Accepted April 28, 2023
Connie Cherry

Serenity South at Troy III
Facility Number P5504
Administrator: Allison Cook
Survey Exit 2.16.2023

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 the Executive Directors Office.

A302 Administration

With Respect to the specific deficiency cited: Policies were immediately identified and made accessible to the Administrator.

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

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 3.14.2023. 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.

A406 Training

With Respect to the specific deficiency cited: New employee orientation and state specific training assigned to all team members. Expected completion date of March 31, 2023.

With Respect to how the community will identify other 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

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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.

A613 Medications

With Respect to the specific deficiency cited: A copy of A Short Practical Guide for Psychotropic Medications had been previously purchased however was unable to be located.

With Respect to how the community will identify other potential concern. Residents were audited with no negative outcomes identified regarding psychotropic medications.

With Respect to Systemic Measures that have been put into place to address the stated concern; A new copy of A Short Practical Guide for Psychotropic Medications has been ordered and due to be delivered by 3.20.2023. Nurses will be in serviced on the availability and use of this publication by 3.20.2023.

With Respect to How the Plan of Corrective Measures will be Monitored. ED/DHW will monitor med room monthly for accessibility to A Short Practical Guide for Psychotropic Medications.

A615 Medications

With Respect to the specific deficiency cited: Patch site immediately placed on EMAR for staff to document.

With Respect to how the community will identify other residents with potential for identified concern. An audit of resident records was conducted and no other residents receive medications topically through a skin patch delivery.

With Respect to Systemic Measures that have been put into place to address the stated concern; Training has been completed by Director of Health and Wellness by March 15, 2023 for community nurses to identify and document patch location upon administration. Patch site will also be identified upon new order processing in EMAR system.

With Respect to How the Plan of Corrective Measures will be Monitored. ED an DHW will monitor for residents receiving medication through a patch delivery system during Monthly QA audits for 3 months.

A702 Food Service

With Respect to the specific deficiency cited: Hair nets were on order prior to survey date. Upon awareness hair nets were provided to staff onsite on February 14, 2023. Ordered supply arrived on February 15th.

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Administrator identified inaccurate freezer temperatures on February 10, 2023 prior to survey date. Administrator notified an independent contractor to obtain a bid on 2.10.2023. All food was removed from the freezer on that date to an alternate freezer.

With Respect to how the community will identify other potential concern. On February 10, Other community refrigerators/freezers were observed with refrigerator/freezer temps obtained with no other temperatures out of compliance noted.

With Respect to Systemic Measures that have been put into place to address the stated concern: On Feb 15, 2023, Hobart was notified by ED and arrived next day on Feb 16, 2023. Refrigerator and Freezer was serviced. Temperature gauges were ordered and coils were cleaned. Temperature gauges have been placed inside the refrigerator and temperatures are within compliance. Temperature logs are in place and observed daily by administrator and/or designee. Logs will be placed on a protective sleeve on each refrigerator/freezer to keep in view for culinary staff.

With Respect to How the Plan of Corrective Measures will be Monitored. Administrator or designee will monitor refrigerator and freezer temperature 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: Menus and Mealtimes immediately posted on the menu boards for residents to view.

With Respect to how the community will identify other residents with potential for identified concern. Residents were interviewed and no resident complaints were voiced regarding menu's not being posted for the day.

With Respect to Systemic Measures that have been put into place to address the stated concern: Training occurred on March 8, 2023, with all staff members regarding the expectation to post and/or deliver daily menu's.

With Respect to How the Plan of Corrective Measures will be Monitored. Administrator and/or designee will monitor menu boards daily during daily rounds for menu and mealtime postings.

A803 Physical Facilities

With Respect to the specific deficiency cited: Maintenance had removed blockage from resident rooms however blockage continued. Outside plumbing company notified and arrived onsite on 2.16.2023.

With Respect to how the community will identify other residents with potential for identified concern. Remaining resident rooms were inspected and no other plumbing issues identified.

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With Respect to Systemic Measures that have been put into place to address the stated concern: Staff in serviced on March 8, 2023, to notify ED of any difficulties with plumbing or toilets not flushing properly. Residents have been educated to not put anything into toilets that would cause toilets to block up.

With Respect to How the Plan of Corrective Measures will be Monitored. ED or designee will audit bathroom toilets weekly for plumbing issues.

A804 Physical Facilities

With Respect to the specific deficiency cited: Stove and Oven were immediately cleaned by a professional cleaning service on February, 15, 2023.

