

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D2807	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2025
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NAME OF PROVIDER OR SUPPLIER OAK LANDING	STREET ADDRESS, CITY, STATE, ZIP CODE 616 GAINES STREET ATTALLA, AL 35954
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A 000	<p>Initial Comments</p> <p>On July 24, 2025, an unannounced licensure survey was conducted for this 22 bed Assisted Living Facility (ALF) with a census of 21.</p> <p>There were five (5) complaints investigated during this survey. LC#20230927016 was substantiated resulting in a citation. LC#20230927015, LC#20230927013, LC#20230927012 and LC#20211006006 were unsubstantiated.</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 a risk or potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 302	<p>420-5-4-.03 (1) (e) Administration. Policies.</p> <p>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 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>	A 302		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 302	<p>Continued From page 1</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 extinguisher checks, and disaster preparedness. (xii) Staffing and conduct of staff while on duty. (xiii) Oxygen administration and storage if used in the facility. (xiv) Dietary Policies. The dietitian, 	A 302		

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A 302	<p>Continued From page 2</p> <p>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 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>	A 302		

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A 302	<p>Continued From page 3</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 record review, the facility's own policies were not followed for the management and operation of the facility.</p> <p>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY(S) CONDUCTED ON JUNE 25, 2015; FEBRUARY 12, 2016; APRIL 7, 2016; AND DECEMBER 16, 2020.</p> <p>Findings:</p> <p>Medication Assistance</p> <p>The facility's Medication Assistance Policy and procedure reads "...Any resident requiring staff assistance with the self-administration of medication must have a reasonable lay person's understanding of the unit dose packing system in use by the facility such that the resident could likely protect ..." During observation of medication assistance on July 21, 2025, Resident Identifier (RI) #4 did not have tactile indicators on RI#4's medication cards and could not protect himself/herself from a medication error. Refer to deficiency 614 for additional information.</p> <p>Food Service Sanitation</p>	A 302		

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A 302	Continued From page 4 The facility's Food Service Sanitation Policy and Procedure reads "...All kitchen appliances shall be kept clean and tidy.", "...5. Proper sanitizing is as follows...", "...14. Kitchen trash and garbage shall be placed in suitable containers with tight fitting lids.", The facility failed to follow its own policy for Food Service Sanitation, Refer to deficiency 702 for additional information. Staffing The facility's Staffing - ALF Policy and Procedure reads "...7. The facility must be sufficiently staffed to ensure the evacuation of residents in the event of a fire or emergency. " The facility failed to follow its own policy for Staffing-ALF, refer to deficiency 401 for additional information.	A 302		
A 303	420-5-4-.03 (2) (a) Administration. The Administrator. (a) Responsibility. 1. The administrator shall be a direct representative of the governing authority in the management of the assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties. 2. Any individual employed as an administrator shall be properly licensed. 3. Any individual employed as an administrator shall meet all applicable statutory requirements.	A 303		

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A 303	<p>Continued From page 5</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 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>	A 303		

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A 303	<p>Continued From page 6</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, Employee Identifier (EI)#1, Administrator, failed to adequately fulfill EI#1's responsibilities in the day to day operations of the facility.</p> <p>Findings:</p> <p>Required Training</p> <p>The administrator failed to obtain proper training for oxygen therapy and continuous glucose monitoring (CGM) Libre system for himself/herself and EI#2. Refer to deficiency 405 for further information.</p> <p>Activity Program</p> <p>The administrator failed to provide a viable activity program to meet the needs of the residents. Refer to deficiency 612 for further information.</p>	A 303		

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A 303	<p>Continued From page 7</p> <p>Oxygen</p> <p>The administrator failed to provide supervision for safe storage of oxygen placing staff and residents at potential risk of harm. Refer to deficiency 618 for further information.</p> <p>Food Service</p> <p>The administrator failed to provide supervision to the food service operations placing residents at risk for food borne illness and unsanitary food preparation practices. Refer to deficiency 702. El#1 failed to provide for sufficient on-site emergency potable water. Refer to deficiency 703 for further information.</p> <p>Fire and Safety</p> <p>The administrator failed to have the fire alarm system expeditiously repaired, placing residents and staff at risk by placing the alarm system in silence mode. Refer to deficiency 1101 for further information.</p> <p>The administrator failed to safely staff the facility to ensure the safe evacuation of all residents in the event of a fire or emergency. Refer to deficiency 401 for further information.</p>	A 303		
A 401	<p>420-5-4-.04 (1) (2) Personnel.</p> <p>Personnel.</p> <p>(1) An assisted living facility shall ensure personnel are employed and on duty to meet the care and safety needs of all residents 24 hours a day, 7 days a week.</p>	A 401		

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A 401	<p>Continued From page 8</p> <p>(a) An assisted living facility shall be staffed at all times by at least one individual who has a current certification in cardiopulmonary resuscitation (CPR).</p> <p>(b) An assisted living facility must be staffed to ensure the safe evacuation of all residents in the event of a fire or emergency.</p> <p>(2) Employee Schedule. An assisted living facility shall post a schedule of employees indicating names and days and hours scheduled to work. This schedule shall be retained in the facility for 6 months after use.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not staffed to ensure the safe evacuation of all residents in the event of a fire or emergency.</p> <p>Findings:</p> <p>THIS DEFICIENCY IS RESULT OF COMPLAINT INVESTIGATION (LC20230927016) THIS IS A REPEAT DEFICIENCY FROM THE SURVEY(S) CONDUCTED ON July 25, 2019.</p> <p>Staffing inadequacy for safe evacuation</p> <p>On the morning of July 22, 2025, when surveyors arrived at the facility, it was observed that night shift had only one person on duty. Surveyors found the only caregiver, EI#8, third shift caregiver, with RI#4 who had slid to the floor about two hours earlier. EI#8 said she had called for EI#5 to come in early and help EI#8 get RI#4 up off of the floor because she was the only</p>	A 401		

