

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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NAME OF PROVIDER OR SUPPLIER GREENSPRINGS II	STREET ADDRESS, CITY, STATE, ZIP CODE 811 GREENSPRINGS DRIVE PRATTVILLE, AL 36067
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A 000	<p>Initial Comments</p> <p>On December 11, 2025, an unannounced licensure survey was conducted for this sixteen bed Assisted Living Facility with a census of eleven.</p> <p>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 risk of harm to the residents and require a plan of correction.</p>	A 000		
A 301	<p>420-5-4-.03 (1) (a) (b) (c) (d) Administration.</p> <p>The Assisted Living Facility Governing Authority.</p> <p>(a) An assisted living facility shall have an identified sole proprietorship, corporation, partnership, limited partnership, or other business entity that is its governing authority, or it shall have a designated individual or group of designated individuals who serve as its governing authority. A facility must give complete information to the Department identifying:</p> <ol style="list-style-type: none"> 1. Each person who has an ownership interest of 10 percent or more of the governing authority. 2. Each person or entity who has an ownership interest of 10 percent or more in the real property or building used by the assisted living facility to offer its services. 3. Each officer and each director of the corporation if the governing authority is a corporation. 	A 301		

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Alabama Department of Public Health

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A 301	<p>Continued From page 1</p> <p>4. Each partner, including any limited partners, if the governing authority is a partnership.</p> <p>(b) The governing authority shall submit any changes to the information listed above to the Department within 15 days of the change.</p> <p>(c) Responsibility of Staff to Governing Authority. The administrator, medical staff, facility personnel, and all auxiliary organizations shall be directly or indirectly responsible to the governing authority. For the purposes of these rules, auxiliary organizations include but are not limited to licensed or certified outside providers, consultants, management companies that are not the facility license holder.</p> <p>(d) The governing authority is responsible for appointing and supervising the administrator who is responsible for overall management and the day-to-day operation of the facility. Under no circumstances shall the facility operate without a licensed administrator for greater than 45 days.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the governing authority failed to ensure the facility operated in compliance with the SBOH rules for ALFs. The governing authority's lack of adequate oversight resulted in widespread deficient practices. These deficient practices placed all eleven residents of the facility at risk for harm due for failing to apply the SBOH rules for the day to day operations of the facility.</p>	A 301		

Alabama Department of Public Health

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A 301	<p>Continued From page 2</p> <p>Findings:</p> <p>Employee Identifier (EI)#1, the owner, was in meetings and not available, even by phone, when the surveyor requested an interview. EI#1 did not contact the surveyor at his convenience during the onsite survey that lasted from December 9, 2025, through December 11, 2025.</p> <p>On the morning of December 11, 2025, EI#2, the Regional Director of Operations, was informed of the widespread deficiencies identified by the surveyor. EI#2 acknowledged she was speaking for the Governing Authority. EI#2 was asked what she had observed related to regulatory compliance of monthly assessments, care plan appropriateness, and significant weight loss. EI#2 said she had not made any observations and had not been on-site at the facility. When EI#2 was asked about special needs training, she said she had not provided any. EI#2 acknowledged the Governing Authority should have been aware of training needs at the facility. When asked how often she (EI#2) was on-site to provide oversight to facility staff, EI#2 answered that she had been to a sister facility but not to this facility. EI#2 said she did not know why there was no registered dietitian to address significant weight loss and the Governing Authority should have been aware.</p> <p>The following deficient practices were cited during the onsite survey due to a lack of management and oversight of the facility.</p> <p>302 - The facility failed to follow its own policies. 303 - The administrator failed to perform her day to day duties to ensure the facility operated according to the SBOH rules for ALFs. 405 - Employees were not trained in special needs of residents.</p>	A 301		

Alabama Department of Public Health

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A 301	Continued From page 3 504 - The facility failed to maintain the security of residents' medical information. 507 - The facility failed to ensure the admission record included the required information. 604 - The facility failed to provide adequate health supervision of a resident with significant weight loss. Also, the facility failed to ensure monthly assessments were completed to identify changes in residents' status. 611 - Residents' care plans were not current and appropriate. 614 - Residents were not given the opportunity to correctly utilize the unit dose package system at every opportunity for medication use. 702 - The facility failed to ensure dishes were properly sanitized and did not monitor and record water temperatures and chemical concentrations. 703 - The facility failed to ensure they had a three day emergency supply of non-perishable food and potable water. 804 - Kitchen equipment was not clean and the kitchen floor did not have a surface that could be sanitized. 1101 - Fire drills were not conducted monthly and quarterly on each shift, the sprinkler system was not inspected semi-annually and employees were not properly trained in fire safety. 1203 - The kitchen was not maintained in good repair,	A 301		
A 302	420-5-4-.03 (1) (e) Administration. Policies. The governing authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those	A 302		

Alabama Department of Public Health

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A 302	<p>Continued From page 4</p> <p>policies. The policies and procedures shall be made available to residents, any guardians, next of kin, sponsoring agency(ies), or representative payee(s). All residents shall be informed of new policies or changes in existing policies that may have bearing on the residents. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following:</p> <ul style="list-style-type: none"> (i) Facility responsibility to protect all residents from abuse, neglect, and exploitation. (ii) How allegations of abuse, neglect, and exploitation will be handled by the facility. (iii) Resident confidentiality. (iv) Admission and continued stay criteria. (v) Discharge criteria and notification procedures for residents and sponsors. (vi) Facility responsibility when a resident's personal belongings are lost. (vii) What services the facility is capable and not capable of providing. (viii) Medication management. (ix) Infection control. (x) Meal service, timing, menus and food preparation, storage, and handling. (xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire 	A 302		

Alabama Department of Public Health

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A 302	<p>Continued From page 5</p> <p>extinguisher checks, and disaster preparedness.</p> <p>(xii) Staffing and conduct of staff while on duty.</p> <p>(xiii) Oxygen administration and storage if used in the facility.</p> <p>(xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall develop written policies and procedures for the guidance of all personnel handling food as outlined by the most current Food and Drug Administration Food Code published by the U.S. Department of Health and Human Services. The facility shall develop and implement dietary policies and procedures to meet the needs of the residents in the facility. In addition to other matters deemed necessary by the facility, dietary policies shall address:</p> <p>(I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling.</p> <p>(II) The attire and cleanliness of staff members who prepare, handle, or serve food.</p> <p>(III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids.</p> <p>(IV) Food substitutions or alternatives.</p> <p>(V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs.</p> <p>(VI) Procedure to be followed if a resident</p>	A 302		

