

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D3759 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/05/2024 |
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| NAME OF PROVIDER OR SUPPLIER GALLERIA WOODS ASSISTED LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 3850 GALLERIA WOODS DRIVE HOOVER, AL 35244 |
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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 |
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| A 000 | <p>Initial Comments</p> <p>On June 5, 2024, an unannounced licensure survey was conducted for this 24 bed Assisted Living Facility (ALF) with a census of 21.</p> <p>There was one complaint investigated during this survey. Complaint #20210114012 was investigated and unsubstantiated.</p> <p>No deficiencies were 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.</p> <p>CONNIE CHERRY, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE</p> | A 000 | | |

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