Accepted March 5, 2026 16:07 PM

Legacy Ridge Trussville
D3779
Caleb Brink, ALA
Exit Survey: 12/4/2025

Gregory C. Gaitlin, RN, MSHAI

Deficiency: 420-5-4-.06 (4)(c)(d)(e)(f) Care of Residents

Vaccine records were not up to date for resident pets.

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

Immediately following the survey, The Director of Nursing and Administrator reviewed all vaccine records and informed the residents with current pets that were out of compliance that they would need to make appointments for their pets to get current vaccines as soon as possible. As of 01/02/2026, all pets are up to date with their vaccinations

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

As of 01/05/2026, a Vaccine Binder has been created for the pets that reside in our community. We are implementing monthly checks by Director of Nursing and Administrator to ensure that all pets are still in compliance. That document will reside in the Nursing Monthly Audit Binder.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

All current residents have been made aware that they are to get up to date vaccinations for pets, before the current vaccination expires
Full current vaccines records will be obtained and on file by community before move in. Expirations and appointments will be monitored by the Administrator and Director of Nursing as needed.

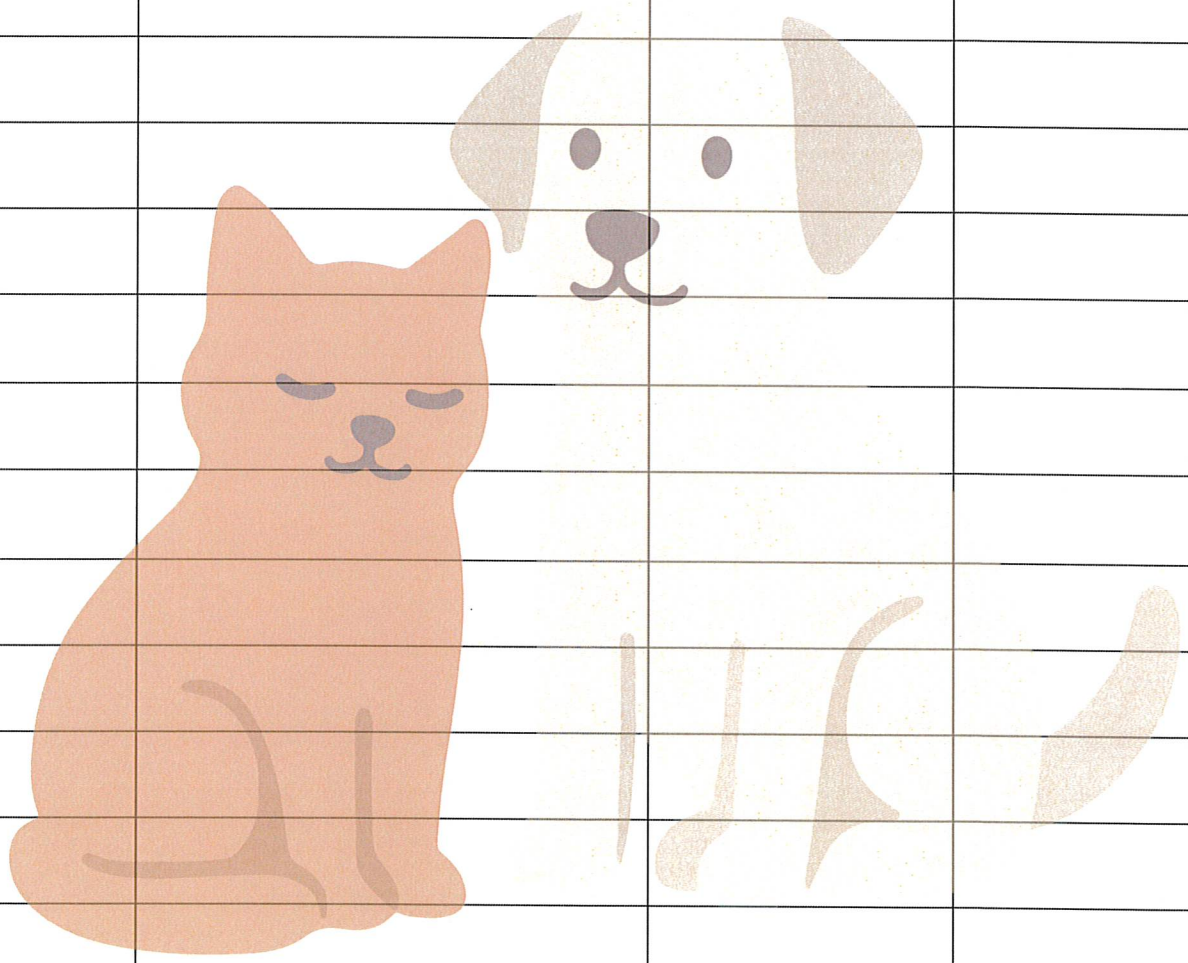
How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

A representative of the governing authority will visit the community quarterly for to ensure compliance for the next year. Sign off sheet will be in the Plan Of Correction Binder.

