

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>D0217</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/14/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRENNITY AT DAPHNE AL, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>27440 COUNTY ROAD 13</b> <b>DAPHNE, AL 36526</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>Initial Comments</p> <p>This is a 92 bed Specialty Care Assisted Living Facility (SCALF) with 24 residents on May 14, 2025.</p> <p>A probational licensure follow-up survey was conducted to determine if the facility was in compliance with the Plan of Correction (POC) accepted by the Alabama Department of Public Health (ADPH), on December 13, 2022.</p> <p>No deficiencies were cited during this survey.</p> <p>The facility was determined to be in substantial compliance with the accepted POC at this time and is recommended for regular licensure status.</p> <p>THERESA HARRISON, REGISTERED NURSE</p>	A 000		

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