

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4106 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/24/2024 |
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| NAME OF PROVIDER OR SUPPLIER THE PHOENIX AT OPELIKA SCALF | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WILLOW VIEW DR OPELIKA, AL 36801 |
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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 |
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| A 000 | <p>Initial Comments</p> <p>This is a 40 bed Specialty Care Assisted Living Facility (SCALF) with no residents on April 24, 2024.</p> <p>An initial licensure survey was conducted to determine if the facility was prepared to operate 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, Specialty Care Assisted Living Facilities.</p> <p>The following noncompliant practices were noted. Windows did not have devices in place to prevent full opening of the window. One smoke barrier door did not properly close upon activation of the fire alarm system.</p> <p>On April 25, 2024, documentation was provided to the surveyors which indicated the above practices had been addressed and repairs completed to bring the facility to compliance with SBOH rules.</p> <p>The facility was recommended for licensure at this time.</p> <p>CONNIE CHERRY, REGISTERED NURSE TROY BLACK, REGISTERED NURSE GREGORY ZEITLIN, REGISTERED NURSE</p> | A 000 | | |

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