Approved 9/8/25

Serenity South Senior Living Enterprise

Facility ID: D1601

Administrator: Francine Jones

Survey Exit Date: 7/10/2025

Governing Authority: Larry Kite

Serenity South Enterprise Senior Living I
Facility ID: D1601
Administrator: Francine Jones
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1. A302 420-5-4-.03 (1) (e) Administration: The facility failed to follow its own policies and procedures for management and operation of the facility.

2. The facility will follow all its policies and procedures. A copy of the policies and procedures are located in the kitchen, in the medication room, and in the Executive Director's office.

3. All staff, including the Executive Director, will have refresher training on all facility policies and procedures by August 20, 2025. Documentation of the training will be placed in the Plan of Correction binder in the Executive Director's office.

4. All staff will be responsible for following the policies and procedures of the facility. The Governing Authority or Designee will monitor and assess the facility monthly beginning September 2025 ending December 2025 then quarterly beginning January 2026 ending December 2026 to ensure all policies and procedures are followed.

5. Documentation of monthly and quarterly assessments 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: 07/10/2025

1. A303 420-5-4-.03 (2) (a) Administration: The Administrator failed to adequately perform her duties to ensure the proper and safe management of the day to day operations of the facility.

2. The Administrator has been counseled on the importance of her position as Administrator and ensuring that daily operations are managed properly and that all residents are safe from exploitation.

3. Additional policies have been created to enhance the existing policies and procedures when there is a question regarding exploitation of a resident. Training for all staff, including the Administrator, will take place no later than August 20, 2025. Documentation of the policies and training will be placed in the Plan of Correction binder located in the Administrator's office.

4. The Administrator will be responsible for following all facility policies and procedures. The Governing Authority or Designee will monitor and assess monthly the facility and if all policies and procedures are followed.

5. 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
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Survey Exit Date: 07/10/2025

1. A504 420-5-4-.05 (3)(d) Records and Reports: The facility failed prevent a resident from exploitation when a resident's card of narcotics went missing and no investigation was conducted.

2. Facility policy states that an investigation will be conducted when there is suspicion of resident abuse. Abuse includes exploitation of a resident's belongings including medication prescribed specifically for the resident. The Administrator did not conduct an investigation when a card of narcotics went missing.

3. The Administrator will receive a written warning in her employee file and will be required to attend refresher training regarding the rules and regulations of assisted living facilities on October 21, 2025. Documentation of the training will be placed in the employee file as well as the Plan of Correction binder.

4. The Governing Authority or Designee will monitor monthly beginning September 2025 ending December 2025 through visits and staff interviews any "unusual occurrences" within the facility.

5. Documentation of monitoring will be placed in the Plan of Correction binder in the Executive Director's office.

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1. A508 420-5.4-.05 (3)(h) Records and Reports: The facility failed to report and investigate exploitation of a resident.

2. All reportable incidents will be reported to ADPH within 24 hours of occurrence and an investigation will be conducted for all reportable incidents.

3. When a reportable incident occurs, an investigation will be conducted ASAP. Any incident involving the abuse of a resident or an accusation of abuse will begin with the employee(s) in question being placed on leave immediately until a thorough investigation is completed. A copy of the submitted incident report and investigation report will be placed in the affected resident's chart and a copy will be placed in the Plan of Correction binder.

4. The Administrator or Designee will be responsible for reporting incidents and investigations to ADPH. If the Administrator is involved in the incident, the Administrator will be put on leave, and the Governing Authority or Designee will conduct the investigation and report the findings to ADPH. The Governing Authority or Designee will audit incidents and incident reports quarterly beginning September 2025 ending December 2026 to ensure that all reportable incidents are investigated and reported to ADPH.

5. Documentation of the audits will be placed in the Plan of Correction binder in the Executive Director's office.