Gregory C. Keitlin, RN, MSHAI

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	D2807	A. BUILDING: _____ B. WING _____	C 07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK LANDING	616 GAINES STREET ATTALLA, AL 35954

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		A 302	**1. A302 Medication Assistance** **2. Immediate Corrective Action:** Our pharmacy, IntegraCare, will give refresher training for unit dose packing system with EI#4, EI#5 during the last week of September 2025. Training will include tactile textures for visually impaired residents. Training will continue thereafter as needed. Administrators will oversee employees training and help in teaching moments in handling medications. **3. Other Occurrences:** All residents had the potential to be affected. No harm was found. **4. System Change:** Unannounced bi-monthly audits by administrators and administrator designee to monitor staff awareness of proper handling of meds including required tactile textures for the visually impaired. **5. Monitoring:** 6 months of unannounced bi-monthly audits by administrators and administrator designee will be performed to ensure accuracy and consistency of staff awareness for proper medication handling. Documentation will be kept in the administrators' office	

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		A 302	**1. A302 Food Service Sanitation** **2. Immediate Corrective Action:** 7-28-25 EI#1 hired Pro Restaurant Equipment Cleaning service to clean all equipment, walls, floors. Trash can lid was placed back on the trash can. Dietary was given a printed laminated poster of measurements for sanitation solutions required for 3-compartment sink if/when our commercial sanitizer dishwasher is not working. Dishwasher is now operable. **3. Other Occurrences:** All residents had the potential to be affected. No other incidents were found. **4. System Change:** EI#1 hired Pro Restaurant Equipment Cleaning service to clean all equipment, walls, floors. **5. Monitoring:** Our current Kitchen Equipment monitoring document has been revised to better understand our required ongoing cleaning duties. Dietary manager reviews & initials work order for accuracy and Administrators will review weekly and initial and date the kitchen work order document. Documentation will be kept in the Dietary manager's office.	

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		A 302	**1. A302 Staffing:** **2. Immediate Corrective Actions:** Regarding 3rd shift - To ensure general health supervision, we now have qualified and able staffing that can/will identify changes in all residents' health conditions and physical abilities and awareness. The focus of staff will be on resident participation in evacuating the building during the monthly fire drills. Identified slower residents will receive additional resident training before and after monthly fire drills teaching the emergent actions required from them as well as staff to improve response times. Based on the acuity of the residents, staffing will be increased if necessary. **3. Other Occurrences:** All residents had the potential to be affected. No other incidents were found. **4. System Change:** During monthly fire drills, staff/mgmt will document and identify slower residents for additional training to be given before and after each fire drill to improve the emergent actions required from them that will improve response times. A plain RED 3x5 placard is placed over our identified resident's door that have slower response times. 3rd shift will now do a daytime fire drill evacuation for an exercise in handling residents. **5. Monitoring:** Documentation for procedural training for 3rd shift employees will be noted on the Monthly Fire Dill log and kept in the ALF central office. Monitoring will be ongoing.	

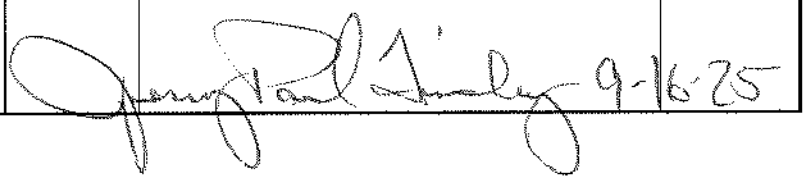
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		A 302		
		A 303	**1. A303 Required Training:** **2. Immediate Corrective Action:** EI#2 has included the oxygen therapy and the continuous glucose monitoring in the annual employee CEU documentation and all Mgmt and staff are current. EI#1 & EI#2 were current prior to the surveyor's departure. **Activity Program:** EI#2 has updated the activity program by removing unpopular or no participation activities.	



