

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

STATE SURVEY REPORT

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DATE SURVEY COMPLETED: September 29, 2022

AME OF FAC	STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
SECTION	SPECIFIC DEFICIENCIES	CORRECTION OF BELLEVI	
SECTION			
	An unannounced Annual Survey was conduct-		
	The state of the s		
	of other facility documentation as indicated.		
	Abbreviations/definitions used in this state	4	
	report are as follows:	+)	
	report are so is		
	DON: Director of Nursing.		
	Assisted Living Facilities		
3225	Services		
3225.12.0			V
3223.12.0	The Assisted living Facility shall ensure that:		
3225.12.1	Food service complies with the Delaware		
	Food Code:		
3225.12.1.3			
	3-302.11 Packaged and Unpackaged Food		
	Separation, Packaging, and Segregation.		
	Separation of the separation o	3-302.11 Packaged and Unpackaged Foo	d
	(A) FOOD shall be protected from cross con-	3-302.11 Packaged and Supplemental Segregation Separation, Packaging, and Segregation	•
	tamination by:	- Separation,	
	(1) Except as specified in (1)(d) below, sepa-		
	rating raw animal FOODS during storage,		
	rating raw animal roops damb	the deficient	
	preparation, holding, and display from:	Residents affected by the deficient	
	(a) Raw READY-TO-EAT FOOD including other	practice.	
	- I COOD GUCH AS FISH IOI SUST	No resident was directly affected by	ne
	THE CAN SHELLEISH, OF OTHER TAW NEAD.	deficiency in food storage	
	TO-EAT FOOD such as fruits and vegetable;		
		Other residents having potential t	0
	(b) Cooked READY-TO-EAT FOOD;	be affected.	
	hafare they are		
	(c) Fruits and vegetables before they are	All residents have potential for being	
	washed;	adversely affected.	
	(d) Frozen, commercially processed and		
	t animal FULLD IIIay be see		- mod
	displayed with or above frozen, commercial	The storage of unpasteurized eggs st	oreu
			te 11182
THE STATE OF THE S	Signature HBresoi RN	Title 7/1/1/VIV	

DELAWARE HEALTH AND SOCIAL SERVICES Division of Health Care Quality Office of Long Term Care Residents Protection

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NAME OF FACILITY: Serenity Gardens Assisted Living

DATE SURVEY COMPLETED: September 29, 2022

	CILITY: Serenity Gardens Assisted Living STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION
SECTION	STATEMENT OF DEFICIENCIES	above desserts in the kitchen refrigerator was corrected immediately upon findings shared. Unpasteurized eggs now stored on bottom shelf of refrigerator Re In-servicing was conducted with food service staff 11/9/22 Monitoring. The Executive Director in conjunction with food service personnel will do random audits of the kitchen at minimum 3 X week X 30 days. Findings will be documented on a log and included in Quality Assurance meeting and review. Satisfactory compliance will be met having one month of no deficiency notations to meet 100% compliance. The Executive Director in conjunction with food service personnel will do random audits of the kitchen at minimum 1 X week X 30 days. Findings will be documented on a log and included in Quality Assurance meeting and review Satisfactory compliance will be met having one month of no deficiency notations to meet 100% compliance. The Executive Director in conjunction with food service personnel will do random audits of the kitchen at minimum 1 X week X 30 days. Findings will be met having one month of no deficiency notations to meet 100% compliance. The Executive Director in conjunction with food service personnel will do random audits of the kitchen at minimum 1 X per month X 3 months. Findings will be documented on a log and included in Quality Assurance meeting and review. Satisfactory compliance will be met having one month of no deficiency notations to meet 100% compliance will be met having one month of no deficiency notations to meet 100% compliance. Completion date.	9/29/22
		April 18, 2023	

Provider's Signature HBresou RN