

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-809</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SERENITY HOME CORPORATION INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>511 SOUTH BLOODWORTH STREET RALEIGH, NC 27601</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed 6/15/18. The complaint was unsubstantiated (Intake # NC00138235). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure fire and disaster drills were completed quarterly per shift. The findings are:</p> <p>During an interview on 6/7/18, staff #1 reported the facility operated three shifts during the week and two 12 hour shifts on weekends. The shifts are as follows: - on week days 10:00 AM to 3:00 PM, 3:00 to</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>11:00 PM and 11:00 PM to 10:00 AM - on weekends 9:00 AM to 9:00 PM and 9:00 PM to 9:00 AM</p> <p>Review on 6/15/18 of the fire drills revealed drills were completed:</p> <ul style="list-style-type: none"> <li>- 1/10/18 at 4:40 PM</li> <li>- 4/25/18 at 6:30 PM</li> <li>- 5/12/18 at 4:40 PM</li> <li>- 6/2/18 at 8:45 AM</li> </ul> <p>Review on 6/15/18 of the disaster drills revealed drills were completed:</p> <ul style="list-style-type: none"> <li>- 1/15/18 at 6:30 PM</li> <li>- 4/21/18 at 10:30 AM</li> <li>- 5/12/18 at 4:00 PM</li> </ul> <p>During an interview on 6/15/18, the Administrator reported fire and disaster drills were conducted monthly but some of the drills were not documented.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the Administrator failed to assure two of three audited clients received medications according to the written orders of the physicians prescribing the medications (#1, #2).The Administrator also failed to assure one of three audited staff (#2 )was trained to administer medications. The findings are:</p> <p>A. Observation on 6/15/18 of client #1's medications revealed neither Fluphenazine HCL 1 mg tablets, an anti-psychotic medication, nor was Vitamin B2 were present.</p> <p>Review on 6/8/18 and 6/15/18 of client #1's record revealed: - an admission date of 4/20/18 - an FL2 dated 4/13/18 with diagnoses including Borderline Personality Disorder, Schizo-affective</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Disorder and Diabetes Mellitus</p> <ul style="list-style-type: none"> <li>- a physician's order dated 4/13/18 for Fluphenazine HCL 1 mg with instructions to administer 1 tablet every 10 hours as needed</li> <li>- a physician's order dated 4/13/18 for Vitamin B2 100 mg with instructions to administer one tablet daily</li> <li>- the April, Many and June 2018 medication administration records (MAR) reflected the Fluphenazine had not been administered</li> <li>- the June 2018 MAR had documentation that reflected the B2 had been administered</li> </ul> <p>B. Review on 6/15/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 5/5/16</li> <li>- an FL2 dated 3/14/18 with diagnoses including Schizo-affective Disorder Bipolar Type, Depression and Constipation</li> <li>- May and June 2018 MARs with documentation reflecting Docusate Sodium was administered daily</li> <li>- April, May and June 2018 MARs with documentation reflecting Bisacodyl 5 mg was administered once daily</li> <li>- there was no evidence of physicians' orders for the above medications maintained in the record</li> </ul> <p>During an interview on 6/15/18, the Administrator reported she would obtain the necessary medications and signed orders for the clients.</p> <p>C. Review on 6/8/18 of staff #2's record revealed no evidence of medication administration training.</p> <p>During an interview on 6/15/18, the Administrator reported staff #2 was in the process of being re-trained in medication administration because staff #2 had not previously passed the training. The Administrator reported she occasionally used</p>	V 118		

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V 118	Continued From page 4  staff #2 to administer medications which she pre-poured for staff #2.	V 118		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the	V 536		

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V 536	<p>Continued From page 5</p> <p>following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the</p>	V 536		

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V 536	<p>Continued From page 7</p> <p>outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure alternatives to restrictive intervention training was kept current for three of three audited staff members (Administrator, #1, #2). The findings are:</p> <p>Review on 6/8/18 of the Administrator's record revealed: - no clear hire dated - evidence that North Carolina Interventions Part A training was completed 4/29/17 and expired 4/30/18</p> <p>Review on 6/8/18 of staff #1's record revealed: - no clear hire dated - evidence that North Carolina Interventions Part A training was completed 4/29/17 and expired 4/30/18</p>	V 536		



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V 536	<p>Continued From page 8</p> <p>Review on 6/8/18 of staff #2's record revealed:</p> <ul style="list-style-type: none"> <li>- no clear hire dated</li> <li>- evidence that North Carolina Interventions Part A training was completed 4/29/17 and expired 4/30/18</li> </ul> <p>During an interview on 6/15/18, the Administrator reported the needed training had been scheduled.</p>	V 536		