Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	P5601	A. BUILDING _____ B. WING _____	08/23/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLIAMBURG MANOR I	331 FRANKLIN ROAD ROANOKE, AL 36274

(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 Speciality Care Assisted Living Facility with a census of 9 on the date of the survey. There were no complaints investigated during this survey. The facility's survey result is yellow with a final score of 85. Deficiencies were cited during this survey for failure to operate the facility in accordance with the State Board of Health's (SBOH) Rules for Speciality Care Assisted Living Facilities (ALFs), Chapter 420-5-20, Alabama Administrative Code and require a plan of correction.	A 000		

Health Care Facilities

TITLE (X6) DATE

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