What You Need to Know About Your Plan of Correction

Alabama Department of Public Health
Bureau of Health Provider Standards
Assisted Living Facilities Unit

Your Plan of Correction (POC) must contain the following information:

- [ ] Facility Name: Williamsburg Manor II
- [ ] Facility Identification Number: D5605
- [ ] Facility Administrator: Terri Smith
- [ ] Survey Exit Date: [redacted]

Each deficiency in the statement of deficiencies (SOD) must be separately addressed and include the following five (5) elements:

1. The [redacted] from the SOD.

2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

3. The POC must describe the corrective action(s) that your facility will take to identify other residents or concerns not identified during the survey that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. **DO NOT include resident rosters or any Protected Health Information (PHI) in the POC.** If PHI is included in the POC, corrections to remove that information will be requested.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not occur again. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staff qualifications; increases in staff numbers; and improvement of staff qualifications.

5. The POC must specify how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will actively participate in monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; resident and family feedback; and interviews with residents and families.)

The POC must be **signed, dated, and returned by: Monday, September 8, 2025, at 5pm.**

Return to:
Alabama Department of Public Health
Bureau of Health Provider Standards
alfcomplaints@adph.state.al.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D 5605	A. BUILDING: _____ B. WING _____	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLIAMSBURG MANOR II	1208 YANCEY STREET ROANOKE, AL 36274

(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 August 26, 2025, an unannounced licensure survey was conducted for this 16 bed Assisted Living Facility (ALF) with a census of 9. 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 420-5-4, 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	Wiiliamsburg Manor II Facility ID # D5605 Administrator Terri Norred Survey Exit Date 8/26/25 (1) 420-5-4 11 (b) A1101 (2) Fire Drills conducted in Manor II will be kept in the documentation book in Manor II. (3) All residents could potentially be affected. (4) The attendants will be inserviced on conducting fire drills and the importance of the drill information being put in the documentation book in Manor II. (5) The administrator will review the fire drills on a monthly basis and will initial the fire drill form in the documentation book beginning 9/1/25.	
A1101	420-5-4-.11 (1) Fire and Safety (1) General. (a) Fire Safety and Emergency Plan. All assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place. (b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift of Group and Congregate facilities. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting	A1101		

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A1101	Continued From page 1 through all exits required by the currently adopted Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years. (c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs. (d) Roller latches are prohibited on doors separating corridors from adjacent spaces. (e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that: 1. Minimizes leaks and spills. 2. Adequately protects against inappropriate access. 3 Complies with the requirements of the currently adopted Life Safety Code. (f) Fire Alarm and Sprinkler System. 1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including areas open to the exit access corridor, to comply with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire	A1101		

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A1101	Continued From page 2 alarm system may be installed in each resident's room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements). 2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously. 3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and testing reports shall be maintained in the facility for a period of at least 3 years. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to conduct fire drills as required. Findings: On August 26, 2025, the surveyor reviewed fire drill documentation provided by Employee Identifier (EI)#1. There was no documentation of a fire drill for the month of October 2024. EI#1 was unable to locate a fire drill report for the month.	A1101		

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A1201	Continued From page 3	A1201	Williamsburg Manor II Facility ID # D5605 Administrator Terri Norred Survey Exit Date 8/26/25	
A1201	420-5-4-.12 (1) Physical Environment. (1) Buildings and Grounds. (a) The assisted living facility including site and grounds must be constructed, arranged, and maintained to ensure the safety of the residents and building occupants. (b) Building Classification. 1. Family assisted living facilities shall be planned to serve the types of residents to be admitted and shall comply with the Life Safety Code Chapter for One- and Two-Family Dwellings, and shall comply with Sections (1), (2), (3), and (4) of AAC Rule 420-5-4-.12. 2. Group assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Section (1), (2), (3), and (5) of AAC Rule 420-5-4- 12. 3. Congregate assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Sections (1), (2), (3), (6) of AAC Rule 420-5-4-.12. 4. Renovation within the exterior walls of an assisted living facility shall in no case be of such nature as to lower the character of the structure below the applicable building requirements for the classification of license held by the assisted living facility. 5. Dually Licensed Facility. (i) For the purposes of meeting physical facility and building code requirements, a building	A1201	(1) 420-5-4-12 1(a) A1201 (2) Maintenance Dept removed the trees from the gutters, measured and ordered vinyl siding and also vinyl for gazebo posts. Work to be completed by 9/26/25. (3) All residents in the facility have the potential to be affected. (4) Actions taken to reduce the risk of future occurance include monitoring the outside of the building and grounds by the administrator monthly beginning 9/2/25. A report will be made in the maintenance book in Manor II when a need for repair is observed. (5) The maintenance department is to make rounds daily to the facility to assess the need for repairs. Attendants will write a report in the maintenance book for any repairs needed. Documentation of maintenance repair will be kept in Maintenance Office beginning 9/1/25. Terri Norred, Administrator	

