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
	P4907	A. BUILDING: ______ B. WING ______	R 06/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GORDON OAKS	**3145 KNOLLWOOD DRIVE MOBILE, AL 36693**

(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 This is a 100 bed Specialty Care Assisted Living Facility (SCALF) with 30 residents on June 24, 2025. A probational licensure follow-up survey was conducted to determine if the facility was in compliance with the Plan of Correction (POC) accepted by the Alabama Department of Public Health (ADPH), on July 22, 2024. No deficiencies were cited during this survey. The facility was determined to be in substantial compliance with the accepted POC at this time and is recommended for regular licensure status. THERESA HARRISON, REGISTERED NURSE	A 000		

Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE