

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2024
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NAME OF PROVIDER OR SUPPLIER LIVEOAK VILLAGE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 NORTH CEDAR STREET FOLEY, AL 36535
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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 September 18, 2024, an unannounced licensure survey was conducted for this 81 bed Assisted Living Facility with a census of 52.</p> <p>Six complaints were investigated during this survey. LC#20240909002, LC#20240417011, LC#20240206017, LC#20220816007, LC#20220323007 and LC#20210414004 were unsubstantiated.</p> <p>No deficiencies were cited during this survey. Liveoak Village Assisted Living 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>THERESA HARRISON, REGISTERED NURSE</p>	A 000		

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