



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality

Office of Long Term Care
Residents Protection

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: AL- Serenity Gardens

DATE SURVEY COMPLETED: September 24, 2024

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES
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<p>3225.0</p> <p>3225.12.0</p> <p>3225.12.1</p> <p>3225.12.1.3</p> <p>S/S - F</p>	<p>An unannounced Annual Survey was conducted at this facility from September 23, 2024 through September 24, 2024. The facility census on the first day of the survey was thirteen (13). The survey sample size totaled five (5). The deficiencies contained in this report are based on observations, interview and review of other facility documentation as indicated.</p> <p>Abbreviations/definitions used in this state report are as follows:</p> <p>DON - Director of Nursing. ED – Executive Director; RCA – Resident Care Assistant; UAP – Unlicensed Assisted Personal.</p> <p>Assisted Living Facilities</p> <p>Services</p> <p>The Assisted living Facility shall ensure that:</p> <p>Food service complies with the Delaware Food Code:</p> <p>Delaware Food Code</p> <p>Based on observations, interview, and review of other facility documentation it was determined that the facility failed to comply with the Delaware Food Code. Findings include:</p> <p>2-102.12 Certified Food Protection Manager (A) At least one employee, the PERSON IN CHARGE at the time of inspection, shall be a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM.</p>	<p>A. A certified food protection manager was not on site at the time of inspection.</p> <p>B. Individuals that are not trained in food protection or supervised by a Certified Food Protection Manager may serve or store food at unacceptable temperatures increasing the risk of food borne illness.</p> <p>C. A Food Protection Manager was hired and has successfully completed the ServSafe Manager course by an accredited program on 10/4/24. The contracted staff was issued a Certificate. All applicable staff were</p> <p>10/4/2024</p>
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Provider's Signature M. Bressi RN Title ED Date 10/10/24



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<p>3225.14.0</p> <p>3225.14.1</p>	<p>9/24/24 -- During the survey of the facility at approximately 11:45 AM the surveyor observed that no employee in the kitchen at the time of food service had a Food protection manager certification.</p> <p>9/24/24 - During an interview with E1 (ED), at approximately 11:45 AM, E1 confirmed the findings.</p> <p>3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under §3-501.19, and except as specified under ¶ (B) and in ¶ (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57oC (135oF) or above, except that roasts cooked to a temperature and for a time specified in ¶ 3-401.11(B) or reheated as specified in ¶ 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; P or (2) At 5oC (41oF) or less. P (B) EGGS that have not been treated to destroy all viable Salmonellae shall be stored in refrigerated EQUIPMENT that maintains an ambient air temperature of 7°C (45°F) or less.</p> <p>9/24/24 -- During the survey of the facility at approximately 11:45 AM, 63% of temperatures were unavailable for the month of May and 15% of temperatures were unavailable for the month of June. 9/24/24- Findings were reviewed with E1 and E2 (DON) at approximately 12:45 PM.</p> <p>Resident Rights</p> <p>Assisted living facilities are required by 16 Del.C. Ch. 11, Subchapter II, to comply with</p>	<p>enrolled and are in the process of completing the Food Handlers Course by an accredited program.</p> <p>D. ED or ED representative will audit the schedule and the physical kitchen prior to meal time to ensure at least one Accredited individual is over seeing meal preparation until 30 days of compliance is reached.</p> <p>A. Facility staff failed to document on temperature log a significant amount of the time</p> <p>B. Without proper and consistent documentation of temperatures, food could be at risk of spoilage</p> <p>C. Temperature logs will be maintained and updated daily to ensure safe food handling practices are followed. Applicable staff in serviced 9/24/24 on proper, consistent documentation of temperatures and Time/Temperature Control for safety food, hot and cold holding.</p> <p>D. ED or ED representative will audit the logs daily until 100% compliance is achieved x30 days. Certified Food Protection Manager will ensure compliance after the initial audit.</p>	<p>10/15/2024</p>

