

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>P3701</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/18/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIAR GLEN ALZHEIMER'S SPECIAL CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>570 SOUTHLAND DRIVE BIRMINGHAM, AL 35226</b>
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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><b>Initial Comments</b></p> <p>On August 18, 2025, an inspection of care survey was conducted for this 90 bed Specialty Care Assisted Living Facility (SCALF) with a census of 50.</p> <p>A facility-reported incident was investigated during this survey. Incident Report#20250808014 was investigated and involved the elopement of a resident from the facility. No deficiencies were cited as a result of this investigation of care.</p> <p>The facility was found to be in substantial compliance 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. No deficiencies were cited.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A 000		

Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE