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SERENITY SOUTH TROY SENIOR LIVING I	610 BOTTS AVENUE TROY, AL 36081

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On February 16, 2023, an unannounced licensure survey was conducted for this 16 bed Assisted Living Facility (ALF) with a census of 13. There was one complaint investigated during this survey. LC#20221031002 was unsubstantiated. Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities. The deficiencies cited pose a potential risk of harm to the residents and require a plan of correction.	A 000		
A 302	420-5-4-.03 (1) (e) Administration. Policies. The governing authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those policies. The policies and procedures shall be made available to residents, any guardians, next of kin, sponsoring agency(ies), or representative payee(s). All residents shall be informed of new policies or changes in existing policies that may have bearing on the residents. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following: (i) Facility responsibility to protect all residents from abuse, neglect, and exploitation. (ii) How allegations of abuse, neglect,	A 302		

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A 302	Continued From page 1 and exploitation will be handled by the facility. (iii) Resident confidentiality. (iv) Admission and continued stay criteria. (v) Discharge criteria and notification procedures for residents and sponsors. (vi) Facility responsibility when a resident's personal belongings are lost. (vii) What services the facility is capable and not capable of providing. (viii) Medication management. (ix) Infection control. (x) Meal service, timing, menus and food preparation, storage, and handling. (xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness. (xii) Staffing and conduct of staff while on duty. (xiii) Oxygen administration and storage if used in the facility. (xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall develop written policies and procedures for the guidance of all personnel handling food as outlined by the most current Food and Drug Administration Food Code published by the U.S.	A 302		

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A 302	Continued From page 2 Department of Health and Human Services. The facility shall develop and implement dietary policies and procedures to meet the needs of the residents in the facility. In addition to other matters deemed necessary by the facility, dietary policies shall address: (I) Sanitation of dishes, utensils, and service equipment, and sanitary food preparation and handling. (II) The attire and cleanliness of staff members who prepare, handle, or serve food. (III) A schedule of meals, which shall include between-meal nourishment or snacks, and fluids. (IV) Food substitutions or alternatives. (V) Method to ensure an adequate dietary plan is implemented for any resident with a therapeutic diet or special dietary needs. (VI) Procedure to be followed if a resident is nutritionally compromised or is not eating adequate quantities of food. (VII) Provision of necessary services to any resident requiring adaptive devices to eat. (VIII) Procedure for the handling of potentially hazardous foods such as meat, milk, ice, and eggs. (IX) Storage of food. (X) Procedure for food service in the event of a disaster. Disaster menus shall be	A 302		

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A 302	Continued From page 3 developed. The policy shall address how food will be obtained and maintained at safe temperatures if electricity is not available. This Rule is not met as evidenced by: Based on record reviews and interviews, the governing authority failed to ensure facility policies were available to residents, sponsors and facility staff. Findings: On the morning of February 15, 2023, the surveyor requested facility policies from Employee Identifier (EI)#1 and EI#2. EI#1 and EI#2 informed the surveyor they were not aware of any facility policies that were accessible to staff at the facility. EI#1 contacted EI#8, President and Chief Clinical Officer of the facility's management company, and was informed the policies were available on the intranet. EI#1 was unable to access the policies via the intranet. During a telephone conversation on the morning of February 15, 2023, EI#8 informed the surveyor that EI#1 was unable to access the policies because EI#1 was newly hired. EI#1 informed the surveyor later that same day that she (EI#1) had obtained access to the facility's policies via the intranet.	A 302		
A 405	420-5-4-.04 (6) Personnel. (6) Training. (a) All staff who have contact with residents, including the administrator, shall have initial training prior to resident contact and	A 405		

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refresher training annually and as necessary. Documentation of all staff training to include attendance records and any required post-test or evaluations shall be maintained in the facility. In addition to any information otherwise required by the facility's policies and procedures, the facility shall ensure that prior to resident contact, all staff members receive training on the subject matter listed below:

1. State law and rules on assisted living facilities.

2. Facility policies and procedures.

3. Resident rights.

4. Current certification from the American Heart Association or the American Red Cross in cardiopulmonary resuscitation (CPR) within 90 days of hire.

