

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/05/2021
NAME OF PROVIDER OR SUPPLIER SERENITY LIVING #3		STREET ADDRESS, CITY, STATE, ZIP CODE 2129 MCCRAW ROAD MOORESBORO, NC 28114		
(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
C 000	Initial Comments The Adult Care Licensure Section and the Cleveland County DSS completed an annual survey on 05/04/21 and 05/05/21.	C 000		
C 034	10A NCAC 13G .0302(n) Design and Construction 10A NCAC 13G .0302 Design and Construction (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure there was a current fire inspection report available for review. The findings are: Telephone interview with the Administrator on 05/04/21 at 12:06pm revealed: -He was responsible for making sure the inspections were completed. -The last fire inspection was completed on 07/19/19 before he became the Administrator in September 2019. -He was responsible for notifying the fire marshal by 07/19/20, but he did not because of COVID-19 and he did not think the fire marshal was completing inspections at that time. -He did not notify the fire marshal's office to inquire if or when the inspections would be completed. Review of the county Fire Marshall inspection report dated 07/19/19 revealed an inspection was	C 034		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Maisha H...

TITLE

Administrative

(X6) DATE

6/14/21

STATE FORM

6899

Y2M911

If continuation sheet 1 of 27

Reviewed and acknowledged along with amended version attached on 07/23/21.

DMS

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C 034	Continued From page 1 completed on 07/19/19 and there were no violations to the Fire Code of the State of North Carolina was documented. Telephone interview with the County Fire Marshall on 05/05/21 at 8:33am revealed: -The Inspector was last at the facility on 07/19/19. -There were no concerns documented on the inspection report. -There should be annual fire and safety inspections done for the facility. -The facility was responsible to contact the Fire Marshall office regarding scheduling an annual fire inspection. -There was no documentation regarding the facility contacting the office for a fire and safety inspection for 2020 or 2021. Review of the facility's Fire Drill Rehearsals revealed. -A fire evacuation drill was documented on 03/13/21 during second shift for one staff and two residents. -Evacuation time was documented it took 26 seconds for the 3 people to exit the facility	C 034		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes.	C 074	To be in compliance with rule 10A NCAC 13G .0315(a) Housekeeping and Furnishing. Due to the fact that I am leasing this property the heating register can not be removed due to the own distress. The finding that was noted was in Staff Quarters. And no residence is allowed in this space.	7-30-21

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C 074	Continued From page 3 Observation of the kitchen on 05/04/21 at 12:43 revealed. -The top cooking utensils drawer had 3 black plastic cooking utensils in it and the drawer had dirt, unknow debris and a used turkey thermometer in it. -The coffee maker and pot was covered in grime. -The floor register had black grime around the edges. -The lower cabinet to the left of the refrigerator had dirt and grime inside the cabinet. -The cabinet door under the sink was missing. -The floor under the cabinet to the left of the refrigerator had grime and black stained area. Observation of a resident's bedroom on 05/05/21 at 10:48am revealed. -The door knob was missing. -The door had peeling paint, dirt and grime on it. -There were 8 cigarette tubes (a pre-rolled cigarette papers without any tobacco) crushed on the floor. -There were 4 areas on the floor with black stains. -There was a red solo cup on the dresser containing a white solidified substance with mold -There was a black cup containing a brown liquid with whitish film floating in the cup. -There was dirt and dust on the top of the dresser. -There was popcorn, dirt and other unknown particles on the floor and under the beds. -The base boards in the room were moderately covered in dirt, grime and stains. -There was a 2-liter bottle located behind the chair with an approximately 1 inch of black liquid and tobacco. -There was a 20 oz. bottle located on the dresser, full with a black liquid and tobacco. -There was a red cup on the nightstand with a	C 074	The common dining area was professional cleaned to get the dark stains out of the carpet. The kitchen was fully cleaned all cabinets and cabinets was cleaned set in deep down. The cabinet door under the sink was replaced and a new coffee maker was purchase to replace to old coffee maker. To address the issue with resident bedroom. A new lock was placed on the resident's door to replace to one that was taking off. Administrator advised all resident that there was to be No eat or drinking in bedroom. Administrator advised staff to stop all residents from eat and drinking in bedroom. Staff will monitor and check to see if residents have any kind of food and drink in their rooms.	7-30-21

