POC accepted 1/6/2025

Serenity South Enterprise Senior Living II

Facility ID: D1604

Plan of Correction

Survey Completed 12/3/24

Executive Director: Francine Jones

Francine Jones

Submitted: 12/19/24

POC accepted 1/6/2025

Serenity South Enterprise Senior Living II
Facility ID: D1604
Administrator: Francine Jones
Survey Exit Date: 12/4/2024

1. A504 420-5-4-.05 (3)(d) Records and Reports: The facility failed to provide a safe and decent environment for residents and the public.

2. All storage rooms have been locked and water heater closets cleared of any items. All storage rooms will remain locked at all times to ensure the safety of residents and visitors, and all water heater closets will remain free of any items.

3. All storage room doors will have new doorknobs installed. The doorknobs will have a keypad with a code that will be entered on the keypad to enter the room. The door will automatically lock back when closed. All water heater closets will have signage prohibiting any items from being stored in the closet. The doorknobs will be replaced and signs posted by January 5, 2025. Documentation of the purchase of the doorknobs and installation will be placed in the Plan of Correction binder in the Executive Director's office.

4. All care staff will be given the code to the storage room doors. Care staff will not give the door code to any resident or visitor.

5. The Executive Director or Designee will check the storage rooms and the water heater closet monthly beginning January 2025 and ending March 2025 to ensure that the doorknobs are working properly and the water heater closets to ensure that they are free from any items. Documentation of monthly audits will be placed in the Plan of Correction Binder in the Executive Director's office.

Serenity South Enterprise Senior Living II
Facility ID: D1604
Administrator: Francine Jones
Survey Exit Date: 12/4/2024

1. A508 420-5.4-.05 (3)(h) Records and Reports: The facility failed to notify ADPH of a reportable incident in which a resident was sent to the emergency room for a fall.

2. All reportable incidents will be reported to ADPH within 24 hours of occurrence.

3. When an incident is reported, a copy of the submitted incident report will be placed in the affected resident's chart and a copy will be placed in the POC binder.

4. The Executive Director or Designee will be responsible for reporting incidents to ADPH.

5. The Executive Director or Designee will audit incidents and incident reports quarterly beginning January 2025 and ending June 2025 to ensure that all incidents are reported to ADPH. Documentation of the audit will be placed in the POC binder.

Serenity South Enterprise Senior Living II
Facility ID: D1604
Administrator: Francine Jones
Survey Exit Date: 12/4/2024

1. **A611 420-5-4-.06 (4) (a) (b) Care of Residents:** The facility failed to provide the current condition for residents per the facility's care plans.

2. All residents will have care plans containing all medical diagnoses with signs and symptoms of the diagnoses to be monitored. Care plans will be updated with changes in resident condition/physician orders as they occur.

3. The Executive Director or Designee will audit all resident care plans by January 15, 2025, to identify any other incomplete care plans. The care plans will be complete and updated where necessary.

4. The Executive Director or Designee will ensure that all care plans are complete with all diagnoses and signs and symptoms to be monitored, and any new diagnoses/physician orders are updated in the resident's care plan.

5. The Executive Director or Designee will audit care plans monthly beginning January 2025 and ending December 2025 to ensure that care plans are complete and up to date. Documentation of the audits will be placed in the Plan of Correction binder in the Executive Director's office.

Serenity South Enterprise Senior Living II
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Survey Exit Date: 12/4/2024

1. **A613 420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents:** The facility failed to have a physician's order for medications in custody of a resident.

2. All residents will have a physician's order to have any bedside medications in their custody. Care plans will reflect medications for which the resident has bedside orders.

3. Care staff will check resident rooms for any medications. If a resident has medications without a physician's order, the medication will be removed and placed in the medication cart until a bedside order is obtained from the physician.

4. The Executive Director or Designee will ensure that all residents having medications in their custody have a physician's order to do so. Resident care plans will reflect any medications with physician orders for resident to have custody of medication(s).

5. The Executive Director or Designee will audit care plans quarterly beginning January 2025 and ending December 2025. Documentation of the audits will be placed in the Plan of Correction binder in the Executive Director's office.

Serenity South Enterprise Senior Living II
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Survey Exit Date: 12/4/2024

1. **A616 420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents:** The facility failed to secure medications under a single lock.

2. All noncontrolled medications in the custody of the facility will be kept under a single lock.

3. Medications in the custody of the facility will be kept in a medication cart that is locked at all times. Medication assistants will ensure that the cart is locked at all times.

4. The Executive Director will schedule refresher training for all medication assistants provided by Guardian Pharmacy prior to January 31, 2025. The training will include the importance of maintaining the medication cart and ensuring that it is kept locked at all times. Documentation of the training will be placed in the Plan of Correction binder in the Executive Director's office.

5. The Executive Director or Designee will do random audits of the medication cart weekly beginning January 2025 and ending March 2025 to ensure that it remains locked when unattended. Documentation of the audits will be placed in the Plan of Correction binder in the Executive Director's office.

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Facility ID: D1604
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1. **A617 420-5-4-.06 (8) Care of Residents:** The facility failed to dispose of medications within 30 days.

2. All expired medications will be disposed of within 30 days of expiration, resident discharge or discontinuation of the medication by physician order.

3. All resident medications have been checked and all expired medications and those belonging to discharged residents have been disposed of by the Executive Director as of December 6, 2024. Documentation of the medication destruction will be placed in the Plan of Correction binder in the Executive Director's office.

4. The Executive Director will schedule refresher training provided by Guardian Pharmacy prior to January 31, 2025, that will include review of the rules and regulations for medication destruction. All medication assistants will attend the training.

5. The Executive Director or Designee will audit the medication cart quarterly beginning January 2025 and ending December 2025 to ensure medications are being destroyed within 30 days of expiration, resident discharge or being discontinued by physician orders. Documentation of the audits will be placed in the Plan of Correction binder in the Executive Director's office.

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1. **A618 420-5-4-.06 (9) Care of Residents:** The facility failed to safely secure oxygen bottles.

2. Oxygen bottle racks have been ordered for the proper storage of oxygen.

3. All residents requiring oxygen have been identified and storage racks have been ordered for extra oxygen bottles.

4. The Executive Director or Designee will schedule refresher training in resident oxygen therapy and safety for all care staff. The training will take place by January 31, 2025. Documentation of the training will be placed in the Plan of Correction binder in the Executive Director's office.

5. The Executive Director or Designee will inspect resident rooms containing oxygen monthly beginning January 2025 and ending June 2025 and quarterly from July 2025 to December 2025 to ensure proper storage of oxygen. Documentation of the audits will be placed in the Plan of Correction binder in the Executive Director's office.

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1. A1101 420-5-4-.11 (1) Fire and Safety: The facility failed to have a semi-annual fire alarm inspection.

2. Fire alarm inspections will take place semi-annually and documentation of the inspection will be placed in the fire drill binder in the Executive Director's office.

3. All fire alarm inspections will be documented in the fire drill binder.

4. The Executive Director will be responsible for ensuring that inspections are completed by the fire alarm provider on a semi-annual basis.

5. The Executive Director or Designee will audit the inspection logs semi-annually beginning July 2025 and ending December 2025 to ensure that alarm inspections have occurred and have been documented. Documentation of the audit will be placed in the Plan of Correction Binder in the Executive Director's office.