Alabama Department of Public Health

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A 302	<p>Continued From page 6</p> <p>is nutritionally compromised or is not eating adequate quantities of food.</p> <p>(VII) Provision of necessary services to any resident requiring adaptive devices to eat.</p> <p>(VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs.</p> <p>(IX) Storage of food.</p> <p>(X) Procedure for food service in the event of a disaster. Disaster menus shall be developed. The policy shall address how food will be obtained and maintained at safe temperatures if electricity is not available.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and document review, the facility failed to follow its own policies and procedures for operation of the facility.</p> <p>Findings:</p> <p>Review of the facility policy titled, "Confidentiality" revealed, "All resident data and information is treated as confidential. Procedure 1. Resident charts, information, preadmission documentation, etc. (et cetera), are kept inaccessible to visitors and individuals not involved in the direct care and admission of the resident. ..." Refer to deficiency 504</p> <p>Review of the facility policy titled, "Monthly Assessment" revealed, "1. The facility shall assess the appropriateness of interventions required by each resident monthly. ... 3. The</p>	A 302		

Alabama Department of Public Health

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A 302	<p>Continued From page 7</p> <p>facility shall assess residents on a monthly basis and more often when necessary to identify significant changes in health status or behavior to include awareness of medication. ..." Refer to deficiency 604</p> <p>Review of the facility policy titled, "Medication Awareness" revealed, "... 3, For the purposes of this section, "aware of his or her medications" shall mean ... b. The resident has a reasonable lay person's understanding of the unit dose packaging system in use by the facility such that the resident could likely protect himself or herself from medication errors if unit dose packages are brought to the resident by facility staff. The resident shall have the opportunity to demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use. ..." Refer to deficiency 614</p> <p>Review of the facility policy titled, "Medication Assistance" revealed, "... Assistance with self-administration of medication includes the following practices: ... d. Physically bringing a container of medications to a resident who is aware of his or her medications. ..." Refer to deficiency 614</p> <p>Review of the facility policy titled, "Fire and Disaster Drills" revealed, "It is the policy of this facility that fire and disaster drills be conducted periodically to ensure that all personnel have a working knowledge of our fire safety and disaster preparedness plans. Procedure 1. The following drills will be conducted by this facility to assist personnel in preparing for emergency or disaster situations that could occur or affect our routine operations: a. Fire exit drills monthly (one per shift per quarter) ..." Refer to deficiency 1101</p>	A 302		

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A 303	<p>420-5-4-.03 (2) (a) Administration.</p> <p>The Administrator.</p> <p>(a) Responsibility.</p> <p>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.</p> <p>2. Any individual employed as an administrator shall be properly licensed.</p> <p>3. Any individual employed as an administrator shall meet all applicable statutory requirements.</p> <p>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.</p> <p>5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age.</p> <p>6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character.</p> <p>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.</p> <p>8. The administrator shall manage and direct staff activities in a manner that results in maintenance of a neat, clean, orderly, and safe</p>	A 303		

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A 303	<p>Continued From page 9</p> <p>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.</p> <p>9. The facility administrator is responsible for ensuring that required training is provided to all staff.</p> <p>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.</p> <p>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.</p> <p>12. The administrator shall ensure that plans of care for all residents are current and appropriate. This shall include the prearranged discharge plan.</p> <p>13. The administrator shall ensure that all deficient practices cited by the Department are corrected in a timely manner and that corrections are maintained.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, EI#3, the Administrator, failed to perform her administrative duties to ensure the care</p>	A 303		

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A 303	<p>Continued From page 10</p> <p>needs of all residents were met. EI#3 failed to ensure the facility was in compliance with the Rules of the Alabama State Board of Health.</p> <p>Findings:</p> <p>Special needs training was not provided for the staff to help meet the needs of the residents. EI#3 admitted and retained residents with special needs such as diabetes and continuous glucose monitoring but did not provide the appropriate training for staff. Refer to deficiency 405</p> <p>Empty medication cards were left on the top of a medication cart in an hallway. This compromised the security of residents' medical information. Refer to deficiency 504</p> <p>Admission records were missing veterans status and higher level of care preferences. Inventory lists were not signed. Refer to deficiency 507</p> <p>One resident had significant weight loss that was not addressed. Monthly assessments were not completed to identify changes in residents' status. Refer to deficiency 604</p> <p>The plans of care were not current or based on the residents' needs and problems. Refer to deficiency 611</p> <p>Two nurses were observed administering medications without giving residents the opportunity to correctly utilize the unit dose package system and protect themselves from a potential medication error. Refer to deficiency 614</p> <p>Dishes were not sanitized. The water temperatures and chemical concentrations had not been monitored. Refer to deficiency 702</p>	A 303		

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A 303	<p>Continued From page 11</p> <p>There was no three day supply of non-perishable food and potable water in the event of an emergency. Refer to deficiency 703</p> <p>Kitchen equipment was not clean. The kitchen floor was uncovered plywood which was not a surface that could be sanitized. Refer to deficiency 804</p> <p>Fire drills were not conducted monthly and quarterly on each shift, the sprinkler system was not inspected semi-annually and employees were not properly trained in fire safety. Refer to deficiency 1101</p>	A 303		
A 405	<p>420-5-4-.04 (6) Personnel.</p> <p>(6) Training.</p> <p>(a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and refresher training annually and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below:</p> <ol style="list-style-type: none"> 1. State law and rules on assisted living facilities. 2. Facility policies and procedures. 3. Resident rights. 	A 405		

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A 405	<p>Continued From page 12</p> <p>4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire.</p> <p>5. Identifying and reporting abuse, neglect, and exploitation.</p> <p>6. Basic first aid.</p> <p>7. Advance directives.</p> <p>8. Protecting resident confidentiality.</p> <p>9. Resident fire and environment safety.</p> <p>10. Special needs of the elderly, mentally ill, and mentally retarded.</p> <p>11. Safety and nutritional needs of the elderly.</p> <p>12. Identifying signs and symptoms of dementia.</p> <p>(b) Cardiopulmonary Resuscitation. An assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of an assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. An assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who</p>	A 405		

