

Alabama Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>D5914</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>11/18/2025</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DANBERRY AT INVERNESS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>235 INVERNESS CENTER DRIVE<br/>BIRMINGHAM, AL 35242</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 |
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| A 000              | <p><b>Initial Comments</b></p> <p>On November 18, 2025, an unannounced complaint survey was conducted for this 48 bed Assisted Living Facility with a census of 45.</p> <p>There was one complaint investigated during this survey. LC#20251118006 was investigated and substantiated. There were no deficiencies cited as a result of this investigation.</p> <p>There were no deficiencies cited during this survey. The facility was found to be in compliance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities (ALF).</p> <p>GREGORY ZEITLIN, REGISTERED NURSE</p> | A 000         |   |                    |

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