STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P5107	A. BUILDING: _____ B. WING _____	06/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COTTAGE HOLLY	235 SYLVEST DRIVE, BUILDING 100 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 this16 bed Specialty Care Assisted Living Facility (SCALF) with a census of 15. There was one (1) complaint investigated during this survey. LC#20190910012 was unsubstantiated. No deficiencies were 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 420-5-20, 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 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 Behavior Screening form. These forms shall be completed to screen physical functioning and behaviors. The PSMS and Behavior Screen	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 policy already had this detail for the RN Comprehensive	6/27/2023

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A 604	Continued From page 1 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 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	A 604	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 2 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: Based on record reviews and interview, the facility failed to complete resident assessments as required.	A 604		

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A 604	Continued From page 3 Findings: Review of resident records on June 27, 2023 revealed the following information. Resident Identifier (RI)#2 was admitted to the facility on April 11, 2023 and had diagnoses which included chronic obstructive pulmonary disease, vitamin D deficiency, anemia, coronary artery disease, hypertension, glucose intolerance, osteoporosis, hyperlipidemia and dementia. The following significant changes were documented on comprehensive assessments of RI#2: April 24, 2023 - sent to emergency department due to hematoma to the forehead and abrasions to the nose; April 25, 2023 - hospital visit with new diagnosis of lesions on the lung and liver; April 28, 2023 - bradycardia and Metoprolol discontinued. No PSMS and Behavior Screening forms were documented for RI#2 with these significant changes. RI#3 was admitted to the facility on April 12, 2023 and had diagnoses which included dementia, chronic obstructive pulmonary disease, osteoarthritis and depression. A comprehensive assessment of RI#3 was documented on April 19, 2023 due to abdominal pain. No PSMS and Behavior Screening forms were documented for RI#3 when this significant change occurred. 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		

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A 618	Continued From page 4	A 618		
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 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, interviews and record	A 618	On 6/27/2023 EI#3 obtained portable oxygen tank and backup oxygen supply for RI#2. Cottage resident oxygen policy was revised to add “A resident on continuous oxygen must have portable oxygen tank(s) ready for use in the event of a power outage.” Having an adequate supply of oxygen for each resident was already in the policy. Cottage’s monthly Quality Control Evaluation Report was revised to include checking oxygen supply. To ensure compliance the Executive Director will monitor monthly. Documentation of compliance with this regulation will be kept on the Quality Control Evaluation Report. Report is submitted to Management Company monthly for review and retention.	6/27/2023

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A 618	Continued From page 5 review, the facility failed to maintain an adequate supply of oxygen for a resident who required oxygen therapy. Findings: RI#2 had resided at the facility since April 11, 2023. Refer to deficiency 604 for additional information on RI#2. During the onsite survey, RI#2 was observed using oxygen via nasal cannula at 2 liters per minute. An oxygen concentrator machine was available in RI#2's room for oxygen use. No portable oxygen tanks or backup oxygen supply were available to RI#2 for use in the event of a power outage. EI#1 agreed an adequate oxygen supply was not available for RI#2 and obtained portable oxygen tanks during the onsite survey.	A 618		
A 702	420-5-20-.07 (2) Food Service. (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear. 2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods: (i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees	A 702	On 6/29/2023 a bucket for separate rinse compartment and PPM strips were obtained by Selena Jackson, Regional Executive Director, and she retrained EI#8 on the procedure for chemical sanitation of dishes, including temperature, chemical PPM, separate wash and rinse compartments, documentation log. EI#8 immediately corrected the procedure. On 7/6/2023 training and retraining of all staff was conducted by Kwanza Jones, Executive Director. To ensure compliance the	7/6/2023

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A 702	Continued From page 6 Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or (ii) A cold water sanitizer: A sanitizing solution shall be used in accordance with the manufacturers' instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach or its equivalent or 30 seconds 12.5 ppm of iodine or the amount of time specified by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months. 3. Dishes and utensils shall be allowed to air dry. 4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing. 5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility. (b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand	A 702	Executive Director will monitor monthly. Documentation of compliance with this regulation will be kept on the Quality Control Evaluation Report. Report is submitted to Management Company monthly for review and retention.	

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A 702	Continued From page 7	A 702		

contamination during storage and service. The ice scoop shall be stored in a holder inside the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin.

(c) Protection of Food from Contamination.

1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage backflow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use.

2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator nor in other areas used for storage of food.

3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor.

4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall maintain at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times.

5. All leftover foods shall be labeled and dated with a "use by date," so that it may be consumed or discarded by that date, which is no more than three days from the date is was

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A 702	Continued From page 8 prepared. 6. All food products shall be used by the manufacturer's indicated date or discarded. 7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used so that food is not contaminated in transport and foods that are transported are held and served at the appropriate temperature at all times. 8. Hot food shall be maintained at a minimum temperature of 135 degrees Fahrenheit and cold foods at a maximum temperature of 41 degrees Fahrenheit. 9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods). 10. Laundry shall not be brought through the food preparation or service area. (d) Storage and Service of Milk and Ice Cream. 1. Milk and fluid milk products shall be	A 702		

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A 702	Continued From page 9	A 702		

served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such use.

2. Milk and fluid milk products shall be stored in such a manner that bottles or containers from which the milk or milk product is to be poured or drunk will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident.

3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses.

(e) Kitchen Garbage and Trash Handling.

1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals.

2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.

(f) Employees' Cleanliness.

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1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food.

2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room.

3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.

(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.

(h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors.

(i) Dining in Kitchen. Dining in the kitchen shall not be permitted in Congregate assisted living facilities.

(j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods.

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A 702	Continued From page 11 (k) Laundering of clothing shall not be permitted in food preparation or service areas. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure dishes were properly sanitized. Findings: On the afternoon of June 26, 2023 the surveyor observed EI#8 washing dishes in a single compartment sink in the facility kitchen following the lunch meal. A dish machine was noted in the kitchen with a sign posted on the machine which read "out of order". EI#8 explained to the surveyor that the machine had not worked since June 20, 2023 and dishes were being washed and rinsed in the single compartment sink with bleach added to the dishwater. EI#8 also stated there were no strips available in the facility to check the ppm for the dishwater and neither ppm or water temperatures were being checked. A log was posted on the wall beside the sink for documentation of ppm and water temps. The log had not been completed since June 20, 2023. EI#1 stated a service man was scheduled to come to the facility on June 27, 2023 to repair the dish machine. EI#1 made arrangements for proper sanitization of dishes until the dish machine could be repaired. CONNIE CHERRY, REGISTERED NURSE	A 702		