| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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| SERENITY SOUTH ENTERPRISE SENIOR LIVING I | 201 WYNN ROAD ENTERPRISE, AL 36330 |

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| A 000 | Initial Comments<br><br>On December 3, 2024, an unannounced licensure survey was conducted for this 16 bed Assisted Living Facility with a census of 14.<br><br>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 (ALF). 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.<br><br>Policies.<br><br>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:<br><br>(i) Facility responsibility to protect all residents from abuse, neglect, and exploitation.<br><br>(ii) How allegations of abuse, neglect, and exploitation will be handled by the facility.<br><br>(iii) Resident confidentiality. | A 302 | | |

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| A 302 | Continued From page 1<br><br>(iv) Admission and continued stay criteria.<br><br>(v) Discharge criteria and notification procedures for residents and sponsors.<br><br>(vi) Facility responsibility when a resident's personal belongings are lost.<br><br>(vii) What services the facility is capable and not capable of providing.<br><br>(viii) Medication management.<br><br>(ix) Infection control.<br><br>(x) Meal service, timing, menus and food preparation, storage, and handling.<br><br>(xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness.<br><br>(xii) Staffing and conduct of staff while on duty.<br><br>(xiii) Oxygen administration and storage if used in the facility.<br><br>(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. Department of Health and Human Services. The facility shall develop and implement dietary policies and procedures to meet the needs of the | A 302 | | |

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

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| A 302 | Continued From page 3<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the facility failed to implement a written policy for the operation of the facility.<br><br>Findings<br><br>During a facility tour on December 2, 2024, along with Employee Identifier (EI)#1 the surveyor observed the residents mini refrigerators did not have thermometers. During an interview on December 2, 2024, the surveyor asked to see the facilities policy for the residents small appliances to include refrigerators. EI#1 advised the facility did not have a policy. Later that same day EI#1 advised the surveyor they were working on creating a policy for small appliances to include min refrigerators. | A 302 | | |
| A 403 | 420-5-4-.04 (4) Personnel.<br><br>(4) Personnel Records. An assisted living facility shall maintain a personnel record for each employee. This record shall contain:<br><br>(a) An application for employment which contains information regarding the employee's education, training, and experience.<br><br>(b) Verification of current certification or licensure, if applicable.<br><br>(c) Record of required physical examinations and vaccinations.<br><br>(d) Verification the facility has not hired | A 403 | | |

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| A 403 | Continued From page 4<br>an individual whose name is on the Alabama Department of Public Health Nurse Aide Abuse Registry.<br>(e) Date of hire.<br>(f) Date of initial resident contact.<br>(g) Date employment ceased.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review the facility failed to provide an initial resident contact date for personnel.<br><br>Findings<br><br>During a record review of the employee files on December 2, 2024, at approximately 1:30PM the surveyor noted the employee files did not contain a resident contact date. During an interview with EI#1 on December 2, 2024, EI#1 agreed with the surveyor findings. EI#1 advised the surveyor that resident contact dates had been added to all employee files. | A 403 | | |
| A 504 | 420-5-4-.05 (3) (d) Records and Reports.<br><br>(d) Residents' Rights. Each resident shall be fully informed, prior to or at the time of admission of these rights. A copy of these rights shall be conspicuously posted in a resident common area. Each resident's file shall contain a copy of a written acknowledgment that he or she has read these rights, or has had these rights fully explained by facility staff to the resident, or, if appropriate, to the resident's sponsor. The | A 504 | | |

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| A 504 | Continued From page 5<br>acknowledgment shall be signed and dated by the administrator or the administrator's designee and by the resident or sponsor, when appropriate.<br><br>1. No resident shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law or the Constitution of the U.S. solely by reason of status as a resident of the facility.<br><br>2. Every resident shall have the right to live in a safe and decent environment, to be free from abuse, neglect, and exploitation, and to be free from chemical and physical restraints.<br><br>3. Every resident shall have the right to be treated with consideration, respect, and due recognition of personal dignity, individuality, and the need for privacy.<br><br>4. Every resident shall have the right to unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any reasonable time.<br><br>5. Every resident shall have freedom to participate in and benefit from social, religious, and community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.<br><br>6. Every resident shall have the right to manage his or her own financial affairs. If a resident or his or her legally appointed guardian authorizes the administrator of the facility to provide a safe place to keep funds on the | A 504 | | |

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| A 504 | Continued From page 6 | A 504 | | |

premises, an individual account record for each resident shall be maintained by the administrator and an up-to-date record shall be maintained for all transactions.

