

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P6309	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2025
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NAME OF PROVIDER OR SUPPLIER NORTH RIVER VILLAGE MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5810 RICE MINE ROAD NE TUSCALOOSA, AL 35406
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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 9, 2025, an initial inspection for a SCALF license was conducted.</p> <p>Additional documentation was requested by the surveyor.</p> <p>On January 14, 2025, additional documentation was received and reviewed by the surveyor and the facility was recommended for licensing.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A 000		

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