

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D1604	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/10/2025
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NAME OF PROVIDER OR SUPPLIER SERENITY SOUTH ENTERPRISE SENIOR LIVING II	STREET ADDRESS, CITY, STATE, ZIP CODE 203 WYNN ROAD ENTERPRISE, AL 36330
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A 000	<p>Initial Comments</p> <p>On July 10, 2025, a complaint investigation was conducted for this 16 bed Assisted Living Facility with a census of 15.</p> <p>An on-site complaint was investigated during this survey. The complaint was substantiated with deficiencies cited as a result of the complaint investigation.</p> <p>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 risk or potential risk of harm to the residents and require a plan of correction.</p>	A 000		
A 302	<p>420-5-4-.03 (1) (e) Administration.</p> <p>Policies.</p> <p>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:</p> <p>(i) Facility responsibility to protect all</p>	A 302		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A 302	<p>Continued From page 1</p> <p>residents from abuse, neglect, and exploitation.</p> <p>(ii) How allegations of abuse, neglect, and exploitation will be handled by the facility.</p> <p>(iii) Resident confidentiality.</p> <p>(iv) Admission and continued stay criteria.</p> <p>(v) Discharge criteria and notification procedures for residents and sponsors.</p> <p>(vi) Facility responsibility when a resident's personal belongings are lost.</p> <p>(vii) What services the facility is capable and not capable of providing.</p> <p>(viii) Medication management.</p> <p>(ix) Infection control.</p> <p>(x) Meal service, timing, menus and food preparation, storage, and handling.</p> <p>(xi) Fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness.</p> <p>(xii) Staffing and conduct of staff while on duty.</p> <p>(xiii) Oxygen administration and storage if used in the facility.</p> <p>(xiv) Dietary Policies. The dietitian, with the approval of the administrator, shall develop written policies and procedures for the</p>	A 302		

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

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A 302	<p>Continued From page 3</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on interview and document review, the facility failed to follow its own policies and procedures for management and operation of the facility.</p> <p>Findings:</p> <p>A facility policy titled, "ADMINISTRATOR (EXECUTIVE DIRECTOR)" revealed, "... POLICY: It is the policy of Serenity South Senior Living to an Administrator responsible to the governing authority/owners for the proper performance of his/her duties. ... PROCEDURE: 1. The Executive Director is responsible for the management and operation of the community. 5. ... the Executive Director will obey all applicable federal, state and local laws, ordinances and regulations. ..." Refer to deficiency 303 for additional information.</p> <p>A facility policy titled, "MEDICATION ASSISTANCE" revealed, "... POLICY: It is the policy of Serenity South Senior Living to provide staff assistance ... of medication ... PROCEDURE ... 19. Residents' drugs ... any unused drugs... as recorded in the resident's health record are to be destroyed by the administrator or nurse, witnessed and documented. ..." Refer to deficiency 616 for additional information.</p>	A 302		

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A 303	Continued From page 4	A 303		
A 303	<p>420-5-4-.03 (2) (a) Administration.</p> <p>The Administrator.</p> <p>(a) Responsibility.</p> <p>1. The administrator shall be a direct representative of the governing authority in the management of the assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties.</p> <p>2. Any individual employed as an administrator shall be properly licensed.</p> <p>3. Any individual employed as an administrator shall meet all applicable statutory requirements.</p> <p>4. There must be an individual with experience in the day-to-day operation of the facility, who is authorized in writing, to act for the administrator during absences.</p> <p>5. The administrator and any individual authorized to act as a substitute shall be at least 19 years of age.</p> <p>6. The administrator and any individual authorized to act as a substitute shall be of reputable and responsible character.</p> <p>7. The administrator shall ensure that adequate personnel are employed and on duty to meet the care needs of all residents 24 hours a day, 7 days a week.</p> <p>8. The administrator shall manage and direct staff activities in a manner that results in</p>	A 303		

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A 303	<p>Continued From page 5</p> <p>maintenance of a neat, clean, orderly, and safe environment and adequate care being provided at all times. If a facility has an adequate number of staff members on duty to meet the care and safety needs of all residents, but adequate care and safety is not being provided, then the facility does not meet this administration and management requirement.</p> <p>9. The facility administrator is responsible for ensuring that required training is provided to all staff.</p> <p>10. The administrator shall ensure that residents who have health or safety needs beyond the capability of the facility will be safely transferred or discharged to an appropriate setting.</p> <p>11. The administrator shall ensure that facility staff members observe each resident for changes in health and physical abilities and obtain appropriate medical attention when needed.</p> <p>12. The administrator shall ensure that plans of care for all residents are current and appropriate. This shall include the prearranged discharge plan.</p> <p>13. The administrator shall ensure that all deficient practices cited by the Department are corrected in a timely manner and that corrections are maintained.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, Employee Identifier (EI)#1, the administrator, failed to</p>	A 303		

