Accepted May 12, 2023

Connie Cherry

Serenity South Elba Senior Living
Facility ID# D1603
Jennifer S. Foxworth
Survey Exit 4.26.2023

614 420-5-4-.06(5)(f)(g)(6)(7)(a)-(i) Care of Residents

With Respect to the specific deficiency cited:

RI#1 was immediately reapproached and was able to identify the medication without difficulty.

With Respect to how the community will identify other concern.

Medication Pass observation did not identify other residents that were not asked to identify their medications prior to assistance with administration of medications.

With Respect to Systemic Measures that have been put into place to address the stated concern Staff member EI #2 and all staff members responsible for assistance with medication administration were retrained on April 27, 2023 by the Executive Director per ADPH guidelines for medication assistance per state regulation. Observation of EI #2 was monitored by the Executive Director times for 10 days.

With Respect to How the Plan of Corrective Measures will be Monitored.

The Executive Director will observe a med pass with each med tech monthly for 3 months.

616 420-5-4-.06(7)(k)(l)(m)(n)(o) CARE of RESIDENTS

With Respect to the specific deficiency cited:

The pharmacy was contacted and a new label legible was obtained.

With Respect to how the community will identify other concern.

A Med cart audit was conducted, and no other illegible labels were identified.

With Respect to Systemic Measures that have been put into place to address the stated concern

Med techs were in serviced on April 27, 2023, by Executive Director to monitor medication packaging for illegible labels and to notify the ED or the pharmacy to replace the medication and or package label.

With Respect to How the Plan of Corrective Measures will be Monitored.

The Executive Director will monitor each med tech monthly for 3 months and will conduct weekly med cart audits for illegible medication labels.

1002 420-5-4-.10(2) Sanitation and Housekeeping

With Respect to the specific deficiency cited:

The community laundry room was locked immediately.

With Respect to how the community will identify other concern.

An audit was conducted to common areas of the community and no other unlocked chemicals were identified.

With Respect to Systemic Measures that have been put into place to address the stated concern

Staff were in serviced on April 28, 2023, by the Executive Director to keep all chemicals locked and inaccessible to residents. Med Techs are to inspect the laundry room doors twice each shift to ensure the doors remain locked and inaccessible to residents. Signage has been posted on doors where chemicals are stored to alert staff that these areas are to always remain locked.

With Respect to How the Plan of Corrective Measures will be Monitored.

The Executive Director will audit for compliance daily during rounds. Audits will be inspected by the Executive Director weekly at a minimum.

Jennifer Foxworth
Administrator Jennifer Foxworth 5/11/23