Alabama Department of Public Health

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 _____	01/07/2026

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
A 000	Initial Comments On January 7, 2026, an unannounced, inspection of care survey was conducted for this 33 bed Assisted Living Facility (ALF) with 21 residents. 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 require a plan of correction.	A 000		
A 303	420-5-4-.03 (2) (a) Administration. The Administrator. (a) Responsibility. 1. The administrator shall be a direct representative of the governing authority in the management of the assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties. 2. Any individual employed as an administrator shall be properly licensed. 3. Any individual employed as an administrator shall meet all applicable statutory requirements. 4. There must be an individual with experience in the day-to-day operation of the facility, who is authorized in writing, to act for the administrator during absences. 5. The administrator and any individual authorized to act as a substitute shall be at	A 303	**1. A303 Administrator** **2. Immediate Corrective Action:** Re: A508 EI#1's Family medical absence left the facility unable to facilitate on-line incident reporting. EI#1 has trained facility manager EI#3 to use the on-line reporting system and investigations during EI#1's absence. EI#3 has successfully completed a few on-line incident reports and detailed investigations. EI#3 has been issued a company laptop for off-sight reporting. June 5th, 2026 a staff meeting was held to re-train all staff on resident incident reporting at all times and after hours. Staff has been instructed to notify a manager who will notify an administrator at reasonable times of the evening or make them aware first thing the next morning. Staff understands that reporting personnel have a 24 hour window to report the incident. An "Incident Protocol" notice is posted in the staff office for all staff to reference. EI#1 and EI#2 will continue with training as needed. continued....	

A 303	Continued From page 1 6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character. 7. The administrator shall ensure that adequate personnel are employed and on duty to meet the care needs of all residents 24 hours a day, 7 days a week. 8. The administrator shall manage and direct staff activities in a manner that results in maintenance of a neat, clean, orderly, and safe environment and adequate care being provided at all times. If a facility has an adequate number of staff members on duty to meet the care and safety needs of all residents, but adequate care and safety is not being provided, then the facility does not meet this administration and management requirement. 9. The facility administrator is responsible for ensuring that required training is provided to all staff. 10. The administrator shall ensure that residents who have health or safety needs beyond the capability of the facility will be safely transferred or discharged to an appropriate setting. 11. The administrator shall ensure that facility staff members observe each resident for changes in health and physical abilities and obtain appropriate medical attention when needed. 12. The administrator shall ensure that plans of care for all residents are current and	A 303	Continue... A303 **Re: A612 Activity Program** Lack of resident participation and cancellation of outside scheduled activities have been our issue. On Friday June 5th, 2026 a Staff meeting was held to discuss the necessity for daily activities with training to include that staff shall be aware of cancellations of scheduled activities each day. The facility has recently purchased a different back up activities kit to include arts and crafts and various games to be provided as an alternative when an outside vendor has canceled. On Monday June 8th another survey will ask residents their preference of activities they would participate in. The residence responses will be kept in the resident census file stored in the nurses station. This shall ensure that residents have an alternative activity for day to day and when our planned activities are cancelled. Regardless of our expected participation, staff has been instructed to set up the activity as if all residents will participate. Staff shall go door to door to strongly encourage residents to participate in the activity that's set-up for them. All drop-in performances shall be documented on the activities calendar. **3. Other Occurrences:** All residents had the potential to be affected. These are repeat deficiency in EI#1's absence from the months of March 2025 to January 2026. Re: A508 Some residents were affected by inadequate protocol and documentation. Re: A612 All residents were affected due to the lack of resident activities for interacting with one another and mental stimulation. continued...	

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A 303	Continued From page 2 appropriate. This shall include the prearranged discharge plan. 13. The administrator shall ensure that all deficient practices cited by the Department are corrected in a timely manner and that corrections are maintained. This Rule is not met as evidenced by: Based on interview and record review, EI#1, the Administrator, failed to adequately perform his duties. EI#1 failed to ensure previously cited deficient practices were corrected and compliance with SBOH rules for ALFs was maintained. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 24, 2025. Findings: The following deficient practices were cited during the onsite survey as a result of the administrator's inability or unwillingness to apply the SBOH rules in the day to day operations of the facility. 508 - Incidents were not reported to ADPH and were not investigated. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 24, 2025. 612 - An activity program to meet residents needs was not facilitated by staff. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 24, 2025. On the morning of January 7, 2026, EI#1 acknowledged the plan of correction submitted for the July 24, 2025, survey had not been	A 303	Continue... A303 **4. System Changes:** Re: A508 EI#1 has trained facility manager EI#3 to use the on-line reporting system and investigations in EI#1's absence. EI#3 has successfully completed a few on-line incident reports and detailed investigations. EI#3 has been issued a company laptop for off-sight reporting. Re: A612 The staff shall be aware of cancellations of scheduled activities each day. The managers on duty will initiate a staff lead activity for the days an outside vendor has canceled. On Monday June 8th another survey will ask residents their preference of activities they would participate in. The staff has been instructed to set up the activity as if all residents will participate. Staff shall go door to door to strongly encourage residents to participate. **5. Monitoring:** Re: A508 EI#1 and EI#2 will continue doing on-line incident reporting by including EI#3 for her proficiency on-line as well as investigating the incident. Re: A612 EI#3 and EI#4 will supervise all day-time staffing in monitor the Activities Calendar for cancellation and provide an alternative in-house activity as well as day-to-day activities that shall be provided. Alternative activities shall be documented on the current activities calendar.	