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C 074	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to keep the facility clean and in good repair in a staff bedroom, resident common bathroom, common living room, kitchen, and the medication room.</p> <p>The findings are:</p> <p>Observation of the staff bedroom on 05/04/21 at 8:32am revealed: -On the left wall, there was an old heating register unattached from the wall on one end. -There was a queen size bed frame, headboard and footboard with a twin box spring on it. -There was a queen size airmattress on the floor to the right of the twin bed frame with a flat sheet, blanket and three pillows without pillowcases laying on the bed air mattress. -The carpet was dirty and had stains in several areas. -There was a glass bowl and paper on the floor.</p> <p>Observation of the common bathroom off the lower hallway on 05/04/21 at 8:36am revealed: -There was a moderate layer of soap scum coating the sides and the bottom of the bathtub. -There was moderate amount of mildew along the top of the bathtub. -There was a moderate amount of mildew in the corners the ceramic tiles of the bathtub walls. -There was a moderate amount of mildew around the sink drain.</p> <p>Observation of the common living room on 05/04/21 at 8:37am revealed the carpet had dirt and multiple dark soiled areas.</p>	C 074	<p>The items located in this room is extra furniture that has been stored in that area of the facility. No resident is allowed in this area of the house. So I don't understand why this rule isn't met. Because in all resident room all furnishing, walls, ceiling, and floors are in good repair. To address the other items such as resident common bathroom. The administrator had a outside contractor to clean and scrape the old gout out from around the tub and replaced it with new gout and molding. The contractor removed all the soap scum around the base of the tub and walls. To assure the bath tub maintain clean and sanitary. Administrator had a meeting with all staff to enforce the rules and expectations on keep the facility clean.</p>	7-30-21

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C 078	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Type B Violation</p> <p>Based on observations and interviews, the facility failed to be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards related to deteriorations.</p> <p>The findings are:</p> <p>Observation of the metal railing going up to the facility's front steps on 05/04/21 at 8:00am revealed the parallel posts supporting the railing were rusted and had deteriorated to the point they would no longer touching the cement to provide support.</p> <p>Interview with the Administrator on 05/04/21 at 2:31pm revealed: -The railings at the front door were rusted since 08/15/19. -He reported them to the owners on 01/10/20 and was told they were "grand-fathered in" and they did not need to be replaced. -It was the responsibility for the owners to replace the railing.</p> <p>Interview with a Supervisor-in-Charge (SIC) On 05/04/21 at 10:35am revealed: -The railing was rusted since August 2019. -The Administrator told her the owners were responsible for replacing the railing. -There had not been anyone come out and give the Administrator or the owners a quote to fix the railing.</p> <p>Telephone interview with the County Fire Marshall on 05/05/21 at 8:33am revealed:</p>	C 078	<p>If for any reason a resident would bump or fall on the railing it is Steading and would be able to hold their baby's weight. The new railing should prevent all residents from causing any bodily harm. To assure the railing maintain and stay in good repair the administrator will do a monthly check to see if there is any wear and tear.</p>	6/14/21

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C 074	Continued From page 4 black liquid and mold floating in the cup. -There were used facemasks and trash along the baseboard on the back side of the two beds. -There was a hole approximately 3" in the left side room wall. -There was a hole approximately 3" in the left side room wall behind the door, level with the doorknob that was missing from the door. -There were pieces of the blinds missing on 3 of the 4 window coverings. Observation of the medication room on 05/05/21 at 10:59am revealed: -There were two office chairs with the plastic material peeled off the chairs. -The carpet was soiled, stained and had unknown loose particles on the floor. Interview with a resident on 05/05/21 at 10:50am revealed: -She locked herself out of her room about 6 months ago and the Administrator had to break off the door knob in order to get back in her room. -The Administrator did not replace the door knob. -She wanted a door knob to help provide privacy.	C 074		
C 078	10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall. (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. This Rule shall apply to new and existing homes.	C 078	To be in complaint with rule 10A NCAC 13G .0315 (a)(5) Housekeeping and Furnishing. A New porch rail was installed to assure residence safety. Residents should feel safe with the new wood railing. The new wood railing was built to replace the existing railing along the side porch.	7-30-21