5. Identifying and reporting abuse, neglect, and exploitation.

6. Basic first aid.

7. Advance directives.

8. Protecting resident confidentiality.

9. Resident fire and environment safety.

10. Special needs of the elderly, mentally ill, and mentally retarded.

11. Safety and nutritional needs of the elderly.

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A 405	Continued From page 5 12. Identifying signs and symptoms of dementia. (b) Cardiopulmonary Resuscitation. An assisted living facility shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in CPR. All employees of an assisted living facility who have contact with residents must be certified in CPR from the American Heart Association or the American Red Cross. New employees must obtain certification in CPR within 90 days of hire. An assisted living facility equipped with an automated external defibrillator (AED) shall be staffed at all times by at least one individual who has a current certification from the American Heart Association or the American Red Cross in AED utilization. Substitute training approved by the Department for use by emergency medical services personnel (EMSP) may be utilized in lieu of those courses or certifications offered by the American Heart Association or American Red Cross in CPR or AED utilization. (c) If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training. (d) Continuing Education. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified above. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide documentation of required	A 405		

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A 405	Continued From page 6 staff training when requested. Findings: On the afternoon of February 14, 2023, employee files for EI#1, EI#2, EI#3, EI#5 and EI#6 were provided to the surveyor by EI#1 for review. Review of the current employee schedule revealed EI#1, EI#2, EI#3, EI#5 and EI#6 were scheduled to work at the facility during the month of February 2023. The following required initial training was not documented for EI#1, EI#2, EI#3, EI#5 and EI#6 in the employee's file: State law and rules on assisted living facilities; Resident rights; Basic first aid; Advance directives; Special needs of the elderly, mentally ill and mentally retarded; Safety and nutritional needs of the elderly; Identifying signs and symptoms of dementia. In addition, EI#1, EI#2, EI#3 and EI#6 did not have documentation of training in protecting resident confidentiality and EI#1, EI#3 and EI#5 did not have documentation of training in resident fire and environmental safety. Also, EI#1, EI#2, EI#3, EI#5 and EI#6 did not have documentation of special needs training in diabetes mellitus and oxygen use. Current residents of the facility required oxygen therapy and had a diagnosis of diabetes mellitus. EI#1 was unable to provide documentation of all required training for these employees.	A 405		
A 702	420-5-4-.07 (2) Food Service (2) Food Handling Procedures. (a) Dish and Utensils Washing, Disinfection, and Storage. 1. Wash water shall be changed with	A 702		

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sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear.

2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods:

(i) Utensils and dishes shall be completely immersed for a period of not less than 30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or

(ii) A cold water sanitizer. A sanitizing solution shall be used in accordance with manufacturer's instructions. Utensils and dishes shall be completely immersed for a period of not less than 10 seconds in a clean solution containing not less than 50 ppm, and not more than 200 ppm, of available chlorine bleach, or 30 seconds in 12.5 ppm of iodine or the amount of time set by the manufacturer in a 200 ppm quaternary ammonium solution. Water temperature must be at least 75 degrees Fahrenheit. Water temperatures and chemical concentrations shall be monitored and documented prior to dishwashing. A record of each test shall be maintained for at least three months.

3. Dishes and utensils shall be allowed to air dry.

4. After washing, rinsing, sanitizing, and air-drying, all repeated use service ware (utensils and dishes) shall be stored in a clean, dry place that is protected from pests, dust, splash, and

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other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing.

5. The results from the use of dishwashing machines shall be equivalent to those obtained from the method outlined above, as documented in material provided from the manufacturer and kept on file at the facility.

(b) Ice. Crushed or chipped ice shall be protected from splash, drip, and hand contamination during storage and service. The ice scoop may be stored in the ice bin in a manner to prevent ice from coming into contact with the handle, or it may be stored in an airtight container outside the ice bin.

(c) Protection of Food from Contamination.

1. Food and food ingredients shall be stored, handled, and served so as to be protected from pests, dust, rodents, droplet infection, unsanitary handling, overhead leakage, sewage back flow, and any other contamination. Sugar, syrup, and condiment receptacles shall be provided with lids and shall be kept covered when not in use.

2. Medications, biologicals, poisons, detergents, and cleaning supplies shall not be kept in the refrigerator or in other areas used for storage of food.

