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
	D4537	A. BUILDING: _____ B. WING _____	C 02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF HAZEL GREEN	372 JIMMY FISK ROAD HAZEL GREEN, AL 35750

(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 February 5, 2026, an unannounced licensure survey was conducted for this 16 bed Assisted Living Facility (ALF) with a census of 12. There was one complaint investigated during this survey. LC#20260127006 was not substantiated. A deficiency was 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 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiency cited poses a risk or potential risk of harm to the residents and requires a plan of correction.	A 000		
A 701	420-5-4-.07 (1) Food Service. (1) General. (a) Direction and Supervision. The services of a Dietitian shall be provided to any resident of an assisted living facility who requires a therapeutic diet. Congregate assisted living facilities shall be under the direction and supervision of a full or part-time professionally qualified dietitian or a consulting dietitian that is licensed in the State of Alabama. Responsibility for the supervision of dietary services shall be delegated to a responsible employee who is a graduate of a Dietary Managers course or has completed an approved course that includes basic sanitation. The facility shall provide meals, fluids, and snacks to the residents that meet the Dietary References Intakes from the basic food groups. The meals shall be of the quality and quantity necessary to meet the residents' needs, and must be in accordance with the recommended dietary allowances of the Food	A 701		

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

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A 701	Continued From page 1 and Nutrition Board of the National Research Council, National Academy of Sciences. This Rule is not met as evidenced by: Based on observation and record review, the facility failed to provide supervision of dietary services by a responsible employee who was a graduate of an approved Dietary Managers Course or equivalent. Findings: On the morning of February 5, 2026 the surveyor asked Employee Identifier (EI)#1, administrator, who was the responsible person to provide supervision of the dietary services that had completed an approved Dietary Manager's Course or had completed an approved course that included basic sanitation. EI#1 stated that she (EI#1) was the responsible person but was unable to provide proof of completion of a Dietary Manager's course. EI#1 stated she (EI#1) was enrolled to complete the course but had not completed the dietary manager's course yet. GREGORY ZEITLIN, REGISTERED NURSE	A 701		