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A 303	<p>Continued From page 6</p> <p>adequately perform her duties to ensure the proper and safe management of the day to day operations of the facility.</p> <p>Findings:</p> <p>On the morning of July 9, 2025, an on-site allegation was made of a card of 9 (nine) hydrocodone for Resident Identifier (RI)#1 went missing and EI#1 just ordered two more cards without investigating what happened.</p> <p>Based on this allegation the count of all controlled substances was verified and controlled substance disposition forms were reviewed. The review of these disposition forms revealed nineteen occurrences of controlled medications not administered to residents and not witnessed by another staff member. This review also revealed seven doses of oxycodone were flushed without a witness to what actually became of those seven doses of oxycodone. Also twenty-two doses of tramadol 50 mg had no documentation of what became of the twenty-two doses of the controlled substance. Refer to deficiency 616 for additional information.</p> <p>On the afternoon of July 10, 2025, EI#1 was asked about the nineteen occurrences of EI#2, a care assistant, not having a witness to medications that were allegedly wasted after being dropped or sent with residents. EI#1 said she did not know that she should have noticed one staff member was not having the wasted medications witnessed. EI#1 marked a controlled medicine as "Lost" without knowing what became of the drug, without investigating what EI#2 told her. EI#1 said if there is no witness, there is no way to verify what happened to the medications. EI#1 did not know what drug diversion was or that</p>	A 303		

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A 303	Continued From page 7 she should be monitoring the handling of controlled substances. EI#1 acknowledged she was responsible for the safekeeping of resident medications.	A 303		
A 616	420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents. (k) Medications kept under the control or custody of an assisted living facility shall be packaged by the pharmacy and shall be maintained by the facility in unit dose packaging. Medications kept under the control or custody of an assisted living facility that are not available in unit dose packaging must be packaged by the pharmacy and administered by a physician, RN, or LPN or self-administered with assistance under the total control and direction of the resident. (l) Unless a resident can and does self-manage his or her own medications, an assisted living facility shall require each resident to use a single pharmacy. This does not apply to emergency pharmacy services. All residents need not use the same pharmacy that is used by other residents unless express policy of the assisted living facility provides otherwise and all residents are informed of such policy and provided a copy of such policy prior to or at the time of admission. The assisted living facility shall require pharmacies used for medication supply for residents not self-managing their medications to review all ordered medication regimens for possible errors or adverse drug interactions and to advise the facility and the prescribing health care provider when these are detected. (m) If controlled substances prescribed	A 616		

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A 616	<p>Continued From page 8</p> <p>for residents of any assisted living facility are kept in the custody of the assisted living facility, they shall be stored in a manner that is compliant with state and federal laws, the requirements of the Alabama State Board of Pharmacy, and any requirements prescribed by the State Board of Health. At a minimum, controlled substances in the custody of the facility shall be stored using a double lock system, under proper temperature and humidity controls and permit only authorized personnel access. The facility shall maintain a system to account for all controlled substances in its possession. All other medications in the custody of the facility shall be stored using at least a single lock, under proper temperature and humidity controls and permit only authorized personnel access. This shall include medications stored in a resident's room when the staff and not the resident have access to the medications. Medications may be kept in the custody of an individual resident who can safely manage his or her medications. Such medications may be stored in a locked container accessible only to the resident and staff, or may be stored and secured in the resident's living quarters, if the room is single occupancy and has a locking entrance.</p> <p>(n) Medication administration or medication assistance records and written physician orders for all over-the-counter drugs, legend drugs, and controlled substances shall be retained for a period of not less than three years. They shall be made available for inspection at reasonable times by residents, anyone authorized by the resident, and by the sponsors of residents.</p> <p>(o) Labeling of Drugs and Medicines. All containers of prescribed medicines and drugs shall be labeled in accordance with the rules of</p>	A 616		

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A 616	<p>Continued From page 9</p> <p>the Alabama State Board of Pharmacy and shall include appropriate cautionary labels, such as, "Shake Well," or "For External Use Only."</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain a system to account for all controlled medications in it's possession.</p> <p>Findings:</p> <p>An on-site complaint alleged narcotics were unaccounted for.</p> <p>On the morning of July 9, 2025, an observation of a count of all narcotics was conducted by EI#2. At the conclusion of the count, EI#2 was asked for the disposition forms for RI#1's oxycodone for dates June 6, 2025, through July 1, 2025. EI#2 said, "We are missing a sheet. Sometimes they get put in the wrong place." EI#1 approached and was asked why the oxycodone disposition sheet cannot be found. EI#1 said she did not know why.</p> <p>RI#1 was admitted to the facility on June 18, 2020, with diagnoses to include congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), schizophrenia, anxiety and early onset dementia, Alzheimer's type. RI#1's prescriptions included clonazepam 1 mg (milligram) every six hours as needed for anxiety; alprazolam 0.5 mg every day as needed for anxiety/agitation; Oxycodone/APAP 10-325 mg every six hours as needed for pain; and tramadol 50 mg every six hours as needed for moderate pain. From April 17, 2025, through July 8, 2025,</p>	A 616		

