

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D5206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2023
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NAME OF PROVIDER OR SUPPLIER COUNTRY COTTAGE - DECATUR, OAKLEAF	STREET ADDRESS, CITY, STATE, ZIP CODE 2515 OLD MOULTON ROAD, SW DECATUR, AL 35603
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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 May 1, 2023, a complaint investigation was conducted for this 16 bed Assisted Living Facility with a census of 15.</p> <p>Intake ID: 20230426017 was substantiated, but no deficiencies were cited based on the investigation.</p> <p>There were no deficiencies cited during this survey. 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 420-5-4, Alabama Administrative Code, for Assisted Living Facilities (ALF).</p> <p>DEBRA FREEMAN, REGISTERED NURSE</p>	A 000		

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