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<p>Del.C. Ch 11, Subchapter II - § 1121. Resident's rights.</p> <p>§ 1123. Notice to patient.</p> <p>S/S - E</p>	<p>the provisions of the Rights of Patients covered therein.</p> <p>(b) Copies of § 1121 of this title shall be furnished to the resident upon admittance to the facility; all residents currently residing in the facility; and the authorized representative under § 1122 of this title. The long-term care facility shall retain in its files a statement signed by each person listed in this subsection that the person has received a copy of § 1122 of this title.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview, it was determined for five (R1, R2, R3, R4 and R5) out of five residents reviewed for updated resident rights notification, the facility failed to ensure that the resident or resident representative was notified and signed off on the updated resident rights. Findings include:</p> <p>The Resident Rights form (updated September 2023) required each resident or resident representative to sign and date acknowledging the receipt of a copy of the Resident Rights.</p> <p>1. 3/12/18 – R1 was admitted to the facility. The facility was unable to provide any documentation of R1 or R1's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>2. 8/3/23 – R2 was admitted to the facility. The facility was unable to provide any documentation of R2 or R2's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>3. 3/12/24 – R3 was admitted to the facility. The facility was unable to provide any</p>	<p>A. Facility lacked documentation that residents and their representatives were provided with the updated Resident Rights.</p> <p>B. It is critical to inform residents of their rights verbally and in writing, in a language they understand.</p> <p>C. These notices were emailed, but not signed and returned. Another copy was provided on 9/24/24 and emailed 10/4/24 to each resident and their representative while getting their signature of receipt. New residents and their representatives will receive their copy in the admission paperwork with a signature page.</p> <p>D. Each resident will receive and sign off on the receipt of Resident Rights. ED or ED representative will audit each chart to ensure all residents received a copy and will verbally explain resident rights with the group as an activity. Audit will reveal 100% compliance.</p>	<p>10/31/2024</p>

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<p>3225.17.0</p> <p>3225.17.2</p> <p>3225.17.2.1</p> <p>S/S - B</p>	<p>documentation of R3 or R3's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>4. 2/24/24 – R4 was admitted to the facility. The facility was unable to provide any documentation of R4 or R4's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>5. 7/30/19 – R5 was admitted to the facility. The facility was unable to provide any documentation of R5 or R5's resident representative being notified and signing off on the updated Resident Rights form.</p> <p>9/24/24 – Per interview with E1 (ED) at approximately 8:15 AM, E1 confirmed the updated resident rights had not been provided to the residents.</p> <p>9/24/24 – Findings were reviewed with E1 and E2 (DON) at the exit conference beginning at approximately 2:00 PM.</p> <p>Environment and Physical Plant</p> <p>Assisted living facilities shall:</p> <p>Be in good repair.</p> <p>9/24/24 – During the survey of the facility at approximately 12:30 PM, the surveyor observed the sidewalk to the left of the entrance and the steps to the porch needing repair as evidenced by the cement separating.</p> <p>9/24/24- Findings were reviewed with E1 (ED) and E2 (DON) at approximately 12:45 PM.</p>	<p>A. The sidewalk to the left of the entrance of the facility and the steps to the porch needed repair for the cement separating from the slab.</p> <p>B. This condition creates an environment that could be detrimental to resident, staff, and visitors.</p> <p>C. The sidewalk to the left of the entrance and the steps to the porch</p> <p>10/9/2024</p>

Provider's Signature H Bressi RN

Title ED

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		<p>were both filled with foam and wire then covered with concrete and smoothed out to form a smooth finish. This was completed by the mason on 10/9/2024</p> <p>D. A documented daily physical plant inspection audit by ED or ED representative will take place x30 days to ensure the facility is compliant and recognizes and addresses any facility needs in a timely manner to provide a safe environment for residents, staff and visitors. A weekly walk through, documented audit will take place moving forward.</p>

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