STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P5116	A. BUILDING: _____ B. WING _____	06/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COTTAGE MONTGOMERY-MAGNOL	235 SYLVEST DRIVE 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 16 bed Specialty Care Assisted Living Facility (SCALF) with a census of 15. 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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficiencies cited pose a potential risk of harm to all residents and require a plan of correction.	A 000		
A 601	420-5-20-.06 (1) Care of Residents. (1) Medical Direction and Supervision. The medical care of residents shall be under the direction and supervision of a physician. (a) Designation of Attending Physician. Upon admission, each resident shall be asked to designate an attending physician of his or her choice. If the resident is unable to designate an attending physician, or does not wish to designate an attending physician, the facility shall assist the resident in identifying an attending physician who will serve the resident. A resident shall be permitted to change the designation of his or her attending physician at any time. Whenever a resident requires medical attention, an attempt shall first be made to contact the resident's attending physician, except in medical emergencies requiring activation of the local EMS system (911 or other emergency call).	A 601	On 6/27/2023 the pharmacy corrected the MAR for RI#1. To ensure compliance, RN and LPN will compare initial order details to MARs and med packs to ensure there are no discrepancies. Documentation of this will be kept on initial order by initialing and dating discrepancy check.	6/27/2023

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A 601	Continued From page 1 (b) Back-up Physician Support. Each specialty care assisted living facility shall have an agreement with one or more duly licensed physicians to serve in those instances when a resident's own attending physician cannot be reached, and to provide temporary medical attention to any resident whose attending physician is temporarily not available. A nurse practitioner or physician's assistant shall not serve as the back-up physician in a specialty care assisted living facility. (c) All physician orders shall be written in accordance with community standards. If verbal orders are used, they are to be used infrequently. A physician verbal order shall only be accepted by an RN or LPN employed by the facility and authorized to do so by facility policy and procedures and state law. All verbal orders shall be reduced to writing on the physicians' order sheet by a licensed facility nurse and shall be dated and signed by the nurse receiving the order. All orders, including verbal orders, shall be dated, timed, and authenticated promptly by the ordering practitioner, or another practitioner who is responsible for the care of the resident and authorized to write orders by facility policy. All verbal orders must be authenticated within such time period as provided by facility policy, but in no case shall exceed 30 days following entry of the order. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to follow a physician's order for a resident's medication. Findings:	A 601		

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A 601	Continued From page 2 Resident Identifier (RI)#1 was admitted to the facility on November 16, 2020 and had diagnoses which included hypertension, vitamin B12 deficiency, diverticulosis, arthritis, polycystic kidney and congestive heart failure. On June 27, 2023 around 12:10 PM, the surveyor observed Employee Identifier (EI)#5 administer medications to RI#1. The medications included Propranolol 80 milligrams and the order on RI#1's Medication Administration Record read "Take 1 capsule by mouth once daily at lunch". Review of RI#1's facility record that same afternoon revealed a physician's order for Propranolol on the Medical Examination and Plan of Care, dated November 25, 2022, which read "Propranolol 80 milligrams 1 capsule by mouth daily at 9:00 AM". EI#1 was made aware of the discrepancy in time of administration for this medication and the pharmacy was contacted to correct the time on RI#1's Medication Administration Record.	A 601		
A 604	420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen. Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the	A 604	On 6/27/2023 EI#3 was retrained by Selena Jackson, Regional Executive Director, that RN Comprehensive Assessment, Physical Self-Maintenance Screen (PSMS), and Behavior Screen must be completed for a resident with each significant change in the resident's condition. Cottage SCALF assessment policy was revised to add "and anytime there is a significant change in condition or incident" to admission and annual requirement for PSMS & BS. The	6/27/2023

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A 604	Continued From page 3 Behavior Screening form. These forms shall be completed to screen physical functioning and behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status. The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment shall document identified care needs and serve as a baseline for the RN plan of care and future assessments. (b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care. (c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems: 1. Weight loss: (i) Each month, the facility shall accurately weigh and record the weight of each resident. (ii) A significant weight loss is defined as	A 604	policy already had this detail for the RN Comprehensive Assessment. From 6/27/2023 forward, all three assessments will be completed per Cottage policy and state regulation. To ensure compliance the Executive Director will perform random audits of resident assessments not less than quarterly. Documentation of this will be kept by her initialing and dating audited assessments.	

