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Gregory C. Griffin, RN, MSHAI

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P3713	A. BUILDING: _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KIRKWOOD BY THE RIVER	3605 RATLIFF ROAD BIRMINGHAM, AL 35210

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A 000	Initial Comments This was an unannounced licensure and complaint survey conducted on April 6, 2026. It is a 34 bed Specialty Care Assisted Living Facility (SCALF) with a census of 32. The following two complaints were investigated and unsubstantiated: Complaint number LC#20220103012 and Complaint number LC#20231221004. No deficiencies were cited due to the complaints. Deficiencies were cited during this complaint 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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and require a plan of correction.	A 000	This Plan of Correction in response to the Statement of Deficiencies demonstrates our good faith and desire to continue to improve the quality of care and services rendered to our Elders. However the answers do not constitute an admission that the citations are accurate in any respect.	
A 504	420-5-20-.05 (3) (d) Records and Reports. (d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission, of these rights. A copy of these rights shall be conspicuously posted in a resident common area. Each resident's file shall contain a copy of a written acknowledgment that he or she has read these rights, or has had these rights fully explained by facility staff to the resident, or, if appropriate, to the resident's sponsor. The acknowledgment shall be signed and dated by the administrator or the administrator's designee and by the resident or sponsor, when appropriate. 1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S.	A 504	A 504 420-5-20.5(3) (d) Records and Reports 1. Corrective action taken in response to each resident or example indetified in the SOD. Residents Rights were conspicuously posted in the SCALF Unit on 4-7-2026. This was done by facility Administrator. 2. Steps taken to identify other residents/example that may be affected by the allegedly deficient practice and corrective action taken. Other areas in the SCALF/ALF setting that require specialized conspicuously posting documents have been inspected by facility Administrator to ensure required postings are present. This was done on 4-7-2026.	4-7-2026

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A 504	Continued From page 1 solely by reason of status as a resident of the facility. 2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints. 3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy. 4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time. 5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. 6. Every resident shall have the right to manage his or her own financial affairs. If a resident or his or her legally appointed guardian authorizes the administrator of the facility to provide a safe place to keep funds on the premises, an individual account record for each resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions. 7. Every resident shall have the right to share a room with his spouse if both are	A 504	3. Systemic changes to ensure that the allegedly deficient practice does not reoccur. Scalf/Alf RN Director will monitor both floors semi-annually to ensure that the require specialized documents are conspicuously posted, This includes resident rights. Facility Administrator has been inserviced on the importance of posting specialized documents to include resident rights. This was done on 4-9-2026 by Kirkwood President/CEO. 4. Monitoring the corrective actions to ensure that the allegedly deficient practice does not recur. Administrator or designee will inspect semi-annual monitoring sheets to ensure require items are conspicuously posted in all areas to include residents rights. Documentation of inspections will be kept in SCALF/ALF RN Directors office. If problems are identified, further education or disciplinary action will be taken.	

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A 504	Continued From page 2 residents of the facility and agree to do so. 8. Every resident shall have the right to a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals. 9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident. 10. Every resident shall have access to adequate and appropriate health care consistent with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases. 11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility providing a higher level of care and no longer meets the eligibility and continued stay requirements in these rules, or for medical reasons the resident is considered by a physician to require an emergency relocation to a facility providing a more skilled level of care, or unless the resident engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record. 12. Every resident shall have the right to present grievances and recommend changes in	A 504		

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A 504	Continued From page 3 policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal. 13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file. 14. Every resident shall have the right to refuse to perform work or services for the facility unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that: (i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care. (ii) The plan of care specifies the nature of the work to be performed and sets forth the compensation to be paid for the service, unless the service is to be performed without compensation. (iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse. 15. Every resident shall be fully informed,	A 504		

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A 504	Continued From page 4 prior to or at the time of admission and at regular intervals during his or her stay, of services available in the facility, and of related charges. 16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities. 17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area. 18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24 months, then the results of the most recent inspection and any resulting corrective action plan shall be posted. 19. Every resident shall have the right to 30 days prior written notice to both resident and sponsor of any increase of fees or charges. 20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a	A 504		