Administrator's Signature: _____ **Date:** 03/05/2026

Resident Pet Vaccine Monthly Checks

DATE	CHECK ED	DIRECTOR OF NURSING	ADMINIISTRATOR



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Deficiency: 420-5-4-.06 (10) Care of Residents

First Aid Kit expired.

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

As of 01/05/2026, First Aid Kit expiration date has been updated by our provider. They were made aware of the regulation that the date must be changed when they replace the materials within the first aid kit.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

Quarterly checks are to be implemented by the Director of Nursing to ensure that all first aid kits are in compliance

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

A form has been created and placed next to the first aid kit for sign off by the provider. This form will reside in the Monthly Nursing Audit Binder.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

A representative of the governing authority will visit the community quarterly for the next year to ensure compliance. Sign off sheet will be in the Plan Of Correction Binder.

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MONTHLY FIRST-AID KIT SIGN OFF

Year: _____

	Checked	Signature
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Fire Extinguisher had not been visually checked monthly.

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

As of 12/4/2025, All fire extinguishers have been tested, and tags have been brought up to date.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

The Administrator will now check all fire extinguishers monthly with the Maintenance Director for the next year.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

A form has been created with monthly sign-off and date for both the Administrator and the Maintenance Director to ensure compliance. This form will reside in the Maintenance Binder.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

A representative of the governing authority will visit the community quarterly for the next year to ensure compliance. Sign off sheet will be in the Plan Of Correction Binder.

MONTHLY FIRE EXTINGUISHER COMPLIANCE SIGN OFF

MONTH	ADMINISTRATOR	MAINTENANCE DIRECTOR	DATE
JAN			
FEB			
MAR			
APR			
MAY			
JUNE			
JULY			
AUG			
SEP			
OCT			
NOV			
DEC			

Legacy Ridge Trussville
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Deficiency: 420-5-4-.11 (1) Fire and Safety

Semi-annual fire alarm inspection had not been completed as required.

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

As of 01/01/2026, Administrator has scheduled all future fire alarm system inspections to be semi-annual with provider.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

Administrator provided a reference sheet to the Maintenance Director for which inspections are annual, semi-annual, quarterly, and monthly.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

A form has been created for sign off upon inspection by Administrator, Maintenance Director, and Inspector. This practice will be in place for the next year. The form associated with this check will reside in the Maintenance Binder.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

Governing Authority will monitor inspections quarterly for the next year to assure compliance with the state regulations. Sign off sheet will be in the Plan Of Correction Binder.

Administrator's Signature: _____ **Date:** 03/05/2026

FIRE INSPECTION COMPLIANCE SIGN OFF

Q1 - JAN/FEB/MAR

ADMINISTRATOR	
MAINTENANCE DIRECTOR	
INSPECTOR	
DATE	

Q2 - APR/MAY/JUN

ADMINISTRATOR	
MAINTENANCE DIRECTOR	
INSPECTOR	
DATE	

Q3 - JUL/AUG/SEP

ADMINISTRATOR	
MAINTENANCE DIRECTOR	
INSPECTOR	
DATE	

Q4 - OCT/NOV/DEC

ADMINISTRATOR	
MAINTENANCE DIRECTOR	
INSPECTOR	
DATE	

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Exit Survey: 12/4/2025

Deficiency: 420-5-4-.08 (4) Physical Facilities

Observations of Kitchen area including freezer, ovens, ranges, & floors.

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

As of 01/01/2026, the community is under new contract with a provider for the maintenance and upkeep of industrial freezers and refrigerators.
As of 01/05/2026, The Administrator is finalizing and approving quotes for the new ovens, ranges, and other miscellaneous items to be replaced in the kitchen area, as well as a power wash of the kitchen upon the replacement of said items. This was a part of the capital expenditure document that was provided to the surveyor. These changes are expected within the month of January 2026.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

The Dining Director will oversee training and monitoring cleanliness of kitchen area. Documenting all changes to be made to the area upon the arrival of new appliances & power wash provider.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

The Dining staff will have a semi-annual in-service on cleanliness and the state regulations. This will be documented and stored in the Employee files for Dining Staff.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

A representative of the governing authority will visit the community quarterly for the next year to ensure compliance. Sign off sheet will be in the Plan Of Correction Binder.