7. Every resident shall have the right to share a room with his spouse if both are residents of the facility and agree to do so.

8. Every resident shall have the right to a reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals.

9. Every resident shall have the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor compulsory attendance at religious services, shall be imposed upon any resident.

10. Every resident shall have access to adequate and appropriate health care consistent with established and recognized standards within the community including the right to receive or reject medical care, dental care, or other health care services except those required to control communicable diseases.

11. Every resident shall have the right to at least 30 days prior written notice of involuntary relocation or termination of residence from the facility unless the resident is a patient in a facility providing a higher level of care and no longer meets the eligibility and continued stay requirements in these rules, or for medical reasons the resident is considered by a physician to require an emergency relocation to a facility providing a more skilled level of care, or unless

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| A 504 | Continued From page 7<br>the resident engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents. Such actions will be documented in the resident's admission record.<br><br>12. Every resident shall have the right to present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, interference, coercion, discrimination, or reprisal.<br><br>13. Every resident shall have the right to confidential treatment of personal and medical records. A resident may authorize the release of records to any individual of his or her choice. Such authorization must be given by the resident in writing and the written authorization must be included in the resident's file.<br><br>14. Every resident shall have the right to refuse to perform work or services for the facility unless the resident expressly agrees to perform such work or services and this agreement is plainly documented in the admission agreement. A resident may voluntarily perform work or services for the facility, provided that:<br><br>(i) The facility has documented the resident's desire to perform work in the resident's plan of care, and the resident has signed this plan of care.<br><br>(ii) The plan of care specifies the nature of the work to be performed and sets forth the compensation to be paid for the service, unless the service is to be performed without compensation; and | A 504 | | |

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| A 504 | Continued From page 8<br><br>(iii) The resident has the right and understands that he or she has the right to terminate the agreement to work at any time without recourse.<br><br>15. Every resident shall be fully informed, prior to or at the time of admission and at regular intervals during his or her stay, of services available in the facility, and of related charges.<br><br>16. Every resident shall be fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission, of all rules and regulations governing residents' conduct and responsibilities.<br><br>17. Every resident shall have the right to have the name, telephone number, and address of the Department's Bureau of Health Provider Standards, the Local Ombudsman, the Department of Human Resources, and the telephone numbers of the Department of Public Health toll-free Assisted Living Facilities Complaint Hotline and the Department of Human Resources toll-free Elder Abuse Hotline. All of this information shall be posted in a conspicuous location in a resident common area.<br><br>18. All state inspection reports and any resulting corrective action plan from the past 24 months shall be posted in a prominent location. If there has been no inspection in the past 24 months, then the results of the most recent inspection and any resulting corrective action plan shall be posted.<br><br>19. Every resident shall have the right to 30 days prior written notice to both resident and | A 504 | | |

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| A 504 | Continued From page 9<br>sponsor of any increase of fees or charges.<br><br>20. Every resident shall have the right to 30 days prior written notice of any involuntary change in the resident's room or roommate unless the change is necessary because the resident or the resident's roommate engages in a pattern of conduct that is harmful or dangerous to himself or herself or to other residents.<br><br>21. Every resident shall have the right to wear his or her own clothes, to keep and use his or her own personal possessions including toilet articles except for personal possessions too large to be stored in the resident's room.<br><br>22. Every resident shall have the right to be afforded privacy for sleeping and for storage of personal belongings.<br><br>23. Every resident shall have the right to have free access to day rooms, dining, and other group living or common areas at reasonable hours and to freely come and go from the home.<br><br>24. Every resident shall have the right to participate in devising the resident's care plan, including providing for the resident's preferences for physician, hospital, nursing home, acquisition of medication, emergency plans, Advance Directives, and funeral arrangements. A copy of this care plan shall be kept in the resident's file.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the facility failed to provide the appropriate postings for the residents. | A 504 | | |

