have occurred.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   Weekly, EI #2 will make rounds to check all areas of the facility to ensure that all resident's information remain confidential and are not in public display. All staff have been educated on resident's rights and how to protect their privacy including not posting confidential information so others can see it.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   Weekly, EI #2 will make rounds to check all areas of the facility to ensure that all resident's information remain confidential and are not in public display. Staff education will continue to be ongoing to make sure that resident's confidential information will be maintained.

Administrator's Electronic Initial KM 5/14/26

NOTE: All Plan of Correction documentation will be in a binder, organized and filed by the Administrator. This binder will be stored in the Administrator's office.

A copy of the SOD will be posted in a prominent location.

Should any corrective action be determined as ineffective, the Administrator/Governing Authority shall make immediate revisions and submit an amended Plan of Correction to the Alabama State Board of Health.

Administrator Signature Kim McRae, Alabama ***Date*** 5/14/2026

PLAN OF CORRECTION

Facility Name: Mountain Cove **Facility ID #:** D2809

Survey Exit Date: March 19, 2026 **Administrator:** Kim McDuffie

A 619 Deficiency Number: 420-5-4-.06 (10) Care of Residents

Based on observation and interview, the facility failed to keep first aid supplies useable.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   At the time of the survey, EI #1 ordered replacement first aid kits that were delivered via Walmart delivery that day. All expired first aid kits were removed and discarded and replaced with new first aid kits.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   No other incidents have occurred.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   Effective immediately, all first aid supplies have been replaced, including 2 back-up first aid supply kits are in reserve on each nurse's station. EI #2 will monitor expiration dates monthly to ensure all first aid supply kits are within date.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   EI #2 will monitor expiration dates monthly to ensure all first aid supply kits are within date.

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A copy of the SOD will be posted in a prominent location.

Should any corrective action be determined as ineffective, the Administrator/Governing Authority shall make immediate revisions and submit an amended Plan of Correction to the Alabama State Board of Health.

Administrator Signature Kim McDuffie, LPN/LVN ***Date*** 5/14/2026

PLAN OF CORRECTION

Facility Name: Mountain Cove **Facility ID #:** D2809

Survey Exit Date: March 19, 2026 **Administrator:** Kim McDuffie

A 703 Deficiency Number: 420-5-4-.07 (13) Food Service

Based on observation and interview, the facility failed maintain a sufficient quantity of potable water.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   Effective immediately, adequate potable water will be stored in the facility. Required amount to supply all residents in the facility for three days in the event of a disaster is a minimum of 24 gallons. During the survey, EI #1 added an additional 13 gallons which was more than required.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   No other incidents have occurred.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   During the survey, EI #1 added an additional 13 gallons which was more than required.

   EI #2 will monitor potable water expiration dates monthly to ensure all potable water are within date. Those that are expired, will be replaced immediately to ensure the minimum required amount of 24 gallons will be in storage on site at the facility in the event of a disaster.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

Administrator's Electronic Initial KM 5/14/26

EI #2 will monitor potable water expiration dates monthly to ensure all potable water are within date. Those that are expired, will be replaced immediately to ensure the minimum required amount of 24 gallons will be in storage on site at the facility in the event of a disaster.

NOTE: All Plan of Correction documentation will be in a binder, organized and filed by the Administrator. This binder will be stored in the Administrator's office.

A copy of the SOD will be posted in a prominent location.

Should any corrective action be determined as ineffective, the Administrator/Governing Authority shall make immediate revisions and submit an amended Plan of Correction to the Alabama State Board of Health.

Administrator Signature Kim McDuffie, MPA/HCA ***Date*** 5/14/2026

PLAN OF CORRECTION

Facility Name: Mountain Cove **Facility ID #:** D2809

Survey Exit Date: March 19, 2026 **Administrator:** Kim McDuffie

A 803 Deficiency Number: 420-5-4-.08 (3) Physical Facilities

Based on observation and interview, the facility failed to provide resident care equipment in safe operating condition.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   At the time of survey, all doors and door knobs were inspected by EI #1 and EI #2 to ensure that all were in operational order. Room 2 and Room 17 were repaired prior to the Surveyor exiting the facility.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   No other incidents have occurred.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   EI #2 will make monthly rounds to ensure all doors close and door knobs function properly.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   EI #2 will make monthly rounds to ensure all doors close and door knobs function properly.

