SYLACAUGA
Health & Rehab

Accepted Plan of Correction November 19, 2025 16:27 PM

Gregory C. Griffin, RN, MSHAI

11/19/2025

Via email: alfcomplaints@adph.state.al.us

Alabama Department of Public Health
Division of Health Care Facilities
Assisted Living Facilities Unit

Dear Ms. Suniaja Smith:

Please see the attached, requested Plan of Correction for the Spring Terrace Assisted Living survey that was conducted 11/4/25 - 11/5/25.

If you have any questions or concerns, please contact me via email (sfaircloth@nolandhealth.com) or cell phone (205) 288-1065.

Respectfully,

Shannon R. Faircloth, LNHA/ALA
Executive Director

1007 West Fort Williams St, Sylacauga, Alabama 35150
(256) 245-7402 Fax: (256) 207-3001

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: Spring Terrace Assisted Living
- ☑ Facility Identification Number: D6106
- ☑ Name of Administrator: Shannon Faircloth
- ☑ Survey Exit Date: 11/5/25

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

1. The cited deficiency number 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 explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team 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 recur in your facility. 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 staffing positions; increase in staff numbers; and improvement of staff qualifications.

5. The POC must explain 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 accomplish the 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; ombudsman feedback; and interviews with residents and families.)

Your POC must be signed, dated, and returned by: Saturday, November 22, 2025, at 5pm.

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

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
	D6106	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING TERRACE ALF	1104 WEST HICKORY STREET SYLACAUGA, AL 35150

(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 November 4, 2025 an unannounced licensure survey was conducted for this 36 bed Assisted Living Facility with a census of 16. 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 (ALF). The deficiencies cited pose a risk or potential risk of harm to the residents and require a plan of correction.	A 000	A 000 On 11/4-5/25 an unannounced survey was conducted. This plan of correction in response to the statement of deficiencies demonstrates our good faith and desire to improve the quality of care and services rendered to our residents.	
A 602	420-5-4-.06 (2) (a) (b) (c) Care of Residents. (2) Medical Examination Record. (a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to an assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination only, a currently licensed physician in good standing with the Medical Licensure Commission of any state may complete this physical assessment. The physician shall report his or her findings in writing to the facility. In addition to any information otherwise required by the facility's policies and procedures, and in addition to any other information the physician recommends or believes is pertinent, the initial physical examination record shall contain the following: 1. All of the physician's diagnoses, and	A 602	A 602 The facility failed to ensure the annual physical examination documented vital signs, weight or diagnoses for resident #4. The facility failed to ensure the annual physical examination documented vital signs for resident #6. The facility failed to ensure the annual physical examination documented temperature for resident #8. Corrective Action: 1) Annual physical examinations scheduled and updated for residents #4, #6, & #8. 2) 100% chart audit completed for all residents and their admission/annual physical examination. 3) RCC, employee #2, educated to include regulations for medical examination record and completion thereof as described in 420-5-4-.06 (2) (a) (b) (c). Action: 1) The administrator and/or designee will audit physical examination forms weekly X 4 weeks, 2x monthly X 1 month, then monthly X 1 month. 2) The monitoring will be kept in the administrator's office for review.	11/19/2025

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A 602	Continued From page 1 the resident's baseline weight and vital signs. 2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration). 3. A statement by the physician that the resident is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident to resident contact. 4. Documentation of evaluation for tuberculosis within the previous 12 months. (b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a physician, and findings from the annual physical examination shall be documented with a copy placed in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's attending physician, the annual physical examination shall contain the following: 1. The resident's weight and vital signs. 2. Changes in diagnoses. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. (c) Change of Condition Physician	A 602		

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A 602	Continued From page 2 Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, medications, or treatments shall be reported to the facility and documented in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's treating physician, this physical examination shall contain a listing of the following: 1. New diagnoses. 2. Changes in condition. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. This Rule is not met as evidenced by: Based on record review and interview, required information was not documented on residents' current medical examination records. Findings: Resident Identifier (RI) #4 RI# 4 was admitted to the facility on June 19, 2023. The current Medical Health Statement was dated May 23, 2025 and contained no vital signs, weight, or diagnoses. Employee Identifier (EI) # 2, Resident Care Coordinator, stated that EI# 2 was	A 602		