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| A 504 | Continued From page 10<br>Findings<br><br>Upon entering the facility on December 2, 2024, the surveyor observed the following. The facility did not post the telephone numbers for the Department of Health Provider Standards, the Department of Human Resources, Department of Public Health Assisted Living Facilities Complaint Hotline, and Elder Abuse Hotline. During an interview with EI#1 on December 2, 2024, EI#1 agreed with the surveyors findings. | A 504 | | |
| A 508 | 420.5.4-.05 (3) (h) Records and Reports.<br><br>(h) Incident Investigation. When an incident, as defined below, occurs in an assisted living facility, the facility administrator shall be immediately notified, the facility shall conduct a thorough investigation, and appropriate corrective actions and interventions shall be devised and implemented immediately. A detailed and accurate report shall be completed within 72 hours of the incident. The report shall be given immediately upon completion to the administrator for review.<br><br>1. Incidents which require investigation are:<br><br>(i) An accident or injury of known or unknown origin that was unusual or suspicious in nature such as bruising, pain, or injury that is not consistent with actions necessary in providing day to day care to a resident or for which medical treatment was sought.<br><br>(ii) A fracture or an injury resulting in medical attention. For the purposes of these rules, medical attention shall be defined as care | A 508 | | |

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| A 508 | Continued From page 11 | A 508 | | |

that rises above the level of first aid, including but not limited to: a physician ordered portable X-ray, a visit to an emergency department, urgent care facility, clinic or physician office.

(iii) The onset of wandering behavior by any resident who is not fully cognitively intact.

(iv) Elopement by a resident.

(v) Suspected, alleged, confessed, witnessed, or actual abuse of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules.

(vi) Suspected, alleged, confessed, witnessed, or actual neglect of a resident or residents as defined in these rules.

(vii) Suspected, alleged, confessed, witnessed, or actual exploitation of a resident or residents as defined in these rules.

(viii) An outbreak (for purposes of these rules, an outbreak is considered to be two or more affected people within 72 hours or less) of a contagious disease or condition including those listed in Appendix I of Alabama Administrative Code Sec. 420-4-1-.04 (for example food-borne illness, scabies, influenza, or Staphylococcus aureus).

(ix) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial

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| A 508 | Continued From page 12<br>evacuation of the facility.<br><br>(x) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.<br><br>(xi) An unplanned occurrence that results in media attention.<br><br>(xii) A medication error, overdose, or over sedation.<br><br>(xiii) Ingestion by a resident of a toxic substance that requires medical attention.<br><br>(xiv) Any indication of malfunction of the sprinkler system, or fire alarm system.<br><br>2. In addition to other items required by the facility's policies and procedures, the incident investigation shall contain the following:<br><br>(i) Names of all residents involved.<br><br>(ii) Names of all staff involved including person in charge at the time of the incident.<br><br>(iii) When the administrator was notified (date and time).<br><br>(iv) Circumstances under which the incident occurred.<br><br>(v) When the incident occurred (date and time).<br><br>(vi) Where the incident occurred (for example, bathroom, bedroom, street, or lawn).<br><br>(vii) Immediate actions taken. | A 508 | | |

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| A 508 | Continued From page 13<br><br>(viii) The extent and description of injury, if any, to the affected resident or residents.<br><br>(ix) Immediate treatment rendered.<br><br>(x) Symptoms, pain, or injury discussed with the physician, and the date and time the physician was notified.<br><br>(xi) Names, telephone numbers, and addresses of witnesses.<br><br>(xii) Date and time relatives or sponsor were notified.<br><br>(xiii) Out-of-facility treatment.<br><br>(xiv) Follow-up care.<br><br>(xv) Outcome resolution.<br><br>(xvi) The action taken by the facility to prevent the occurrence of similar incidents in the future.<br><br>(xvii) The investigative file includes the incident report itself, the incident investigation and all records, documents, statements, images, and information created or reviewed in connection with the investigation.<br><br>(xviii) The entire investigative file shall be made available for inspection and copying by representatives of the Department upon request.<br><br>(xix) The entire investigative file and documentation of all corrective action taken shall be retained for a period of not less than 3 years | A 508 | | |

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| A 508 | Continued From page 14<br>after the resident is discharged or dies.<br><br>(xx) Interventions devised as a result of the investigation shall be included in a resident record that is available to the personal care staff.<br><br>3. In addition, the following incidents shall be reported to the Department's Online Incident Reporting System within 24 hours of the incident:<br><br>(i) A fracture or an injury resulting in death, EMS activation, or the need for medical attention as defined in these rules.<br><br>(ii) Elopement by a resident.<br><br>(iii) Suspected, alleged, confessed, or witnessed abuse, neglect, or exploitation of a resident or residents by staff, visitors, or other residents. This includes all types of abuse including mental abuse, physical abuse, sexual abuse, and verbal abuse as defined in these rules. The victim's sponsor or responsible family member shall be notified within 24 hours. All incidents of suspected abuse, neglect, or exploitation shall be reported immediately to the Department of Human Resources or to appropriate law enforcement authorities as required by law. These documents shall be retained with the facility investigative file.<br><br>(iv) A fire, earthquake, storm, other act of God, or other occurrence (for example, a natural gas leak or a bomb threat) that causes physical damage to the building in which the facility is located, or that results in the evacuation or partial evacuation of the facility. | A 508 | | |