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A1201	Continued From page 4	A1201		

housing both a regular assisted living facility and a specialty care assisted living facility shall be classified as a Group or Congregate facility in accordance with the combined licensed bed capacities of both facilities. For the purposes of meeting resident care and administrative requirements, the specialty care assisted living facility and the regular assisted living facility shall be separately considered, and each shall be classified as a Congregate facility or a Group facility in accordance with the licensed bed capacity of each, and the determination shall not be based on their combined bed capacity. See Rule 420-5-20 for Specialty Care Assisted Living Facilities and requirements.

(j) When a facility has a portion of a building licensed for specialty care residents, instead of the entire facility, the sleeping, bathing, dining, and activity areas shall be in a distinct and separate unit within the building, licensed for specialty care assisted living. Administrative, kitchen, and service areas may be shared between the two licensed portions.

(c) Location. All assisted living facilities established or constructed shall be located so that they are free from undue noises, smoke, dust, or foul odors. New assisted living facilities shall be located at least 1,000 feet from railroads, freight yards, or disposal plants. This distance can be reduced to 500 feet when facility is separated by a boarded fence at least six feet high. This rule shall not prevent enlargement or expansion of existing assisted living facilities.

(d) Local Restrictions. The location and construction of all assisted living facilities shall comply with local zoning, building, and fire

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A1201	Continued From page 5	A1201		

ordinances. Evidence to this effect, signed by local fire, building, or zoning officials, may be required as a condition of licensure. If a facility is to be located in an area that does not have any zoning, building, or fire authority review, a letter stating such shall be obtained from the local county commission through official board action or from the office of the probate judge.

(e) Assisted living facilities shall be located on publicly maintained streets or roads, and connected with driveways which shall be kept passable at all times.

(f) Occupancy. No part of an assisted living facility may be rented, leased, or used for any commercial purpose not reasonably necessary for the residents of the facility or the residents of other licensed facilities on the same campus. A campus consists of the premises occupied by the licensed facility together with all parcels or property that the governing authority owns or has the legal right to occupy, and which are separated from the remainder of the campus only by a public right of way. Services provided within the facility shall be limited to serving the residents of facilities on the campus that are licensed by the Department. The Department shall approve all plans for occupancy.

(g) Basements. The basement shall be considered as a story if it meets criteria established by the codes for a story.

(h) The assisted living facility must maintain adequate furnishings, fixtures, supplies, and equipment for its services.

(i) Facilities, supplies, and equipment

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A1201	Continued From page 6 must be maintained in safe operating condition. (j) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas. This Rule is not met as evidenced by: Based on observations and interview, the exterior of the facility building was not properly maintained. Findings: On August 26, 2025, the surveyor observed all outside areas of the facility. Small trees and plants were noted to be growing in the gutters on the roof in the back of the building. The vinyl siding was loose in places and also contained multiple holes/boorings in the vinyl. Posts on the gazebo behind the building were broken in places. EM#1 agreed that the exterior of the building was in need of repairs and stated maintenance would be notified.	A1201	Williamsburg Manor II Facility ID # D5605 Administrator Terri Norred Survey Exit Date 8/26/25 (1) 420-5-4-12 (5) (g) A1203 (2) Holes in the walls were patched on 9/2/25 by the maintenance department. Work will be completed by 9/26/25. (3) Only Suite # 4 and Suite # 7 were affected. (4) Attendants to do monthly room checks beginning 9/2/25. Any need for repairs will be recorded in the maintenance book. (5) Maintenance to check repair log daily to assess for repairs needed beginning 9/2/25. Documentation of repairs made will be kept in the maintenance office. Terri Norred Administrator	
A1203	420-5-4-.12 (5) Physical Environment. (g) General Building Requirements - Family, Group, and Congregate. (e) Structural Soundness and Repair. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted with sufficient frequency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly.	A1203		

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A1203	Continued From page 7 (b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit. (c) Lighting. Each resident's room shall have artificial light adequate for reading and other uses as needed. All entrances, hallways, stairways, inclines, ramps, cellars, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all hallways, stairways, and bathrooms. (d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length insect screens. Screen doors shall be equipped with self-closing devices. (e) Emergency Lighting. 1. All assisted living facilities shall provide emergency artificial lighting to adequately illuminate halls, corridors, kitchens, dining areas, and stairwells in case of electrical power failure. Automatically operated battery-operated lighting shall be provided to light such spaces. 2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes. (f) Floors. 1. All floors shall be level, smooth and free of cracks, and finished so as to be easily kept clean. The basic requirement for floor	A1203		

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finishes shall be wall-to-wall with such finishes as paint, tile, plaster, carpet, sheet vinyl, vinyl tile, hard tile or other appropriate floor finish.