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A 616	<p>Continued From page 10</p> <p>El#2 had eleven occurrences of RI#1's medications dropped, wasted or sent out of the facility without a witness of what became of the controlled substances. On July 2, 2025, El#2 recorded seven doses of oxycodone were flushed without a witness to what actually became of those seven doses of oxycodone.</p> <p>RI#2 was admitted to the facility on February 9, 2024, with diagnoses to include debility due to acute inflammatory neuropathy versus transverse myelitis, Parkinsons disease and Lewy body dementia. RI#2's prescriptions included hydrocodone/APAP 10-325 mg 1/2-1 tablet every six hours as needed for pain. From June 5, 2025, through July 7, 2025, El#2 had four occurrences of RI#2's medications dropped on the floor or sent out with the resident without a witness of what became of the four doses of the controlled substance.</p> <p>RI#3 was admitted to the facility on February 21, 2024, with diagnoses to include hypertension, atrial fibrillation and degenerative disc disease. RI#3's prescriptions included lorazepam 1 mg every eight hours as needed. From May 22, 2025, through May 27, 2025, El#2 had two occurrences of RI#3's medication dropped on the floor and dropped down the sink drain without a witness of what became of the two doses of the controlled substance.</p> <p>RI#4 was admitted to the facility on February 19, 2025, with diagnoses to include ischemic stroke, atrial fibrillation and osteoarthritis. RI#4's prescriptions included gabapentin 100 mg capsule every night at bedtime and tramadol 50 mg every six hours as needed for moderate pain. From March 19, 2025, through April 14, 2025, El#3, a care assistant, had one occurrence of a</p>	A 616		

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A 616	<p>Continued From page 11</p> <p>capsule being dropped without a witness of what became of the dose of the controlled substance. On May 2, 2025, RI#4 had 22 doses of tramadol 50 mg with a note on the disposition form that read, "Destroy med (medication) D/C (discontinue) 5/2/25". There was no documentation of what became of the 22 doses of the controlled substance.</p> <p>RI#5 was admitted to the facility on September 9, 2024, with diagnoses to include hypertension, gastric esophageal reflux disease, diabetes mellitus and chronic renal failure. RI#5's prescriptions included tramadol 50 mg every six hours as needed for moderate pain. From May 8, 2025, through May 23, 2025, EI#2 had two occurrences of RI#5's medication dropped without a witness of what became of the two doses of the controlled substance.</p> <p>On the afternoon of July 10, 2025, EI#2 was asked about counts of narcotics and witnesses. EI#2 explained at shift change two people count, one person counts what is locked in the cart and the other checks the book (with the disposition forms). EI#2 added when destroying a medication, like if it was dropped and it had to be flushed, you would get a second person to witness. EI#2 said if no one is available the medicine should be put in an envelope and locked in EI#1's office. EI#2 added then you get a witness and put it in destruction bottle with deactivating charcoal. EI#2 was asked where that witness is documented. EI#2 said it should be initialed on the disposition form with a single line drawn through it with an explanation of what happened. EI#2 said, "We got lazy it has not been done lately." EI#2 was asked how could anyone know what she did with a medicine if there is no witness. EI#2 responded, "I can't</p>	A 616		

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A 616	<p>Continued From page 12</p> <p>explain that because I don't know." When asked why a witness signature was not on the disposition sheets, EI#2 repeated we get lazy and get in a hurry. EI#2 was asked about clonazepam and alprazolam that she did not have witnessed, she responded, "If I had known it would get me in trouble, I would have followed the rule." EI#2 was asked, without a witness how could she prove what occurred, she (EI#2) said she could not.</p> <p>NOTE: EI#2 had nineteen occurrences of controlled substances allegedly dropped or sent out with a resident, without a witness of what actually became of those nineteen doses. Only one other instance of this type occurred by another employee.</p> <p>On the afternoon of July 10, 2025, EI#1 was asked how many times EI#2 dropped a medication or documented a resident took the medication out of the building with them. EI#1 said nineteen. EI#1 said if a resident takes a narcotic with them out of the building, staff that remain in the building cannot watch the medication being taken. EI#1 was asked about a medication that she had documented as lost. EI#1 said EI#2 told her that she had left an alprazolam 0.5 mg on the medication cart for EI#1 to give to RI#1 later. EI#1 marked the alprazolam as "Lost". EI#1 agreed the medication was not secured. When asked what she did to try to determine what happened to the pill, EI#1 answered she called EI#2. She did not investigate. EI#1 said she did not know that she should have noticed one person was dropping pills.</p> <p>On the afternoon of July 10, 2025, EI#8, the owner, said nineteen medications not being secured was not acceptable.</p>	A 616		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D1604	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/10/2025
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NAME OF PROVIDER OR SUPPLIER SERENITY SOUTH ENTERPRISE SENIOR LIVING II	STREET ADDRESS, CITY, STATE, ZIP CODE 203 WYNN ROAD ENTERPRISE, AL 36330
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(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 616	Continued From page 13 THERESA HARRISON, REGISTERED NURSE	A 616		