

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D0223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/24/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY PLACE SENIOR LIVING OF FAIRHOPE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8127 GAYFER ROAD FAIR HOPE, AL 36532</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><b>Initial Comments</b></p> <p>On July 24, 2024, an unannounced licensure survey was conducted for this 26 bed Assisted Living Facility with a census of 22.</p> <p>Two complaints were investigated during this survey. LC#20200206014 and LC#20191211006 were unsubstantiated.</p> <p>No deficiencies were cited during this survey. Country Place Senior Living 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
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