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A 401	<p>Continued From page 9</p> <p>person on duty. EI#8 reported, "We need two people at night. We have had people fall at night and ambulance staff asked if I was by myself." EI#8 was asked if she could evacuate residents in the event of a fire. EI#8 answered, "I don't know (if) I could."</p> <p>On the morning of July 24, 2025, EI#9, a third shift caregiver, was asked about staffing and resident safety. EI#9 was asked how she would assist residents to evacuate in the event of a fire. EI#9 responded, "I would not be able to and that has always been my fear because of bad weather." EI#9 added when she knows weather may be bad, she sets up chairs in the hallways in case they need to get to a safe space since she is the only person on duty for the three halls of ALF and SCALF. EI#9 stated, " Nothing has ever happened negatively at night when I am by myself yet, thank goodness." EI#9 was asked if she could communicate with all residents if an emergency occurred on her shift. EI#9 stated, "Not all at the same time, I'm only one person and can be in one place at a time. I'm worried about that, especially during tornado season".</p> <p>A fire drill was conducted on the morning of July 24, 2025, during conduction of the fire drill it was observed by the surveyors that it took all staff on duty, a total of five personnel, to safely evacuate the 22 residents from the facility. Having only one person on night shift was not sufficient to safely evacuate the facility during an emergency. It was observed by the surveyors that the distances between the three hallways was extensive. Communication between the one staff member on night shift and residents on all three halls would be ineffective placing the safety of residents at risk during an emergency.</p>	A 401		

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A 405	Continued From page 10	A 405		
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. 4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire. 5. Identifying and reporting abuse, neglect, and exploitation. 6. Basic first aid. 7. Advance directives. 8. Protecting resident confidentiality. 9. Resident fire and environment safety. 	A 405		

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A 405	<p>Continued From page 11</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 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</p>	A 405		

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A 405	<p>Continued From page 12</p> <p>remain knowledgeable of the training specified above.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, two staff members were not trained in special needs of residents with oxygen therapy and continuous glucose monitoring (Libre 3 System).</p> <p>Findings:</p> <p>Review of employee files on July 21, 2025 revealed two of ten employees, EI#1 and EI#2, did not receive training on oxygen and continuous glucose monitoring (Libre). The facility had two residents with oxygen use and one resident with continuous glucose monitoring (Libre). EI#1 and EI#2 stated they were not aware they did not have that specific training and agreed that oxygen and continuous glucose monitoring training had not been completed as required.</p>	A 405		
A 503	<p>420-5-4-.05 (3) (a) (b) (c) Records and Reports.</p> <p>(3) Resident Records.</p> <p>(a) Records shall be current from the time of admission to the time of discharge or death and shall be retained in the facility for at least three years after a resident's death or discharge.</p> <p>(b) When an individual is admitted to an assisted living facility, records and information regarding the resident shall be protected from unauthorized disclosure. Employees and authorized agents of the Department shall be</p>	A 503		

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A 503	<p>Continued From page 13</p> <p>permitted to review all medical records and all other records to determine compliance with these rules. With the written consent of the resident, or with the written consent of the legal guardian of an incompetent resident, the local ombudsman shall be permitted access to all records regarding the resident. Records necessary to assess a resident's medical condition or to otherwise render good medical care shall be provided to the resident's treating physician or physicians or to the resident or to his or her legally authorized representative. A resident or his or her legal guardian may grant permission to any other individual to review the resident's confidential records by signing a standard release.</p> <p>(c) In addition to all records required for the provision of resident care, for each resident, the assisted living facility shall maintain on its premises the required documents listed below and any other documents required by the facility's policies and procedures:</p> <ol style="list-style-type: none"> 1. Statement of resident rights signed by the resident. 2. Financial agreement. 3. Inventory of personal effects. 4. Admission record. 5. Incident investigations and reports involving the resident. <p>In addition to the above documents, the facility shall also maintain on its premises any Advance Directive or Portable Physician Do Not Attempt Resuscitation (DNAR) Order that has been</p>	A 503		

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A 503	<p>Continued From page 14</p> <p>executed by the resident. NOTE: Under no circumstances shall the facility require or refuse to allow a resident to execute an Advance Directive or Portable Physician DNAR Order. Advance Directives shall be typewritten or legibly written in ink and may include the appointment of a health care proxy consistent with the specific language in the Natural Death Act (Code of Alabama 22-8A-1 et. seq). A Portable Physician DNAR Order shall follow the rule and form found in the Alabama Administrative Code 420-5-19 Appendix II. These records shall be protected from unauthorized disclosure.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to establish resident records with the required documents upon admission.</p> <p>Findings:</p> <p>RI#1 was admitted to the facility on April 18, 2024, with diagnoses that included chronic obstructive pulmonary disease, chronic kidney disease, hypoxia, hyperlipidemia, and macular degeneration. RI#1's record revealed the facility had not obtained the following required documents at the time of admission; statement of resident rights signed by the resident, financial agreement and inventory of personal effects. EI#1 concurred with surveyor's observation that the file should have contained those documents signed by the resident.</p>	A 503		
A 504	<p>420-5-4-.05 (3) (d) Records and Reports.</p> <p>(d) Residents' Rights. Each resident</p>	A 504		

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A 504	<p>Continued From page 15</p> <p>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.</p> <ol style="list-style-type: none"> 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. 3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy. 4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time. 5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of 	A 504		

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A 504	<p>Continued From page 16</p> <p>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 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</p>	A 504		

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A 504	<p>Continued From page 17</p> <p>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 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</p>	A 504		

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A 504	<p>Continued From page 18</p> <p>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 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</p>	A 504		

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A 504	<p>Continued From page 19</p> <p>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> <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</p>	A 504		

