

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Serenity Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1134 Cheney Dr West Twin Falls, ID 83301	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52524</p> <p>Based on observations and interviews, it was determined that the facility failed to treat each resident with respect and dignity. This was true for a) 2 of 5 residents (#22 and #45) who had uncovered urinary drainage bags and b) 1 of 19 Residents (Resident #50) who was addressed by a room number not her name. This deficient practice had the potential for residents to experience embarrassment, and low feelings of self-worth. Findings include:</p> <p>a) The following was observed for uncovered urinary drainage bags.</p> <p>Resident #22 was admitted on [DATE], with multiple diagnoses including pneumonia and urinary tract infection.</p> <p>On 4/29/25 at 9:34 AM, Resident #22's urinary drainage bag was uncovered and visible from the open doorway of his room.</p> <p>On 5/1/25 at 8:26 AM, the DON stated the urinary drainage bag should have been covered and was not.</p> <p>Resident #45 was admitted on [DATE], and readmitted on [DATE], with multiple diagnoses to include sepsis (a life-threatening condition that occurs when the body's response to an infection injures its own tissues and organs).</p> <p>On 4/29/25 at 10:58 AM, Resident #45's urinary drainage bag was uncovered and visible from the open doorway of his room.</p> <p>On 5/1/25 at 8:26 AM, the DON stated the urinary drainage bag should have been covered and was not.</p> <p>b) The following was observed for addressing resident by room number and not her name.</p> <p>Resident #50 was admitted to the facility on [DATE] with multiple diagnoses including diabetes and major depressive disorder.</p> <p>On 4/30/25 at 7:30 AM, observed Resident #50 in the hallway with LPN #2 who stated, take 21 back in her room so meds can be given.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/1/25 at 9:34 AM, the ADON stated all residents should be addressed by their name not their room number and was not.</p>

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50983</p> <p>Based on policy review, observation, record review, and interviews, it was determined the facility failed to ensure 1 of 1 resident (Resident #28), was assessed and evaluated for cognitive and physical ability to self-administer medications. This failure created the potential for adverse outcomes if Resident #28 self-administered medication inappropriately. Findings include:</p> <p>The facility's policy, Resident Self-Administration of Medication dated 12/16/24, documented a resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely.</p> <p>Resident #28 was admitted to the facility on [DATE], with multiple diagnoses including chronic kidney disease, COPD (a progressive lung disease making it hard to breath), and immunodeficiency (when a body's immune system is more susceptible to infections).</p> <p>On 4/29/25 at 10:38 AM, observed an open, uncapped bottle of Icy Hot (a topical pain relief medication) on Resident #28's bedside table. Resident #28 stated he uses the Icy Hot for the pain in his shoulder.</p> <p>Resident #28's medical record did not document a self-administration assessment for the Icy Hot.</p> <p>On 4/29/25 at 4:30 PM, the CCO stated there should be a self-administration assessment for the Icy Hot and there was not.</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51121</p> <p>Based on observation, record review, and interview, it was determined the facility failed to ensure a baseline care plan was developed and implemented to include resident sleep apnea equipment needs. This was true for 1 of 19 residents (Resident #164) reviewed for baseline care plans. This failure placed residents at risk of negative outcomes if services were not provided or provided incorrectly due to lack of information in their care plans. Findings include:</p> <p>Resident #164 was admitted to the facility on [DATE], with multiple diagnoses including obstructive sleep apnea and bipolar disorder.</p> <p>On 4/29/25 at 8:29 AM, observed a continuous positive airway pressure (CPAP) device in Resident #164's room on his bedside table.</p> <p>On 4/29/25 at 8:30 AM, Resident #164 stated nursing staff help him put his CPAP on each night.</p> <p>Resident #164's baseline (initial) care plan dated 4/24/25, had not documented he uses a CPAP nightly.</p> <p>Resident #164's medical record had not documented a physician order to use his CPAP nightly.</p> <p>On 4/30/25 at 11:20 AM, the Chief Clinical Officer stated nursing staff failed to request a physician's order and care plan the CPAP upon Resident #164's admission.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51121</p> <p>Based on record review, Hoyer lift manual review, interview, and review of the facility's investigation report, it was determined the facility failed to ensure resident safety during Hoyer lift transfers. This was true for 1 of 8 residents (Resident #174) whose record was reviewed for falls. This resulted in harm to Resident #174 when a proper Hoyer lift transfer was not provided. Findings include:</p> <p>Joerns Hoyer User Instruction Manual undated, documented under Warnings, always plan your lifting operations before commencing.</p> <p>Resident #174 was admitted to the facility on [DATE], with multiple diagnoses including dementia and anxiety.</p> <p>On 7/21/24 at 6:26 PM, Resident #174 fell out of a Hoyer lift during transfer resulting in left superior and inferior pubic fractures.