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A 504	Continued From page 5 pattern of conduct that is harmful or dangerous to himself or herself or to other residents. 21. Every resident shall have the right to wear his or her own clothes, and to keep and use his or her own personal possessions, including toilet articles, except for personal possessions too large to be stored in the resident's room. 22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings. 23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours. 24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain required postings. Findings: Postings During a tour of the facility on the morning of April 6,2026 it was revealed that Resident Rights. was not conspicuously posted. Employee Identifier (EI)#1, the administrator concurred with the	A 504		

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A 504	Continued From page 6 surveyor observation that the Resident Rights were not posted as required. EI#1 posted this information during the onsite survey.	A 504		
A1201	420-5-20-.12 (1) Physical Environment. (1) Buildings and Grounds. (a) The specialty care assisted living facility including site and grounds must be constructed, arranged, and maintained to ensure the safety of the residents and building occupants. (b) Building Classification. 1. Group specialty care assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Section (1), (2), (3), (5), (6), and (8) of AAC Rule 420-5-20.12. 2. Congregate specialty care assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Sections (1), (2), (3), (7), and (8) of AAC Rule 420-5-20-.12. 3. Renovation within the exterior walls of a specialty care assisted living facility shall in no case be of such nature as to lower the character of the structure below the applicable building requirements for the classification of license held by the specialty care assisted living facility. 4. Dually licensed facilities. (i) For the purposes of meeting physical facility and building code requirements, a building	A1201	A 1201 420-5-20.12 (1) Physical Environment 1. Corrective action taken in response to each resident or example identified in the SOD. The hole in the press bar on the northwest entrance door to SCALF was repaired on 4-7-2026 by facility maintience director. 2. Steps taken to identify other residents/example that may be affected by the allegedly deficient practice and corrective action taken. All other entrance/exit doors in the SCALF/ALF setting were inspected to ensure there were no holes in the push bars and doors were in good repair. This was done on 4-7-2026 by facility maintience personnel. 3. Systemic changes to ensure that the allegedly deficient practice does not reoccur.	4-7-2026

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A1201	Continued From page 7 housing both a regular assisted living facility and a specialty care assisted living facility shall be classified as a Group or Congregate facility in accordance with the combined licensed bed capacities of both facilities. For the purposes of meeting resident care and administrative requirements, the specialty care assisted living facility and the regular assisted living facility shall be separately considered, and each shall be classified as a Congregate facility or a Group facility in accordance with the licensed bed capacity of each, and the determination shall not be based on their combined bed capacity. (ii) When a facility has a portion of a building licensed for specialty care residents, instead of the entire facility, the sleeping, bathing, dining, and activity areas shall be in a distinct and separate unit within the building, licensed for specialty care assisted living. Administrative, kitchen, and service areas may be shared between the two licensed portions. (c) Location. Each specialty care assisted living facility established or constructed shall be located so that it is free from undue noises, smoke, dust, or foul odors. New assisted living facilities shall be located at least 1,000 feet from railroads, freight yards, or disposal plants. This distance can be reduced to 500 feet when facility is separated by a boarded fence at least 6 feet high. This rule shall not prevent enlargement or expansion of existing assisted living facilities. (d) Local Restrictions. The location and construction of a specialty care assisted living facility shall comply with local zoning, building, and fire ordinances. Evidence to this effect, signed by local fire, building, or zoning officials,	A1201	Mainitance Director will monitor entrance/exit doors monthly to ensure there are no holes in the push bars and the doors are in good repair. 4. Monitoring the corrective actions to ensure that the allegedly deficient practice does not recur. Administrator or designee will inspect monthly monitoring sheets to ensure there are no holes in the push bars and the entrance/exit doors are in good repair. Documentation of inspections will be kept in SCALF/ALF RN Directors office. If problems are identified, further education or disciplinary action will be taken.	