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A 504	<p>Continued From page 20</p> <p>this care plan shall be kept in the resident's file.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide a safe and decent environment for residents at all times.</p> <p>Findings:</p> <p>Safe and Decent Environment</p> <p>The surveyor identified the following additional noncompliant practices during the onsite survey.</p> <p>The facility was not adequately staffed to meet the care and safety needs of all residents 24 hours a day, 7 days a week. Refer to deficiency 401 for additional information.</p> <p>On the morning of July 23, 2025, during a tour of the facility, it was observed by the surveyors that the fire alarm panel had been placed into silent mode. Refer to deficiency 508 for additional information.</p> <p>A resident who was severely visually impaired had no interventions in place to allow the resident to utilize the unit dose system. Refer to deficiencies 614 for additional information.</p> <p>Proper measures were not taken to prevent food contamination. No commercial dishwasher was available and hand washing (sanitation) was improperly performed. Refer to deficiency 702 for additional information.</p> <p>Emergency Water quantity was not sufficient to provide three days supply for residents. Refer to</p>	A 504		

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A 504	Continued From page 21 deficiency 703 for additional information. During conduction of the fire drill the surveyor observed, it required seven personnel to evacuate all residents from the building. The night shift had only one person on duty to safely evacuate residents in the event of a fire. Refer to deficiency 303 for additional information. These practices created an unsafe and unpleasant environment for residents and placed all residents of the facility at significant risk of harm.	A 504		
A 508	420.5.4-.05 (3) (h) Records and Reports. (h) Incident Investigation. When an incident, as defined below, occurs in an assisted living facility, the facility administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective actions and interventions shall be devised and implemented immediately. A detailed and accurate report shall be completed within 72 hours of the incident. The report shall be given immediately upon completion to the administrator for review. 1. Incidents which require investigation are: (i) An accident or injury of known or unknown origin that was unusual or suspicious in nature such as bruising, pain, or injury that is not consistent with actions necessary in providing day to day care to a resident or for which medical treatment was sought. (ii) A fracture or an injury resulting in	A 508		

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A 508	<p>Continued From page 22</p> <p>medical attention. For the purposes of these rules, medical attention shall be defined as care that rises above the level of first aid, including but not limited to: a physician ordered portable X-ray, a visit to an emergency department, urgent care facility, clinic or physician office.</p> <p>(iii) The onset of wandering behavior by any resident who is not fully cognitively intact.</p> <p>(iv) Elopement by a resident.</p> <p>(v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules.</p> <p>(vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules.</p> <p>(vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules.</p> <p>(viii) An outbreak (for purposes of these rules, an outbreak is considered to be two or more affected people within 72 hours or less) of a contagious disease or condition including those listed in Appendix I of Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus).</p> <p>(ix) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical</p>	A 508		

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A 508	<p>Continued From page 23</p> <p>damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility.</p> <p>(x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(xi) An unplanned occurrence that results in media attention.</p> <p>(xii) A medication error, overdose, or over sedation.</p> <p>(xiii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(xiv) Any indication of malfunction of the sprinkler system, or fire alarm system.</p> <p>2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following:</p> <p>(i) Names of all residents involved.</p> <p>(ii) Names of all staff involved including person in charge at the time of the incident.</p> <p>(iii) When the administrator was notified (date and time).</p> <p>(iv) Circumstances under which the incident occurred.</p> <p>(v) When the incident occurred (date and time).</p> <p>(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).</p>	A 508		

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A 508	<p>Continued From page 24</p> <p>(vii) Immediate actions taken.</p> <p>(viii) The extent and description of injury, if any, to the affected resident or residents.</p> <p>(ix) Immediate treatment rendered.</p> <p>(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.</p> <p>(xi) Names, telephone numbers, and addresses of witnesses.</p> <p>(xii) Date and time relatives or sponsor were notified.</p> <p>(xiii) Out-of-facility treatment.</p> <p>(xiv) Follow-up care.</p> <p>(xv) Outcome resolution.</p> <p>(xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future.</p> <p>(xvii) The investigative file includes the incident report itself, the incident investigation and all records, documents, statements, images, and information created or reviewed in connection with the investigation.</p> <p>(xviii) The entire investigative file shall be made available for inspection and copying by representatives of the Department upon request.</p> <p>(xix) The entire investigative file and</p>	A 508		

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A 508	<p>Continued From page 25</p> <p>documentation of all corrective action taken shall be retained for a period of not less than 3 years after the resident is discharged or dies.</p> <p>(xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff.</p> <p>3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident:</p> <p>(i) A fracture or an injury resulting in death, EMS activation, or the need for medical attention as defined in these rules.</p> <p>(ii) Elopement by a resident.</p> <p>(iii) Suspected, alleged, confessed, or witnessed abuse, neglect, or exploitation of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. The victim's sponsor or responsible family member shall be notified within 24 hours. All incidents of suspected abuse, neglect, or exploitation shall be reported immediately to the Department of Human Resources or to appropriate law enforcement authorities as required by law. These documents shall be retained with the facility investigative file.</p> <p>(iv) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial</p>	A 508		

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A 508	<p>Continued From page 26</p> <p>evacuation of the facility.</p> <p>(v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.</p> <p>(vi) An unplanned occurrence that results in media attention.</p> <p>(vii) Any medication error, overdose, or over sedation. The incident shall be immediately reported to the attending physician, facility medical director, or back-up physician.</p> <p>(viii) Ingestion by a resident of a toxic substance that requires medical attention.</p> <p>(ix) Notifiable diseases and health conditions listed in Appendix I of the Alabama Administrative Code Sec. 420-4-1-.04. shall be reported by the facility to the State Health Officer or the County Health Officer within the time frames specified in 420-4-1-.04. The facility shall maintain documentation of any reports of notifiable diseases or health conditions. This documentation shall be retained for a period of not less than 3 years.</p> <p>(x) Any indication of malfunction of the sprinkler system, or fire alarm system.</p> <p>4. The report to the Department's Online Incident Reporting System shall include the following:</p> <p>(i) Facility name and direct phone number.</p> <p>(ii) Time and date of the report.</p>	A 508		

