

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>P5202</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/06/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TERRACE AT PRICEVILLE SCALF, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 TERRACE LANE</b> <b>DECATUR, AL 35603</b>
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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 62 bed Specialty Care Assisted Living Facility (SCALF) with 26 residents on August 6, 2025.</p> <p>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 October 7, 2024, in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, for Specialty Care Assisted Living Facilities.</p> <p>No deficiencies were cited. The facility was determined to be in substantial compliance with the accepted POC at this time and is RECOMMENDED for regular licensure status.</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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