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		A 303	**Oxygen:** EI#2 has included the oxygen therapy and the continuous glucose monitoring in the annual employee CEU documentation and all Mgmt and staff are current. EI#1 & EI#2 were current prior to the surveyor's departure. **Food Service:** 7-28-25 Owner hired Pro Restaurant Equipment Cleaning service to clean all equipment, walls, floors. Trash can lid was placed back on the trash can. Dietary was given a printed measure of sanitation solutions necessary for a 3 – compartment sink if/when the commercial sanitizer dishwasher is not working. Dishwasher is now operable. Potable water for emergency needs was short and was replenished. Potable water was purchased during the survey on 7-23-25. All residents have 3 gal of water per resident for 3 days. **Fire and Safety** International Fire & Safety was present and stated the system was fine and in working order. The system reacted to a bad smoke detector in the nurse's station and was replaced during the survey. System is now not signaling an alarm. All semi-annual inspections are current. August 27th and 29th we hired 2 new employees to fill vacant positions for 2nd and 3rd shifts. **3. Other Occurrences:** All residents had the potential to be affected. No other incidents found with Required Training, Activity Program, Oxygen Training, Food Services, and Fire and Safety.	

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		A 303	**4. System Changes:** All citing's for A-303 have been addressed and corrected per ADPH and Oak Landing Policy and procedures. Required Training, Activity Program, Oxygen Training, Food Services, and Fire and Safety. **5. Monitoring:** All documents are kept in Administrators office. All documentations are ongoing. **Required Training** – Annually and at new hiring. **Activity Program** – Monthly for changes and/or updating **Oxygen Training and other Training** – Annually and at new hire. **Food Service** – Daily documentation. A printed measure of sanitation solutions necessary for 3–compartment sink was issued to Dietary if/when sanitizer commercial dishwasher is not working. Dishwasher is now operable. **Fire and Safety:** Semi-annual contracts with All-Safe Sprinkler Company and International Fire Systems for fire alarm system.	

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		A 401	**1. A401** **2. Immediate Corrective Action:** Regarding 3rd shift - To ensure general health supervision, we now have qualified and able staffing that can/will identify changes in all residents' health conditions and physical abilities and awareness. The focus of staff will be on resident participation in evacuating the building during the monthly fire drills. Identified slower residents will receive additional resident training before and after monthly fire drills teaching the emergent actions required from them as well as staff to improve response times. Based on the acuity of the residents, staffing will be increased if necessary. **3. Other Occurrences:** All residents had the potential to be affected. No other incidents were found.	

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		A 401	**4. System Change:** During monthly fire drills staff/mgt will document and identify slower residents for additional training to be given before and after each fire drill to improve the emergent actions required from them that will improve response times. A plain RED 3x5 placard is placed over our identified resident's door that have slower response times. 3rd shift will now do a daytime fire drill evacuation for an exercise in handling those slower residents. **5. Monitoring:** Going forward, 3rd shift will do a daytime fire drill to increase handling residents and we will document on the existing monthly fire drill log all increased procedural training for 3rd shift employees. This documentation will be kept in the ALF central office. Monitoring will be ongoing. .	

Jerry Paul Lindsey 9-16-25

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		A405	1. **A405** 2. **Immediate Corrective Action:** EI#2 has included the oxygen therapy and the continuous glucose monitoring in the annual employee CEU documentation and all Mgmt and staff are current. EI#1 & EI#2 were current prior to the surveyor's departure. 3. **Other Occurrences:** All residents had the potential to be affected. No other incidents found with required training. 4. **System Changes:** All deficiencies have been addressed and corrected per ADPH and Oak Landing Policy and procedures. All required training to include Oxygen and continuous glucose monitoring is current. 5. **Monitoring:** All required CEU training is done annually and at new hire. Documentation is kept in a single alphabetical binder in the administrator's office.	

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		A 503	1. **A503** 2. **Immediate Corrective Actions:** Non-medical forms necessary for admission will now be introduced in the initial interview. Signed statements of resident rights, inventory of personal effects, and financial agreement and resident demographic information will be obtained prior to or on the date of admission. 3. **Other Occurrences:** All residents had the potential to be affected. No other incidents were found. 4. **System Changes:** Previously all admission forms were packaged together for managers to acquire necessary information. The administrator conducting the initial interview will be responsible for signed statements of resident rights, inventory of personal effects, and financial agreement and resident demographic information. 5. **Monitoring:** A check list is included in each admission packet to confirm all documentation is signed and accounted for. A copy of that check list is in the ALF central office. Monitoring is ongoing per new resident.	

