Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P3501	A. BUILDING: _____ B. WING _____	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEIGHBORHOOD AT GROVE PARK SCALF	101 TULIP LANE DOTHAN, AL 36305

(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	Initial Comments On April 16, 2026, an unannounced licensure survey was conducted for this 16-bed Specialty Care Assisted Living Facility (SCALF) with a census of 12. No complaints were investigated during the survey. 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 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficiencies cited pose a risk of harm to the residents and require a plan of correction.	A 000		
A 602	420-5-20-.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 a specialty care assisted living facility, the resident or prospective resident shall be examined by a physician. For purposes of the initial physical examination, a physician currently licensed and 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. This examination is not required for a resident of a facility dually licensed as an assisted living facility and as a specialty care assisted living facility in those cases when the resident is transferred from the assisted living unit to the specialty care assisted living unit in the same facility. In addition to any information otherwise required by the facility's policies and	A 602	420-5-20-.06 (a) (b) (c) 1. Upon identification of missing, required information in RI #1, RI #2, RI #3's Annual Physical Examination Record, the Wellness Director obtained the residents' missing vital signs, temperature, and/or respirations and the Medical Director corrected the Medical Plan of Care. 2. A 100% audit of all Medical Plans of Care was conducted to determine whether other records were missing required information. Any identified deficiencies were immediately corrected and updated in the resident record.	06/12/26

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A 602	Continued From page 1 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 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. 4. Documentation of evaluation for tuberculosis within the previous 12 months. (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: 1. The resident's weight and vital signs. 2. Changes in diagnoses. 3. Changes in condition.	A 602	(A 602 Continued) 3. The Executive Director re-educated the Wellness Director on the Alabama Assisted Living requirements as required by 420-5-20-.06 (a) (b) (c). The Report of Resident Physical Examination was updated to include all requirements. The Executive Director will review any Annual Physical Exams as a secondary review with the Wellness Director to ensure all areas of the form meet the requirements. 4. Wellness Director, or designee, will audit any applicable Annual Exams/Report of Resident Physical Examination weekly for 4 weeks, followed by monthly for 3 months. Any findings will be corrected immediately. Findings will be reviewed bi-weekly in the QAPI/Risk Meeting. Documentation of the monitoring will be stored in a binder in the Wellness Director's office.	06/12/26

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A 602	Continued From page 2 4. Changes in medications prescribed (name, dosage, and strength of drug, frequency, and route of administration). 5. Changes in treatment. (c) Change of Condition Physical Examinations. Changes in the resident's condition that require a physician examination and result in a change in diagnoses, condition, 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, 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: 1. Changes in 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. This Rule is not met as evidenced by: Based on record reviews and interviews, residents' Annual Physical Examination record did not contain required information.	A 602		

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A 602	Continued From page 3 Findings: Review of Resident Identifier (RI)#1's facility record on April 15, 2026, revealed the following information: RI#1 was admitted to the facility November 1, 2025, with diagnoses to include anxiety disorder, dementia and hypothyroidism. RI#1's physician's medical exam dated October 14, 2025, did not include vital signs. Review of RI#2's facility record on April 15, 2026, revealed the following information: RI#2 was admitted to the facility March 18, 2026, with diagnoses to include dementia with anxiety, history of urinary tract infections (UTIs) and hypertension. RI#2's physician's medical exam dated February 20, 2026, did not include a temperature or respiration rate. Review of RI#3's facility record on April 15, 2026, revealed the following information: RI#3 was admitted to the facility April 13, 2026, with diagnoses to include dementia, history of UTIs and atrial fibrillation. RI#3's physician's medical exam dated April 2, 2026, did not include a temperature or respiration rate. On the morning of April 16, 2026, Employee Identifier (EI)#1 and EI#2 agreed the physician's medical exam should include vital signs. THERESA HARRISON, REGISTERED NURSE	A 602		