

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015015	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Plantation Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 6450 Old Tuscaloosa Highway MC Calla, AL 35111	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, interviews and review of a facility policy titled, CALL LIGHT, the facility failed to ensure Resident Identifier (RI) #69's call light was in reach for RI #69 to summon staff as needed. This deficient practice was observed on three of three days of the survey and affected RI #69, one of 22 sampled residents. Findings Include: Review of an undated facility policy titled, CALL LIGHT, revealed the following: Purpose: To respond to resident's request and needs. RI #69 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses to include Dementia and Adjustment Disorder with Mixed Anxiety and Depressed Mood. Review of RI #69's at risk for falls care plan, with an initiated date of 06/26/2024, had an intervention to keep RI #69's call light in reach and encourage resident to use for assistance. On 02/18/2026 at 8:00 AM, RI #69 was observed lying in bed with the call light on the floor beneath the bed. On 02/19/2026 at 7:56 AM, RI #69 was again observed lying in bed. RI #69's call light was on the floor beneath the bed. On 02/20/2026 at 9:03 AM, RI #69 was observed lying in bed. The call light was observed on the floor at the head of RI #69's bed. On 02/20/2026 at 2:28 PM, the surveyor conducted an interview with RI #69's assigned Certified Nursing Assistant (CNA) for the 7-3 shift, CNA #8. When asked where a resident's call light should be positioned, CNA #8 said within the resident's reach. CNA #8 said RI #69's call light was on the floor. CNA #8 said RI #69 used his/her call light and it would be important to ensure a resident's call light was within their reach so they could call for help when they needed help. On 02/20/2026 at 4:31 PM, the surveyor conducted an interview with the Director of Nursing (DON). When asked where a resident's call light should be positioned, the DON said within the resident's reach. The DON said it would be important to ensure a resident's call light was within the resident's reach so they could tell staff if they needed anything.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review and a review of a facility policy titled, Activities of Daily Living (ADL) CARE POLICY PROCEDURE, the facility failed to ensure Resident Identifier (RI) #11 a resident dependent on staff for bathing was provided a shower as scheduled for January and February of 2026. This deficient practice affected RI #11; one of two residents sampled for ADL Care. This deficient practice was cited as a result of the investigation of complaint/report number 2742518. Findings Include: A review a facility policy titled, ADL CARE POLICY AND PROCEDURE, with no effective date, documented: PURPOSE: Good hygiene and grooming help prevent the spread of infection and promote the resident's feelings of self-worth and dignity. STANDARD: Guidelines for the provision of hygiene and grooming services are: . shower, tub, complete bed bath. PROCESS: II. Essential Points a. Resident preferences for time of day, type of bath and frequency of bath should be honored, . RI #11 was admitted to the facility on [DATE] with a diagnosis of Displaced Fracture of Fifth Metatarsal Bone, Left Foot, Initial Encounter for Closed Fracture. RI #11 was discharged on 02/04/2026. On 01/28/2026 an anonymous complainant alleged that RI #11 had been at the facility for two weeks and only received two baths. RI #11's MDS (Minimal Data Set) with an ARD (Assessment Reference Data) of 01/19/2026 revealed on section GG that resident required substantial/maximal assistance with shower/bathe self. RI #11's Care Plan Report revealed: . Requires limited to total assistance with all ADL's . date initiated 01/04/2026. Interventions. Assist with bath per scheduled and prn. A review of RI #11's Documentation Survey Report for the months of January and February of 2026 revealed no documentation that resident received a shower or bathed self while a resident at the facility. On 02/20/2026 at 9:05 AM an interview was conducted with the Director of Nursing (DON). The DON said that RI #11's shower days were Tuesdays, Thursdays, and Saturdays during the 3PM to 11PM, shift. The DON said staff documented showers provided on the resident's ADL sheet. The DON was asked to review the ADL sheet and she said there was no documented evidence that RI #11 received his/her shower as scheduled during her admission, from 01/13/2026 to 02/04/2026.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and review of the facility policy titled Catheter Care the facility failed to ensure that Resident Identifier (RI) #77's urinary drainage bag from his/her catheter was maintained in accordance with professional standards of practice and in a manner to prevent infection and maintain dignity. Specifically RI #77's urinary drainage bag observed on a floor mat and without a privacy cover. This placed the drainage system at risk for contamination and resident at risk of urinary tract infection. This deficient practice affected one of three residents observed for urinary catheter maintenance and incontinent care. Findings Include: A review of a facility policy titled, Catheter Care with no effective date revealed: Catheter Care Policy: It is the policy of this facility to ensure residents . receive appropriate catheter care and maintain their dignity .2. catheter drainage bags will be covered at all times.9. Ensure drainage is located below the level of the bladder to discourage backflow of urine. RI #77 was admitted to the facility on [DATE]. RI #77's diagnoses to include: Protein-Calorie Malnutrition, Chronic Systolic Congestive Heart Failure, and Muscle Weakness (Generalized). On 02/18/2026 at 9:26 AM during on an observation of RI #77, it was observed that RI #77's urinary drainage bag was on a blue mat on the floor and uncovered. On 02/20/2026, at 11:01 AM an interview with Licensed Practical Nurse (LPN) #15. She stated the catheter bag was not covered. When asked about the facility's protocol for hanging a Foley catheter drainage bag, LPN #15 stated the bag should be hooked to the bed frame. She further acknowledged that placing the catheter bag on the floor could cause infection. On 02/20/2026 at 12:25 PM an interview was conducted with RN #3, Assistant Director of Nursing (ADON) who said she had worked as ADON and Infection Control Nurse for 23 years. RN #3 said staff should use a clamp to hook foley catheter bags to the resident's bed frame.</p>