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A 508	<p>Continued From page 27</p> <p>(iii) Reporter's name.</p> <p>(iv) Name of resident(s), staff, or visitor(s) involved in the incident.</p> <p>(v) Names of staff on duty at the time of the incident.</p> <p>(vi) Date and time of the incident.</p> <p>(vii) A brief description of the incident.</p> <p>(viii) Any injury or injuries to resident(s).</p> <p>(ix) Action taken by the facility in response to the incident.</p> <p>This Rule is not met as evidenced by: Based on observation and record review, the facility failed to report a fire alarm malfunction as required.</p> <p>Findings:</p> <p>On the morning of July 23, 2025, during a tour of the facility, it was observed by the surveyors that the fire alarm panel had been placed into silent mode. The fire monitoring company reported it had malfunctioned since June 25, 2025. The malfunction of the fire alarm system had not been reported to the department as required. EI#4 stated EI#4 was instructed by EI#2 to "silence the alarm if it beeps." EI#2 failed to report the alarm malfunction to the department and have the fire</p>	A 508		

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NAME OF PROVIDER OR SUPPLIER OAK LANDING	STREET ADDRESS, CITY, STATE, ZIP CODE 616 GAINES STREET ATTALLA, AL 35954
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A 508	Continued From page 28 alarm expeditiously repaired. The fire alarm company representative stated he was unable to verify, without trouble shooting, whether the alarm system was functioning. EI#2 stated the system "still functions". The fire alarm company arrived on site to trouble shoot the system on July 23, 2025. The fire/smoke sensor in the caregiver office area had been found to be non-functional and was replaced.	A 508		
A 602	420-5-4-.06 (2) (a) (b) (c) Care of Residents. (2) Medical Examination Record. (a) Initial Physical Examination. Not more than 30 days prior to admission of any resident to an assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination only, a currently licensed physician in good standing with the Medical Licensure Commission of any state may complete this physical assessment. The physician shall report his or her findings in writing to the facility. In addition to any information otherwise required by the facility's policies and procedures, and in addition to any other information the physician recommends or believes is pertinent, the initial physical examination record shall contain the following: 1. All of the physician's diagnoses, and the resident's baseline weight and vital signs. 2. Medication presently prescribed (name, dosage, and strength of drug, frequency, and route of administration). 3. A statement by the physician that the	A 602		

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A 602	<p>Continued From page 29</p> <p>resident is free of signs and symptoms of infectious skin lesions and diseases that are capable of transmission to other residents through normal resident to resident contact.</p> <p>4. Documentation of evaluation for tuberculosis within the previous 12 months.</p> <p>(b) Annual Physical Examination. In addition to the admission physical examination, each resident shall be examined annually by a physician, and findings from the annual physical examination shall be documented with a copy placed in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures, and in addition to any information deemed necessary, pertinent, or recommended by the resident's attending physician, the annual physical examination shall contain the following:</p> <ol style="list-style-type: none"> 1. The resident's weight and vital signs. 2. Changes in diagnoses. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. <p>(c) Change of Condition Physician Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, medications, or treatments shall be reported to the facility and documented in the resident's medical examination record. In addition to any other items specified in the facility's policies and procedures,</p>	A 602		

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A 602	<p>Continued From page 30</p> <p>and in addition to any information deemed necessary, pertinent, or recommended by the resident's treating physician, this physical examination shall contain a listing of the following:</p> <ol style="list-style-type: none"> 1. New diagnoses. 2. Changes in condition. 3. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 4. Changes in treatment. <p>This Rule is not met as evidenced by: Based on record review and interview, a resident's Medical Examination Record was not completed as required.</p> <p>Findings:</p> <p>On the afternoon of July 23, 2025 during resident record review, it was revealed that RI#3 did not have a baseline pulse and respirations documented on the initial physical examination form. EI#1 agreed the required information was not documented.</p>	A 602		
A 612	<p>420-5-4-.06 (4) (c) (d) (e) (f) Care of Residents</p> <p>(c) The facility shall offer appropriate activity programs to each resident, maintaining supplies and equipment as necessary to implement the activity programs. Every day the</p>	A 612		

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A 612	<p>Continued From page 31</p> <p>facility shall provide activities appropriate to each resident.</p> <p>(d) Pets residing at the facility or used in activity programs shall be in good health and shall have current vaccinations as required by law. Vaccination certificates, or copies of vaccination certificates, shall be kept on file at the facility to demonstrate compliance with this requirement.</p> <p>(e) Mail, Telegrams, and Other Communications.</p> <p>1. Incoming mail, telegrams, and other written communications addressed to the resident shall be delivered to the resident unopened. Outgoing mail shall be promptly delivered to regular postal channels upon receipt from the resident. Residents shall be permitted to place and receive telephone calls at the facility in complete privacy.</p> <p>2. Personnel of the facility shall assist residents with communications, such as writing letters or assisting with writing letters, or reading mail out loud if requested to do so.</p> <p>(f) Appointments. Residents shall be assisted in making and keeping appointments.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to have an activity program designed to meet the needs of the residents. Also, the facility failed to ensure a pet, residing in the facility, had vaccination records on</p>	A 612		