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A 602	Continued From page 3 responsible to ensure the information was provided and that it was missed during review and should have been documented. RI# 6 RI# 6 was admitted to the facility on 9/17/2018. The current Medical Examination Record was dated April 2, 2025 and did not contain vital signs of temperature and respirations. EI#2, Resident Care Coordinator, stated that EI# 2 was responsible to ensure the information was provided and that it was missed during review and should have been documented. RI# 8 RI# 8 was admitted to the facility on June 18, 2021. The current Medical Examination Record was dated February 17, 2025 and did not contain vital sign of temperature. EI# 2 , Resident Care Coordinator, stated that EI# 2 was responsible to ensure the information was provided and that it was missed during review and should have been documented.	A 602		
A 619	420-5-4-.06 (10) Care of Residents. (10) Storage of Medical Supplies. (a) First Aid Supplies. First aid supplies shall be maintained in a place readily accessible to persons providing personal care and services in the assisted living facility. These supplies shall be inspected at least annually to ensure their usability.	A 619	A 619 The facility failed to annually inspect the first aid kit to ensure usability. Corrective Action: 1) First Aid Kit inspected to ensure there were no expired supplies in the kit. 2) Inspection date documented and placed on the kit. 3) RCC, employee #2, educated to include regulations for annual inspection of first aid supplies as described in 420-5-4-.06 (10) (a).	11/19/2025

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A 619	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the facility failed to inspect first aid supplies for usability. Findings: On the afternoon of November 5, 2025, it was observed by the surveyor during a facility tour that the first aid kit had not been inspected by staff for usability as required. EI#1 stated that from now on going forward the inspection of usability will be conducted annually by the resident care coordinator.	A 619	Continued from page 4 Action: 1) The administrator and/or designee will keep record of annual due date of first aid supplies/kit, monitoring completion of annual inspection. Inspection due date added to administrator's calendar. 2) The monitoring will be kept in the administrator's office for review.	
A 702	420-5-4-.07 (2) Food Service (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear. 2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods: (i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or (ii) A cold water sanitizer. A sanitizing	A 702	A 702 The facility failed to ensure that the garbage can in the kitchen had a tightly fitting lid on it. Corrective Action: 1) Lid placed on garbage can. 2) Staff education to include the regulations for the kitchen garbage can having a tightly fitting lid on it during use in the kitchen as described in 420-5-4-.07 (2) (e). Action: 1) The administrator and/or designee will observe meal service to ensure tightly fitting lid is on the kitchen garbage can 3x week X 1 week, 2x week X 1 week, 1x week X 2 weeks, then monthly random audits X 2 months. 2) The monitoring will be kept in the administrators office for review.	11/19/2025

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A 702	Continued From page 5 solution shall be used in accordance with manufacturer's instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach, or 30 seconds in 12.5 ppm of iodine or the amount of time set by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months. 3. Dishes and utensils shall be allowed to air dry. 4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing. 5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility. (b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The ice scoop may be stored in the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight	A 702		

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A 702	Continued From page 6 container outside the ice bin. (c) Protection of Food from Contamination. 1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage back flow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use. 2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food. 3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor. 4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall be maintained at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times. 5. All leftover foods shall be labeled and dated with a "use by date", so that it may be consumed or discarded by that date, which is no more than 3 days from the date it was prepared. 6. All food products shall be used by the manufacturer's indicated date or discarded.	A 702		

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A 702	Continued From page 7 7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used to ensure that food is not contaminated in transport and that foods that are transported are held and served at the appropriate temperatures at all times. 8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit. 9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent contamination (meat juices dripping on other foods). 10. Laundry shall not be brought through the food preparation or service area. (d) Storage and Service of Milk and Ice Cream. 1. Milk and fluid milk products shall be served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such use.	A 702		

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A 702	Continued From page 8 2. Milk and fluid milk products shall be stored in such a manner that bottles or containers, from which the milk or milk product is to be poured or drunk, will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident. 3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses. (e) Kitchen Garbage and Trash Handling. 1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals. 2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse. (f) Employees' Cleanliness. 1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent	A 702		

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A 702	Continued From page 9 contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food. 2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room. 3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use. (g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area. (h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors. (i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities. (j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods. (k) Laundering of clothing shall not be permitted in food preparation or service areas. This Rule is not met as evidenced by: Based on observation and interview the facility	A 702		

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A 702	Continued From page 10 failed to have a tightly fitting lid on the kitchen garbage can. Findings: On the morning of November 5, 2025 during observation by the surveyor of the breakfast meal, it was observed that the kitchen garbage can did not have a tightly fitting lid on it. EI#1 was asked if it was normal operation to have the garbage can without a lid. EI#1 stated it was not normal and that the lid should have been on the garbage can in the kitchen. GREGORY ZEITLIN, REGISTERED NURSE	A 702		