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		A 504	**1. A504 Safe and Decent Environment** **2. Immediate Corrective Action:** Regarding 3rd shift - To ensure general health supervision, we now have qualified and able staffing that can/will identify changes in all residents' health conditions and physical abilities and awareness. The focus of staff will be on resident participation in evacuating the building during the monthly fire drills. Identified slower residents will receive additional resident training before and after monthly fire drills teaching the emergent actions required from them as well as staff to improve response times. Based on the acuity of the residents, staffing will be increased if necessary. International Fire & Safety came out during survey and stated the system was fine and in working order. The system reacted to a bad smoke detector in the ALF central office station and was replaced. System is now reset and not signaling. All semi-annual inspections are current. Our pharmacy, IntegraCare, will give refresher training for unit dose packing system with E#4, E#5 the last week of Sept. Training will include tactile textures for visually impaired residents. Training will continue thereafter as needed. Administrators will oversee employees training and help in teaching moments in handling medications. A printed laminated poster was issued to dietary with the measurements of sanitation solutions necessary for a 3–compartment sink for if/when the commercial sanitizer dishwasher is not working.	

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		A 504	Potable water for emergency needs was short and was replenished. Potable water was purchased during the survey on 7-23-25. All residents have 3 gal of water per resident for 3 days. Day to day, there would not have been 7 participants involved in a fire drill at any time. A few staff members came in to help how they could while 1st shift was helping during the survey. Per our documented previous fire drills, current staff on duty can consistently evacuate the building in under 5 minutes. A seasoned 3rd shift employee has been replacement. Increased procedural training for all 3rd shift employees will sharpen their response time. **3. Other Occurrences:** All residents had the potential to be affected. No other incidents occurred regarding all deficiencies with A504. **4. System Changes:** During monthly fire drills staff/mgt will document and identify slower residents for additional training to be given before and after each fire drill to improve the emergent actions required from them that will improve response times. A plain RED 3x5 placard is placed over our identified resident's door that have slower response times. 3rd shift will now do a daytime fire drill evacuation for an exercise in handling residents with documentation on current monthly fire drill log kept in the ALF central office. Amy Paul Findley 9-16-25	

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		A 504	Defaulted Smoke detector was replaced and Fire alarm system no longer alarms. Our pharmacy, IntegraCare, will give refresher training for unit dose packaging system the last week of September on resident medication that will include tactile textures for visually impaired residents. A laminated information poster was made for dietary to inform proper sanitization solution measurements for 3-compartment sink for if/when commercial sanitizer dishwasher is not working. Dishwasher is now operable. The proper amount of potable water was purchased during the survey on 7-23-25. During monthly fire drills staff/mgt will document and identify slower residents for additional training to be given before and after each fire drill to improve the emergent actions required from them that will improve response times. A plain RED 3x5 placard is placed over our identified resident's door that have slower response times. 3rd shift will now do a daytime fire drill evacuation for an exercise in handling residents and documented on the current fire drill log kept in the ALF central office.	

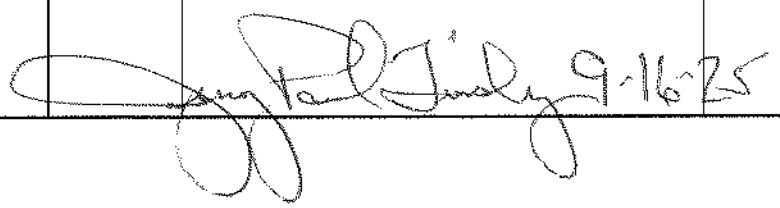
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		A 504	**5. Monitoring:** Monthly posted employee work schedule will monitor employee presence in a 24-hour period. Monthly schedules will be kept in administrators' office for 3 weeks per schedule. Fire alarm and sprinkler systems are currently in a semi-annual contract. All inspections are current and kept in the administrator's office ongoing. Administrator and Administrator designee will conduct Bi-monthly unannounced audits on resident medications assistance and proper textures for the visually impaired on designated medication cards. Evaluations will be documented and kept in administrators' office for 6 months. Kitchen work order sheet covers 4 days per sheet and is documented daily by dietary staff to ensure proper temps on food, fridge and freezer, overall cleanliness, and proper chemical concentrations/sanitization in a 3-compartment sink. Dietary manager reviews it for completeness and EI#2 reviews and initials for completeness weekly. Documentation is in the Dietary office and will be monitored for 6 months. Potable water count is now included with emergency food date monitoring. Documentation will be kept in dietary managers office and monitored by EI#5 monthly ongoing.	