3. Food shall not be stored on the floor. All food and food ingredients stored on shelving must be placed on shelving that is at least six inches above the floor.

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4. Refrigerators shall maintain a maximum temperature of 41 degrees Fahrenheit. Freezers shall be maintained at a maximum temperature of 0 degrees Fahrenheit. Thermometers shall remain in refrigerators and freezers at all times.

5. All leftover foods shall be labeled and dated with a "use by date", so that it may be consumed or discarded by that date, which is no more than 3 days from the date it was prepared.

6. All food products shall be used by the manufacturer's indicated date or discarded.

7. Food shall be prepared either in the licensed facility or another location even when that location is not part of the licensed facility. All food preparation areas used by the facility shall be subject to the same inspections as though part of the licensed facility. The licensed facility is responsible to ensure adequate equipment and measures are used to ensure that food is not contaminated in transport and that foods that are transported are held and served at the appropriate temperatures at all times.

8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit.

9. Frozen food items (raw and cooked) shall be thawed under refrigeration or under running water prior to preparation. Frozen food may also be thawed as part of the cooking process when indicated by package directions. Raw meats shall be stored below and away from vegetables, fruits, and other foods to prevent

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contamination (meat juices dripping on other foods).

10. Laundry shall not be brought through the food preparation or service area.

(d) Storage and Service of Milk and Ice Cream.

1. Milk and fluid milk products shall be served only from the original containers in which they were received from the distributor. This shall not apply to cream for coffee, cereals, and milk for milk drinks which may be dispensed from a readily cleanable container approved for such use.

2. Milk and fluid milk products shall be stored in such a manner that bottles or containers, from which the milk or milk product is to be poured or drunk, will not become contaminated from drip or contact with foods. Milk shall be maintained and stored at a maximum temperature of 41 degrees Fahrenheit and shall not be served at a temperature warmer than 45 degrees Fahrenheit unless specifically requested to be served at a warmer temperature by a resident.

3. Contaminating substances shall not be stored with or over open containers of ice cream. Ice cream dippers, spatulas, and other serving utensils shall be cleaned between uses.

(e) Kitchen Garbage and Trash Handling.

1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids

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and properly stored pending removal. Kitchen garbage and trash shall not be allowed to accumulate in the kitchen and shall be removed from the premises at frequent intervals.

2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.

(f) Employees' Cleanliness.

1. Employees engaged in the handling, preparation, and serving of food shall wear clean clothing at all times. Employees shall wear hair restraints, for example, hairnets, headbands, caps, or other adequate means to prevent contamination of food from hair. Employees whose duties include contact with residents shall change clothing or wear a clean covering over clothing before handling, preparing, or serving food.

2. Employees handling food shall wash their hands thoroughly before starting work each day, immediately after contact with any soiled matter, and before returning to work after each visit to the rest room.

3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.

(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.

(h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all

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A 702	Continued From page 12 staff, residents, and visitors. (i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities. (j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods. (k) Laundering of clothing shall not be permitted in food preparation or service areas. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to protect food ingredients from possible contamination. Findings: During a tour of the facility kitchen on the morning of February 16, 2023, the surveyor and EI#4 observed a scoop inside a plastic container labelled "Flour". The scoop was partially under the flour in the container and posed a risk of contamination when removing or using the scoop. EI#4 stated the scoop would be removed from the container.	A 702		
A 703	420-5-4-.07 (3) Food Service. (3) Dietary Service. (a) Number of Meals. No fewer than three meals shall be provided each 24 hours. Food service shall be provided in a resident's room during temporary illness if necessary. The	A 703		

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diet shall be well-balanced, palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the residents in accordance with Dietary Reference Intakes of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. The food must be adapted in type and preparation to the habits, preferences, and physical abilities of the residents.

(b) Timing of Meals. A time schedule for serving meals to residents and personnel shall be established. Meals shall be served approximately five hours apart with no more than 14 hours between the evening meal and breakfast. The time schedule of meals shall be posted with the menu. The facility shall make evening snacks available after service of the evening meal. The facility shall provide fluids throughout the day and shall make between-meal nourishment (snacks) available.