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C 078	<p>Continued From page 7</p> <p>on 05/05/21 at 8:40am revealed: -The back door was considered one of two fire escape exit doors at the facility. -If the flooring at the back door was soft and open, then it could cause an injury if someone was trying to get out of the back door during a fire and cause a delay in evacuation. -The door should not contain an obstacle and the hole in the floor was considered an obstacle.</p> <p>Review of the County Health and Sanitation Report written on 01/15/20 revealed: -A dement of 1 for lighting and ventilation. -Recommended that air filter be replaced monthly.</p> <p>Observation on the lower hallway just outside of the kitchen and dining room on 05/04/21 at 8:34am revealed: -The largest cold air return was in the floor just outside of the kitchen and dining room area -There was an approximate 2' X 3' metal grate covering the air return that was clogged with lint, dirt, dust and grime. -The air filter under the grate was filled with lint, dust and debris the filter itself was not visible. -The air return was not level to the floor exposing a trip hazard. -The flooring around the air return was not level and could cause a trip hazard.</p> <p>Observation of the center hallway to 3 resident's rooms on 05/04/21 at 8:35am revealed: -A smaller cold air return located in the hallway floor before the first resident's bedroom on the left. -There was an approximate 1 1/2' X 3' metal grate covering the air return that was clogged with lint, dirt, dust and grime -The air filter under the grate was filled with lint,</p>	C 078	<p>The air return vents were cleaned and a new air filter was placed in the return vents. Administrator is still search for a someone to make to return vent even with the floor. Until I find someone whom can fix the window cap. Administrator is going to secure it down to the floor. To make it extending and not a trip hazard. In order to stay compliant Administrator purchase several filter so they can be changed monthly. Administrator add this to the cleaning list to change filter monthly. SIC and Administrator will monitor to ensure this task is performed.</p>	7-30-21

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C 078	<p>Continued From page 6</p> <ul style="list-style-type: none"> -The Inspector was last at the facility on 07/19/19. -The rusted out metal on the railing could pose a safety issue if someone were to fall. It could cause a severe laceration and tetanus. <p>Observation of the back-door egress on 05/04/21 at 8:32am revealed:</p> <ul style="list-style-type: none"> -There was an approximate 2' X 2' area of the floor that was soft and contained an area in the middle that was broken through with the sub flooring showing. -There were pieces of subflooring that had broken off and was laying around the area. -There were two towels and a bean bag rolled up against the door that was damp and smelled of mildew. -There was an approximate 1/4" gap under the door that daylight was shining through. <p>Interview with a Supervisor-in-Charge (SIC) On 05/04/21 at 10:35am revealed:</p> <ul style="list-style-type: none"> -The soft floor and hole had been in the floor since August 2019. -The Administrator told her the owners were responsible for replacing the flooring. -There had not been anyone come out and give the Administrator or the owners a quote to fix the railing. <p>Interview with the Administrator on 05/04/21 at 2:31pm revealed:</p> <ul style="list-style-type: none"> -He was aware the back-door floor was "soft" and "depressed" when he took over 08/15/19. -The floor was not "open" at that time and had a "draft" protector at the base of the door 08/15/19. -The owners were responsible for fixing the floor. -He reported the floor to the owners at that time and the floor was not fixed. <p>Telephone interview with the county Fire Marshal</p>	C 078	<p>To be in compliance with rule 10A NCAC 13G . 0315(a)(5). The Administrator contact Grindstaff Construction to get a estimate for floor repair. Administrator hired Grindstaff Construction to repair the flooring. All Construction for the floor project was completed on 6/14/21. Grindstaff gave a itemize estimate which will be enclosed with my paperwork. To assure the flooring stay in good repair. The owner of the property placed a warning over the back door to assure no water will damage it caused over time. Administrator will watch for the next couple of months to make sure no water is coming under to the and make assure no more soft spot form.</p>	6-14-21

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C 078	Continued From page 11 front entrance rusted in many places, the flooring by the back emergency exit damaged with a hole through to the ground, glass shower doors stored in the bathroom for over a year creating areas for injury and an unsafe emergency exit, the two cold air return vent filters were covered with lint and debris along with the metal grate was covered with household dust, dirt and grime, created a potential fire hazard, a 12' foot bathroom vanity and a solid wood fireplace mantle not secured to the wall creating a potential hazard for a crush injury, and a leaky ceiling in the kitchen above the stove creating a potential fire and food contamination hazard. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/04/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 19, 2021.	C 078		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service	C 202	To be in compliance with rule 10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination. (see to the resident in question that account was made from Serenity Living # 3 to Serenity # 4 the tuberculosis test was misplaced during her move. In the interview to states that the resident she was admitted	6-17-21

