POC accepted 1/6/2025

TB chg

Serenity South Enterprise Senior Living I

Facility ID: D1601

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 I
Facility ID: D1601
Administrator: Francine Jones
Survey Exit Date: 12/3/2024

1. A302 420-5-4-.03 (1) (e) Administration: The facility failed to have a policy regarding residents' small appliances to include refrigerators.

2. A policy has been created to address resident refrigerators. Thermometers have been placed in all resident refrigerators. All care staff will be trained in the policy requirements by December 20, 2024. Documentation of the training will be placed in the Plan of Correction binder in the Executive Director's office.

3. All residents with refrigerators have been identified and thermometers have been placed in each refrigerator. A temperature log will be attached to each resident refrigerator by December 20, 2024, and refrigerator temperatures will be recorded on the log daily by care staff.

4. Care staff will be responsible for checking resident refrigerator temperatures and documenting them daily to ensure that they remain at or below 41 degrees Fahrenheit.

5. The Administrator or Designee will audit temperature logs monthly beginning January 2025 and ending June 2025. Documentation of monthly audits will be placed in the Plan of Correction Binder in the Executive Director's office.

Serenity South Enterprise Senior Living I
Facility ID: D1601
Administrator: Francine Jones
Survey Exit Date: 12/3/2024

1. A403 420-5-4-.04 (4) Personnel: The facility failed to provide an initial resident contact date for personnel.

2. Resident contact dates have been added to all employee files.

3. All new employee files will have the date of resident contact on the initial training document.

4. New employee training documents will be updated by January 5, 2025, with the date of resident contact to be added to the document.

5. The Executive Director or Designee will audit employee files monthly beginning January 2025 and ending June 2025 to ensure that all new employees have the date of resident contact listed. Documentation of monthly audits will be placed in the Plan of Correction Binder in the Executive Director's office.

Serenity South Enterprise Senior Living I
Facility ID: D1601
Administrator: Francine Jones
Survey Exit Date: 12/3/2024

1. A504 420-5-4-.05 (3)(d) Records and Reports: The facility failed to post the telephone numbers for the Department of Health Provider Standards, the Department of Human Resources, Department of Public Health Assisted Living Facilities Complaint Hotline, and Elder Abuse Hotline.

2. All telephone numbers for the appropriate agencies have been posted in the main hallway accessible to all residents.

3. When updated copies of agency phone numbers are provided, they will be posted.

4. The Executive Director or Designee will be responsible for ensuring the phone numbers remain posted at all times.

5. The Executive Director or Designee will check that all agency phone numbers remain posted quarterly beginning January 2025 and ending June 2025 to ensure that all agency phone numbers remain posted. Documentation of the audit will be placed in the POC binder.

Serenity South Enterprise Senior Living I
Facility ID: D1601
Administrator: Francine Jones
Survey Exit Date: 12/3/2024

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 I
Facility ID: D1601
Administrator: Francine Jones
Survey Exit Date: 12/3/2024

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 quarterly beginning January 2025 and ending June 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 I
Facility ID: D1601
Administrator: Francine Jones
Survey Exit Date: 12/3/2024

1. **A615 420-5-4-.06 (7) (j) Care of Residents:** The facility failed to label the Medication Administration Record (MAR) correctly.

2. The controlled substance inventory will have the residents' dosage amounts specified on the Medication Administration Record (MAR).

3. The Executive Director will audit all control substance inventories by January 15, 2025, to identify any other incomplete MARs.

4. The Executive Director will conduct refresher training with all medication assistants by January 15, 2025, to ensure that they are listing the dosages of each controlled substance on the controlled substance inventories.

5. The Executive Director or Designee will audit MARs quarterly beginning January 2025 and ending June 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 I
Facility ID: D1601
Administrator: Francine Jones
Survey Exit Date: 12/3/2024

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. 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 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.

Serenity South Enterprise Senior Living I
Facility ID: D1601
Administrator: Francine Jones
Survey Exit Date: 12/3/2024

1. A702 420-5-4-.07 (2) Food Service: The facility failed to maintain thermometers in resident refrigerators.

2. Thermometers have been placed in all resident refrigerators. A policy has been created for resident refrigerators.

3. All residents with refrigerators have been identified and thermometers have been placed in each refrigerator. A temperature log will be attached to each resident refrigerator by December 20, 2024 and refrigerator temperatures will be recorded on the log daily by care staff.

4. Care staff will be responsible for checking resident refrigerator temperatures and documenting them daily to ensure that they remain at or below 41 degrees Fahrenheit.

5. The Executive Director or Designee will audit temperature logs monthly beginning January 2025 and ending June 2025. Documentation of monthly audits will be placed in the Plan of Correction Binder in the Executive Director's office.

Serenity South Enterprise Senior Living I
Facility ID: D1601
Administrator: Francine Jones
Survey Exit Date: 12/3/2024

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.