

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2018
NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES LLC #1		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 HIGHWAY 401 RAEFORD, NC 28376		
(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
V 000	INITIAL COMMENTS A complaint survey was completed 06/08/18. Deficiencies were cited. The complaint was unsubstantiated. Complaint ID #NC00139350. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities	V 000		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

DHSR - Mental Health
AUG 06 2018
Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

Darrah C. Sub. OP 8/3/2018

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V 117	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility staff failed assure medications ordered by the physician for 1 of 3 audited clients (#2) retained a current dispense date. The findings are: Review on 6/8/18 of Client #2's record revealed: - Admission date of 4/1/11 - Diagnoses of Schizophrenia - Undifferentiated; Severe Mental Retardation; Fibrocystic Disease; Presbyopia; Hypertopia; Mild Kyphoscolosis; Rheumatoid Arthritis; Contractures; and Sleep Apnea. - Physician's orders included the following medications to be administered on an as needed basis (PRN): 1. Benzonate Capsules 100mg, three (3) times a day (for cough suppressant) - 1/17/18 2. MAPAP 500mg, One capsule four times a day (for pain) - 1/17/18 Observation on 6/8/18 at 3:30 PM of Client #2's medications on-hand revealed: 1. A bubble pack of Benzonate Capsules 100mg, dispensed on 3/2/17 with expiration date of 3/2/18 2. MAPAP 500mg, dispensed on 3/2/17 - Both of the above medications were past the expiration date. - The PRN medications were not within the current dispensing date and available to be administered to Client #2 on an as needed basis. Interview on 6/8/18 with the House Manager confirmed:	V 117		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility staff failed to administer medications as ordered by the physician for 1 of 3 (#2) audited clients. The findings are:</p> <p>Review on 6/8/18 of Client #2's record revealed: - Admission date of 4/1/11 - Diagnoses of Schizophrenia - Undifferentiated; Severe Mental Retardation; Fibrocystic Disease; Presbyopia; Hypertopia; Mild Kyphoscolosis; Rheumatoid Arthritis; Contractures; and Sleep Apnea. - A physician order for the following medications as dated: 1. 5/16/18 - Tobramycin/Dexamethasone Ophthalmic Suspension 0.3 - 1% (a combination antibiotic and steroid used to treat bacterial infections of the eyes) to be administered as follows: One drop in right eye four(4) times a day for five (5) days THEN one drop in right eye two (2) times a day for five (5) days (For a total of 10 days.) 2. 6/1/18 - Triple Antibiotic Ointment: Apply to 2nd right toe tip two (2) times a day for fourteen (14) days.</p> <p>Observation on 6/8/18 at 3:30 PM of Client #2's medications on-hand revealed: - A partially used container of the eye drops medication - Tobramycin/Dexamethasone Ophthalmic Suspension, dispense date 5/17/18. - A One ounce tube of Triple Antibiotic Ointment. The tube was dated 6/1/18 and was unopened/unused</p> <p>Review on 6/8/18 of Client #2's May 2018 and</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>June 2018 MARs revealed documentation:</p> <ol style="list-style-type: none"> 1. Tobramycin/Dexamethasone Ophthalmic eye drops were administered four (4) times a day May 19 - 23, for a total of five days. <ol style="list-style-type: none"> a. There was no other documentation the medication was administered one drop two (2) times a day for the additional second set of five days as ordered. b. There was no documentation the physician ordered a delay in starting the medication. Staff documented they began administering the medication on 5/19/18, two days after dispensed by the pharmacy(5/17/18) and three days after the physician's order (5/16/18.) 2. Triple Antibiotic Ointment was not transcribed on the May 2018 MAR and there was no documentation the medication was administered to the client. <p>Interview on 6/8/18 with the House Manager confirmed:</p> <ul style="list-style-type: none"> - The eye drops were not administered to Client #2 according to doctor's orders. - Staff did not administer the Triple Antibiotic Ointment. 	V 118		

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhs.nc.gov

Provider Name:		Serenity Therapeutic Services, LLC	
Provider Contact:		Darrin McNeill/ Administrator	
Person for Follow-up:		Darrin McNeill/ Administrator	
Address:		3647 Hwy 401 Business, Raeford, NC 28376	
		Provider # MHL047-156	
Corrective Action Steps			
Finding		Responsible Party	Time Line
V117 27G.0209 (B) Medication Requirements. 1. Two PRN medications (Benzonate Capsules 100 mg and MAPAP 500 mg) were past their expiration dates. 2. The PRN medications were not within the current dispensing date and available to Client #2 on an as needed basis.	1. QP and facility manager ensured that the expired medications were sent back to the pharmacy for proper disposal. The facility manager will review all PRN medications in the home weekly to ensure that they are current and have not expired. 2. The QP and facility manager ensured that new medications were obtained with current physicians' orders. The facility manager will review all PRN medications in the home weekly to ensure that they are current and have not expired.	Darrin McNeill	Implementation Date: July 30, 2018 Projected Completion Date: July 30, 2018
V118 27G.0209 (C) Medication Requirements. 1. Eye drops (Tobramycin/Dexamethasone Ophthalmic) were not administered to Client #2 according to the physician's orders. 2. Staff did not administer Client #2's Triple Antibiotic Ointment (for right toe); the medication was not transcribed on the medication administration record (MAR).	1. QP and facility manager contacted the pharmacy regarding the medication error, and given instructions to continue administering the eye drops as ordered until complete; the pharmacy advised that Client #2 should not suffer any adverse side effects as a result of not receiving the medication as ordered. The facility manager will be responsible for transcribing orders on the medication administration record (MAR), as applicable, and ensure that the medications are administered as prescribed by reviewing the MARs daily. 2. QP and facility manager contacted Client #2's podiatrist regarding the medication error and was given instructions to begin administering the ointment as ordered until complete. The podiatrist advised that Client #2 should not suffer any adverse side effects as a result of not receiving the medication as ordered. The facility manager will be responsible for transcribing orders on the medication administration record (MAR), as applicable, and ensure that the medications are administered as prescribed by reviewing the MARs daily.	Darrin McNeill	Implementation Date: July 30, 2018 Projected Completion Date: July 30, 2018