

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D6313	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/09/2025
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NAME OF PROVIDER OR SUPPLIER THE LANDINGS OF NORTHPORT-ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 951 ROSE DRIVE NORTHPORT, AL 35476
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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 000	<p>Initial Comments</p> <p>On July 9, 2025, an unannounced complaint investigation was conducted for this 83 bed Assisted Living Facility (ALF) with a census of 49.</p> <p>There was one complaint investigated during this survey. LC#20250618005 was substantiated. Deficiencies were cited as a result of the complaint investigation.</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. The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 505	<p>420-5-4-.05 (3) (e) Records and Reports.</p> <p>(e) Financial Agreement.</p> <p>1. Prior to, or at the time of admission, the administrator and the resident or the resident's sponsor shall execute a written financial agreement. This agreement shall be prepared and signed in two or more copies with at least one copy given to the resident, or sponsor, if the resident did not sign the agreement, and one copy retained in the assisted living facility. This document shall be made readily accessible to personnel from the State Board of Health during inspections.</p> <p>2. In addition to any information otherwise required by the facility's policies and procedures this agreement shall contain the following:</p> <p>(i) A complete list of the facility's basic</p>	A 505		

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

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A 505	<p>Continued From page 1</p> <p>charges (room, board, laundry and personal care and services).</p> <p>(ii) The period covered by the financial agreement.</p> <p>(iii) A list of services not covered under basic charges and for which additional charges will be billed.</p> <p>(iv) The policy and procedures for refunds of any payments made in advance.</p> <p>(v) The provisions governing termination of the agreement by either party.</p> <p>(vi) The facility's bed-hold policy, procedures, and charges.</p> <p>(vii) Documentation that the resident and sponsor understand that the facility is not staffed and not authorized to perform skilled nursing services nor to care for residents with severe cognitive impairment and that the resident and sponsor agree that if the resident should need skilled nursing services or care for a severe cognitive impairment as a result of a condition that is expected to last for more than 90 days, that the resident will be discharged by the facility after prior written notice.</p> <p>(viii) A reminder to the resident or sponsor that the local ombudsman may be able to provide assistance if the facility and the resident or family member are unable to resolve a dispute about payment of fees or monies owed.</p> <p>(ix) Signatures of both parties or authorized representatives.</p>	A 505		

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A 505	<p>Continued From page 2</p> <p>3. Prior to execution of the financial agreement the facility shall ensure that the resident or sponsor fully understands its provisions. In the event that a resident is unable to read the agreement due to illiteracy or infirmity, the administrator shall take special steps to ensure communication of its contents to the resident (for example, by having the administrator or sponsor read the agreement to a vision-impaired or illiterate applicant).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to follow the financial agreement for refund of payments made in advance to the facility.</p> <p>THIS DEFICIENCY WAS CITED AS A RESULT OF A COMPLAINT INVESTIGATION.</p> <p>Findings:</p> <p>The Alabama Department of Public Health received a complaint which alleged a former resident of the facility made payments to the facility which were not refunded timely upon discharge of the resident from the facility. This complaint was substantiated during the onsite complaint investigation on July 9, 2025.</p> <p>Resident Identifier (RI)#1 was admitted to the facility on March 4, 2025 with diagnoses which included hyperkalemia, dementia without behavioral disturbance, psychotic disturbance,</p>	A 505		

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A 505	<p>Continued From page 3</p> <p>mood disturbance, anxiety, delusional disorder, post traumatic stress disorder, essential hypertension and chronic kidney disease. RI#1 was sent to the hospital on March 6, 2025 due to agitation and refusal to take medications. RI#1 never returned to the facility and RI#1's personal belongings were removed from the facility on March 10, 2025.</p> <p>A Financial Agreement was signed by RI#1's Power of Attorney on March 3, 2025. The Financial Agreement contained the following statement, "...Refund of Payments After Move-Out or Death...Refunds of refundable fees will be processed and sent to the Resident/Sponsor within fourteen (14) days of move-out".</p> <p>On July 9, 2025, Employee Identifier (EI)#1 contacted the facility's corporate office to determine if a refund was due to RI#1 and the status of the refund. EI#1 informed the surveyor that a refund of \$1,957.00 was due to RI#1 but had not been refunded at that time. EI#1 agreed that this was a violation of the Financial Agreement as the amount had not been refunded in 14 days and was, at the time of the investigation, almost four months overdue. On July 9, 2025, EI#1 provided a copy of the refund check in the amount due which EI#1 stated was mailed that same day to EI#1.</p>	A 505		
A 617	<p>420-5-4-.06 (8) Care of Residents.</p> <p>(8) Disposal of Medications.</p> <p>1. Controlled substances and legend drugs dispensed to residents, that are expired or unused because the medication is discontinued</p>	A 617		

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A 617	<p>Continued From page 4</p> <p>or because the resident dies, shall be destroyed within 30 days. Unused legend drugs that are not expired may be donated to a charitable clinic pursuant to Alabama Administrative Code, Chapter 420-11-11. Under no circumstances should expired, discontinued, or unused medications be stored or housed in the facility beyond 30 days.</p> <p>2. Medications of residents who are discharged or transferred to another facility shall be returned to the residents. The responsible party will sign a statement that these medications have been received. The statement shall list the pharmacy, prescription number, date, resident's name and strength of the medication, and the amount. This statement shall be maintained in a file for at least three years.</p> <p>3. When medications are destroyed on the premises of the assisted living facility, a record shall be made and retained for at least 3 years. This record shall include: the name of the assisted living facility, the method of disposal, the pharmacy, the prescription number, the name of the resident, the name, strength, and dosage of the medication, and the amount and the reason for the disposal. This record shall be signed and dated by the individual performing the destruction and by at least one witness.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to document disposition of a resident's medications upon discharge of the resident from the facility.</p>	A 617		

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A 617	<p>Continued From page 5</p> <p>Findings:</p> <p>RI#1 was admitted to the facility on March 4, 2025 and sent to the hospital on March 6, 2025. RI#1's personal belongings were moved out of the the facility by the resident's sponsor on March 10, 2025. No disposition of RI#1's medications was documented by the facility. EI#1 was unable to locate documentation of medication disposition.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A 617		