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C 078	<p>Continued From page 10</p> <p>Observation of the kitchen ceiling above the stove on 05/05/21 at 10:00am revealed:</p> <ul style="list-style-type: none"> -There was a 2' X 2' cracked patchwork area. -It was raining outside for about 10 minutes and water was running through the crack. -There was no bucket placed on the floor and there was water in the floor. <p>Interview with the Administrator on 05/04/21 at 2:14pm revealed:</p> <ul style="list-style-type: none"> -The ceiling in the kitchen above the stove had a "patch" on it since he became the Administrator on 08/15/19. -There had been no repairs to the ceiling since then. -It "just started leaking today". -The owner was responsible for fixing the ceiling. -He notified the owners two months ago about the ceiling and the owners did not fix it. -He refused to pay for the ceiling to be fixed because it was the owner's responsibility. <p>Interview with the Administrator on 05/04/21 at 9:57am revealed:</p> <ul style="list-style-type: none"> -The owners were responsible for all the repairs to the house. -He was not responsible for the repairs because he was not the owner. <p>Interview with the owner on 05/05/21 at 1:15pm revealed:</p> <ul style="list-style-type: none"> -She was responsible for the "structure" of the facility, meaning the outside structure of the house. -The Administrator was responsible for the "inside stuff" like the toilet, ceiling, filters and vents. <p>_____</p> <p>The facility failed to ensure the facility was free of hazards as evidenced by the metal railing at the</p>	C 078		

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C 078	<p>Continued From page 9</p> <p>ventilation, and air conditioning (HVAC) system, which could compromise the air flow through the filter. -This could pose a fire hazard and can cause damage to the HVAC system.</p> <p>Observation of the resident's common bathroom on 05/04/21 at 8:36am revealed: -There was a set of old glass shower doors propped up against the wall. -There was an approximate 12' long bathroom vanity that had separated from the wall a ¼ of an inch.</p> <p>Interview with the Administrator on 05/04/21 at 2:31pm revealed: -The glass shower doors came off in January 2020. -He left them sitting in the bathroom and did not throw them away because he did not want to have to replace them. -He chose not to use them and did not move them to a safer storage area. -He considered someone could get hurt if they fell over on them or broke. -He put a shower curtain for the residents to use instead of the shower doors.</p> <p>Observation of the common living room fireplace mantle on 05/04/21 at 8:37am revealed: -There was a mantle made of solid wood. -The mantle was separated from the wall about 2".</p> <p>Interview with the Administrator on 05/04/21 at 2:30pm revealed: -He knew the mantel was not secured to the wall. -It was the owner's responsibility to fix the mantle. -He notified owners about 2 months ago, but it had not been fixed yet.</p>	C 078		