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| A 508 | Continued From page 15<br>(v) Intentional self-inflicted injury, suicide, or suicide attempt by a resident.<br><br>(vi) An unplanned occurrence that results in media attention.<br><br>(vii) Any medication error, overdose, or over sedation. The incident shall be immediately reported to the attending physician, facility medical director, or back-up physician.<br><br>(viii) Ingestion by a resident of a toxic substance that requires medical attention.<br><br>(ix) Notifiable diseases and health conditions listed in Appendix I of the Alabama Administrative Code Sec. 420-4-1-.04. shall be reported by the facility to the State Health Officer or the County Health Officer within the time frames specified in 420-4-1-.04. The facility shall maintain documentation of any reports of notifiable diseases or health conditions. This documentation shall be retained for a period of not less than 3 years.<br><br>(x) Any indication of malfunction of the sprinkler system, or fire alarm system.<br><br>4. The report to the Department's Online Incident Reporting System shall include the following:<br><br>(i) Facility name and direct phone number.<br><br>(ii) Time and date of the report.<br><br>(iii) Reporter's name. | A 508 | | |

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| A 508 | Continued From page 16<br>(iv) Name of resident(s), staff, or visitor(s) involved in the incident.<br>(v) Names of staff on duty at the time of the incident.<br>(vi) Date and time of the incident.<br>(vii) A brief description of the incident.<br>(viii) Any injury or injuries to resident(s).<br>(ix) Action taken by the facility in response to the incident.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review the facility failed to notify the Department's Online Incident Reporting System (OIRS) within 24 hours.<br><br>Findings<br><br>Resident Identifier (RI)#4 was admitted to the facility on July 14, 2023, with a diagnosis that includes diabetes mellitus type 2, hypertension, obstructive sleep apnea, atrial fibrillation, borderline personality disorder, morbid obesity, irritable bowel syndrome, coronary heart disease, overactive bladder, and nerve damage. During records review on December 2, 2024, at approximately 3:30 PM the following was noted. Per incident report dated November 23, 2023, RI#4 had reportedly had a fall with emergency medical services activated and the resident was | A 508 | | |

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| A 508 | Continued From page 17<br>sent to the emergency room for evaluation.<br><br>Upon review of the OIRS by the surveyor on November 27, 2024, no report for RI#4's fall was noted on the OIRS. During an interview with EI#1 he/she agreed with the surveyors' findings. | A 508 | | |
| A 611 | 420-5-4-.06 (4) (a) (b) Care of Residents.<br><br>(4) Personal Care and Services. The facility shall provide care and services consistent with community standards.<br><br>(a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical examination records and admission records, shall be accessible to the direct care staff at all times.<br><br>(b) Plan of Care. There shall be a written plan of care developed for each resident prior to or at the time of admission. The plan of care shall be based on the initial medical examination, diagnoses, and recommendations of the resident's treating physician. The plan of care shall be reviewed and updated based on the annual examination, and all other physician examinations, diagnoses, and recommendations of the resident's treating physician, and the resident's monthly assessments. The plan of care shall be developed and updated in cooperation with the resident and, if appropriate, the sponsor. All entries on the plan of care shall be accurately dated.<br><br>1. The plan shall at all times reflect the current condition of the resident and document the personal care and services required from the facility by the resident. In addition to other items | A 611 | | |

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| A 611 | Continued From page 18<br>that may be required by the facility's own policies and procedures, the plan of care shall contain the following:<br><br>2. A listing of the resident's individual needs or problems that require intervention by the facility.<br><br>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.<br><br>4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider.<br><br>5. Activities of Daily Living. Residents of assisted living facilities shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident.<br><br>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.<br><br>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.<br><br>(iii) Hair. Resident's hair shall be kept clean, neat, and well groomed.<br><br>(iv) Manicure. Fingernails and toenails | A 611 | | |