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A 405	<p>Continued From page 13</p> <p>has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or American Red Cross in CPR or AED utilization.</p> <p>(c) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training.</p> <p>(d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff had completed required training on the special needs of residents.</p> <p>Findings:</p> <p>Resident Identifier (RI)#2 was admitted to the facility on May 20, 2025, with a diagnosis of diabetes mellitus and a Libre continuous glucose monitoring meter in use.</p> <p>On the morning of December 10, 2025, a review of employee files revealed EI#3, EI#4, a licensed practical nurse, EI#5, a licensed practical nurse, EI#s 6, 7, 8, and 9, resident assistants, had not completed special needs training to include diabetes mellitus or the Libre continuous glucose monitoring meter.</p>	A 405		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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NAME OF PROVIDER OR SUPPLIER GREENSPRINGS II	STREET ADDRESS, CITY, STATE, ZIP CODE 811 GREENSPRINGS DRIVE PRATTVILLE, AL 36067
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A 405	Continued From page 14 Other training deficits include medication assistance, fire safety, sanitizing dishes, monitoring and recording water temperatures, chemical concentrations and temperatures of re Fridgerated and frozen foods. On the morning of December 11, 2025, EI#3 said she did not know why staff had not received the special needs training. EI#3 said she and the Regional Director of Operations were responsible for ensuring the training was completed.	A 405		
A 504	420-5-4-.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. 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.	A 504		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 504	<p>Continued From page 15</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so.</p> <p>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.</p> <p>9. Every resident shall have the right to</p>	A 504		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 504	<p>Continued From page 16</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>12. Every resident shall have the right to present grievances and recommend changes in 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.</p> <p>13. Every resident shall have the right to confidential treatment of personal and medical</p>	A 504		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 504	<p>Continued From page 17</p> <p>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.</p> <p>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:</p> <p>(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.</p> <p>(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; and</p> <p>(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.</p> <p>15. Every resident shall be fully informed, 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.</p> <p>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</p>	A 504		

Alabama Department of Public Health

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A 504	<p>Continued From page 18</p> <p>residents' conduct and responsibilities.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 pattern of conduct that is harmful or dangerous to himself or herself or to other residents.</p> <p>21. Every resident shall have the right to wear his or her own clothes, 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.</p>	A 504		

Alabama Department of Public Health

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A 504	<p>Continued From page 19</p> <p>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.</p> <p>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 and to freely come and go from the home.</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, documentation review and interview, the facility failed to maintain the security of residents' medical information.</p> <p>Findings:</p> <p>On the afternoon of December 9, 2025, an observation was made with EI#3 of a stack of empty medication cards that belonged to residents on top of a medication cart in a hallway. The documentation on those cards included the residents' names and the name and dose of the prescribed medications. This privacy protected information was not safeguarded from unauthorized access. On the morning of December 11, 2025, EI#3 said the concern of this observation was that it was a HIPAA (Health Insurance Portably and Accountability Act) violation.</p>	A 504		

Alabama Department of Public Health

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A 507	<p>420-5-4-.05 (3) (g) Records and Reports.</p> <p>(g) Admission Record. A permanent record shall be developed for each resident upon his or her admission to the facility and updated as necessary to remain current. This record shall be typewritten or legibly written in ink. In addition to any information otherwise required by the facility's policies and procedures, it shall include the resident's:</p> <ol style="list-style-type: none"> 1. Name. 2. Date of birth. 3. Sex. 4. Marital status. 5. Social security number. 6. Veteran status. 7. Name, address, and contact information of the resident's sponsor, responsible party, or closest living relative. 8. Name, address, and contact information of any person or agency providing assistance to the resident. 9. Name, address, and contact information of the resident's attending physician. 10. Preferred pharmacy or pharmacist. 11. Date of admission. 12. Date of discharge. 	A 507		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 507	<p>Continued From page 21</p> <p>13. Facility, setting, or location to which discharged.</p> <p>14. Date of death.</p> <p>15. Cause of death, if known.</p> <p>16. Religious preferences.</p> <p>17. Information from insurance policies regarding funeral arrangements and burial provisions.</p> <p>18. Written documentation that the facility has devised a plan to transfer the resident to a hospital, nursing home, specialty care assisted living facility, or other appropriate setting if and when the facility becomes unable to meet the resident's needs. The resident's preference, if any, with respect to any particular hospital, nursing home, or specialty care assisted living facility shall be recorded. The facility shall keep written documentation that demonstrates the transfer plan has been thoroughly explained to the resident or sponsor, as appropriate, and that the resident or sponsor understands the transfer plan.</p> <p>19. The written documentation of the procedure to follow in case of serious illness, accident, or death to the resident (including the name and telephone number of the physician to be called, the names and telephone numbers and addresses of family members or sponsor to be contacted, the resident's or, if appropriate, the sponsor's wishes with respect to disposition of personal effects, and the name and telephone number of the funeral home to be contacted).</p>	A 507		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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NAME OF PROVIDER OR SUPPLIER GREENSPRINGS II	STREET ADDRESS, CITY, STATE, ZIP CODE 811 GREENSPRINGS DRIVE PRATTVILLE, AL 36067
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A 507	<p>Continued From page 22</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the admission record included the required information.</p> <p>Findings:</p> <p>On the morning of December 10, 2025, resident records were reviewed for required information. RI#1 and RI#3 had no indication of their veteran status or preference for a higher level of care. RI#3's hospital preference was not documented. RI#1 and RI#3 had blank inventory record sheets.</p> <p>On the morning of December 11, 2025, EI#3 said she was responsible for ensuring resident records had the required information. When asked why that was not done, EI#3 said she was just following the example from the previous Administrator.</p>	A 507		
A 604	<p>420-5-4-.06 (3) (a) (b) Care of Residents.</p> <p>(3) Health Supervision.</p> <p>(a) Initial Assessment. No more than 30 days prior to admission, the facility shall assess prospective residents for facility eligibility. This assessment shall document identified care needs and serve as a baseline for future assessments.</p> <p>(b) Monthly Assessments. The facility shall assess each resident monthly and more often when necessary to identify changes in resident's status. In addition to other items that may be required by the facility's own policies and</p>	A 604		