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A 303	Continued From page 3 followed. EI#1 claimed it was an oversight related to a preoccupation of personal origin.	A 303		
A 508	420.5.4-.05 (3) (h) Records and Reports. (h) Incident Investigation. When an incident, as defined below, occurs in an assisted living facility, the facility administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective actions and interventions shall be devised and implemented immediately. A detailed and accurate report shall be completed within 72 hours of the incident. The report shall be given immediately upon completion to the administrator for review. 1. Incidents which require investigation are: (i) An accident or injury of known or unknown origin that was unusual or suspicious in nature such as bruising, pain, or injury that is not consistent with actions necessary in providing day to day care to a resident or for which medical treatment was sought. (ii) A fracture or an injury resulting in medical attention. For the purposes of these rules, medical attention shall be defined as care that rises above the level of first aid, including but not limited to: a physician ordered portable X-ray, a visit to an emergency department, urgent care facility, clinic or physician office. (iii) The onset of wandering behavior by any resident who is not fully cognitively intact. (iv) Elopement by a resident.	A 508	**1. A508 Records And Reports** **2. Immediate Corrective Action:** EI#1's Family medical absence left the facility unable to facilitate on-line incident reporting. EI#1 has trained facility manager EI#3 to use the on-line reporting system and investigations during EI#1's absence. EI#3 has successfully completed a few on-line incident reports and detailed investigations. EI#3 has been issued a company laptop for off-sight reporting. June 5th, 2026 a staff meeting was held to re-train all staff on resident incident reporting at all times and after hours. Staff has been instructed to notify a manager who will notify an administrator at reasonable times of the evening or make them aware first thing the next morning. Staff understands that reporting personnel have a 24 hour window to report the incident. An "Incident Protocol" notice is posted in the staff office for all staff to reference. EI#1 and EI#2 will continue with training as needed. **3. Other Occurrences:** All residents had the potential to be affected. These are repeat deficiency due to EI#1's family medical absence from the months of March 2025 to January 2026. **4. System Changes:** EI#1 has trained facility manager EI#3 to use the on-line reporting system and investigations in EI#1's absence. EI#3 has successfully completed a few on-line incident reports and detailed investigations. EI#3 has been issued a company laptop for off-sight reporting. continued...	

A 508	Continued From page 4 (v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. (vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules. (vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules. (viii) An outbreak (for purposes of these rules, an outbreak is considered to be two or more affected people within 72 hours or less) of a contagious disease or condition including those listed in Appendix I of Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus). (ix) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility. (x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident. (xi) An unplanned occurrence that results in media attention. (xii) A medication error, overdose, or over	A 508	continue… A508 **5. Monitoring:** EI#1 and EI#2 will continue doing on-line incident reporting by including EI#3 for her proficiency on-line as well as investigating the incident.	

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A 508	Continued From page 10 RI#3 was admitted to the facility on June 29, 2022, with diagnoses which included chronic kidney disease, hypertension, anxiety and abnormality of gait. RI#3 sustained a fall on September 23, 2025, and was sent to the hospital. This reportable incident was not reported to the ADPH OIRS or investigated. RI#4 was admitted to the facility on April 18, 2024, with diagnoses which included chronic obstructive pulmonary disease (COPD) and heart disease. RI#4 sustained falls on September 1, 2025, and October 5, 2025 and was sent to the hospital each time. These reportable incidents were not reported to the ADPH OIRS or investigated. RI#5 was admitted to the facility on December 29, 2023, with diagnoses which included COPD, hypertension, hyperlipidemia and history of Cerebrovascular Accident (CVA). RI#5 sustained a fall on November 30, 2025, and was sent to the hospital. This reportable incident was not reported to the ADPH OIRS or investigated. RI#6 was admitted to the facility on January 28, 2025, with diagnoses which included hypertension, atrial fibrillation and abnormality of gait. RI#6 sustained a fall on August 15, 2025, and was subsequently hospitalized on August 17, 2025, with three broken ribs. This reportable incident was not reported to the ADPH OIRS or investigated. NOTE: The ADPH OIRS had not received any reportable incidents since the last survey on July 24, 2025. On the morning of January 7, 2026, EI#1 agreed each of the incidents named above should have been reported and investigated. EI#1 said he had	A 508		