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		A504	Continued..... During monthly fire drills staff/mgt will document and identify slower residents for additional training to be given before and after each fire drill to improve the emergent actions required from them that will improve response times. A plain RED 3x5 placard is placed over our identified resident's door that have slower response times. Each 3rd shift will now do a daytime fire drill evacuation for an exercise in handling residents and will be documented on the current monthly fire drill log and kept in the ALF central office. Each 3rd shift daytime drill will be included in the ongoing documentation.	

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		A 508	**1. A508** **2. Immediate Corrective Action:** International Fire & Safety was called and came out during survey and stated the system was fine and in working order. There was never an issue during monthly drills with the system operating as intended every time. The system reacted to a bad smoke detector in the nurse's station and was replaced. System is now reset and not signaling. All semi-annual inspections are current. **3. Other Occurrences:** All residents had the potential to be affected. No other incidences were found. **4. System Changes:** Require contracted companies to respond as needed. At that time our scheduled semi-annual fire system was August 4th,2025. **5. Monitoring:** Fire sprinkler and fire alarm systems are scheduled semi-annually and are current. Inspection reports are kept in administrators' office. Monitoring will be ongoing. 9-16-25	

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		A 602	**1. A602** **2. Immediate Corrective Action:** Consult physicians and other facilities that send the initial or annual POC to fill all blanks regarding resident health and mental status. Consult Managers to always proof read sent POC for accuracy and to catch any unanswered necessary data and immediately contact sender for correction. **3. Other Occurrences:** All residents had the potential to be affected. No other incidences were found. **4. System Changes:** Consult physicians and other facilities that send the initial or annual POC to fill all blanks regarding resident health and mental status. Consult Managers to always proof read sent POC for accuracy and to catch any unanswered necessary data and immediately contact sender for correction. **5. Monitoring:** Managers will proof read all POC and other documentation upon arrival to facility. All medical documentation is kept in resident binder in the ALF central office and monitored by physicians and managers ongoing.	

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	D2807	A. BUILDING: _____ B. WING _____	C 07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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		A 612	**1. A612 Activities and Pets:** **2. Immediate Corrective Action:** Activities Calander is prepared monthly by EI#2 and cancellations often happen. Administrators and managers will monitor calendar for updates and activities that are not popular will be removed by EI#2 each month. **Pets:** EI#1 EI#4 EI#8 are the pet owners. Per facility policy, EI#1 had papers on hand for his puppy. EI#4 currently has her dog's vaccination papers on file in EI#2's office. EI#8 is no longer employed with Oak Landing and is expected to vacate the premises by September 15th **3. Other Occurrences:** All residents had the potential to be affected. No other incidents found. 9-16-25	

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		A 612	**4. System Changes:** EI#2 and managers will monitor calendar for updates and activities that are not popular and will be removed by EI#2 each month. All current visiting pets have their vaccination papers except ex-employee EI#8. **5. Monitoring:** All pets visiting Oak Landing for extended periods of time shall present Oak Landing a copy of current vaccination papers and will be kept in a file in EI#2's office. Administrators and managers will monitor calendar for updates and activities that are not popular will be removed by EI#2 and monitored each month ongoing.	

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		A 613	**1. A613** **2. Immediate Corrective Action:** EI#4 removed medication from residents RI#2 possession. EI#4 swept all residents apartments for any other medications in their possession. EI#4 confirmed we had our pharmacy issued Opthalmic Timolol drops in RI#2 medication bin in our medication room. Family was contacted and explained the issues for bringing in prescribed or non-prescribed medications without a bedside order from her physician. **3. Other Occurrences:** All residents had the potential to be affected. No other incidents found.	

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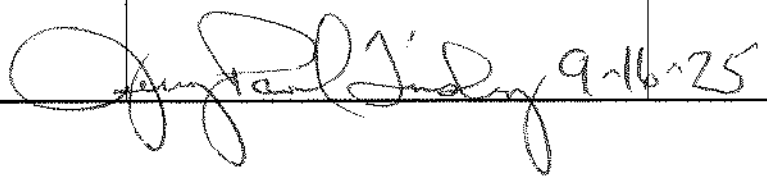
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		A 613	**4. System Changes:** EI#4 swept all residents apartments for any other medications in their possession. During each apartment check, EI#4 explained to all residents that no medication can be at bedside without a physician's bedside order. All "extra" drops belonging to RI#2 are housed in the med room. **5. Monitoring:** Staff has been made aware as they are doing daily rounds to be on the watch for any medication in a resident's possession. They will remove the medication and report it to the managers or Administrator immediately who will consult the resident's family and physician to see if a bedside order is appropriate. Bedside orders are kept in residents' binder in the assigned place. Otherwise, the med will continue to be kept in the med room. Scanning rooms for all medications will be ongoing.	