Alabama Department of Public Health

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A 604	<p>Continued From page 23</p> <p>procedures, the monthly assessment shall:</p> <ol style="list-style-type: none"> 1. Assess the resident's ability to safely self-manage medications or safely self-administer medications with assistance. 2. Accurately weigh and record the weight of each resident. A significant weight loss is defined as a five percent or greater weight loss in a period of one month or less, or a seven and a half or greater weight loss in a period of three months or less, or a ten percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an unplanned weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician. 3. Document identified changes in resident status. 4. Assess the appropriateness of each resident's plan of care. Any decline in resident status requires immediate implementation and documentation of interventions or reassessment of existing interventions. <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide adequate health supervision of a resident with significant weight loss. Also, the facility failed to ensure monthly assessments were completed to identify changes in residents' status.</p>	A 604		

Alabama Department of Public Health

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A 604	<p>Continued From page 24</p> <p>Findings:</p> <p>RI#1 had resided at the facility since September 3, 2025. RI#1 was admitted with diagnoses of osteoporosis, right humerus fracture, hearing loss, anxiety and agitation. RI#1 was admitted to the facility with a weight of 106.2 pounds. In October 2025, RI#1 weighed 105.4 pounds. In November 2025, RI#1 weighed 82.8 pounds. That 22.6 pound weight loss equates to a 21.5 percent weight loss in just one month. The facility record for RI#1 revealed no monthly assessment had been conducted for the month of November and the significant weight loss had not been addressed. Staff and sitters for RI#1 reported he/she would not eat at times and RI#1 was observed refusing meals during the survey.</p> <p>RI#2 has resided at the facility since May 20, 2025. RI#2 was admitted with diagnoses of diabetes mellitus, hypertension and pneumonia. The facility record for RI#2 revealed no monthly assessment had been conducted for the month of November.</p> <p>RI#3 had resided at the facility since August 12, 2019. RI#3 was admitted with diagnoses of adjustment disorder with mixed anxiety and depression and atrial fibrillation. The facility record for RI#3 revealed no monthly assessment had been conducted for the month of November.</p> <p>On the morning of December 11, 2025, EI#3 acknowledged RI#1's refusing to eat, significant weight loss and decline had not been addressed. EI#3 said she was responsible for ensuring these issues were identified and addressed. EI#3 also said she was responsible for ensuring monthly assessments were done. When asked why there</p>	A 604		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 604	Continued From page 25 were not done, EI#3 said she was short-staffed and had been without a nurse intermittently throughout the year. When asked why she (EI#3) did not complete the assessments for the assisted living residents, EI#3 said she was not aware that she could do those. EI#3 said she thought an RN had to do them.	A 604		
A 611	420-5-4-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community standards. (a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times. (b) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated. 1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the	A 611		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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NAME OF PROVIDER OR SUPPLIER GREENSPRINGS II	STREET ADDRESS, CITY, STATE, ZIP CODE 811 GREENSPRINGS DRIVE PRATTVILLE, AL 36067
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A 611	<p>Continued From page 26</p> <p>facility by the resident. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following:</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p> <p>4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider.</p> <p>5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident.</p> <p>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.</p> <p>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.</p> <p>(iii) Hair. Resident's hair shall be kept clean, neat, and well groomed.</p>	A 611		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 611	<p>Continued From page 27</p> <p>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.</p> <p>(v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed.</p> <p>(vi) Personal Safety. Residents shall be provided assistance with personal safety.</p> <p>6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to develop a current care plan with interventions to meet the care and safety needs of the residents.</p> <p>Findings:</p> <p>RI#1 had resided at the facility since September 3, 2025. Refer to deficiency 604 for additional information on RI#1. Review of RI#1's plan of care revealed it did not address hearing loss or significant weight loss.</p> <p>RI#2 has resided at the facility since May 20, 2025. Refer to deficiencies 604 and 614 for additional information on RI#2. Review of RI#2's plan of care revealed it did not address dialysis or the dialysis access site.</p> <p>RI#3 had resided at the facility since August 12,</p>	A 611		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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NAME OF PROVIDER OR SUPPLIER GREENSPRINGS II	STREET ADDRESS, CITY, STATE, ZIP CODE 811 GREENSPRINGS DRIVE PRATTVILLE, AL 36067
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A 611	Continued From page 28 2019. Refer to deficiencies 405, 604 and 614 for additional information on RI#3. Review of RI#3's plan of care revealed it did not address RI#3's Eliquis and potential side effects with risks for bleeding. On the morning of December 11, 2025, EI#3 agreed hearing loss, significant weight loss, dialysis, dialysis access site and Eliquis should be care planned. EI#3 said she was responsible for ensuring care plans were appropriate but said she was short staffed without a nurse.	A 611		
A 614	420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents. (f) A resident may self-manage his or her medications. For the purposes of these rules, self-manage shall mean the resident is capable of maintaining possession and control of his or her medications, who does maintain possession and control of his or her medications, and self-administers his or her medications without creating an unreasonable risk to health and safety. (g) A resident that cannot self-manage his or her own medication without creating an unreasonable risk to health and safety may be assisted with self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure provided: 1. The resident can and does identify his or her name on the medication package and has a reasonable understanding of the unit dose packaging system in use by the facility such that the resident could protect himself or herself from medication errors when unit dose packages are	A 614		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 614	<p>Continued From page 29</p> <p>brought to the resident by facility staff. The resident shall have the opportunity to demonstrate his or her ability to correctly utilize the unit dose package system at every opportunity for medication use.</p> <p>(6) Assistance with self-administration of medication includes the following practices:</p> <p>(a) Reminding a resident that it is time to take a medication or medications, where such medications have been prescribed for a specific time of day, a specific number of times per day, specific intervals of time, or for a specific time in relation to mealtimes or other activities such as arising from bed or retiring to bed.</p> <p>(b) Physically assisting a resident by opening or helping to open a container holding medications.