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C 078	<p>Continued From page 8</p> <p>dirt, dust, grime and debris the filter itself was not visible.</p> <p>Interview with a Supervisor-in-Charge (SIC) On 05/04/21 at 10:35am revealed:</p> <ul style="list-style-type: none"> -The cold air returns were to be cleaned and the filter were to be replaced on a monthly basis. -She did not know if the filters or the cleaning had been done on a monthly basis or not. -There was no documentation of the cleanings or filter changes. <p>Interview with the Administrator on 05/04/21 at 2:14pm revealed:</p> <ul style="list-style-type: none"> -The filters for the hallway cold air return vents were last changed in December 2020. -The filters were to be changed quarterly on both cold air return vents -The cold air return vents were to be cleaned quarterly. -The staff were expected to vacuum out the cold air return vents quarterly. -The staff reported to him the vacuum cleaner was broken about 30 days ago and had not been replaced. -He had not be able to buy a new one so he expected the staff to use the broom. -The staff swept the floor and swept "stuff" onto the cold air return vents. -There was no documentation for the cleaning and filter changes. -He expected the staff to keep the vents clean, vacuumed out and the filters changed on a quarterly basis. <p>Telephone interview with the county Fire Marshal on 05/05/21 at 8:33am revealed:</p> <ul style="list-style-type: none"> -A clogged air return can cause a fire hazard because the filter can become so clogged the filter itself can be sucked up into the heating. 	C 078		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/05/2021
NAME OF PROVIDER OR SUPPLIER SERENITY LIVING #3		STREET ADDRESS, CITY, STATE, ZIP CODE 2129 MCCRAW ROAD MOORESBORO, NC 28114		
(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
C 246	Continued From page 14 surgery -Many of the meals that the facility served caused Resident #3 to be on the toilet for a long period of time due to food "going right through" her. -She was told that a special meal could not be made for her and was offered a sandwich if she did not eat the prepared meal. Interview with the Supervisor in Charge (SIC) on 05/04/21 at 3:00pm revealed: -Residents are not prepared a special meal if they did not like what was served but were offered a sandwich. -She saw Resident #3 eat a lot of sandwiches. -She was not aware that Resident #3 had her gallbladder removed. Attempted to contact the physician on 05/04/21 at 2:17pm and at 2:30pm but was unsuccessful. Interview with the Administrator on 05/04/21 at 12:15pm revealed: -The facility did not accommodate special diets so he did not contact the physician to have the resident's diet order clarified. -Everyone in the facility received a regular diet. -They do not prepare foods based on special needs, for example if a resident required a "no sugar diet" or "special foods" they would have to be discharged because it takes too much time to prepare the special diets and is expensive as well.	C 246	To address its issues about meal prepared at Serenity Living Serenity Living go by a menu and if residents don't want what being served they have a choice to receive a sandwich and soup. Administrator and SIC was unaware that resident 3 had her gallbladder remove. It was never mentioned by the resident, her guardians, or the from owner of the Home. Staff on duty will monitor the resident and assure the resident receive the proper food the the right amount. Administrator and SIC will monitor by watching staff prepare meals at least once weekly. 5-7-21	
C 257	10A NCAC 13G .0904(a)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes:	C 257	To be in compliance with rule 10A NCAC 13G .0904 (A)(2) Nutrition and food Service	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/05/2021
NAME OF PROVIDER OR SUPPLIER SERENITY LIVING #3		STREET ADDRESS, CITY, STATE, ZIP CODE 2129 MCCRAW ROAD MOORESBORO, NC 28114		
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C 202	Continued From page 12 Center, Raleigh, North Carolina 27699-1902 This Rule is not met as evidenced by. Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents (#1) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services. The findings are: Review of Resident #1's current FL2 dated 04/12/21 revealed diagnoses included bipolar disorder, anxiety, congestive obstructive pulmonary disease, and diabetes. Review of the Resident Register for Resident #1 revealed an admission date of 01/03/21. Review of Resident #1's immunization records revealed there was no documentation of a negative tuberculosis (TB) skin test. Interview with the Administrator on 05/04/21 at 2:06 pm revealed: -Resident #1 should have had a TB skin test prior to admission and a second one within a year after admission. -He did not realize Resident #1 did not have a TB skin test documented in the record. -He was responsible for ensuring the TB skin tests were completed.	C 202	1/3/21 but than resident has been a resident for the past 2 1/2 years and have moved in and out to different facility for the last eight. This resident had been placed at Serenity Living 3 times in last eight years. But to the compliance with the rule the Administrator and SIC has created a check list for new admission and one of the items on that check list is 2-step tuberculosis test. Administrator will double check the list before any new admission is accepted.	6-17-21
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care	C 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/05/2021
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C 257	Continued From page 17 bacteria to grow and increased the resident's risk for food poisoning this failure was detrimental to the health, safety and welfare of residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G. S. 131D-34 on 05/04/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JUNE 19, 2021.	C 257		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews and record review the facility failed to administer medications as ordered by the primary care provider for 1 out of 3 residents (Resident #2). The findings are: Resident #2's current FL2 dated 05/04/21 revealed diagnoses of gastroesophageal reflux disease, difficulty swallowing, schizophrenia and	C 330	In order to be in compliance with rule 10A NCAC 13G.1004(A) Medication Administration. To assure all residents are properly care for and their physician orders are met. The Administrator of Serenity Living has hired a nurse to perform monthly checks of residents charts. And to assure staff maintain an stay on task with Medication Administration. The nurse will give extra training in Medication Administration to staff.	5-7-21