(c) Menu. The menu shall be planned and written at least 1 week in advance. The current week's menu shall be posted in the food service area and shall be kept on file for the following 2 weeks. For any resident with a physician's order for a therapeutic diet, the facility shall have a copy of the diet and the facility shall document the adjustment of its menu to accommodate the resident's needs.

(d) Alternate food selections or substitutes shall be made available to all residents.

(e) A facility shall not obtain food from charitable organizations. A facility shall not avoid serving a meal by sending or transporting

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A 703	Continued From page 14 residents to missions, soup kitchens, or other charitable facilities for meals. (f) The amount of food on hand shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for 3 days. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide a diet to the residents which was well-balanced and adapted to the habits and preferences of the residents. Findings: The Alabama Department of Public Health received a complaint in September 2022 which alleged food was served cold in the facility, there was no milk for cereal and no snacks were available to residents. The complaint was investigated and addressed by the ombudsman in September 2022 with multiple followup visits by the ombudsman. Although these issues were not found to be a current concern in the facility, other food service deficient practices were identified during the onsite survey. On the evening of February 15, 2023 and on the morning of February 16, 2023, the surveyor interviewed residents and was informed by residents of their concerns with the current menus at the facility. The concerns reported to the surveyor included too many starches, specifically two or more starches served in one	A 703		

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	D5506	A. BUILDING: _____ B. WING _____	02/16/2023

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A 703	Continued From page 15	A 703		

meal. In addition, residents reported diabetic options for dessert were not offered consistently.

The surveyor reviewed the facility's menus for the months of January 2023 and February 2023 and noted the following. For the dinner meal on January 30, 2023, the menu was corn dog, peas and french fries. For the dinner meal on February 8, 2023, the menu was potato soup and seasoned peas. For the lunch meal on February 14, 2023, residents were served sweet and sour chicken, rice and corn. For the dinner meal on February 18, 2023, the menu was chicken alfredo pasta and peas. The lunch menu for January 22, 2023 was baked chicken drumsticks, mashed potatoes and corn. The breakfast menus also included multiple starches such as blueberry muffin with toast or cereal and waffle with toast.

Through interviews and review of facility menus, the surveyor was able to confirm that residents were served multiple starchy foods at some meals which presented a concern especially for diabetics. Residents also informed the surveyor they had not been offered a different non-starchy vegetable to replace one of the starches. In addition, diabetic desserts were not listed on the menu consistently. The current weekly menu, for February 12-18, 2023, only listed a "diabetic dessert" for the following meals: February 12th at lunch; February 16th at lunch; February 18th at lunch; February 16 at dinner; February 18th at dinner. The remaining lunch and dinner meals provided such desserts as cherry cheescake, peach cobbler, homemade cookie and ice cream. The residents' concerns about the facility's menus including excessive starchy foods and limited diabetic desserts was discussed with EI#1 and EI#8 on February 16, 2023. Both EI#1 and EI#8 stated they would work on adjustments to

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A 703	Continued From page 16 the menus that better suited the needs and requests of the residents and would include resident input when adjusting the menus.	A 703		
A1101	420-5-4-.11 (1) Fire and Safety (1) General. (a) Fire Safety and Emergency Plan. All assisted living facilities shall maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place. (b) Fire Drills. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift of Group and Congregate facilities. All fire drills shall be initiated by the fire alarm system. The drills may be announced in advance to the residents. The drills shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the currently adopted Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years. (c) Fire Drills During Resident Sleeping Hours. When drills are conducted between 9 PM and 6 AM, a coded announcement shall be permitted to be used instead of the normal audible fire alarm signals. These drills may be conducted without disturbing sleeping residents,	A1101		

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A1101	Continued From page 17 by using simulated residents or empty wheelchairs. (d) Roller latches are prohibited on doors separating corridors from adjacent spaces. (e) If alcohol-based hand rub dispensers are used in the facility, the dispensers must be installed in a manner that: 1. Minimizes leaks and spills. 2. Adequately protects against inappropriate access. 3. Complies with the requirements of the currently adopted Life Safety Code. (f) Fire Alarm and Sprinkler System. 1. Fire Alarm System. Where fire alarm systems are required, a corridor smoke detection system shall be installed on each floor, including areas open to the exit access corridor, to comply with NFPA 72, connected to the facility's fire alarm system. In lieu of corridor smoke detection, smoke detectors connected to the building fire alarm system may be installed in each resident's room, open areas, and at smoke doors (except that corridor smoke detection shall not be deleted when its use is dictated by other requirements). 2. Fire alarm and sprinkler system outages of more than 4 hours require evacuation of the facility or the establishment of a continuous fire watch. The fire watch procedure must be coordinated with the Department and the local Fire Marshal. Outages and fire watch documentation shall be reported to the	A1101		

