Serenity South at Troy I
Facility Number P5506
Administrator: Allison Cook
Survey Exit 2.16.2023

Accepted September 28, 2023
Connie Cherry
Cynthia A. Stranger

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

Oversight of the Plan of Correction Will be kept in a binder in Executive Directors Office.

A302 Administration

With Respect to the specific deficiency cited: Policies were immediately identified on February 16, 2023 and made accessible to the Administrator.

With Respect to how the community will identify other concern. No negative resident outcomes have been identified. All residents have the potential to be affected by inability to quickly access the community policies and procedures.

With Respect to Systemic Measures that have been put into place to address the stated concern; Policies were accessed quickly and administrator has both electronic and binded copies of policies on site for staff, residents and families to have access by March 14, 2023. Staff members will be made aware of company policies by March14, 2023. Administrator will provide training on policies upon orientation and at least annually.

With Respect to How the Plan of Corrective Measures will be Monitored. Polices will be reviewed with staff members upon new employee orientation. Policies will be reviewed during monthly QA meetings and with new policies being discussed with leadership team prior to communication to team members.

A405 Personnel

With Respect to the specific deficiency cited: New employee orientation and state specific training assigned to all team members. Expected completion date of March 30, 2023.

With Respect to how the community will identify other potential concern. All residents have the potential to be impacted by staff training. Residents have been observed and no negative effects and no complaints of care have been verbalized by residents or sponsors.

With Respect to Systemic Measures that have been put into place to address the stated concern: Online training platform, Relias, assigned to all team members with expectation of completion March 31, 2023 to include, Policies and Procedures, Abuse and Neglect, Mandated Reporting, Resident Rights, HIPAA and Confidentiality, Special needs of the elderly, Nutrition and

Safety Needs, Fire Safety and environmental safety, Dementia, Advanced Directives, Infection Control, Oxygen, Dementia, Diabetes care, Hospice and all other required state training.

With Respect to How the Plan of Corrective Measures will be Monitored. Monthly Audits to be conducted of employee's files. New hires will be audited by Administrator and discussed during the monthly QA Meetings times 3 months.

A702 Food Service

With Respect to the specific deficiency cited: Scoop was immediately removed from the flour container.

With Respect to how the community will identify other potential concern: On February 16, 2023, the Administrator observed other food containers with no utensils found in any other food containers.

With Respect to Systemic Measures that have been put into place to address the stated concern: On March 8, 2023 Administrator in serviced staff to not leave scoops in food containers. Daily audit has been implemented for staff to verify that no scoops are left in food containers.

With Respect to How the Plan of Corrective Measures will be Monitored. Administrator or designee will monitor logs daily during daily rounds and discussed during monthly QA meetings for the next 3 months.

A703 Food Service

With Respect to the specific deficiency cited: Administrator met with residents on February 23, 2023 to identify menu options.

With Respect to how the community will identify other residents with potential for identified concern. Administrator met with residents on February 23, 2023, to discuss menu options. Identified meal and menu choices that will be implemented into meal plans.

With Respect to Systemic Measures that have been put into place to address the stated concern: Administrator in serviced staff regarding providing meal choices and decreasing the amount of starches particularly for diabetic residents. Grove menu's will be implemented by March 20, 2023 and Vice President of Culinary services spoke with Grove menu's with expectation for dietician to not approve 2 starches on the menu per meal. Any changes to the menu will be approved by the administrator. VP of Culinary to provide training with community staff on March 15 and 16, 2023.

With Respect to How the Plan of Corrective Measures will be Monitored. Administrator will review and approve menu's weekly. Administrator to conduct monthly culinary meetings with residents.

A1101 Fire and Safety

With Respect to the specific deficiency cited: Fire Drill was conducted on February 15, 2023 on the 2nd shift. Fire drills have been done on different shifts over the past 3 months and are currently in compliance with state regulations.

With Respect to how the community will identify other potential identified concern. No negative outcomes to residents have been identified however all residents have the potential to impacted by not conducting fire drills per regulation.

With Respect to Systemic Measures that have been put into place to address the stated concern: Fire Drill schedule is developed by ED and will include a fire drill per quarter on each shift. Administrator discussed fire plan with the Fire Marshall during his inspection.

With Respect to How the Plan of Corrective Measures will be Monitored. Administrator or designee will audit fire drills monthly times 3 months and quarterly times 3 to ensure 1 fire drill is conducted each shift every 3 months.

A1205 Physical Environment

With Respect to the specific deficiency cited: The prop that was keeping the door open was removed immediately.

With Respect to how the community will identify potential for other identified concern. The other doors were all inspected and no other props were in place to keep doors from closing when alarms were activated.

With Respect to Systemic Measures that have been put into place to address the stated concern: On February 15, 2023 staff were instructed to not place any item that could cause a fire barrier door to not close when alarms are activated. Fire doors will be evaluated for closure during monthly fire drills.

With Respect to How the Plan of Corrective Measures will be Monitored. Administrator and Maintenance Director or Designee will review fire drill logs after fire drills for the next 3 months.

Allison Cook
Administrator

9/22/23
Date