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2021
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NAME OF PROVIDER OR SUPPLIER SERENITY LIVING #3	STREET ADDRESS, CITY, STATE, ZIP CODE 2129 MCCRAW ROAD MOORESBORO, NC 28114
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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
C 330	<p>Continued From page 20</p> <p>missed 2 doses of Escitalopram 20 mg.</p> <p>Telephone interview with the pharmacist at the facility's contracted pharmacy on 05/05/21 at 9:54am revealed:</p> <ul style="list-style-type: none"> -Resident #2 got his medications refilled every 2 weeks. -Resident #2 was out of refills for Escitalopram 20 mg once daily for approximately the last month but the pharmacy continued to supply the medication to the facility and attempted to contact the physician for a refill. -He would not want residents with mental illness to go without their medications and it was not uncommon to wait a month for an updated prescription from the physician. -The physician's office would have faxed an order to hold medication to the pharmacy even if the medication was only held for 1 week. -An updated prescription for Escitalopram 20 mg once daily arrived at the pharmacy on 05/04/21. <p>Interview with the Administrator on 05/05/21 at 11:20am revealed:</p> <ul style="list-style-type: none"> -The SIC hand wrote the MAR and should have clarified any discrepancy with the physician's office or pharmacy. -If a verbal order was received then staff should have requested a copy of the order faxed to the facility. -The next shift MA should have audited the MAR and contacted the pharmacy if the medication was not on hand. <p>b. Review of Resident #2's current FL2 dated 05/04/21 revealed a physician's order for Therems-M 1 tablet daily.</p> <p>Review of Resident #2's April 2021 MAR revealed:</p>	C 330		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2021
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C 330	<p>Continued From page 19</p> <ul style="list-style-type: none"> -The MA called the physician's office for a new prescription, on an unknown date, but did not receive a new prescription from the physician's office. -The handwritten MAR did not have a spot on the front or back to write why medication was not given. <p>Telephone interview with the Supervisor in Charge (SIC) on 05/04/21 at 10:36am revealed:</p> <ul style="list-style-type: none"> -Resident #2 had a handwritten MAR since he received medications from a local pharmacy. -When a medication was discontinued, the order would have been filed in the resident's record. -The pharmacy sent a fax to the facility after a medication change was made. <p>Telephone interview with the SIC on 05/04/21 at 11:51am revealed:</p> <ul style="list-style-type: none"> -She went to Resident #2's physician's office and followed up on his prescription for Escitalopram 20 mg once daily. -The physician wanted Escitalopram 20 mg once daily held for 7 days due to blood pressure. -SIC planned to contact the pharmacy for more medication. -The physician's office had not communicated to the facility that Resident #2's medication should be held prior to today. <p>Telephone interview with the physician's office representative on 05/05/21 at 9:38am revealed:</p> <ul style="list-style-type: none"> -Resident #2 had an office visit for blood work and his medications were updated on 04/28/21. -No medications were held at this visit and the office sent a renewal prescription for Escitalopram 20 mg once daily to pharmacy on 04/28/21. -She consulted with the physician and the physician was not concerned that Resident #2 	C 330		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2021
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C 330	<p>Continued From page 22</p> <p>would have been filed in the resident's record.</p> <p>-The pharmacy sent a fax to the facility after a medication change was made.</p> <p>Telephone interview with the SIC on 05/04/21 at 11:51am revealed:</p> <p>-She went to Resident #2's physician's office and followed up on his prescription for Therems-M once daily.</p> <p>-The physician wanted Therems-M once daily held for 7 days due to blood pressure.</p> <p>-SIC planned to contact the pharmacy for more medication.</p> <p>-The physician's office had not communicated to the facility that Resident #2's medication should be held prior to today.</p> <p>Telephone interview with the physician's office representative on 05/05/21 at 9:38am revealed:</p> <p>-Resident #2 had an office visit for blood work and his medications were updated on 04/28/21.</p> <p>-No medications were held at this visit and the office sent a renewal prescription for Therems-M once daily to pharmacy on 04/28/21.</p> <p>-She consulted with the physician and the physician was not concerned that Resident #2 missed 2 doses of Therems-M.</p> <p>Telephone interview with the pharmacist at the facility's contracted pharmacy on 05/05/21 at 9:54am revealed:</p> <p>-Resident #2 got his medications refilled every 2 weeks.</p> <p>-Resident #2 was out of refills for Therems-M once daily for approximately the last month but the pharmacy continued to supply the medication to the facility and attempted to contact the physician for a refill.</p> <p>-The physician's office would have faxed an order to hold medication to the pharmacy even if the</p>	C 330		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/05/2021
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C 330	<p>Continued From page 21</p> <ul style="list-style-type: none"> -There was an entry for Therems-M tablet once daily scheduled at 8:00am. -Therems-M was documented as administered once daily from 04/01/21 to 04/30/21. <p>Review of Resident #2's May 2021 MAR revealed:</p> <ul style="list-style-type: none"> -There was an entry for Therems-M tablet once daily scheduled at 8:00am. -Therems-M was documented as given on 05/01/21 and 05/02/21. -Therems-M had an "X" documented from 05/03/21 to 05/31/21. -There was no indication of what "X" represented on the MAR. <p>Observation of medications on hand on 05/04/21 revealed that Therems-M was not available to be administered.</p> <p>Telephone interview with a medication aide (MA) on 05/04/21 at 10:36am revealed:</p> <ul style="list-style-type: none"> -Resident #2 received medications from a local pharmacy and his MARs had to be handwritten. -She documented "X" on Resident #2's May 2021 MAR next to Therems-M due to the facility did not have the medication on hand. -The MA called the physician ' s office for a new prescription, on an unknown date, but did not receive a new prescription from the physician ' s office. -The handwritten MAR did not have a spot on the front or back to write why medication was not given. <p>Telephone interview with the Supervisor in Charge (SIC) on 05/04/21 at 10:36am revealed:</p> <ul style="list-style-type: none"> -Resident #2 had a handwritten MAR since he received medications from a local pharmacy. -When a medication was discontinued, the order 	C 330		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2021	
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C 330	<p>Continued From page 24</p> <p>revealed that Melatonin 10 mg was not available to be administered.</p> <p>Telephone interview with a medication aide (MA) on 05/04/21 at 10:36am revealed:</p> <ul style="list-style-type: none"> -Resident #2 received medications from a local pharmacy and his MARs had to be handwritten. -She documented "X" on Resident #2's May 2021 MAR next to Melatonin 10 mg due to the facility did not have the medication on hand. -The MA called the physician's office for a new prescription, on an unknown date, but did not receive a new prescription from the physician's office. -The handwritten MAR did not have a spot on the front or back to write why medication was not given. <p>Telephone interview with the Supervisor in Charge (SIC) on 05/04/21 at 10:36am revealed:</p> <ul style="list-style-type: none"> -Resident #2 had a handwritten MAR since he received medications from a local pharmacy. -When a medication was discontinued, the order would have been filed in the resident's record. -The pharmacy sent a fax to the facility after a medication change was made. <p>Telephone interview with the SIC on 05/04/21 at 11:51am revealed:</p> <ul style="list-style-type: none"> -She went to Resident #2's physician's office and followed up on his prescription for Melatonin 10 mg once daily. -The physician wanted Melatonin 10 mg once daily held for 7 days due to blood pressure. -SIC planned to contact the pharmacy for more medication. -The physician's office had not communicated to the facility that Resident #2's medication should be held prior to today. 	C 330		

