

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SERENITY CREST	STREET ADDRESS, CITY, STATE, ZIP CODE 202 NORTH NASH STREET HILLSBOROUGH, NC 27278
---	--

(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 26, 2019. 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 interviews the facility failed to conduct fire and disaster drills on every shift at least quarterly. The findings are:</p> <p>Review on 2/26/19 of the facility's fire drills record revealed: -2/12/19- 2nd shift. -10/13/18- 3rd shift. -Unknown date- 1st shift. -6/19/18- 1st shift.</p>	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SERENITY CREST	STREET ADDRESS, CITY, STATE, ZIP CODE 202 NORTH NASH STREET HILLSBOROUGH, NC 27278
---	--

(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 114	<p>Continued From page 1</p> <p>-5/12/18- 3rd shift. -4/6/18- 3rd shift. -3/2/18- 2nd shift. -2/19/19- 1st shift. -For the second quarter of 2018, there were no fire drills for 2nd shift. -For the third quarter of 2018, there were no recorded fire drills for any of the shifts. -For the fourth quarter of 2018, there were no fire drill for 2nd and 3rd shifts.</p> <p>Review on 2/26/19 of the facility's disaster drills record revealed: -10/23/18- 3rd shift. -9/8/18- 1st shift. -6/12/18- 1st shift. -5/6/18- 3rd shift. -4/5/18- 3rd shift. -3/24/18- 2nd shift. -2/25/18- 1st shift. -For the second quarter of 2018, there were no disaster drills for 2nd shift. -For the third quarter of 2018, there were no disaster drills for 2nd and 3rd shifts. -For the fourth quarter of 2018, there were no disaster drills for 1st and 2nd shifts.</p> <p>Interview on 2/26/19 with staff #1 revealed: -For the purpose of fire and disaster drills, home operated under three shifts. -Fire and disaster drills had been done at the house, but she thought staff in charge had completed them for each shift. -Former Program Manager was in charge of making sure drills were performed. -Former Program Manager left abruptly during the summer of 2018. -She confirmed fire and disaster drills had not been performed on every shift at least quarterly.</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SERENITY CREST	STREET ADDRESS, CITY, STATE, ZIP CODE 202 NORTH NASH STREET HILLSBOROUGH, NC 27278
---	--

(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 114	Continued From page 2 Interview on 2/26/19 with the Program Manager revealed: -She was not aware that for the purpose of fire and disaster drills, the house was operating under three shifts. -Sleep in staff stayed at the house for seven days. -She had been trying to cover and figure things out at the house since former Program Manager left during the summer. -She would make sure fire and disaster drills would be performed at least quarterly and for each shift. -She confirmed fire and disaster drills had not been performed on every shift at least quarterly.	V 114		
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,	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SERENITY CREST	STREET ADDRESS, CITY, STATE, ZIP CODE 202 NORTH NASH STREET HILLSBOROUGH, NC 27278
---	--

(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 536	<p>Continued From page 3</p> <p>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>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>(h) Service providers shall maintain</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SERENITY CREST	STREET ADDRESS, CITY, STATE, ZIP CODE 202 NORTH NASH STREET HILLSBOROUGH, NC 27278
---	--

(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 536	<p>Continued From page 4</p> <p>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 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</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SERENITY CREST	STREET ADDRESS, CITY, STATE, ZIP CODE 202 NORTH NASH STREET HILLSBOROUGH, NC 27278
---	--

(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 536	<p>Continued From page 5</p> <p>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 outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure two of three audited staff (#2 and #3) had current training in the use of alternatives to restrictive interventions. The findings are:</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2019	
NAME OF PROVIDER OR SUPPLIER SERENITY CREST		STREET ADDRESS, CITY, STATE, ZIP CODE 202 NORTH NASH STREET HILLSBOROUGH, NC 27278		
(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 536	<p>Continued From page 6</p> <p>Review on 2/26/19 of Staff #2's personnel records revealed: -Staff #2 had a hire date of 12/10/15. -Staff #2 was hired as a Rehabilitation Therapy Technician. -EBPI Interventions- Prevent training expired 1/30/19. -There was no documentation of a current Training on Alternatives to Restrictive Intervention on file.</p> <p>Review on 2/26/19 of Staff #3's personnel records revealed: -Staff #2 had a hire date of 12/27/16. -Staff #2 was hired as a Rehabilitation Therapy Technician. -There was no documentation of a current Training on Alternatives to Restrictive Intervention on file.</p> <p>Interview on 2/26/19 with the Program Manager revealed: -Program was using "EBPI Interventions-Prevent" for training in Alternative to Restrictive Interventions. -Both Staff #2 and #3 had been working for several years at the home -She was under the impression that Staff #2 and #3 had updated training on Alternatives to Restrictive Intervention. -Staff #2 and #3 would be registered today for upcoming EBPI Interventions- Prevent program. -She confirmed Staff #2 and #3 did not have current training on Alternatives to Restrictive Intervention.</p>	V 536		