</p> <p>(c) Offering liquids to a resident to assist that resident in ingesting oral medications.</p> <p>(d) Physically bringing a container of medication to a resident.</p> <p>(7) Assistance with self-administration of medications shall under no circumstances include any of the following practices:</p> <p>(a) Medication administration as defined in these rules.</p> <p>(b) Determining the amount of medication to be given. If a medication is not available in unit dose packaging, unlicensed facility staff may measure the prescribed amount</p>	A 614		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 614	<p>Continued From page 30</p> <p>of medication only under the direction and control of the resident, provided that the resident is capable of determining the amount of medication to be given.</p> <p>(c) Giving a resident injections of any kind.</p> <p>(d) Telling or reminding a resident that it is time to take a PRN, or as needed medication.</p> <p>(e) Placing medications in a feeding tube.</p> <p>(f) Giving enemas or suppositories.</p> <p>(g) Crushing or splitting medications, provided that a physician has ordered a specific medication to be crushed or split and the resident is capable of self-managing his or her own medication or the resident is capable of medication self-administration with assistance and would be capable of crushing or splitting his or her own medications but for limitations of mobility or dexterity, may be assisted with crushing or splitting medications by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>(h) Mixing medications with food or liquids, provided that a physician has ordered a medication to be mixed with food or liquid and the resident is capable of self-managing his or her own medications or the resident is capable of</p>	A 614		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 614	<p>Continued From page 31</p> <p>medication self-administration with assistance and would be capable of mixing his or her own medications with food or liquid but for limitations of mobility or dexterity, may be assisted with mixing medications with food or liquid by unlicensed staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>(i) Assisting with self-administration of eye drops, eardrops, nose drops, inhalers, nebulizers, or topical medications, provided that a resident who is capable of self-managing his or her own medication or a resident who is capable of medication self-administration with assistance and who would be capable of self-administration of his or her own medications but for limitations of mobility or dexterity, may be assisted with eye drops, ear drops, nose drops, inhalers, nebulizers, or topical medications by unlicensed facility staff so long as the assistance provided is under the total control and direction of the resident. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, residents were not given the opportunity to correctly utilize the unit dose package system at every opportunity for medication use.</p> <p>Findings:</p>	A 614		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 614	<p>Continued From page 32</p> <p>During a tour of the facility on December 9, 2025, residents reported their medications were brought to them in a cup.</p> <p>On the afternoon of December 9, 2025, EI#4, a dayshift Licensed Practical Nurse (LPN), was observed for medication assistance. EI#4 was observed to perform hand hygiene, placed a medication cup on top of the medication cart and removed two medications cards from the cart. EI#4 popped a Hydralazine 50 milligram (MG) pill into the medication cup and then added a Calcium Acetate 667 MG capsule. EI#4 then took the medication cup to RI#2, sat the cup on the table where RI#2 was seated and passed a cup of water to RI#2. RI#2 took the cup of water, picked up the cup with medications and took them with the water. EI#4 did not give RI#2 the opportunity to utilize the unit dose package system or even tell the resident what she (EI#4) was giving him/her.</p> <p>RI#2 has resided at the facility since May 20, 2025. RI#2's physician's orders included Hydralazine tablet 50 MG by mouth three times a day and Calcium Acetate tablet 667 MG by mouth three times a day. Refer to deficiencies 604 and 611 for additional information on RI#2.</p> <p>On the afternoon of December 9, 2025, after the observation, EI#4 was asked what steps she used when she assisting residents with their medications. EI#4 said she checked the MAR (Medication Administration Record), pulled the medicine out of the cart, popped the medication in the cup and then approached the resident with the medication cup and a cup of water.</p> <p>Later on the afternoon of December 9, 2025,</p>	A 614		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 614	<p>Continued From page 33</p> <p>El#10, an afternoon shift LPN, was observed for medication assistance. El#10 performed hand hygiene and pulled four medication cards that included Xanax 0.5 MG, Eliquis 2.5 MG, Metoprolol 50 MG and Remeron 15 MG. El#10 took water in a cup, the medication cards and a medication cup to where RI#3 was sitting. El#10 passed the cup of water to the RI#3. While seated beside RI#3, El#10 read the name and dose of each medication and popped each pill in the cup. El#10 did not show RI#2 the medication cards so RI#3 could utilize the unit dose package system.</p> <p>RI#3 had resided at the facility since August 12, 2019. RI#3's physician's orders included Xanax tablet 0.5 MG by mouth at bedtime (timed for 5:00 - 7:00 PM), Eliquis 2.5 MG by mouth two times a daily, Metoprolol 50 MG by mouth two times daily, and Remeron 15 MG by mouth at bedtime (timed for 5:00 - 7:00 PM). Refer to deficiencies 405, 604 and 614 for additional information on RI#3.</p> <p>On the afternoon of December 9, 2025, El#10 was asked why she did not let RI#3 identify his/her medications before popping them in the medication cup. El#10 said she did not think to. El#10 added that was how she usually gives medications to residents. El#10 acknowledged she should have given RI#3 the opportunity to identify his/her medications.</p> <p>On the morning of December 11, 2025, El#3 said the correct way to allow residents to protect themselves from a medication error was to take the medication cards to the resident and allow them identify their name and if the medication is due to be given. El#3 said it was not done correctly because of lack of training.</p>	A 614		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 702	Continued From page 34	A 702		
A 702	<p>420-5-4-.07 (2) Food Service</p> <p>(2) Food Handling Procedures.</p> <p>(a) Dish and Utensils Washing, Disinfection, and Storage.</p> <p>1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear.</p> <p>2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods:</p> <p>(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</p> <p>(ii) A cold water sanitizer. A sanitizing 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.</p>	A 702		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 702	<p>Continued From page 35</p> <p>3. Dishes and utensils shall be allowed to air dry.</p> <p>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.</p> <p>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.</p> <p>(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 container outside the ice bin.</p> <p>(c) Protection of Food from Contamination.</p> <p>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.</p> <p>2. Medications, biologicals, poisons,</p>	A 702		

Alabama Department of Public Health

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A 702	<p>Continued From page 36</p> <p>detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>6. All food products shall be used by the manufacturer's indicated date or discarded.</p> <p>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.</p> <p>8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit.</p>	A 702		