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C 330	<p>Continued From page 23</p> <p>medication was only held for 1 week. -An updated prescription for Therems-M once daily arrived at the pharmacy on 05/04/21.</p> <p>Interview with the Administrator on 05/05/21 at 11:20am revealed: -The SIC hand wrote the MAR and should have clarified any discrepancy with the physician's office or pharmacy. -If a verbal order was received then staff should have requested a copy of the order faxed to the facility. -The next shift MA should have audited the MAR and contacted the pharmacy if the medication was not on hand.</p> <p>c. Review of Resident #2's current FL2 dated 05/04/21 revealed a physician's order for Melatonin 10 mg tablet once at night.</p> <p>Review of Resident #2's April 2021 MAR revealed: -There was an entry for Melatonin 10 mg tablet once daily scheduled at 8:00pm. -Melatonin 10 mg was documented as administered once daily from 04/01/21 to 04/30/21.</p> <p>Review of Resident #2's May 2021 MAR revealed: -There was an entry for Melatonin 10 mg tablet once daily scheduled at 8:00pm. -Melatonin 10 mg was not documented as given from 05/01/21 to 05/31/21. -Melatonin 10 mg had an "X" documented from 05/01/21 to 05/31/21. -There was no indication of what "X" represented on the MAR.</p> <p>Observation of medications on hand on 05/04/21</p>	C 330		

