STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D5130	A. BUILDING: _____ B. WING _____	06/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COTTAGE IVY	235 SYLVEST DRIVE, BUILDING 400 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 June 29, 2023, an unannounced licensure survey was conducted for this 26 bed Assisted Living Facility (ALF) with a census of 21. There were two (2) complaints investigated during this survey. LC#20220608011 was unsubstantiated with no deficiencies cited as a result of the complaint investigation. A portion of LC#20210111013 was substantiated with a deficiency 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	A 614	On 6/28/2023 EI#6 was retrained by EI#1 on medication policy and procedure requirement for residents to view and identify their medications. On 7/6/2023 retraining of all staff was conducted by Kwanza Jones, Executive Director. This review was documented on the staff meeting agenda. To ensure compliance, the Executive Director will accompany Resident Assistant staff on a med	7/6/2023

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A 614	Continued From page 1 provided: 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 614	pass on a monthly basis. This will be documented on the Quality Control Evaluation Report that is submitted to Management Company monthly for review and retention.	

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A 614	Continued From page 2 (a) Medication administration as defined in 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	A 614		

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A 614	Continued From page 3 procedure to ensure safe practices by facility staff. (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.	A 614		

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A 614	Continued From page 4 This Rule is not met as evidenced by: Based on observations, interviews and record reviews, a resident failed to identify their medications and protect themselves from a medication error. Findings: RI#2 was admitted to the facility on May 15, 2023 and had diagnoses which included diabetes mellitus type 2, hypertension, anemia, peripheral vascular disease, lumbar spinal stenosis and chronic kidney disease. On the morning of June 28, 2023 around 11:45 AM, the surveyor observed EI#6 assist RI#2 with medications. Review of RI#2's Medication Assistance Record (MAR) revealed RI#2 was scheduled to receive Arthritis Pain ER 650 milligrams at 12:00 noon. EI#6 removed a packet containing Hydrocodone-Acetaminophen 5-325 milligrams for RI#2 from the locked narcotics drawer and presented the packet to RI#2 for identification. RI#2 identified his/her name on the packet at the request of EI#6 but did not identify the time that the medication was due which was 8:00 AM and 8:00 PM. After RI#2 identified his/her name, EI#6 removed a tablet from the packet labeled Hydrocodone-Acetaminophen and moved toward RI#2 to give the medication to RI#2 until stopped by the surveyor. The surveyor then asked EI#1 and EI#2 to observe the situation and both EI#1 and EI#2 agreed the medication was incorrect. The surveyor explained to EI#1 and EI#2 that RI#2 had failed to identify the time on the packet of medication which would have alerted the resident and staff that the medication was incorrect. After RI#2 was provided with correct medication assistance, retraining was provided to	A 614		

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A 614	Continued From page 5 EI#6 by EI#1 regarding proper medication assistance.	A 614		
A1001	420-5-4-.10 (1) Sanitation and Housekeeping. (1) Sanitation. (a) Water Supply. 1. If at all possible, all water shall be obtained from a public water supply. If it is impossible to connect to a public water system, the private water supply shall meet the approval of the local County Health Department. 2. Water under pressure of not less than 15 pounds per square inch shall be piped within the building to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water. Tubs, showers, sinks, lavatories, and other fixtures used by residents shall have hot water supplied. Hot water accessible to residents shall in no case exceed 110 degrees Fahrenheit. (b) Disposal of Liquid and Human Wastes. 1. There shall be installed within the building a properly designed waste disposal system, connecting to all fixtures to which water under pressure is piped. 2. All liquid and human waste, including floor wash water and liquid waste from refrigerators, shall be disposed through trapped drains into a public sewer in localities where such system is available.	A1001	On 7/11/2023 RI #3 was relocated from unit 414 that has carpeted flooring to unit 410 which has vinyl flooring to aid in odor control. On 7/6/2023, replacement flooring was ordered for unit 414 from H&H Flooring Company. It is scheduled to be installed 7/17/2023. On 6/28/2023 RI #3's care plan was updated with interventions for a toileting schedule and cleaning interventions to eliminate unnecessary odors. Resident's care plan was updated to take this resident to the bathroom every two hours, to assist with incontinent issues and to properly manage disposal of incontinent products. Care plan was updated for staff to check unit for cleanliness on every 2-hour checks. To ensure compliance the Executive Director or designee will review the resident service plans monthly and with any significant change. Documentation of compliance with this regulation will	7/11/2023

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A1001	Continued From page 6 3. In localities where a public sanitary sewer is not available, liquid and human waste shall be disposed through trapped drains into a sewage disposal system approved by the local County Health Department. The sewage disposal system shall be of a size and capacity based on the number of residents and personnel housed and employed in the institution. Where the sewage disposal system is installed at an existing facility prior to granting of a license, it shall be inspected and approved by the local County Health Department. (c) Premises. The premises shall be kept neat and clean. The property shall be free of rubbish, weeds, ponded water, or other conditions that may create a health, safety, or sanitation hazard. (d) Control of Insects, Rodents and Other Pests. Each facility shall be kept free of ants, flies, roaches, rodents, and other pests. Proper and lawful methods for their eradication or control shall be used. Droppings shall be evidence of infestation by pests. (e) Toilet Room Cleanliness. Floors, walls, ceilings, and fixtures of all toilet rooms shall be kept clean and free of objectionable odors. These rooms shall be kept free of an accumulation of rubbish, cleaning supplies, and toiletry articles. The use of a common towel and common bar soap is prohibited. (f) Garbage Disposal. 1. Garbage must be kept in water-tight suitable containers with tight-fitting covers. Garbage containers must be emptied at frequent	A1001	be kept on the Quality Control Evaluation Report. Report is submitted to Management Company monthly for review and retention. On 7/6/2023 the training and retraining of all staff was conducted by Kwanza Jones, Executive Director.	

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A1001	Continued From page 7 intervals and shall be thoroughly cleaned and aired before using again. 2. Garbage and waste shall be disposed of in accordance with local and state regulations. (g) Control of odors. The facility shall be free of objectionable odors. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not free of objectionable odors. THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION. Findings: The Alabama Department of Public Health received a complaint which alleged there were odors in the facility. The surveyor was able to substantiate this complaint during the onsite survey. Resident Identifier (RI)#3 was admitted to the facility on June 28, 2021 and had diagnoses which included severe aortic stenosis, hypertension and traumatic injury of the brain. RI#3 was incontinent of bladder. During the entire onsite survey, strong urine odors were noted in RI#3's room and in the hallway area around RI#3's room. The odors were discussed with Employee Identifier (EI)#1 and arrangements were made to transfer RI#3 to a different room which contained a vinyl floor instead of the carpeted floor which was currently in RI#3's room.	A1001		

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A1001	Continued From page 8 CONNIE CHERRY, REGISTERED NURSE	A1001		