With Respect to how the community will identify other potential for concern. All other aspects of the kitchen areas were also cleaned by community staff on February 15, 2023

With Respect to Systemic Measures that have been put into place to address the stated concern: ED implemented daily audit on March 14, 2023, to monitor for cleanliness.

With Respect to How the Plan of Corrective Measures will be Monitored. ED or DHW will observe kitchen cleanliness during daily rounds. Audits will be reviewed monthly times 3 months.

A1001 Sanitation and Housekeeping

With Respect to the specific deficiency cited: Maintenance had removed blockage from resident rooms however blockage continued. Outside plumbing company notified and arrived onsite on 2.16.2023.

With Respect to how the community will identify other residents with potential for identified concern. Remaining resident rooms were inspected and no other plumbing issues identified.

With Respect to Systemic Measures that have been put into place to address the stated concern: Staff in serviced on March 8, 2023 to notify ED of any difficulties with plumbing or toilets not flushing properly.

With Respect to How the Plan of Corrective Measures will be Monitored. ED or designee will audit bathroom toilets weekly for plumbing issues.

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.

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With Respect to how the community will identify other residents with potential for 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 and collaborated on fire drills.

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.

A1203 Physical Environment

With Respect to the specific deficiency cited: Bids were obtained and approved by property owner on 4.21.2023

With Respect to how the community will identify other residents with potential for identified concern. The one resident that uses a wheelchair for mobility resides in a different wing of the community with 4 potential other egress access points in the event of an emergency.

With Respect to Systemic Measures that have been put into place to address the stated concern: An attempt to admit residents to an alternate area of the community will be made to accommodate Residents with decreased mobility or that do not have the ability to walk downstairs. Ramps are to be installed no later than September 15, 2023.

With Respect to How the Plan of Corrective Measures will be Monitored. Administrator will review resident's change in mobility with DHW monthly during QA meetings and make any room assignment adjustments as able until ramps are installed.

A1203 Physical Environment

With Respect to the specific deficiency cited: Upon awareness a call was placed to fire inspection company on February 15, 2023 by the Administrator. A replacement fire extinguisher was put into place.

With Respect to how the community will identify potential for other identified concern. An audit was completed on February 15, 2023 and no other fire extinguisher inspections were noted to be outdated.

With Respect to Systemic Measures that have been put into place to address the stated concern: Maintenance Director has developed a list of community fire extinguisher locations and monthly audits are conducted.

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With Respect to How the Plan of Corrective Measures will be Monitored. Administrator and Maintenance Director will discuss Fire Extinguisher audits during monthly QA meetings times 3 months.

A1203 Physical Environment

With Respect to the specific deficiency cited: Upon awareness a call was placed to fire inspection company on February 15, 2023 by the Administrator. A replacement fire extinguisher was put into place. Vents were immediately cleaned by staff members upon awareness on February 15, 2023.

With Respect to how the community will identify potential for other identified concern. An audit was completed on February 15, 2023 and no other fire extinguisher inspections were noted to be outdated. Inspection of all community vents was completed by Maintenance Director and other vents cleaned as necessary.

With Respect to Systemic Measures that have been put into place to address the stated concern: Maintenance Director has developed a list of community fire extinguisher and vent locations and monthly audits are conducted for vent cleanliness and fire extinguisher compliance.

With Respect to How the Plan of Corrective Measures will be Monitored. Administrator and Maintenance Director will discuss Fire Extinguisher audits and Vent cleaning schedule during monthly QA meetings times 3 months.

Allison Cook, ALA 4/21/23

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Date: 4/21/2023
Quote # 205

QUOTE

RiverSouth Properties
412 Broadway, Suite B
Columbus, GA 31901
706-289-2192
Fax 706-507-2188
info@riversouthhomes.com

To

Serenity South
610 Botts Ave
Troy, Alabama
[Phone]

Job #	Job Name	Payment Terms	Estimated Completion Date
	Serenity South Troy AL	Due 30 days	See below

Qty	Description	Unit Price	Line Total
1	ADA compliant access ramps at 3 exit doors on each building	$13,900	$13,900
	Work can begin within 30 days of notice to proceed		
	and completed within 90 days or no later than		
	September 15, 2023		
		Subtotal	
		Sales Tax	
		Total	$13,900

Quotation prepared by: J.Foxworth

This is a quotation on the goods named, subject to the conditions noted below: (Describe any conditions pertaining to these prices and any additional terms of the agreement. You may want to include contingencies that will affect the quotation.)

To accept this quotation, sign here and return: _____

RiverSouth PROPERTIES

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