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| A 611 | Continued From page 19<br>shall be kept clean and trimmed.<br><br>(v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed.<br><br>(vi) Personal Safety. Residents shall be provided assistance with personal safety.<br><br>6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to provide the current condition for residents per the facilities care plans.<br><br>Findings<br><br>RI#2 was admitted to the facility on March 1, 2024, with diagnoses to include atrial fibrillation, hypertension, edema, diabetes mellitus type 2, chronic kidney disease, and osteoarthritis. RI#2 was admitted to home health that was not documented on the residents current care plan dated May 5, 2024. Also, the current care plan dated May 5, 2024, lacked any medical diagnosis along with signs and symptoms to monitor.<br><br>RI#5 was admitted to the facility on May 4, 2024, with diagnoses to include hyperlipidemia, congestive heart failure, anemia, chronic kidney disease stage 3, ischemic cardiomyopathy, | A 611 | | |

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| A 611 | Continued From page 20<br>diabetes mellitus type 2, atrial fibrillation, and heart disease. The current care plan dated May 5, 2024, and updated in September 2024 lacked most medical diagnoses along with signs and symptoms to monitor. Resident was also taking Eliquis 5 milligrams (mg) twice daily which is an anticoagulant medication with no signs and symptoms to monitor. Also, under the medication section it was hand written that the resident self medicated, however it was typed that care staff would assist with administration of medications as ordered by medical doctor. WHICH ONE WAS CORRECT? WAS THERE AN ORDER TO SELF MEDICATE? WERE THEY FOLLOWING DOC ORDERS?<br><br>During an interview wit EI#1 on December 3, 2024, he/she agreed with the surveyors findings. | A 611 | | |
| A 615 | 420-5-4-.06 (7) (j) Care of Residents.<br><br>(j) All medications administered to residents and all medications self-administered with assistance of facility staff in an assisted living facility shall be contemporaneously recorded on a standard medication administration or medication assistance record. "Contemporaneously recorded" means recorded at the same time or immediately after medications are administered. The medication administration or medication assistance record shall include at least the following:<br><br>1. The name of the resident to whom the medication was administered or assisted.<br><br>2. The name of the medication administered or assisted. | A 615 | | |

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| A 615 | Continued From page 21<br>3. The dosage of the medication administered or assisted.<br><br>4. The method of administration or assistance.<br><br>5. The site of injection or application, if the medication was injected or applied.<br><br>6. The date and time of the medication administration or assistance.<br><br>7. Any adverse reaction to the medication.<br><br>8. The printed name, initials, and written signature of the individual administering the medication or assisting the resident with self-administration of the medication.<br><br>This Rule is not met as evidenced by:<br>Based on record review and observation the facility failed to label the Medication Administration Record (MAR) correctly.<br><br>Findings<br><br>RI#5 was admitted to the facility on May 4, 2024. During a narcotic count on December 2, 2024, along with EI#3 the following was observed. According to the control substance inventory record dated for November 22, 2024, Gabapentin was listed, but the dosage amount was not specified. During an interview with EI#1 later that day he/she agreed with the surveyor findings. | A 615 | | |

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| A 618 | Continued From page 22 | A 618 | | |
| A 618 | 420-5-4-.06 (9) Care of Residents. | A 618 | | |

(9) Oxygen Therapy.

(a) A resident of an assisted living facility that requires oxygen therapy shall self-manage his or her own oxygen therapy or self-administer his or her own oxygen therapy with assistance of facility staff. A resident that cannot safely self-manage or self-administer his or her own oxygen therapy with assistance shall have oxygen administered only by a physician, RN, or LPN. A resident that cannot direct his or her administration of oxygen and cannot be taught to direct his or her administration of oxygen shall be appropriately discharged.

(b) Oxygen use including date, time, rate, and proper function of the equipment shall be documented on the medication administration or medication assistance record at least once per shift unless oxygen therapy is self-managed by the resident.

(c) If a resident receives oxygen therapy in a facility:

1. All oxygen equipment, such as tubing, masks, and nasal cannula shall be maintained in a safe and sanitary condition.

2. All oxygen tanks shall be safely maintained and stored.

3. The facility shall require safe use of oxygen therapy. No smoking and appropriate precautionary signs shall be posted.

