

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P3732	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2022
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NAME OF PROVIDER OR SUPPLIER SUMMIT LIFECARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 ROYAL TOWER DRIVE BIRMINGHAM, AL 35209
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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>This is a 34-bed Specialty Care Assisted Living Facility (SCALF) with no residents currently residing in the facility.</p> <p>A pre-licensure visit was made to the facility on October 20, 2022. No deficiencies were found.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A 000		

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