Alabama Department of Public Health

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NAME OF PROVIDER OR SUPPLIER GREENSPRINGS II	STREET ADDRESS, CITY, STATE, ZIP CODE 811 GREENSPRINGS DRIVE PRATTVILLE, AL 36067
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A 702	<p>Continued From page 37</p> <p>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).</p> <p>10. Laundry shall not be brought through the food preparation or service area.</p> <p>(d) Storage and Service of Milk and Ice Cream.</p> <p>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.</p> <p>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.</p> <p>3. Contaminating substances shall not be stored with or over open containers of ice</p>	A 702		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 702	<p>Continued From page 38</p> <p>cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses.</p> <p>(e) Kitchen Garbage and Trash Handling.</p> <p>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.</p> <p>2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.</p> <p>(f) Employees' Cleanliness.</p> <p>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 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.</p> <p>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.</p> <p>3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.</p>	A 702		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 702	<p>Continued From page 39</p> <p>(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.</p> <p>(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.</p> <p>(i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities.</p> <p>(j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods.</p> <p>(k) Laundering of clothing shall not be permitted in food preparation or service areas.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure dishes were properly sanitized, monitor and record water temperatures and chemical concentrations, ensure the only sink in the kitchen had soap and paper towels for hand hygiene and have thermometers in two freezers with documentation logs demonstrating that the facility was monitoring for proper food storage temperatures.</p> <p>Findings:</p> <p>On the afternoon of December 10, 2025, a tour was conducted of the kitchen with EI#11, the Dietary Manager. EI#11 said dishes washed in the sink were sanitized with a chemical solution</p>	A 702		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 702	<p>Continued From page 40</p> <p>but EI#11 had no record of the chemical concentration being tested. EI#11 said they just put some (of the solution) in the water. EI#11 was asked how she sanitized dishes washed in the dishwasher. EI#11 said she used the Cascade dishwasher pods and the temperature of the dishwasher was supposed to sanitize them. However, EI#11 said she did not check the temperature of the water in the dishwasher. There were no water temperature logs or chemical concentration logs being kept. There was no soap and paper towels at the only sink in the kitchen. Two freezers did not have thermometers or documentation logs where previous temperature monitoring would have been logged. EI#11 said she had not checked the water temperatures of the dishwasher. When asked how she knew if the dishes were being sanitized, EI#11 said the Cascade and added that it is not approved to sanitize dishes.</p> <p>On the morning of December 11, 2025, EI#11 said she thought the high heat of the dishwasher sanitized the dishes. When asked how she knew they were sanitized if she did not check the water temperatures, EI#11 could not answer but said she had found a thermometer in the dishwasher after the observation with the surveyor but it needed batteries. (She had not even been aware of said thermometer.) EI#11 said she did not know when the last time she or anyone had checked the temperatures (temps) of water in the dishwasher. EI#11 acknowledged there were no documentation logs for the water temps, freezer temps or chemical concentration of sanitizer. EI#11 said she was going to purchase some more thermometers for the freezers. EI#11 said kitchen staff have to go to the bathroom to wash their hands.</p> <p>On the morning of December 11, 2025, EI#3 said</p>	A 702		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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NAME OF PROVIDER OR SUPPLIER GREENSPRINGS II	STREET ADDRESS, CITY, STATE, ZIP CODE 811 GREENSPRINGS DRIVE PRATTVILLE, AL 36067
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A 702	Continued From page 41 she agreed with these identified concerns as deficient practices.	A 702		
A 703	<p>420-5-4-.07 (3) Food Service.</p> <p>(3) Dietary Service.</p> <p>(a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and physical abilities of the residents.</p> <p>(b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks available after service of the evening meal. The facility shall provide fluids throughout the day and shall make between-meal nourishment (snacks) available.</p> <p>(c) Menu. The menu shall be planned and written at least 1 week in advance. The current week's menu shall be posted in the food service area and shall be kept on file for the following 2 weeks. For any resident with a physician's order for a therapeutic diet, the facility</p>	A 703		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 703	<p>Continued From page 42</p> <p>shall have a copy of the diet and the facility shall document the adjustment of its menu to accommodate the resident's needs.</p> <p>(d) Alternate food selections or substitutes shall be made available to all residents.</p> <p>(e) A facility shall not obtain food from charitable organizations. A facility shall not avoid serving a meal by sending or transporting residents to missions, soup kitchens, or other charitable facilities for meals.</p> <p>(f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for 3 days.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure they had a three day emergency supply of non-perishable food and potable water.</p> <p>Findings:</p> <p>On the morning of December 11, 2025, an observation was made with EI#3 of the emergency food supply. The only items found were three bottles of jelly and four cans of ham. EI#3 said they do not have an emergency food supply and they should have enough non-perishable food and water for three days. EI#3 said EI#11 was responsible for ensuring</p>	A 703		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 703	Continued From page 43 there was an emergency food supply on hand. Later on the morning of December 11, 2025, EI#11 said she was responsible for ensuring there was an emergency food supply but it had slipped her mind.	A 703		
A 804	420-5-4-.08 (4) Physical Facilities. (4) Food Service Facilities. (a) Floors. Floors in food service areas shall be of such construction as to be easily cleaned, sound, smooth, non-absorbent, without cracks or crevices, and shall be provided with approved and conveniently located facilities for the disposal of floor wash water. (b) Walls and Ceilings. Walls and ceilings of food service areas shall be of tight and substantial construction, and smoothly finished. The walls and ceilings shall be without horizontal ledges and shall be washable up to the highest level reached by splash and spray. Roofs and walls shall be maintained free of leaks. All openings to the exterior shall be provided with doors or windows which prevent the entrance of rain or dust during inclement weather. (c) Screens or Outside Openings. Openings to the outside shall be effectively screened, or suitable provisions made equal to screening (such as fly fans). Screen doors shall be equipped with self-closing devices. (d) Lighting. The kitchen, dishwashing area and the dining room shall have adequate light. (e) Ventilation. Vent/exhaust hoods,	A 804		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 804	<p>Continued From page 44</p> <p>vented to the outdoors, shall be provided over cooking surfaces to aid in removing cooking odors. Existing recirculating vent hoods in Family facilities may remain in use when filters are cleaned or replaced regularly to prevent excess grease accumulation. Group assisted living facilities with residential stoves may use a residential hood sized for the stove. Commercial exhaust hoods shall be installed when commercial cooking equipment is used. Congregate facilities shall use a commercial exhaust hood system.</p> <p>(f) Employee Toilet Facilities. Toilet rooms, if provided, shall not open directly into any room or space in which food is prepared, stored, displayed, or served, nor into any room in which utensils are washed or stored. Toilet rooms shall include a lavatory and shall be well lighted and ventilated.</p> <p>(g) Hand Washing Facilities. Each Group and Congregate assisted living facility shall provide a hand washing lavatory in the kitchens which shall be equipped with a soap dispenser and a supply of soap, disposable towels, and hot and cold running water through a mixing valve or combination faucet. The use of a common towel and common bar soap is prohibited. Hands shall not be washed in sinks where food is prepared. Existing Group and Congregate facilities that enlarge or renovate kitchens shall install a hand wash sink.</p> <p>(h) Refrigeration Facilities. Adequate refrigeration facilities, automatic in operation for the storage of perishable foods shall be provided. Refrigeration shall be maintained at 41 degrees Fahrenheit or less. All refrigerators shall be</p>	A 804		