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A 612	<p>Continued From page 32</p> <p>file.</p> <p>Findings:</p> <p>Activities:</p> <p>On the morning of July 21, 2025, the surveyor requested a copy of the scheduled activities. The schedule provided to the surveyor indicated that at 10:00 AM there was an activity referred to as "Coffee Talk". The activity was scheduled daily, Monday through Friday. However, each day of the survey, the surveyor observed there was no organized activity with staff and residents at the scheduled times. The activity calendar also indicated an activity scheduled at 2 PM daily. This activity was conducted ad-hoc by staff personnel when a scheduled provider had to cancel. On July 21,2025 and July 22, 2025 no organized, staffed activity was observed.</p> <p>Pet(s):</p> <p>On the morning of July 21, 2025 it was observed by the surveyor that there were three canine animals in the facility. The facility only provided one vaccination certificate for a Vizsla Canine named "Cain". EI#2 stated that was the only certificate of vaccination they currently had. EI#2 concurred with the surveyor's observations.</p>	A 612		
A 613	<p>420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(5) Medications.</p> <p>(a) Medications as defined in these rules, may be administered to a resident of an assisted living facility only after the drugs have</p>	A 613		

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A 613	<p>Continued From page 33</p> <p>been prescribed specifically for the resident by an individual currently licensed to prescribe medications in Alabama. A currently licensed physician in good standing with the Medical Licensure Commission of any state may prescribe medications to a resident of an assisted living facility only during the initial physical examination.</p> <p>(b) A physician order is required for a resident to manage and have custody of his or her own medications.</p> <p>(c) A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over the counter topical medications that are self-administered by residents and approved by the physician for resident possession.</p> <p>(d) Nothing in these rules shall preclude a facility from using a licensed nurse employed by the facility or nursing agency to administer medication to any resident. An RN or LPN shall administer medications to residents in the assisted living facility only in accordance with physician orders and the Nurse Practice Act.</p> <p>(e) A resident who is incapable of recognizing his or her name, or understanding the facility unit dose medication system, or does not have the ability to protect himself or herself from a medication error shall require medication administration. Medication administration shall be provided only by a physician or by an RN or LPN. If the resident cannot understand or be trained to understand the unit dose medication system used by the facility or cannot protect himself or herself</p>	A 613		

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A 613	<p>Continued From page 34</p> <p>from medication errors by facility staff, the resident will be appropriately discharged.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure a resident had a physician's order to keep medications at the bedside.</p> <p>Findings:</p> <p>On the morning of July 21, 2025, during a tour of the facility, it was observed by the surveyor that RI#2 had ophthalmic Timolol medication drops at his/her bedside. EI#4 was asked if the resident had an order for self-administration of medication and/or an order to keep medication at the bedside. EI#4 said no and that she would remove the medication immediately. There was no order for bedside medication in RI#2's record. EI#4 stated the medication "must have been brought in by family" and was unaware that RI#2 had custody of the medication.</p>	A 613		
A 614	<p>420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents.</p> <p>(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.</p> <p>(g) A resident that cannot self-manage his or her own medication without creating an unreasonable risk to health and safety may be</p>	A 614		

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A 614	<p>Continued From page 35</p> <p>assisted with self-administration of medication by any assisted living facility staff, including staff members who hold no professional licensure provided:</p> <p>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 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</p>	A 614		

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A 614	<p>Continued From page 36</p> <p>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 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</p>	A 614		

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A 614	<p>Continued From page 37</p> <p>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 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</p>	A 614		

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A 614	Continued From page 38 practices by facility staff. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a resident the ability to protect him/herself from a medication error. Findings: On the afternoon of July 21, 2025, RI#1 was asked how he/she identified his/her medication since RI#1 was visually impaired. RI#1 stated "They sometimes bring me the medicine card but I can't see it, I have macular degeneration". EI#4 was asked how RI#1 identified his/her medications as his/her own. EI#4 stated "We have cotton on the cards so (RI#1) can identify the meds." Subsequent review of the medication cards revealed no tactile indicators were attached to RI#1's medication cards, The resident was unable to protect himself/herself from a medication error. EI#4 notified EI#1 of RI#1's status.	A 614		
A 618	420-5-4-.06 (9) Care of Residents. (9) Oxygen Therapy. (a) A resident of an assisted living facility that requires oxygen therapy shall self-manage his or her own oxygen therapy or self-administer his or her own oxygen therapy with assistance of facility staff. A resident that cannot safely self-manage or self-administer his or her own oxygen therapy with assistance shall have oxygen administered only by a physician, RN, or	A 618		

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A 618	<p>Continued From page 39</p> <p>LPN. A resident that cannot direct his or her administration of oxygen and cannot be taught to direct his or her administration of oxygen shall be appropriately discharged.</p> <p>(b) Oxygen use including date, time, rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per shift unless oxygen therapy is self-managed by the resident.</p> <p>(c) If a resident receives oxygen therapy in a facility:</p> <ol style="list-style-type: none"> All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition. All oxygen tanks shall be safely maintained and stored. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted. The facility shall ensure that each resident using oxygen therapy maintains an adequate supply of oxygen. <p>Refer to National Fire Protection Association (NFPA) 99 for oxygen storage requirements.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to properly store an oxygen cylinder safely.</p> <p>Findings:</p>	A 618		

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A 618	Continued From page 40 On the morning of July 22, 2025 during a tour of the facility the surveyor observed an "E-Type" Oxygen cylinder stored on the medication room shelf without being placed in an oxygen storage rack for safety. EI#8 was asked if this was normal storage for an oxygen cylinder in the medication room. EI#8 stated "its been that way for a long time".	A 618		
A 702	420-5-4-.07 (2) Food Service (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear. 2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods: (i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or (ii) A cold water sanitizer. A sanitizing 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	A 702		

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A 702	<p>Continued From page 41</p> <p>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> <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</p>	A 702		

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NAME OF PROVIDER OR SUPPLIER OAK LANDING	STREET ADDRESS, CITY, STATE, ZIP CODE 616 GAINES STREET ATTALLA, AL 35954
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 702	<p>Continued From page 42</p> <p>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, 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</p>	A 702		

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A 702	<p>Continued From page 43</p> <p>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> <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.</p>	A 702		

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A 702	<p>Continued From page 44</p> <p>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 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>	A 702		

