

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D5107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/19/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STURGIS HALL/JOHN KNOX MANOR3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4401 NARROW LANE ROAD MONTGOMERY, AL 36116</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 October 19, 2022, an unannounced licensure complaint survey was conducted for this eight (8) bed Assisted Living Facility with a census of eight (8).</p> <p>There was one complaint investigated during this survey. LC#20220810009 was substantiated with no deficiencies cited as a result of the complaint investigation.</p> <p>The facility was operating 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>TONYA AVENATTI, REGISTERED NURSE</p>	A 000		

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