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A1201	Continued From page 8 may be required as a condition of licensure. If a facility is to be located in an area that does not have any zoning, building, or fire authority review, a letter stating such shall be obtained from the local county commission through official board action or from the office of the probate judge. (e) Specialty Care assisted living facilities shall be located on publicly maintained streets or roads, and connected with driveways which shall be kept passable at all times. (f) Occupancy. No part of a specialty care assisted living facility may be rented, leased, or used for any commercial purpose not reasonably necessary for the residents of the facility. Only residents of the facility shall be permitted to utilize these services. The Department shall approve all plans for occupancy. (g) Basements. The basement shall be considered as a story if it meets criteria established by the codes for a story. (h) The specialty care assisted living facility must maintain adequate furnishings, fixtures, supplies, and equipment for its services. (i) Facilities, supplies, and equipment must be maintained in safe operating condition. (j) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas. This Rule is not met as evidenced by: Based on observations and interview, the facility	A1201		

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A1201	Continued From page 9 failed to ensure the building was safe for residents and building occupants. Findings: During a tour of the facility on April 6, 2026, the surveyor observed that the northwest entrance door handle to the SCALF had an approximately 1.5 inch hole on the press bar to operate the door mechanism. The hole presented a personnel hazard to anyone using the door. EI#2, Director of Nursing concurred with the findings on the morning of April 6, 2026. EI#2 stated that EI#6, Director of Maintenance would repair it immediately. Repair of door handle was completed on the door during the survey at approximately 9:00 AM April 7, 2026.	A1201		
A1203	420-5-20-.12 (5) Physical Environment. (5) General Building Requirements - Group and Congregate. (a) Structural Soundness and Repair. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted with sufficient frequency to be reasonably attractive inside and out. The interior and exterior of the building shall be kept clean and orderly. (b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit. (c) Lighting. Each resident's room shall have artificial light adequate for reading and other uses as needed. All entrances, hallways, stairways, inclines, ramps, cellars, attics,	A1203	A 1203 420-5-20-.12 (5) Physical Environment 1. Corrective action taken in response to each resident or example identified in the SOD. The discolored, purple/brown stain on the ceiling in room 117 near the closet was repaired by maintience personnel on 4-7-2026. 2. Steps taken to identify other residents/example that may be affected by the allegedly deficient practice and corrective action taken.	4-7-2026

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A1203	Continued From page 10 storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service. Night lights shall be provided in all hallways, stairways, and bathrooms. (d) Screens. All screen doors and operable windows shall be equipped with tight-fitting, full-length 16 mesh screens. Screen doors shall be equipped with self-closing devices. (e) Emergency Lighting. 1. All specialty care assisted living facilities shall provide an emergency artificial lighting system to adequately illuminate halls, corridors, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces. 2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes. (f) Floors. 1. All floors shall be level, smooth and free of cracks, and finished so as to be easily kept clean. The basic requirement for floor finishes shall be wall-to-wall with such finishes as paint, stain, sealer, carpet, sheet vinyl, vinyl tile, hard tile, or other appropriate floor finish. 2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility. (g) Walls and Ceilings. All walls and	A1203	Ceilings through the SCALF were inspected on 4-7-2026 and no other stains were found. This was done by facility maintience personnel on 4-7-2026. 3. Systemic changes to ensure that the allegedly deficient practice does not reoccur. Maintience director or designee will monitor ceilings quarterly to ensure there are no stains on the ceilings and they are in good repair. 4. Monitoring the corrective actions to ensure that the allegedly deficient practice does not recur. Administrator or designee will inspect quarterly monitoring sheets to ensure there are no stains in the ceiling and they are in good repair. . Documentation of inspections will be kept in SCALF/ALF RN Directors office. If problems are identified, further education or disciplinary action will be taken.	