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A 702	<p>Continued From page 45</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> <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 and interview, the facility staff failed to wear a clean covering over clothing before handling, preparing, or serving food. Also, the facility failed to provide a tight, fitted lid on the garbage can in the kitchen to prevent contamination of food.</p>	A 702		

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A 702	<p>Continued From page 46</p> <p>Findings:</p> <p>Garbage can:</p> <p>On the morning of July 21, 2025, during a tour of the facility, the surveyor observed that the kitchen garbage can did not have a tightly, fitted lid. EI#7 was asked if there was a lid for the garbage can. EI#7 stated " I don't know where it went to".</p> <p>Aprons:</p> <p>On the morning of July 21, 2025, the following observations were made during lunch service, EI#4 was observed with no hair net or apron on. EI#5 was observed with no apron on. EI#4 said she did not know she had to wear an apron. EI#5 acknowledged the scrubs she had worn uncovered serving meals, had been worn to provide resident care. EI#5 said the scrubs she had worn uncovered to serve meals were worn earlier to provide resident care. EI#5 said she was not sure they (staff) were supposed to wear an apron.</p> <p>At the conclusion of the tour of the kitchen with EI#1 and EI#6, both agreed with the surveyor's findings.</p> <p>Sugar Storage:</p> <p>On the morning of July 21, 2025 during an accompanied tour of the kitchen by EI#6, the surveyor observed the sugar, dispensing scoop stored inside the sugar storage bin with the sugar. EI#6 stated the scoop should not be placed in the container and removed the sugar scoop from sugar storage container. EI#6 and EI#1 concurred with the surveyor's observation.</p>	A 702		

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A 702	<p>Continued From page 47</p> <p>Ice Maker Storage Bin</p> <p>On the morning of July 21, 2025, during an accompanied tour of kitchen area by EI#6 and EI#1, the surveyor observed the ice maker storage bin had dirty sides of an unknown, brown colored substance on the interior walls of the ice bin. EI#6 and EI#1 concurred with surveyor observation.</p> <p>Coffee Storage</p> <p>On the morning of July 21, 2025, during an accompanied tour of kitchen by EI#6 and EI#1, the surveyor observed coffee for the coffee maker was stored on the open counter (inside coffee filters stacked to form a column of coffee filters). These coffee filters containing coffee were not protected from contamination, EI#6 stated "they should be in a container to protect them." EI#6 then removed coffee and coffee filters from the counter. EI#1 and EI#6 concurred with the surveyor's observation that this was a deficient practice and did not protect the coffee from contamination as required.</p>	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</p>	A 703		

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A 703	<p>Continued From page 48</p> <p>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 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</p>	A 703		

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A 703	<p>Continued From page 49</p> <p>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 and record review, the facility failed to have a sufficient quantity of potable water on hand as required.</p> <p>Findings:</p> <p>On the afternoon of July 22, 2025, the surveyor observed that the on-hand potable water quantity was not sufficient to provide three days potable water for three meals a day to all residents. EI#2 concurred with the surveyor observation. EI#2 stated EI#2 will immediately get the required quantity of water.</p>	A 703		
A 804	<p>420-5-4-.08 (4) Physical Facilities.</p> <p>(4) Food Service Facilities.</p> <p>(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.</p> <p>(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</p>	A 804		

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A 804	<p>Continued From page 50</p> <p>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.</p> <p>(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.</p> <p>(d) Lighting. The kitchen, dishwashing area and the dining room shall have adequate light.</p> <p>(e) Ventilation. Vent/exhaust hoods, 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</p>	A 804		

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A 804	<p>Continued From page 51</p> <p>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 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>	A 804		

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A 804	<p>Continued From page 52</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 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 	A 804		

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A 804	<p>Continued From page 53</p> <p>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.</p> <p>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.</p> <p>6. Garbage cans with cover.</p> <p>(p) Food Storage. A well-ventilated, cool food storage room, pantry, or cabinets shall be provided. Adequate shelving, bins, suitable cans, 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>	A 804		

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A 804	<p>Continued From page 54</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide an adequately lighted, clean food preparation area with clean rooms, equipment and counters.</p> <p>Findings:</p> <p>Lighting:</p> <p>On the morning of July 22, 2025, the surveyor observed that lighting in the kitchen areas was fifty percent operational. Three of the six ceiling light fixtures were not operable. EI#6 stated the lighting in the kitchen had not properly worked for "maybe three weeks or a month." EI#6 stated EI#6 notified EI#1 about three weeks ago about the lighting.</p> <p>Floors and walls:</p> <p>On the morning of July 22, 2025, during a tour of the kitchen, the surveyor observed that the walls and floor surfaces were cracked, dirty with debris, dirt, and grease residue, The food preparation table legs and bottom shelf area had substances on them presenting an unsmooth, unclean, corroded surface. EI#2 and EI#6 agreed with the surveyor's observations.</p> <p>Range and Ovens:</p> <p>On the morning of July 22, 2025, during a tour of the kitchen, the surveyor observed that the range griddle surfaces, oven racks and oven surfaces were dirty with baked on food debris, grease spillage and an unknown substance. EI#6 and EI#2 concurred with the surveyor's observations.</p>	A 804		

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A 804	<p>Continued From page 55</p> <p>Sugar Storage:</p> <p>On the morning of July 22, 2025 during an accompanied tour of the kitchen by EI#6, the surveyor observed the scoop stored in the sugar storage bin. EI#6 stated that "we keep it in the storage bin." EI#6 concurred with the surveyor observation.</p> <p>Dishwasher</p> <p>On the morning on July 22, 2025 during a tour of the kitchen with EI#6, EI#6 stated that the dishwasher was not working and they had to clean dishes by hand. EI#6 said that the dishwasher had not worked for about two weeks. EI#6 stated parts for repair of the dishwasher were on order. During an interview, EI#6 stated how EI#6 was cleaning dishes by hand. It was revealed that EI#6 was not properly sanitizing dishes per requirements. Improper dish sanitization placed the residents at risk for illness from contamination of utensils and dishes.</p> <p>On the morning of July 22, 2025 during an accompanied tour of the kitchen by EI#6, it was revealed during review of sanitization records that the cold water sanitization concentration of sodium hypochlorite was recorded as >400 ppm and no water temperature was recorded. Further it was revealed that staff had not followed manufacturer instructions for sodium hypochlorite dilution. EI#6 stated "we just pour some in the sink water."</p> <p>Infection Control:</p> <p>On the morning of July 22, 2025, during a tour of</p>	A 804		