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A 604	Continued From page 4	A 604		

a five percent or greater weight loss in a period of one month or less, or a seven and a half percent or greater weight loss in a period of 3 months or less, or a 10 percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an unplanned weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician.

2. Falls (two or more falls within a 30 day period).

3. Elopement.

4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident.

5. Unmanageable, combative, or potentially harmful behavior(s).

6. Any accident with injury.

(d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status.

(e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.

This Rule is not met as evidenced by:

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A 604	Continued From page 5	A 604		

Based on record reviews and interview, the facility failed to complete resident assessments as required.

Findings:

Review of resident records on June 27, 2023 revealed the following information.

RI#1 had resided at the facility since November 16, 2020. Refer to deficiency 601 for additional information on RI#1. The following significant changes were documented on comprehensive assessments of RI#1: May 12, 2023 - right eye puffy and draining; February 9, 2023 - vaginal itching; December 20, 2022 - suspected urinary tract infection. No PSMS and Behavior Screening forms were documented for RI#1 with these significant changes.

RI#2 was admitted to the facility on April 13, 2023 and had diagnoses which included chronic obstructive pulmonary disease, hypothyroidism, hypertension, chronic kidney disease, osteoarthritis, restless leg syndrome and depression. A comprehensive assessment of RI#2 was documented on May 19, 2023 due to a new antibiotic which was ordered for urinary tract infection symptoms. No PSMS and Behavior Screening forms were documented for RI#2 when this significant change occurred.

RI#3 was admitted to the facility on September 10, 2015 and had diagnoses which included dementia with behavioral disturbance, osteoarthritis, hypertension, hyperlipidemia, cervical spinal stenosis and anemia. The following significant changes were documented on comprehensive assessments of RI#3: March 24, 2023 - cough congestion; February 9, 2023 -

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A 604	Continued From page 6 open areas to the foot. No PSMS and Behavior Screening forms were documented for RI#3 with these significant changes. On June 27, 2023, Employee Identifier (EI)#3, Registered Nurse, was questioned about the PSMS and Behavior Screening forms for residents. EI#3 stated she (EI#3) only completed these forms to screen for eligibility at admission and annually, not with each significant change in a resident's condition.	A 604		
A 618	420-5-20-.06 (7) Care of Residents. (7) Oxygen Therapy. (a) A resident of a specialty care assisted living facility that requires oxygen therapy shall have oxygen administered only by a physician, RN, or LPN. (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 shift. 1. If a resident receives oxygen therapy in a facility: 2. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition. 3. All oxygen tanks shall be safely maintained and stored. 4. The facility shall require safe use of oxygen therapy. No smoking and appropriate	A 618	On 6/27/2023 the oxygen order for RI#2 was handwritten on the current MAR. Selena Jackson, Regional Managing Director, contacted the pharmacist and it will now be added to the pharmacy computer-generated MAR upon each receipt of a doctor's orders for Oxygen. To ensure compliance the Executive Director will perform random audits of the MAR for residents with Oxygen not less than quarterly. Documentation of this will be kept by her initialing and dating audited MARs.	6/27/2023

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A 618	Continued From page 7 precautionary signs shall be posted. 5. 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, interview and record review, a resident's oxygen use was not documented on the Medication Administration Record. Findings: RI#2 had resided at the facility since April 13, 2023. Refer to deficiency 604 for additional information on RI#2. RI#2 was observed during the onsite survey using oxygen via nasal cannula at 2 liters per minute. Review of RI#2's facility record, on June 27, 2023, revealed a physician's order for oxygen at 2 liters per minute via nasal cannula at bedtime and as needed for shortness of breath. RI#2's oxygen use was not documented on RI#2's Medication Administration Record to include date, time, rate and proper function of the equipment. EI#1 agreed RI#2's oxygen use had not been properly documented. CONNIE CHERRY, REGISTERED NURSE	A 618		