

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4921	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/17/2025
--------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER CARILLON OAKS DAPHNE	STREET ADDRESS, CITY, STATE, ZIP CODE 27695 HWY 181 DAPHNE, AL 36526
-----------------------------------------------------------------	------------------------------------------------------------------------------------------

(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>On July 17, 2025, an unannounced licensure survey and complaint investigation was conducted for this 48 bed Specialty Care Assisted Living Facility (SCALF) with a census of 28.</p> <p>Complaints LC#20250212012 and LC#20250708021 were investigated during this survey. LC#20250212012 and LC#20250708021 were not substantiated.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices cited require a plan of correction.</p>	A 000		
A 506	<p>420-5-20-.05 (3) (f) Records and Reports.</p> <p>(f) Inventory of personal effects.</p> <p>1. Upon admission to the specialty care assisted living facility, all personal property of the resident with a value in excess of \$150, as well as any other property designated by the resident, shall be inventoried by the administrator or by a designee of the administrator in the presence of the resident.</p> <p>2. All inventories shall be entered on an Inventory of Personal Effects Record. Inventory forms shall be signed by both the administrator, the resident or, if appropriate, the sponsor. One copy of the inventory shall be filed in the resident's individual file and one copy given to the resident or sponsor.</p>	A 506		

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

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P4921	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/17/2025
--------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER CARILLON OAKS DAPHNE	STREET ADDRESS, CITY, STATE, ZIP CODE 27695 HWY 181 DAPHNE, AL 36526
-----------------------------------------------------------------	------------------------------------------------------------------------------------------

(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 506	<p>Continued From page 1</p> <p>3. In the event the resident has no personal effects, this fact shall be entered on the Inventory of Personal Effects Record.</p> <p>4. Amendments or adjustments shall be made on all copies of the Inventory of Personal Effects Record each time personal property valued in excess of \$150 is brought to the facility, or when personal property is brought to the facility and the resident or sponsor requests that it be added to the Inventory of Personal Effects Record, or when any item on the Inventory of Personal Effects Record is removed from the facility. All amendments shall be signed by the administrator and the resident or sponsor.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure personal items were inventoried and signed by the resident or sponsor.</p> <p>Findings:</p> <p>Resident Identifiers (RI#s)1-5 had inventory of personal effects forms that had not been completed and signed. On the morning of July 17, 2025, Employee Identifier (EI)#1, the administrator, explained how the task had been overlooked.</p> <p>THERESA HARRISON, REGISTERED NURSE</p>	A 506		