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A 804	Continued From page 56 the kitchen the surveyor observed the dish rack for the dishwasher stored on the floor next to the dishwasher. EI#6 stated "its not supposed to be there".	A 804		
A1002	420-5-4-.10 (2) Sanitation and Housekeeping. (2) Housekeeping and Physical Plant Maintenance. The facility must provide a safe, functional, sanitary, decent, and comfortable environment for residents, staff, and the public. (a) Equipment and Supplies. The home shall maintain an adequate quantity of housekeeping and maintenance equipment and supplies. (b) Bathtubs and Lavatories. Bathtubs and lavatories shall be kept clean and in proper working order, and shall not be used for laundering. (c) Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. (d) General Storage. 1. Broken beds, extra mattresses, mop buckets, and dust rags shall not be kept in hallways, closets, corners, or occupied resident rooms. Such items must be stored neatly and orderly in designated storage rooms. 2. The use of attics for storage of combustible materials shall be prohibited unless protected by an automatic sprinkler system and then only in small quantities so as not to create a	A1002		

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A1002	<p>Continued From page 57</p> <p>hazardous condition.</p> <p>3. Basements used for storage shall meet acceptable standards for storage and shall be designed and constructed in a manner that protects against fire hazards.</p> <p>4. Flammable materials such as gasoline, motor fuels, lighter fluid, turpentine, acetone, and oil-based paint shall not be stored in the facility. Unless prohibited by a facility's own policies, however, a cognitively intact resident who uses lighter fluid to fill a personal cigarette lighter, or one who uses flammable materials such as paint or glue in connection with a personal hobby, may store small quantities of those materials in a safe and secure manner within his or her own room.</p> <p>5. Poisonous or External Use Substances. Facility cleaning supplies and poisons shall be attended at all times or shall be kept in a secure area.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the outdoor premises were kept clean and neat.</p> <p>Findings:</p> <p>On the morning of July 22, 2025, EI#1 and the surveyor toured the area between the facility and a storage building. Eight old air conditioner units were piled up near a tree partially covered by two torn and tattered tarpaulins that had standing water and leaves on them. Near the dumpster there was a very large empty box filled with</p>	A1002		

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A1002	Continued From page 58 twenty smaller boxes. The boxes were faded and warped. They appeared to have been there for some time. The area on the other side of the dumpster had two old pallets and a portion of an old tarpaulin. A stack of twelve, old pallets were against the building. When asked about the above problems, EI#1 said he dropped the ball.	A1002		
A1201	420-5-4-.12 (1) Physical Environment. (1) Buildings and Grounds. (a) The assisted living facility including site and grounds must be constructed, arranged, and maintained to ensure the safety of the residents and building occupants. (b) Building Classification. 1. Family assisted living facilities shall be planned to serve the types of residents to be admitted and shall comply with the Life Safety Code Chapter for One- and Two-Family Dwellings, and shall comply with Sections (1), (2), (3), and (4) of AAC Rule 420-5-4-.12. 2. Group assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Section (1), (2), (3), and (5) of AAC Rule 420-5-4-.12. 3. Congregate assisted living facilities shall be planned to serve the residents to be admitted and shall comply with Sections (1), (2), (3), (6) of AAC Rule 420-5-4-.12. 4. Renovation within the exterior walls of an assisted living facility shall in no case be of such nature as to lower the character of the	A1201		

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A1201	<p>Continued From page 59</p> <p>structure below the applicable building requirements for the classification of license held by the assisted living facility.</p> <p>5. Dually Licensed Facility.</p> <p>(i) For the purposes of meeting physical facility and building code requirements, a building housing both a regular assisted living facility and a specialty care assisted living facility shall be classified as a Group or Congregate facility in accordance with the combined licensed bed capacities of both facilities. For the purposes of meeting resident care and administrative requirements, the specialty care assisted living facility and the regular assisted living facility shall be separately considered, and each shall be classified as a Congregate facility or a Group facility in accordance with the licensed bed capacity of each, and the determination shall not be based on their combined bed capacity. See Rule 420-5-20 for Specialty Care Assisted Living Facilities and requirements.</p> <p>(ii) When a facility has a portion of a building licensed for specialty care residents, instead of the entire facility, the sleeping, bathing, dining, and activity areas shall be in a distinct and separate unit within the building, licensed for specialty care assisted living. Administrative, kitchen, and service areas may be shared between the two licensed portions.</p> <p>(c) Location. All assisted living facilities established or constructed shall be located so that they are free from undue noises, smoke, dust, or foul odors. New assisted living facilities shall be located at least 1,000 feet from railroads, freight yards, or disposal plants. This distance</p>	A1201		

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A1201	<p>Continued From page 60</p> <p>can be reduced to 500 feet when facility is separated by a boarded fence at least six feet high. This rule shall not prevent enlargement or expansion of existing assisted living facilities.</p> <p>(d) Local Restrictions. The location and construction of all assisted living facilities shall comply with local zoning, building, and fire ordinances. Evidence to this effect, signed by local fire, building, or zoning officials, may be required as a condition of licensure. If a facility is to be located in an area that does not have any zoning, building, or fire authority review, a letter stating such shall be obtained from the local county commission through official board action or from the office of the probate judge.</p> <p>(e) Assisted living facilities shall be located on publicly maintained streets or roads, and connected with driveways which shall be kept passable at all times.</p> <p>(f) Occupancy. No part of an assisted living facility may be rented, leased, or used for any commercial purpose not reasonably necessary for the residents of the facility or the residents of other licensed facilities on the same campus. A campus consists of the premises occupied by the licensed facility together with all parcels or property that the governing authority owns or has the legal right to occupy, and which are separated from the remainder of the campus only by a public right of way. Services provided within the facility shall be limited to serving the residents of facilities on the campus that are licensed by the Department. The Department shall approve all plans for occupancy.</p> <p>(g) Basements. The basement shall be</p>	A1201		

