

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D6203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/05/2011
NAME OF PROVIDER OR SUPPLIER MEADOWS OF HILLABEE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 5833 HIGHWAY 22 EAST ALEXANDER CITY, AL 35010		
(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 16 bed Assisted Living Facility with a census of 5 on the survey date. There was one complaint investigated during the survey. Complaint number LC#98-2005 was unsubstantiated. The facility's survey result is yellow with a final score of 84. Deficiencies were cited 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

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If continuation sheet 1 of 1