4. The facility shall ensure that each

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| A 618 | Continued From page 23<br>resident using oxygen therapy maintains an adequate supply of oxygen.<br><br>Refer to National Fire Protection Association (NFPA) 99 for oxygen storage requirements.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the facility failed to safely secure oxygen bottles.<br><br>Findings<br><br>During a facility tour on December 2, 2024, at approximately 3:30PM the surveyor observed a facility bathroom with two oxygen bottles that were unsecured. During an interview with on December 2, 2024, with EI#1 he/she agreed with the surveyors findings. | A 618 | | |
| A 702 | 420-5-4-.07 (2) Food Service<br><br>(2) Food Handling Procedures.<br><br>(a) Dish and Utensils Washing, Disinfection, and Storage.<br><br>1. Wash water shall be changed with sufficient frequency to avoid gross contamination, and final rinse water shall be kept clean and clear.<br><br>2. Hand washed repeated service and multi-service utensils and dishes, after washing and rinsing, shall be sanitized by either of the following methods:<br><br>(i) Utensils and dishes shall be completely immersed for a period of not less than | A 702 | | |

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| A 702 | Continued From page 24<br>30 seconds in water that is at least 171 degrees Fahrenheit (pouring scalding water over utensils and dishes does not meet this requirement); or<br><br>(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.<br><br>3. Dishes and utensils shall be allowed to air dry.<br><br>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 other contaminants. Utensils shall be handled in such a way as to prevent contamination from hands and clothing.<br><br>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.<br><br>(b) Ice. Crushed or chipped ice shall be | A 702 | | |

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| A 702 | Continued From page 25 | A 702 | | |

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.

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

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| A 702 | Continued From page 26<br>more than 3 days from the date it was prepared.<br><br>6. All food products shall be used by the manufacturer's indicated date or discarded.<br><br>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.<br><br>8. Hot food shall be maintained at a minimum of 135 degrees Fahrenheit and cold foods at a maximum 41 degrees Fahrenheit.<br><br>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 contamination (meat juices dripping on other foods).<br><br>10. Laundry shall not be brought through the food preparation or service area.<br><br>(d) Storage and Service of Milk and Ice Cream.<br><br>1. Milk and fluid milk products shall be served only from the original containers in which | A 702 | | |

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| | D1601 | A. BUILDING: _____ B. WING _____ | 12/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY SOUTH ENTERPRISE SENIOR LIVING I | 201 WYNN ROAD ENTERPRISE, AL 36330 |

| (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 |
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| A 702 | Continued From page 27<br>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.<br><br>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.<br><br>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.<br><br>(e) Kitchen Garbage and Trash Handling.<br><br>1. Kitchen garbage and trash shall be placed in suitable containers with tight-fitting lids 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.<br><br>2. After being emptied, all garbage cans and trash cans shall be washed and dried before reuse.<br><br>(f) Employees' Cleanliness. | A 702 | | |

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| A 702 | Continued From page 28<br>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.<br><br>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.<br><br>3. Street clothing not worn by the employee shall be stored in lockers, dressing rooms, or closets designated for staff use.<br><br>(g) Live Fowl or Animals. Live fowl or animals shall not be allowed in the food service area.<br><br>(h) Smoking and Spitting. Smoking, other use of tobacco products, and spitting within the food service area shall be prohibited for all staff, residents, and visitors.<br><br>(i) Dining in Kitchen. Dining in the kitchen shall not be permitted in congregate assisted living facilities.<br><br>(j) Paper for Food Wrapping. Only new paper, foil, or plastic wrap shall be used for wrapping of foods.<br><br>(k) Laundering of clothing shall not be | A 702 | | |

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| A 702 | Continued From page 29<br>permitted in food preparation or service areas.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the facility failed to maintain thermometers in resident refrigerators.<br><br>Findings<br><br>During a facility tour on December 2, 2024, at approximately 9:35 AM along with EI#1 the following was observed; rooms 2, 9, 10, 11, 13, and 14 did not have thermometers in the resident's min-refrigerators. During an interview with EI#1 on December 2, 2024, he/she agreed with the surveyor's finding. EI#1 later purchased thermometers for all residents' mini refrigerators. | A 702 | | |
| A1101 | 420-5-4-.11 (1) Fire and Safety<br><br>(1) General.<br><br>(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.<br><br>(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 | A1101 | | |

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| A1101 | Continued From page 30 | A1101 | | |

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, 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

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| A1101 | Continued From page 31<br>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).<br><br>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 Department within 12 hours or no later than the next duty day, and shall be corrected expeditiously.<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to conduct semiannual fire alarm inspections.<br><br>Findings<br><br>Upon review of fire drill records on December 2, 2024, at approximately 11:00 AM the following | A1101 | | |

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| A1101 | Continued From page 32<br>was identified. The facility did not ensure that the semiannual fire alarm inspection was conducted. The facility had a fire alarm inspection in June 2023, but not a second inspection for that year. During an interview with EI#1 the same day he/she agreed with the surveyors findings.<br><br>TROY BLACK, REGISTERED NURSE | A1101 | | |