Theresa Hawkins

Facility Name: Gardens of Daphne

May 11, 2026

Facility Identification Number: D0215

Name of Administrator: Christine Brammann

Survey Exit Date: 2/3/26

1. **A 5081 420.5.4-.05 (3) (h) Records and Reports.**

2. RI #3 was discharged on 12/5/2025 due to a need for higher level of care and chronic incontinence issues. A 30-day notice had been issued since 11/4/2025. Prior to the discharge, Administrator had received a call from a local freestanding ER related to this resident and had thoroughly investigated the concern relayed via the call. The surveyor found that the investigation was thorough.

   Completed 2/3/2026

3. Administrator reviewed 100% of all complaints/concerns as of 5/1/2026 and there were no additional findings.
   Completed 5/1/2026

4. Administrator will review all complaints/allegations with the corporate office representative x 3 months to ensure that all complaints/allegations rising to the level of abuse are reported to ADPH.

   Completion Date: 7/31/2026

5. A copy of all complaints/allegations will be maintained in the Administrators office in the survey binder.

   Completion Date: 7/31/2026

1. **A611 420-5-4-.06 (4) (a) (b) Care of Residents..**

2. RI #3 was discharged prior to the complaint survey on 12/5/2025.
   Completed: 12/5/2025

3. Administration reviewed 100% of current resident's care plans to ensure that the care plans reflect the resident's current conditions and appropriate interventions to meet the resident's care needs. All care plans were up to date and appropriate. No additional residents were identified.
   Completed: 5/11/2026

   100% of facility staff were interviewed by the Administrator to ensure that no resident's currently required more than 1 person assist or would refuse assistance if it was needed. No other residents were identified.

   Completed 5/11/2026

4. Administrator will review all care plans monthly x 3 months to ensure that the resident's care plans reflect current conditions and have appropriate interventions to meet the resident's care needs

   Completion Date: 7/31/2026

5. A copy of the resident's monthly summaries x 3 months will be maintained in the Administrators office in a survey binder.

   Completion Date: 7/31/2026

Christine Lee Brannann, AIA — 5.11.2026

Administrator — **Date**