

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D5001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2024
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NAME OF PROVIDER OR SUPPLIER MEADOWS OF MONROEVILLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 HIGHWAY 21 BYPASS MONROEVILLE, AL 36460
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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 January 4, 2024, an unannounced licensure survey was conducted for this 16 bed Assisted Living Facility with a census of 11.</p> <p>There were no complaints investigated during this survey.</p> <p>No deficiencies were cited during this survey. The Meadows of Monroeville 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 _____