Administrator's Signature: _____ **Date:** 03/05/2026

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Exit Survey: 12/4/2025

Deficiency: 420-5-4-.08 (4) Physical Facilities

Refrigerator in room 222 did not have thermometer.

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

The refrigerators in the resident rooms are all now equipped with thermometers

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

The Maintenance Director will check all resident refrigerators monthly for the next 6 months to ensure that thermometers have not been removed and are in working order.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

Staff will check thermometers and log temperatures daily. This will be monitored by the Director of Nursing. The monthly form associated with this check will reside in the Monthly Nursing Audit Binder.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

A representative of the governing authority will visit the community quarterly for the next year to ensure compliance. Sign off will be in the Plan Of Correction Binder.

Administrator's Signature: _____ **Date:** 03/05/2026

Refrigerator Temperature Log

Document the temperature of the refrigerator daily. Normal temperature is 36°F to 46°F. If the temperature does not fall within the normal range, document what action was taken to correct the temperature.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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4.												
5.												
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Deficiency: 420-5-4-.06 (3)(a)(b) Care of Residents

Monthly assessments of residents were not completed as required.

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

RI# 2's assessments were caught up as of 12/09/2025. All assessments are scheduled in our system and firing correctly.
RI# 3's assessments were caught up as of 12/15/2025. All assessments are scheduled in our system and firing correctly.
As of 12/4/2025, Upon noticing that our assessments were not firing correctly in our system our regional and corporate clinical teams were contacted, as well as IT for Point Click Care. They found a glitch in the timing of the assessments associated with those residents going out to the hospital. The system received a hard reset fixing the glitch and allowing assessments to fire appropriately.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

To ensure quality and compliance we are implementing a secondary monthly check by the wellness director to ensure all forms are continuing to fire appropriately.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

A new form has been created to be signed off and dated by the Director of Nursing upon the completion of the secondary monthly check. The form associated with this check will reside in the Nursing Monthly Audit Binder.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

A representative of the governing authority will visit the community quarterly for the next year to ensure compliance. Sign off sheet will be in the Plan of Correction Binder.

Administrator's Signature: _____ **Date:** 03/05/2026

MONTHLY ASSESSMENT COMPLIANCE

YEAR: _____

Date	All Assessments Complete	Signature
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

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Deficiency: 420-5-4-07 (2) Food Service

Garbage Containers did not have tightly fitting lids.

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

As of 12/8/2025, tight fitting lids with signage stating " Lid must be in place at all times before and after use" are now in place in the kitchen/dining area.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

Dining Director to supervise and train proper usage of the garbage lids going forward. This training will be documented in the employee files.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility.

The Dining staff will have a semi-annual in-service on cleanliness and the state regulations.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

A representative of the governing authority will visit the community quarterly for the next year to ensure compliance. Sign off sheet in the Plan Of Correction Binder.

Administrator's Signature: _____ **Date:** 03/05/2026

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Deficiency: 420-5-4-09 (1)(2) Laundry

Lint trap on the drier was clogged with lint and required cleaning

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

As of 12/4/2025, Signage has been posted on all driers throughout the community stating, "Lint Trap must be cleaned immediately after each use".

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example:

In-service to be done on laundry and proper drier use on 1/27/2025 to clarify and ensure staff knowledge.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

Maintenance will perform monthly checks of dryers and tubing, and deep clean. The form associated with this will reside in the Maintenance Binder and will include date/signature.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

A representative of the governing authority will visit the community quarterly for the next year to ensure compliance. Sign off sheet in the Plan Of Correction Binder

Administrator's Signature: _____ **Date:** 03/05/2026

MONTHLY DRYER CHECK

Year: _____

	Dryer Checked	Maintenance Signature
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

PLAN OF CORRECTION COMPLIANCE SIGN OFF

Q1 - JAN/FEB/MAR

ADMINISTRATOR	
GOVERNING BODY REPRESENTATIVE	
DATE	

Q2 - APR/MAY/JUN

ADMINISTRATOR	
GOVERNING BODY REPRESENTATIVE	
DATE	

Q3 - JUL/AUG/SEP

ADMINISTRATOR	
GOVERNING BODY REPRESENTATIVE	
DATE	

Q4 - OCT/NOV/DEC

ADMINISTRATOR	
GOVERNING BODY REPRESENTATIVE	
DATE	