Alabama Department of Public Health

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A 804	<p>Continued From page 45</p> <p>provided with thermometers. All refrigerators shall be kept clean.</p> <p>(i) Equipment and Utensil Construction. Equipment and utensils, except single service utensils, shall be so constructed as to be easily cleaned and shall be kept in good repair. No cadmium plated, lead, or readily corrodible utensils or equipment shall be used.</p> <p>(j) Separation of Kitchen from Resident Rooms and Sleeping Quarters. Any room used for sleeping quarters shall be separated from the food service area by a solid wall with no direct openings. Sleeping accommodations shall not be permitted within the food service area.</p> <p>(k) Clean Rooms. Floors, walls, and ceilings of rooms in the food service area shall be clean and free of an accumulation of rubbish, dust, grease, dirt, etc.</p> <p>(l) Clean Equipment. Equipment in the food service area shall be clean and free of dust, grease, dirt, etc.</p> <p>(m) Clean Counters, Tables, Tablecloths, and Napkins. Tables and counters, which are used for food service, shall be kept clean. Tablecloths and cloth napkins shall be laundered after each use.</p> <p>(n) Location and Space Requirements. Food service facilities shall be located in a specifically designated area and shall include the following rooms and space: kitchen, dishwashing, food storage, and dining room.</p> <p>(o) Equipment. Minimum equipment in</p>	A 804		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 804	<p>Continued From page 46</p> <p>the kitchen shall include the following:</p> <ol style="list-style-type: none"> 1. Range. In a Family or Group assisted living facility, a residential use range is permitted. A Congregate assisted living facility shall have a heavy-duty range suitable for institutional use with double oven, or equivalent. 2. Refrigerator. A Family or Group assisted living facility may use a residential refrigerator. A Congregate assisted living facility shall have a heavy duty refrigerator suitable for institutional use. 3. Fire extinguisher. A five-pound type BC for residential hoods, and K type for commercial hoods. 4. Dishwashing. The dishwashing equipment for Family and Group assisted living facilities shall be either residential type using cold water sanitizers or commercial type with a booster water heater. Dishwashing equipment for all Congregate assisted living facilities shall be commercial type using a booster water heater or an automatic dispensing sanitizing chemical system. 5. A three-compartment sink with a booster heater or chemical sanitizing system for the third compartment shall be provided in Congregate assisted living facilities. 6. Garbage cans with cover. <p>(p) Food Storage. A well-ventilated, cool food storage room, pantry, or cabinets shall be provided. Adequate shelving, bins, suitable cans,</p>	A 804		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A 804	<p>Continued From page 47</p> <p>and raised platforms shall be provided and kept clean. Perishable food shall be stored at least six inches above the floor. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water, leakage, or any other source of contamination.</p> <p>(q) Dining Room. A resident dining room, or rooms, shall be provided which is large enough to seat not less than 100 percent of the bed capacity.</p> <p>(r) Water Heating Equipment. Equipment for heating an ample supply of water, under pressure, for all washing purposes shall be provided. Hot water shall be piped to all hand-washing facilities, and to each compartment of all dishwashing and laundry sinks. Water heaters shall be automatic type.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the kitchen and ice machine had not been cleaned and maintained as required, which placed all the residents served from that kitchen at risk for food bourne illness.</p> <p>Findings:</p> <p>On the afternoon of December 10, 2025, tour of the kitchen with EI#11 revealed the following. Two vent-a-hoods over the two stoves had peeling paint and rust hanging from them over the surface where food would be cooked. The ice machine was found with a moderate amount of slimy black residue on the inside walls where ice</p>	A 804		

Alabama Department of Public Health

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A 804	Continued From page 48 was stored to be served to residents. EI# 11 did not know when the last time the ice machine had been cleaned. EI#11 acknowledged the black mold-like substance in the ice machine was not okay. On the morning of December 11, 2025, EI#3 said she agreed with these identified concerns as deficient practices.	A 804		
A1101	420-5-4-.11 (1) Fire and Safety (1) General. (a) Fire Safety and Emergency Plan. All assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place. (b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift of Group and Congregate facilities. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the currently adopted Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years.	A1101		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A1101	<p>Continued From page 49</p> <p>(c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents, by using simulated residents or empty wheelchairs.</p> <p>(d) Roller latches are prohibited on doors separating corridors from adjacent spaces.</p> <p>(e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that:</p> <ol style="list-style-type: none"> 1. Minimizes leaks and spills. 2. Adequately protects against inappropriate access. 3. Complies with the requirements of the currently adopted Life Safety Code. <p>(f) Fire Alarm and Sprinkler System.</p> <ol style="list-style-type: none"> 1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including areas open to the exit access corridor, to comply with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire alarm system may be installed in each resident's room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements). 2. Fire alarm and sprinkler system 	A1101		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A1101	<p>Continued From page 50</p> <p>outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously.</p> <p>3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and testing reports shall be maintained in the facility for a period of at least 3 years.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, fire drills were not conducted monthly and quarterly on each shift, the sprinkler system was not inspected semi-annually and employees were not properly trained in fire safety.</p> <p>Findings:</p> <p>Fire drills During the initial tour while interviewing residents, several said they did not recall a fire drill or only remembered having one. On the afternoon of December 9, 2025, record review of fire drills revealed only three fire drills had been conducted in the last two years and those were in April, August and September of 2024. On the morning of December 10, 2025, EI#12, the Maintenance Director, was asked why fire drills had not been</p>	A1101		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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A1101	<p>Continued From page 51</p> <p>conducted as required. EI#12 said he had been busy and had not responsibly ensured they were done.</p> <p>Sprinkler system inspection On the afternoon of December 9, 2025, record review revealed the sprinkler system had not been inspected since October 11, 2024.</p> <p>Fire Safety Training On the morning of December 10, 2025, a fire drill was conducted for the surveyor to observe staff response. The location of the fire drill was announced and staff began to respond. EI#11 approached with a fire extinguisher but did not go to the area where the fire was said to be. She went to rooms to evacuate residents with the fire extinguisher in her arm. EI#13, the Business Office Manager assisted to evacuate residents and did not distinguish what rooms had been cleared. EI#13 looked in doors of rooms that had been left open and were unmarked, but did not step inside to see if a resident was out of sight and called the rooms cleared (still not marking them as cleared). EI#11 went to the location of where the fire was said to be, after EI#12 told her she was supposed to. On the afternoon of December 10, 2025, EI#12 was asked to describe staff response to the fire drill. EI#12 said EI#11 brought a fire extinguisher and assisted clearing residents from rooms instead of going to the fire. EI#12 added staff were not identifying which rooms had been cleared. EI#12 said the response by staff was not appropriate. EI#12 agreed the response might have been appropriate if fire drills had been conducted routinely as they were required to be done.</p> <p>On the morning of December 11, 2025, EI#3 was asked why fire drills had not been conducted as</p>	A1101		