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A copy of the SOD will be posted in a prominent location.

Should any corrective action be determined as ineffective, the Administrator/Governing Authority shall make immediate revisions and submit an amended Plan of Correction to the Alabama State Board of Health.

Administrator Signature Kristin Moffatt, LPTA/MLA ***Date*** 5/14/2026

PLAN OF CORRECTION

Facility Name: Mountain Cove **Facility ID #:** D2809

Survey Exit Date: March 19, 2026 **Administrator:** Kim McDuffie

A 901 Deficiency Number: 420-5-4-.09 (1)(2) Laundry

Based on observation and interview, the facility failed to have adequate, effective and clean lint traps on the dryers.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   During the survey, EI #1 had an employee clean the traps. EI #1 and EI #2 ensured that all staff were educated to clean the lint traps on the dryers after each use. EI #2 will check weekly to ensure all lint traps are clean as well as blow out each dryer hose monthly.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   No other incidents have occurred.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   Staff education performed during the survey regarding the importance of maintaining clean lint traps of the dryers. EI #2 will check weekly to ensure all lint traps are clean as well as blow out each dryer hose monthly.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   EI #2 will check weekly to ensure all lint traps on the dryers are clean as well as blow out each dryer hose monthly.

NOTE: All Plan of Correction documentation will be in a binder, organized and filed by the Administrator. This binder will be stored in the Administrator's

office.

A copy of the SOD will be posted in a prominent location.

Should any corrective action be determined as ineffective, the Administrator/Governing Authority shall make immediate revisions and submit an amended Plan of Correction to the Alabama State Board of Health.

Administrator Signature Kim McDuffie, MPA/MA ***Date*** 5/14/2026

PLAN OF CORRECTION

Facility Name: Mountain Cove **Facility ID #:** D2809

Survey Exit Date: March 19, 2026 **Administrator:** Kim McDuffie

A 1001 Deficiency Number: 420-5-4-.10 (1) Sanitation and Housekeeping

Based on observation and interview, the facility failed to maintain proper water temperatures throughout the facility.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   At the time of the survey EI #1 and EI #2 ensured that all water temperatures were closely monitored and adjusted below 110 degrees. Surveyor rechecked all water temperatures prior to exiting the facility and all temperatures were within acceptable range.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   No other incidents have occurred.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   EI #2 will monitor water temperatures monthly to ensure all are within acceptable range.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   EI #2 will monitor water temperatures monthly to ensure all are within acceptable range.

NOTE: All Plan of Correction documentation will be in a binder, organized and filed by the Administrator. This binder will be stored in the Administrator's office.

Administrator's Electronic Initial KM 5/14/26

A copy of the SOD will be posted in a prominent location.

Should any corrective action be determined as ineffective, the Administrator/Governing Authority shall make immediate revisions and submit an amended Plan of Correction to the Alabama State Board of Health.

Administrator Signature Kim McRae, LPTA/ALA ***Date*** 5/14/2026

PLAN OF CORRECTION

Facility Name: Mountain Cove **Facility ID #:** D2809

Survey Exit Date: March 19, 2026 **Administrator:** Kim McDuffie

A 1002 Deficiency Number: 420-5-4-.10 (2) Sanitation and Housekeeping

Based on observation and interview, the facility failed to properly store flammable chemicals in a safe manner.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   At the time of the survey, EI #1 immediately removed the flammable material from the facility. EI #1 also made sure no further flammable materials were present by performing an inspection of all areas of the facility.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   No other incidents have occurred.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   Effective immediately, EI #2 will look through all areas of the facility monthly to ensure that no flammable materials are present.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   EI #2 will look through all areas of the facility monthly to ensure that no flammable materials are present.

NOTE: All Plan of Correction documentation will be in a binder, organized and filed by the Administrator. This binder will be stored in the Administrator's

office.

A copy of the SOD will be posted in a prominent location.

Should any corrective action be determined as ineffective, the Administrator/Governing Authority shall make immediate revisions and submit an amended Plan of Correction to the Alabama State Board of Health.

Administrator Signature Kim Maffett, WCHA/PHA ***Date*** 5/14/2026