2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility.

(g) Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be kept clean and in good repair.

(h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily.

(i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes.

(j) Handrails. If handrails are installed in halls or corridors, the handrails shall be mounted at 30-36 inches above the floor and returned to the wall at each end.

(k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for storage purpose. All walls and doors under stairs shall meet the same fire rating as the stairwell.

(l) Doors.

1. In each new assisted living facility, doors of resident bathrooms connected to

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A1203	Continued From page 9 resident bedrooms shall swing into the bedroom. 2. Bedroom and bathroom doors may be equipped with hardware that will permit a resident to lock himself/herself within the room, provided a master key is readily accessible for the staff at a central location. 3. Resident bedroom and other exit access doors in each assisted living facility shall be at least three feet wide. Bedroom doors in specialty care assisted living facilities shall not be less than 32 inches wide. 4. Exterior egress doors except the main entry/exit door, may be equipped with a delayed egress locking system installed in accordance with NFPA 101. Other special locking arrangements are permitted only in specialty care assisted living facilities. 5. Exit doors swinging outward shall swing out over a landing having a minimum length and width equal to the door's width at the same level as the floor level, except existing doors shall not have more than a four inch step down. Exit doors of Family facilities may swing inward. (m) Ventilation. The building shall be well ventilated at all times to prevent accumulation of objectionable odors. Kitchens, laundries, service rooms, toilets, and bathrooms shall be ventilated by windows, gravity vents, or mechanical means as necessary to prevent offensive odors from entering other parts of the facility. (n) Fire Extinguishers. Fire extinguishers	A1203		

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A1203	Continued From page 10 shall be provided for each hall, kitchen, and laundry of type and capacity appropriate to the risk. 1. Each fire extinguisher shall receive an annual inspection with maintenance, and recharging when necessary, by a fire equipment servicing representative. An annual servicing tag shall be attached to the extinguisher reflecting the name of the servicing company, representative, day, month, and year of maintenance. 2. A visual inspection of each fire extinguisher shall be conducted monthly by designated staff of the facility and documented on the attached extinguisher tag by the designated staff person. (c) Call System. Except in Family facilities, a central electric or electronic call system shall be conveniently provided for each resident in private bedrooms and bathrooms. The call system shall be certified to meet the applicable Underwriters Laboratories standard. (d) Manufactured homes/mobile homes are not permitted. (e) Fireplaces and inserts, shall be inspected and cleaned annually, and shall comply with the currently adopted building code. Openings shall be protected with screens, or doors. (f) Exit marking. In Group and Correctional facilities, a sign bearing the word "EXIT" in plain legible block letters shall be placed at each exit. Additional signs shall be placed in corridors and passageways wherever	A1203		

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A1203	Continued From page 11 necessary to indicate the direction of exit. Letters on exit signs shall be at least four inches high. All exit doors and exit signs shall be kept clearly legible by continuous internal electric illumination and have battery backup or emergency power. (e) Heating, Lighting, and other Service Equipment. 1. Central or individual room gas heating appliances shall be of the enclosed flame type and equipped with automatic flame shut-off control and shall be vented directly to the outside. Heating units of any type shall be located to avoid direct contact with any combustible material and shall be maintained in accordance with manufacturer's recommendation. 2. Open flame and portable heaters are prohibited in sprinklered living facilities. This does not prohibit open flame with gas logs protected as noted elsewhere in these rules. 3. Lighting shall be restricted to electrical fixtures. Electric wiring, motors, and other electrical equipment in all assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code. This rule is not met as evidenced by: Based on observations and interview, walls in resident's rooms were not maintained in good repair. Findings: During a tour of the facility on August 26, 2025, there was observed a damaged area in the	A1203		

Alabama Department of Public Health

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A1203	Continued From page 12 wall behind the toilet in resident room 4. Also, there was a large hole in the wall of resident room 7. Both of these areas of the building were in need of repair and stated maintenance would be notified. CONNIE CHERRY, REGISTERED NURSE	A1203		