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C 912	Continued From page 26	C 912		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews and record review, the facility failed ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to housekeeping and furnishings and nutrition and food services.</p> <p>The findings:</p> <p>1. Based on observations and interviews, the facility failed to be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. [Refer to Tag C0078, 10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings (Type B Violation)].</p> <p>2. Based on observations and interviews the facility failed to provide safe and sanitary food preparation related to the proper process for defrosting meat. [Refer to Tag C0257, 10A NCAC 13G .0904(a)(2) Nutrition and Food Service (Type B Violation)].</p>	C 912		

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C 330	Continued From page 25 Telephone interview with the physician's office representative on 05/05/21 at 9:38am revealed: -Resident #2 had an office visit for blood work and his medications were updated on 04/28/21. -No medications were held at this visit and the office sent a renewal prescription for Melatonin 10 mg once daily to pharmacy on 04/28/21. -She consulted with the physician and the physician was not concerned that Resident #2 missed 4 doses of Melatonin 10 mg. Telephone interview with the pharmacist at the facility's contracted pharmacy on 05/05/21 at 9:54am revealed: -Resident #2 got his medications refilled every 2 weeks. -Resident #2 was out of refills for Melatonin 10 mg once daily for approximately the last month but the pharmacy continued to supply the medication to the facility and attempted to contact the physician for a refill. -The physician's office would have faxed an order to hold medication to the pharmacy even if the medication was only held for 1 week. -An updated prescription for Melatonin 10 mg once daily arrived at the pharmacy on 05/05/21. Interview with the Administrator on 05/05/21 at 11:20am revealed: -The SIC hand wrote the MAR and should have clarified any discrepancy with the physician's office or pharmacy. -If a verbal order was received then staff should have requested a copy of the order faxed to the facility. -The next shift MA should have audited the MAR and contacted the pharmacy if the medication was not on hand.	C 330		

Telephone interview with the
Administrator and SIC
On. 7/23/21 at 4pm.

Serenity Living #3 Amended/addition to the POC

Tag #034 Design and Construction

- The Administrator contacted the Fire Marshall on 06/07/21 and scheduled a date for the inspection on 06/14/21.
- The Administrator/Designee will put the fire inspection on the yearly calendar one month prior to the due date in order to set the appointment.

Tag #074 Housekeeping and Furnishings

- The Administrator hired a contractor to replace the bathroom tile grout and molding and clean the rest. The contractor removed all the soap scum from around the tub and walls.
- The Administrator had a meeting with the facility staff and educated the staff on the rules of the facility related to cleaning and expectations.
- The staff were responsible for performing spot checks on all residents' rooms, and the rest of the facility daily checking for food and drinks in the resident's room and cleanliness.
- The Administrator/Designee will perform daily, weekly and monthly spot checks on the facility related to cleanliness and the rules for cleaning the facility were followed.

Tag #078 Housekeeping and Furnishings

- The staff were responsible for a monthly cleaning schedule.
- The Administrator/Designee will perform monthly inspections on the facility to check and ensure the facility remains in compliance with this rule.

Tag #0202 TB Test and Examination

- The SIC/Administrator will complete a requirement list upon admission to the facility to make sure all requirements were met prior to admission.
- The Administrator/Designee will review the list within one month to make sure all TB tests were complete.

Tag #246 Health Care

- The Administrator and SIC will review all orders and follow up with the physician for all orders not completed.
- The Administrator/Designee will perform resident chart audits and ensure all orders were completed or followed up on.

Tag #257 Nutrition and Food Service

- The Administrator/Designee will perform unannounced inspections on a monthly basis to ensure proper food preparation.

Tag #330 Medication Administration.

- The Administrator/Designee will perform monthly chart and MAR audits to ensure completion and medications were administered as ordered.