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		A 614	**1. A614 Visually Impaired:** **2. Immediate Corrective Action:** Our pharmacy, IntegraCare, will give refresher training for unit dose packing system with EI#4, EI#5 the last week of Sept. Training will include tactile textures for visually impaired residents. Training will continue thereafter as needed. Administrators will oversee employees training and help in teaching moments in handling medications. **3. Other Incidences:** All residents had the potential to be affected. No other incidents found. **4. System Changes:** Managers will adhere tactile textures to medications of all visually impaired residents to aid them in properly identifying their medications. Unannounced bi-monthly audits by administrators and administrator designee will monitor staff awareness to proper handling of meds including required tactile textures for the visually impaired. **5. Monitoring:** Administrators will oversee employees training and help in teaching moments in handling medications. Unannounced bi-monthly audits by administrators and administrator designee will be documented and kept in the EI#2's office. Monitoring will continue for 6 months or until this issue is resolved.  9-16-25	

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		A 618	**1. A618** **2. Immediate Corrective Action:** "E Type" cylinder was removed from the medication room and placed in one of our oxygen storage racks located in the ALF central office closet. A sweep of the facility was made to ensure all oxygen cylinders were racked. **3. Other Occurrences:** All residents had the potential to be affected. No other incidents found. **4. System Changes:** All staff members have been informed to be aware while in oxygen placard apartments that spare cylinders are appropriately racked.	

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		A 618	**5. Monitoring:** 4 residents use Oxygen and have placards at their door. Staff shall check for proper storage as they service rooms that any back-up oxygen cylinders are racked properly. Our scheduled room cleaning form reflects oxygen users and has a notation space to confirm tanks are racked. This documentation is stored in the ALF central office in the employee's task book. Monitoring is ongoing.	

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		A 702	**1. A702 Food Service:** **2. Immediate Corrective Action:** After locating the kitchen trash can lid it was placed back on the trash can. Aprons are washed then stored in a lidded container in the food pantry office area. Signage has been posted going in and coming out of the kitchen as to wearing aprons and hair nets during active food service. Staff was informed about taking aprons off before returning to the service floor as well as cross contamination. Sugar scoop shall stay in its labeled provided container outside the sugar container. The same as the ice scoop which has its own container. Staff was informed about cross contamination. Ice Maker was professionally cleaned by Pro Restaurant Equipment Cleaning service and damaged during cleaning. A new commercial Ice machine was purchased and will be in place September 10th 2025. The brown substance cleaned easily but was not identified. Staff was informed about cross contamination. Coffee and coffee filters shall remain in their original packaging. All premade filters with coffee shall be in their labeled air tight bin. Staff was informed about cross contamination. **3. Other occasions:** All residents had potential to be affected. No other incidents found beyond the trash can lid, Aprons, Sugar Scoop, ice maker, coffee, and filters. 9-16-25	

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		A 702	**4. System Changes:** Kitchen Work Order form was updated to include having clean aprons in labeled bin. Proper Scoop storage. Wipe interior Ice machine storage bin down with a clean damp cloth. The pre-made Coffee filters shall be kept in the labeled air tight container. **5. Monitoring:** Administrators will make bi-monthly unannounced for 6 months for Kitchen inspections and sign the Kitchen work order form on that day. Inactive signed forms are kept in dietary manager's desk.	

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		A703	**1. A703** **2. Immediate Corrective Action:** The proper amount of potable water was purchased during the survey on 7-23-25. **3. Other Occurrences:** All residents had potential to be affected. No other incidents found **4. System Changes:** Potable water count is now included with emergency food date monitoring. **5. Monitoring:** EI#6 will monitor potable emergency water along with 3 days of emergency food monthly. Documentation will be kept in dietary managers office and monitoring is ongoing.	