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A 508	Continued From page 11 been distracted and pre-occupied, but acknowledged he should have followed the rules by reporting and investigating each incident.	A 508		
A 612	420-5-4-.06 (4) (c) (d) (e) (f) Care of Residents (c) The facility shall offer appropriate activity programs to each resident, maintaining supplies and equipment as necessary to implement the activity programs. Every day the facility shall provide activities appropriate to each resident. (d) Pets residing at the facility or used in activity programs shall be in good health and shall have current vaccinations as required by law. Vaccination certificates, or copies of vaccination certificates, shall be kept on file at the facility to demonstrate compliance with this requirement. (e) Mail, Telegrams, and Other Communications. 1. Incoming mail, telegrams, and other written communications addressed to the resident shall be delivered to the resident unopened. Outgoing mail shall be promptly delivered to regular postal channels upon receipt from the resident. Residents shall be permitted to place and receive telephone calls at the facility in complete privacy. 2. Personnel of the facility shall assist residents with communications, such as writing letters or assisting with writing letters, or reading mail out loud if requested to do so. (f) Appointments. Residents shall be	A 612	1. **A612** 2. **Immediate Corrective Action:** Lack of resident participation and cancellation of outside scheduled activities have been our issue. On Friday June 5th, 2026 a Staff meeting was held to discuss the necessity for daily activities through training to include that staff shall be aware of cancellations of scheduled activities each day. The facility has recently purchased a different back up activities kit to include arts and crafts and various games to be provided as an alternative when an outside vendor has canceled. On Monday June 8th another survey will ask residents their preference of activities they would participate in. The residence responses will be kept in the resident census file stored in the nurses station. This shall ensure that residents have an alternative activity for day to day and when our planned activities are cancelled. Regardless of our expected participation, staff has been instructed to set up the activity as if all residents will participate. Staff shall go door to door to strongly encourage residents to participate in the activity that's set-up for them. All drop-in performances shall be documented on the activities calendar. 3. **Other Occurrences:** All residents had the potential to be affected. These are repeat deficiency due to EI#1's family medical absence from the months of March 2025 to January 2026.	

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A 612	Continued From page 12 assisted in making and keeping appointments. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide an activity program to meet the needs of the residents. THIS IS A REPEAT DEFICIENCY FROM THE SURVEY CONDUCTED ON JULY 24, 2025. Findings: Observations were made on January 6-7, 2026, for implementation of the scheduled activities. None were facilitated by staff. On the morning of January 7, 2026, eight of eight residents present in the dining room reported there are no activities offered on a daily basis. Activities are usually offered approximately once every two weeks. Later on the morning of January 7, 2026, EI#3, a caregiver/manager, said activities should be offered daily. EI#3 said the purpose of an activity program was to get residents out to socialize, moving and just sitting in their rooms. EI#3 acknowledged the activity calendar was not being followed. On the morning of January 7, 2026, EI#2, the second Administrator, said she and EI#1 were responsible for ensuring residents are offered activities. EI#2 was asked why that was not done. EI#2 said she had tried to get residents to participate. Due to lack of participation, she had not ensured activities had been facilitated by staff. Later, on the morning of January 7, 2026, EI#1 was asked why residents were not being invited	A 612	Continue... A612 **4. System Changes:** The staff shall be aware of cancellations of scheduled activities each day. The managers on duty will initiate a staff lead activity for the days an outside vendor has canceled as well as day-to-day activities, On Monday June 8th, 2026 another survey will ask residents their preference of activities they would participate in. The staff has been instructed to set up the activity as if all residents will participate. Staff shall go door to door to strongly encourage residents to participate. **5. Monitoring:** EI#3 and EI#4 will monitor day-time staffing to Check the Activities Calendar for cancellations and provide an alternative in-house activity as well as day-to-day activities that shall be provided. All alternative activities shall be documented on the current activities calendar. All necessary documentation on deficiency A508 and A612 will be kept in the appropriate binder in the nurses station.	

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