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A1101	Continued From page 18 Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously. 3. The fire alarm system and the sprinkler system shall be inspected by licensed, trained, and qualified personnel at least semiannually for compliance with the respective codes. Inspection and testing reports shall be maintained in the facility for a period of at least 3 years. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire drills as required. Findings: Review of the facility's fire drill records, on the afternoon of February 14, 2023, revealed the following information. There was no documentation of any fire drills conducted at the facility for the months of May 2022, June 2022, July 2022, August 2022, September 2022, October 2022 and November 2022. The fire drills documented in January, February, March and April 2022 were all conducted on the same shift (2:00-10:00 PM). EI#1 and EI#2 were unable to provide documentation of any additional fire drills. Fire drills were not conducted monthly and quarterly on each shift as required for the year 2022.	A1101		
A1205	420-5-4-.12 (7) Physical Environment. (7) Building Requirements - Group	A1205		

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A1205	Continued From page 19 Assisted Living Facilities. (a) General. Group assisted living facilities licensed, constructed, or renovated after December 25, 1991, shall be limited to one story buildings and shall comply with the currently adopted building code and National Fire Protection Association, Life Safety Code. Facilities, or portions of facilities, built under the currently adopted codes shall comply with the Life Safety Code Chapter for New Residential Board and Care Occupancies (excluding NFPA 101A Alternative Approaches to Life Safety). Facilities, or portions of facilities, built under previous adopted editions of the codes shall comply with the currently adopted Life Safety Code Chapter for Existing Residential Board and Care Occupancies, Impractical Evacuation Capability (excluding NFPA 101A Alternative Approaches to Life Safety). (b) Required Fire Exits. 1. At least two exits, remote from each other and so located that there will be no dead-end corridors in excess of 20 feet, shall be provided. 2. Exits shall be so located that the distance of travel from the corridor door of any occupied room to an exit shall not exceed 100 feet. 3. Each bedroom or suite shall have at least one doorway opening directly to the outside, or to an exit corridor leading directly to the outside. 4. Exit doors shall swing to the exterior.	A1205		

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A1205	Continued From page 20 5. Panic hardware shall be installed on all exit doors of facilities submitted for plan review. As a minimum, single action hardware is required on all exit doors of existing facilities. (c) Corridors and Passageways. Corridors and passageways used as a means of exit, or part of a means of exit, shall be at least 36 inches wide, shall be unobstructed, and shall not lead through any room or space used for a purpose that may obstruct free passage. (d) Smoke Barrier Separations. 1. Buildings exceeding 3,000 square feet in area shall be divided into separate areas by smoke barriers so located as to provide ample space on each side for approximately one-half the beds. Smoke barriers shall have a fire-resistive rating of not less than one hour or minimum one-half hour for existing sprinkled facilities. 2. Doors provided in smoke barriers shall be smoke-resistive, so installed that they may normally be kept in the open position, but will close automatically upon fire alarm activation. 3. Duct penetrations in smoke barriers shall be properly protected with smoke dampers. 4. Penetrations of smoke barriers with wiring, conduits, pipes, etc., shall be sealed to maintain the fire and smoke rating. This Rule is not met as evidenced by:	A1205		

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A1205	Continued From page 21 Based on observation and interview, a smoke barrier door failed to properly close upon activation of the fire alarm system. Findings: On the afternoon of February 15, 2023, the facility's fire alarm system was activated by EI#1 at the request of the surveyor. The smoke barrier door between the hallway and dining room remained open after activation of the fire alarm system. A rubber triangular door stop was noted to be holding the door open which prevented the door from functioning properly. Once the door stop was removed the door closed properly. EI#1 agreed the door stop should not be used to prevent the smoke barrier door from closing. TONYA AVENATTI, REGISTERED NURSE CONNIE CHERRY, REGISTERED NURSE	A1205		