Doug Paul Landry 9-16-25

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		A 804	1. **A804** 2. **Immediate Corrective Action:** Kitchen Lighting combined with Resident Halls lighting and common areas is being converted from florescent to LED bulbs. The nature of the conversion is time consuming due to wiring in "tombstones" before LED bulbs can be converted. El#1 is actively underway to completion. Expected time of completion should be September 17th 2025. Floors and walls – Range and ovens - have been professionally cleaned and calibrated. El#1 hired Pro Restaurant Equipment Cleaners. Friday July 25th 2025 El#1 catered lunch and dinner for cleaning company to clean and sanitize all appliances inside and out. Walls then floors were cleaned and sanitized. Sugar scoop shall stay in its labeled provided container outside the sugar container. The same as the ice scoop which has its own container. Staff was informed about cross contamination. Dishwasher is now operable. Sanitation solutions for sinks were addressed with a printed laminated poster issued to dietary with the measurements of sanitation solutions necessary for a 3-compartment sink for if/when the commercial sanitizer dishwasher is not working. The work order for dishwasher repairs was presented to the surveyor during the survey.	

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		A 804	Dish Racks from Dishwasher are to be stored inside the dishwasher after each use. Dishwasher is designed to clean 2 full racks per wash. 3. **Other Occurrences:** All residents had the potential to be affected. No other incidences found with kitchen and Hall lighting. Kitchen floors and walls. Range and Ovens. Sugar scoop storage. Dishwasher and 3-compartment sink sanitization solutions. Dishwashers dish rack storage. All the above had potential for cross contamination. 4. **System Changes:** Kitchen and resident hall lighting is being converted from florescent lighting to LED. Expected to be completed on or before September 17th 2025. Floors and Walls – Range and Ovens - have been professionally cleaned and calibrated. EI#1 hired Pro Restaurant Equipment cleaners on July 25th 2025. Sugar scoop shall stay in its labeled provided container outside the sugar container. The same as the ice scoop which has its own container. Staff was informed about cross contamination. Dishwasher is now operable. Sanitation solutions for 3-compartment sinks were addressed with a printed laminated poster issued to dietary with the measurements of proper sanitation solutions. Dish Racks from Dishwasher are to be stored inside the dishwasher after each use to help prohibit cross contamination. 9-16-25	

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		A 804	5. **Monitoring:** Lighting in the facility that is out shall be reported to EI#1 to be replaced. With all bulbs being the same it is a fast fix. Daily observation to maintain all lights to be working. Range and Ovens, Floors and walls, sugar scoop storage, Coffee and filter storage, 3-compartment sink sanitation solutions shall be monitored on the Kitchen Work Order form and kept on the dietary Managers desk. Administrators will do unannounced inspection bi-monthly and sign off on that days Kitchen Work Order form. Monitoring will continue for 6 months or until the issue is resolved. Dish Racks from Dishwasher are to be stored inside the dishwasher after each use to help prohibit cross contamination. Signage will be placed on the dishwasher door to read "Return dish rack to dishwasher". Monitoring will be ongoing.	

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		A1002	1. **A1002** 2. **Immediate Corrective Action:** Retired Air conditioners in the back yard and the dumpster have been removed and cleaned up. The facility's lawn service going forward will maintain and/or remove ANY and ALL obstructions on campus grounds. 3. **Other Occurrences:** All resident had potential to be affected. No other occurrences found. 4. **System Change:** Facility's lawn service going forward will maintain and/or remove ANY and ALL obstructions on campus grounds. 5. **Monitoring:** Lawn care service is weekly. All possible debris will be removed or placed in the dumpster. Monitoring will be done by lawn care service to confirm any up-charge for their weekly servicing.	

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		A1201	**1. A1201** **2. Immediate Corrective Action:** The outdoor couch was apparently donated. It was removed by the facility's lawn service. **3. Other Occurrences:** All residents had potential to have been affected. No other incidents found. **4. System Changes:** The facility's lawn service going forward will maintain and/or remove ANY and ALL obstructions on either of the campus grounds. **5. Monitoring:** Lawn care service is weekly. All possible debris will be removed or placed in the dumpster. Monitoring will be done by lawn care service to confirm any up-charge for their weekly servicing.	