</p> <p>On 4/30/25 at 2:15 PM, the DON stated during the Hoyer lift process with Resident #174 on 7/21/24, one of the Hoyer lift legs became stuck under the closet door causing a sling strap webbing loop to slip off one of the Hoyer lift 6 point loop connections. The DON also stated the CNA's should have moved furniture and planned better before starting the Hoyer lift transfer with Resident #174 and did not.</p> <p>These findings represent past non-compliance with this regulatory requirement. The facility did the following:</p> <ul style="list-style-type: none"> -Resident representative was notified. -DON conducted a Hoyer lift training with the staff on duty the day of the incident. -All staff were given an in-service training Hoyer lift safety procedures, proper transfer procedures, the need to rearrange furniture to allow for safe transfer. Training completed on 7/25/24. -Plan put in place to make sure all new transfer slings were washed prior to first usage. <p>There was sufficient evidence the facility corrected the non-compliance as of 7/25/24 as there were no further Hoyer lift incidents reported after this date.</p> <p>At the time of the survey, the facility was in substantial compliance and therefore does not require a plan of correction.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>52524</p> <p>Based on record review and staff interviews, it was determined the facility failed to ensure controlled medications were tracked and kept secure from potential theft and/or diversion. This was true for 2 of 4 medication carts reviewed. This failure created the potential for undetected misuse and/or diversion of controlled medications and had the potential to affect all residents who received controlled medication in the facility. Findings include:</p> <p>On 4/28/25 at 1:50 PM, during [NAME] hall medication cart audit, observed the Narcotic Accountability Record, dated 4/8/25 to 4/28/25, with 11 licensed nurse signatures not documented.</p> <p>On 4/28/25 at 1:53 PM, LPN #3 stated two nurses should have signed the Narcotic Accountability Record when they accepted the medication cart or released the medication cart.</p> <p>On 4/30/25 at 7:55 AM, during East hall medication cart audit, observed the Narcotic Accountability Record, dated 4/15/25 to 4/30/25, with one licensed nurse signature not documented.</p> <p>On 4/30/25 at 7:57 AM, the ADON stated two nurses should have signed the Narcotic Accountability Record when they accepted the medication cart or released the medication cart.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52524</p> <p>Based on observations and staff interviews, it was determined the facility failed to ensure medications and lab draw supplies were properly stored in a locked compartment, and biologicals were labeled when opened. These deficient practices created the potential for undetected access to medications by unauthorized personnel and use of expired biologicals. Findings include:</p> <p>1. The following was observed for unlocked medication cart.</p> <p>On [DATE] at 9:52 AM, observed the lab draw cart located on the East hall was unlocked.</p> <p>On [DATE] at 9:58 AM, LPN #1 stated the lab draw cart contained needles and draw tubes and it should have been locked but was not.</p> <p>On [DATE] at 11:38 AM, observed the [NAME] hall nursing medication cart was left unlocked without a nurse present.</p> <p>On [DATE] at 11:42 AM, RN #1 stated the medication cart should not have been left unlocked.</p> <p>On [DATE] at 1:42 PM, observed [NAME] hall medication cart had been left unlocked and unattended.</p> <p>On [DATE] at 1:44 PM, RN #1 stated the medication cart should have been locked when left unattended.</p> <p>2. The following was observed for biologicals.</p> <p>On [DATE] at 8:11 AM, observed one set of glucose test solutions were not dated when opened.</p> <p>On [DATE] at 8:12 AM, the ADON stated the glucose test solution was not dated when opened and should have been.</p> <p>On [DATE] at 9:18 AM, the DON stated glucose test solution bottles should be dated when opened and discarded after three months per manufacturer recommendations and were not.</p> <p>51121</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50983</p> <p>Based on review of the FDA Food Code, observation, and interview, the facility failed to appropriately store, distribute, and label foods. This deficient practice had the potential to affect all residents who received meals prepared in the facility's kitchen. This placed residents at risk for potential contamination and use of spoiled foods, and adverse health outcomes including food-borne illnesses. Findings include:</p> <p>The FDA Food Code revised 2022, documents Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking . refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days.</p> <p>On 4/28/25 at 9:45 AM, observed the following in the walk-in refrigerator with the CDM present:</p> <ul style="list-style-type: none"> - Ham with use by date of 4/25/25. - Roll of sausage with a use by date of 4/19/25. - Open bag of lettuce not properly sealed. - Sliced cheese was not properly sealed. <p>The CDM stated the ham and sausage should have been used or discarded by the use by date and the lettuce and cheese should have been properly sealed.</p> <p>On 4/28/25 at 9:50 AM, observed the following in the dry food storage area with CDM present:</p> <ul style="list-style-type: none"> - Granola in a plastic container with a use by date of 3/31/25. - Corn Flakes in a plastic container with a use by date of 4/20/25. <p>On 4/28/25 at 9:52 AM, the CDM stated the granola and corn flakes should have been used or discarded by the use by date.</p>		