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A1203	Continued From page 11 ceilings shall be of sound construction with an acceptable surface and shall be kept clean and in good repair. (h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily. Windows in specialty care facilities may have devices which prevent full opening of the window. (i) Ceiling Height. Each room occupied by residents shall have a ceiling height of eight feet or more. Existing facilities with ceiling heights less than eight feet shall be acceptable when the height complies with the codes. (j) Handrails. If handrails are installed in halls or corridors, the handrails shall be mounted at 30 - 36 inches above the floor and returned to the wall at each end. (k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for storage purposes. All walls and doors under stairs shall meet the same fire rating as the stairwell. (l) Doors. 1. In each new specialty care assisted living facility, doors of resident bathrooms connected to resident bedroom shall swing into the bedroom. 2. Bedroom and bathroom doors may be equipped with hardware that will permit a	A1203		

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A1203	Continued From page 12 resident to lock himself within the room, provided a master key is readily accessible for the staff at a central location. 3. Resident bedroom and other exit access doors in specialty care assisted living facility shall be at least three feet wide. 4. Exterior egress doors except the main entry/exit door, may be equipped with a delayed egress locking system installed in accordance with NFPA 101. Other exterior egress doors may be arranged to prevent free and unhindered egress from specialty care assisted living facilities, in accordance with the Special Requirements portion of this section. 5. Exit doors swinging outward shall swing out over a landing having a minimum length and width equal to the door's width at the same level as the floor level, except existing doors shall not have more than a four inch step down. (m) Ventilation. The building shall be well ventilated at all times to prevent accumulation of objectionable odors. Kitchens, laundries, service rooms, toilets, and bathrooms shall be ventilated by windows, gravity vents, or mechanical means as necessary to prevent offensive odors from entering other parts of the facility. (n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need. 1. Each fire extinguisher shall receive	A1203		

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(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	Continued From page 13 an annual inspection with maintenance, and recharging when necessary, by a fire equipment servicing representative. An annual servicing tag shall be attached to the extinguisher reflecting the name of the servicing company, representative, day, month, and year of maintenance. 2. A visual inspection of each fire extinguisher shall be conducted monthly by a designated staff of the facility and documented on the attached extinguisher tag by the designated staff person. (o) Call System. A central electric or electronic call system shall be conveniently provided for each resident, usable in bedrooms and bathrooms. The call system shall be certified to meet the applicable Underwriters Laboratories standard. (p) Manufactured homes/mobile homes are not permitted. (q) Fireplaces and inserts shall be inspected and cleaned annually, and shall comply with the currently adopted building code. Openings shall be protected with screens or doors. (r) Exit marking. In all facilities, a sign bearing the word "EXIT" in plain legible block letters shall be placed at each exit. Additional signs shall be placed in corridors and passageways wherever necessary to indicate the direction of exit. Letters of signs shall be at least four inches high. All exit and directional signs shall be kept clearly legible by continuous internal electric illumination and have battery back-up or emergency power.	A1203		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P3713	A. BUILDING: _____ B. WING _____	04/08/2026

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A1203	Continued From page 14 (s) Heating, Lighting, and other Service Equipment. 1. Central or individual room gas heating systems shall be of the enclosed flame type equipped with automatic flame shut-off control and shall be vented directly to the outside. Heating units of any type shall be located to avoid direct contact with any combustible material and shall be maintained in accordance with manufacturer's recommendation. 2. Open flame and portable heaters are prohibited in specialty care assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules. 3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all specialty care assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code. This Rule is not met as evidenced by: Based on observations and interviews, the building was not kept in good repair. Findings: On the morning of April 6, 2026 it was revealed that a water stain approximately 4 inches in diameter was noted on the ceiling area adjacent to the closet door in room 117. The surveyor and EI#2, Director of Nursing observed the ceiling in resident room 117 was discolored, purple-brown	A1203		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1203	Continued From page 15 and badly stained. EI#2 had accompanied the surveyor during this tour and stated the facility was unaware of the ceiling damage. The deficiency was also discussed on the morning of April 6, 2026 with EI#1, the administrator and EI#2. EI#1 stated he (EI#1) would have the ceiling repaired and correct the deficiency immediately. Repairs to the ceiling were completed during the onsite survey. GREGORY ZEITLIN, REGISTERED NURSE	A1203		