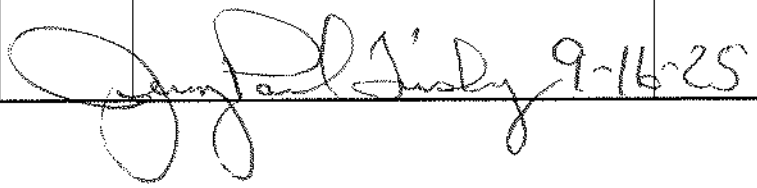
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		A1203	**1. A1203** **2. Immediate Corrective Action:** Kitchen Lighting combined with Resident Halls lighting and common areas and fixtures are being converted from florescent to LED bulbs. The nature of the conversion is time consuming due to wiring in "tombstones" before LED bulbs can be converted. EI#1 is actively underway to completion. Expected time of completion should be September 17th 2025. Emergency Lighting batteries were replaced during the survey visit. All lights are working. Floors and walls – Range and ovens - have been professionally cleaned and calibrated. EI#1 hired Pro Restaurant Equipment Cleaners. On Friday, July 25th 2025, EI#1 catered lunch and dinner for cleaning company to clean and sanitize all appliances inside and out. Walls then floors were cleaned and sanitized. Continued…..	



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		A1203	**Immediate Corrective Action:** Trip hazard extension cord was removed. All working space shall be free and clear of any trip hazard or obstructions impeding movement in the kitchen and other walkways. Laundry room water leak. Sheetrock has not been repaired as of yet. EI#1 has hired a dry wall contractor that is currently finishing another job. He estimates the week of September 15th 2025. Sprinkler down spout bezel was repaired during our contracted semi-annual inspection. AllSafe Fire Sprinkler Co performed the inspection during the facility survey. Fire Extinguisher are caught up on dates. EI#5 will sign fire extinguisher tags mid-month while checking emergency lighting on the same day. The findings will be noted on the Facility Maintenance Log and reported for repair if needed. **3. Other Occurrences:** All residents had the potential to be affected. Aside from the facility lighting, Emergency Lighting, Floor and Walls, Range and Ovens, Trip hazards, Laundry sheetrock, Sprinkler head bezel, and fire extinguisher dates no other issues were found.	

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	D2807	A. BUILDING: _____ B. WING _____	C 07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK LANDING	616 GAINES STREET ATTALLA, AL 35954

(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
		A1203	**4. System Changes:** Kitchen Lighting combined with Resident Halls lighting and common areas and fixtures are being converted from florescent to LED bulbs. Expected time of completion should be September 17th 2025. Emergency Lighting batteries were replaced during the survey visit. All lights are working. Floors and walls – Range and ovens - have been professionally cleaned and calibrated. EI#1 hired Pro Restaurant Equipment Cleaners Friday July 25th 2025. Trip Hazard extension cord was removed. Laundry room sheetrock has not been repaired yet. Contractor estimates the week of September 15th 2025. Sprinkler down spout bezel was repaired by AllSafe Fire Sprinkler Co during our contracted semi-annual inspection. Fire Extinguisher are caught up on dates. EI#5 will sign fire extinguisher tags mid-month while checking all emergency lighting at the same time. **5. Monitoring:** Lighting in the facility that is out shall be reported to EI#1 to be replaced. With all bulbs being the same it will be a fast fix. EI#5 will sign the Facility Maintenance Log that is kept in the ALF central office. Daily observation to maintain all lights shall be working. 9-16-25	

Alabama Department of Public Health

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		A1203	**Monitoring: cont..** Emergency Lighting are all working and Fire Extinguisher dates are current. El#5 has will sign **fire extinguisher** tags mid-month while checking all emergency lighting and Facility Lighting at the same time. Notations will be made in the Facility Maintenance Log kept in the ALF central office. Monitoring will be ongoing. Range and Ovens, Floors and walls, sugar scoop storage, Coffee and filter storage, 3-compartment sink sanitation solutions shall be monitored on the Kitchen Work Order form and kept on the Dietary Manager's desk. For 6 months, Administrators will do unannounced inspection bi-monthly and sign off on that days Kitchen Work Order form kept on Dietary manager's desk. Monitoring will be ongoing. Trip hazard in the kitchen will be monitored by Kitchen staff. For 6 months Administrators will do unannounced inspection bi-monthly and sign off on that days Kitchen Work Order form kept on Dietary manager's desk. Laundry room Sheetrock is scheduled for repair. Sprinkler Head Bezel has been repaired. AllSafe Fire Sprinkler Co will be called should repairs be needed. Facility has a standing semi-annual contract for inspections. All inspections are current and kept in the ALF central office. Monitoring is ongoing. 9-16-25	