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A1201	<p>Continued From page 61</p> <p>considered as a story if it meets criteria established by the codes for a story.</p> <p>(h) The assisted living facility must maintain adequate furnishings, fixtures, supplies, and equipment for its services.</p> <p>(i) Facilities, supplies, and equipment must be maintained in safe operating condition.</p> <p>(j) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.</p> <p>This Rule is not met as evidenced by: Based on interview and observation, the facility failed to maintain the assisted living site and grounds to ensure the safety of the residents and building occupants.</p> <p>Findings:</p> <p>Outdoor Porch Area</p> <p>On the afternoon of July 23, 2025 during a tour of the porch area the surveyor observed that the outdoor couch was in disrepair. The cushions were torn and were not safe for resident use. El#1 agreed with the surveyor's observation and said they would be replaced.</p>	A1201		
A1203	<p>420-5-4-.12 (5) Physical Environment.</p> <p>(5) General Building Requirements - Family, Group, and Congregate.</p>	A1203		

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A1203	<p>Continued From page 62</p> <p>(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.</p> <p>(b) Temperature to be Maintained. The facility shall maintain a comfortable temperature. A comfortable range is between 71-81 degrees Fahrenheit.</p> <p>(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.</p> <p>(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-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</p>	A1203		

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A1203	<p>Continued From page 63</p> <p>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 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.</p>	A1203		

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A1203	<p>Continued From page 64</p> <p>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 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</p>	A1203		

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A1203	<p>Continued From page 65</p> <p>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 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.</p>	A1203		

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A1203	<p>Continued From page 66</p> <p>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 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:</p>	A1203		

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A1203	<p>Continued From page 67</p> <p>Based on observation and interview the facility failed to maintain structural soundness and repair of the facility. The facility failed to visually inspect fire extinguishers as required.</p> <p>Findings:</p> <p>Lighting:</p> <p>On the morning of July 22, 2025 it was observed that lighting in the kitchen areas were insufficient to safely operate efficiently, EI#6 stated that the lighting in the kitchen had not properly worked for three weeks or a month. EI#6 stated EI#6 notified the administrator EI#1 about three weeks ago that lighting was not working. Three of the six ceiling light fixtures did not function, resulting in 50% of the available lighting not working.</p> <p>On the morning of July 23, 2025 during a tour of the facility, it was observed by the surveyor that of the eleven (11) hallway light fixtures on B Hallway, four fixtures were not properly functioning, and one fixture had a broken cracked fixture cover. The ceiling light over the shuffle board area, at end of hallway, had six (6) incandescent lights that did not operate properly. The switch was turned on, the lights flickered, and then went out. EI#1 stated EI#2 would investigate the problem. EI#1 agreed with the surveyor's observation and stated that light operation was not (working) right.</p> <p>On the morning of July 23, 2025, during a tour of the facility to check emergency lighting the surveyor observed that the C Hallway north end exit light mounting was loose. Of the ten ceiling light fixtures in C Hallway, two fixtures do not function. EI#2 agreed with the surveyor's observations that the mounting of the emergency</p>	A1203		

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A1203	<p>Continued From page 68</p> <p>lighting fixture was loose and hallway light fixtures did not function properly.</p> <p>Floors and walls:</p> <p>On the morning of July 22, 2025 during a tour of the kitchen, it was observed by the surveyor that the walls and floor surfaces were cracked, dirty with debris, dirt, substances and grease residue. The food preparation table legs and the bottom shelf area of the table had substances on them presenting an unsmooth, unclean, corroded surface. EI#6 and EI#1 agreed with the surveyor's observations that the food preparation tables were not clean, and the floor surface was uneven, cracked, and dirty.</p> <p>Trip hazards:</p> <p>On the morning of July 22, 2025 during a tour of the kitchen it was observed that an approximately twenty-five (25) foot extension cord was laying on the kitchen floor presenting a potential trip hazard. EI#6 stated "it will be removed". EI#6 agreed with the surveyor's observation that the extension cord presented a trip hazard.</p> <p>Laundry Room:</p> <p>On the morning of July 24, 2025 during a tour of the laundry facility, accompanied by EI#1, the surveyor observed that the area behind the washers and dryers had not been completely repaired and was open to air. EI#1 stated, "We had a water leak and the sheet rock has not been replaced yet." EI#1 agreed with surveyor's observations.</p> <p>Hallway B Ceiling Fire Sprinkler Downspout Valve</p>	A1203		

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D2807	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2025
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NAME OF PROVIDER OR SUPPLIER OAK LANDING	STREET ADDRESS, CITY, STATE, ZIP CODE 616 GAINES STREET ATTALLA, AL 35954
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1203	<p>Continued From page 69</p> <p>On the afternoon of July 23, 2025 during an accompanied tour of the facility the surveyor observed that the fire sprinkler downspout nozzle bezel was not properly installed. EI#1 concurred with surveyor's observation that the bezel was not installed properly.</p> <p>Fire Extinguisher:</p> <p>On the morning of July 21, 2025 during a tour of the facility the surveyor observed that C Hallway fire extinguisher ZD959063 had a visual inspection last dated May 25, 2025 and was not a current visual inspection as required. EI#2 agreed with surveyor's observation.</p> <p>THERESA HARRISON, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE</p>	A1203		