

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D2214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/27/2012
NAME OF PROVIDER OR SUPPLIER RUBY MANOR ALF, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 360 ELLIS WILLIAMS ROAD HOLLY POND, AL 35083		
(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	Initial Comments This is a 12 bed Assisted Living Facility with a census of seven on the date of the survey. No complaints were investigated during this survey. The facility's survey result is yellow with a final score of 80. Deficiencies were cited during the survey and require a plan of correction.	A 000			

Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

OEGU11

If continuation sheet 1 of 1