

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>P0203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/20/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRENNITY AT DAPHNE MC, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>27296 COUNTY ROAD 13</b> <b>DAPHNE, AL 36526</b>
---	---

(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><b>Initial Comments</b></p> <p>On February 20, 2025, an unannounced complaint survey was conducted for this 64 bed Specialty Care Living Facility (SCALF) with a census of 36.</p> <p>One complaint was investigated during this survey. Complaint #20250210005 was substantiated. No deficiencies were cited as a result of this investigation.</p> <p>The facility was found to be in substantial compliance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, for Specialty Care Assisted Living Facilities.</p> <p><b>THERESA HARRISON, REGISTERED NURSE</b></p>	A 000		

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