Alabama Department of Public Health

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A1101	Continued From page 52 required. EI#3 responded EI#12 had been instructed to conduct the fire drills and had been given verbal warnings for not doing them. When asked again why the fire drills were not done, EI#3 said she was overwhelmed. When asked why the sprinkler system had not been inspected semi-annually, EI#3 said she did not know.	A1101		
A1203	420-5-4-.12 (5) Physical Environment. (5) General Building Requirements - Family, 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, 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 insect screens. Screen doors shall be equipped with self-	A1203		

Alabama Department of Public Health

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A1203	<p>Continued From page 53</p> <p>closing devices.</p> <p>(e) Emergency Lighting.</p> <p>1. All assisted living facilities shall provide emergency artificial lighting to adequately illuminate halls, corridors, kitchens, dining areas, and stairwells in case of electrical power failure. As a minimum, dry cell battery-operated lighting shall be provided to light such spaces.</p> <p>2. Emergency lighting must provide illumination in accordance with the currently adopted Life Safety Code for at least 90 minutes.</p> <p>(f) Floors.</p> <p>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.</p> <p>2. Any differences in floor levels shall not prevent a resident from navigating safely throughout the facility.</p> <p>(g) Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be kept clean and in good repair.</p> <p>(h) Windows. Operable windows shall be so constructed and maintained so that they fit snugly, and are capable of being opened and closed easily.</p> <p>(i) Ceiling Height. Each room occupied</p>	A1203		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2025
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NAME OF PROVIDER OR SUPPLIER GREENSPRINGS II	STREET ADDRESS, CITY, STATE, ZIP CODE 811 GREENSPRINGS DRIVE PRATTVILLE, AL 36067
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A1203	<p>Continued From page 54</p> <p>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.</p> <p>(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.</p> <p>(k) Stairways. Stairways shall be well lighted, kept in good repair, and have handrails. Open space under stairs shall not be used for storage purpose. All walls and doors under stairs shall meet the same fire rating as the stairwell.</p> <p>(l) Doors.</p> <p>1. In each new assisted living facility, doors of resident bathrooms connected to resident bedrooms shall swing into the bedroom.</p> <p>2. Bedroom and bathroom doors may be equipped with hardware that will permit a resident to lock himself within the room, provided a master key is readily accessible for the staff at a central location.</p> <p>3. Resident bedroom and other exit access doors in each assisted living facility shall be at least three feet wide. Bedroom doors in Family assisted living facilities shall not be less than 32 inches wide.</p> <p>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 special locking arrangements are permitted only in specialty care</p>	A1203		

Alabama Department of Public Health

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A1203	<p>Continued From page 55</p> <p>assisted living facilities.</p> <p>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. Exit doors of Family facilities may swing inward.</p> <p>(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.</p> <p>(n) Fire Extinguishers. Fire extinguishers shall be provided for each hall, kitchen, and laundry, of type and capacity appropriate to the need.</p> <p>1. Each fire extinguisher shall receive 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.</p> <p>2. A visual inspection of each fire extinguisher shall be conducted monthly by designated staff of the facility and documented on the attached extinguisher tag by the designated staff person.</p> <p>(o) Call System. Except in Family</p>	A1203		

Alabama Department of Public Health

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A1203	<p>Continued From page 56</p> <p>facilities, 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> <p>(p) Manufactured homes/mobile homes are not permitted.</p> <p>(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.</p> <p>(r) Exit marking. In Group and Congregate 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.</p> <p>(s) Heating, Lighting, and other Service Equipment.</p> <p>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.</p> <p>2. Open flame and portable heaters are</p>	A1203		

Alabama Department of Public Health

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A1203	<p>Continued From page 57</p> <p>prohibited in assisted living facilities. This does not apply to a fire place with gas logs protected as noted elsewhere in these rules.</p> <p>3. Lighting shall be restricted to electricity. Electric wiring, motors, and other electrical equipment in all assisted living facilities shall be in accordance with local electrical codes and the NFPA National Electrical Code.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the kitchen in good repair.</p> <p>Findings:</p> <p>On the afternoon of December 10, 2025, an observation was made with EI#11 of the kitchen. Wood below the sink had missing paint as well as the cabinets below the sink. Other cabinets had exposed wood from worn paint on or near the edges of doors. The entire kitchen floor was unfinished plywood without a surface covering that could be sanitized. The kitchen floor had been replaced two weeks prior. At the conclusion of this kitchen tour EI#12 said, at that time, flooring had not been ordered to cover the unfinished plywood.</p> <p>On the morning of December 11, 2025, EI#11 said unfinished plywood floors could be sanitized by sweeping and mopping them.</p> <p>On the morning of December 11, 2025, EI#3 said she agreed with these identified concerns as deficient practices.</p> <p>THERESA HARRISON, REGISTERED NURSE</p>	A1203		

Alabama Department of Public Health

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