STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-965	A. BUILDING: _____ B. WING _____	05/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY THERAPEUTIC SERVICES #10	1908 MERRIMAC DRIVE FAYETTEVILLE, NC 28314

(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 on May 22, 2019. The complaint was substantiated (intake #NC00151441). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to document accessing the Health Care Personnel Registry (HCPR) prior to hiring 1 of 3 audited staff (Staff #8). The findings are: Review on 5/22/19 of Staff #8's record revealed: -Job title was Paraprofessional. -Hire date 12/11/18. -No HCPR check documented. Interview on 5/21/19 Staff #8 stated she was hired in December 2018.	V 131		

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V 131	Continued From page 1 Interview on 5/22/19 the Human Resources Manager stated: -She had run the HCPR check on Staff #8 prior to hire. -She had spilled coffee on Staff #8's personnel file about a week ago. The spill rendered the HCPR unreadable so she discarded the document. -She has not completed another HCPR check for Staff #8's file. -She was not aware a record should be maintained of all accesses to HCPR. -She would make sure another HCPR check is completed for Staff #8.	V 131		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which	V 289		

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V 289	Continued From page 2 serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).	V 289		

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V 289	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to operate within the scope of licensure by serving 1 of 3 audited clients who was a minor (client #4). The findings are: Review on 5/22/19 of the Division of Health Service Regulation (DHSR) records revealed: -The facility was licensed under 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities. -Letter dated 12/3/18 granted approval of the Request for Waiver of Rule 10A NCAC 27G .5601(b) and Rule 10A NCAC 27G .5601(c)(3) to allow a minor consumer to reside in the facility. The waiver could not exceed the license expiration date of 12/31/18, therefore, was subject to renewal consideration upon the request of the licensee. -No documentation a request was made for renewal consideration for 2019. Review on 5/22/19 of client #4's record revealed: -17 year old male. -Admission date of 2/1/19. -Diagnosis included Autism, Oppositional Defiant Disorder, Deaf, Attention Deficit Hyperactive Disorder (ADHD). Unable to interview on 5/21/19 client #4 because he had not returned to the facility following a week end visit with his family. Interview on 5/22/19 the Qualified Professional stated: -Client #4 had been admitted on 2/1/19. -They thought the waiver was still in effect to admit the client who was 17 years old.	V 289		

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V 289	Continued From page 4 Interview on 5/22/19 the Licensee stated: -He had received a waiver in December 2018 to admit client #4 to the facility. -He did not realize the waiver expired on 12/31/18 and required a request to renew the waiver for 2019. - He would follow up with his contacts in DHSR regarding a request to renew the waiver for 2019.	V 289		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court	V 291		

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V 291	Continued From page 5 or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination between the facility and the medical provider responsible for client treatment, affecting 1 of 3 audited clients (client #4). The findings are: Review on 5/22/19 of client #4's record revealed: -17 year old male admitted 2/1/19. -Diagnoses included Autism, Oppositional Defiant Disorder, Deaf, Attention Deficit Hyperactive Disorder. -No documentation the facility immediately called client #4's Psychiatrist or had the client seen by the Psychiatrist, or taken to the emergency room following attempts to hurt staff. Review on 5/22/19 of client #4's Psychiatrist visit notes revealed: -Visit notes were documented for 2/15/19 (initial, new patient visit), 2/27/19, 3/6/19, 3/12/19, 3/29/19, 4/8/19. -Each office visit summary included, "Treatment Plan: Should the patient feel the need to hurt themselves or others, have any worsening of their condition or side effects from medication they agreed to call or return immediately OR present to nearest emergency room. They agreed with plan..." -2/27/19 report documented the caregiver reported client #4 had been aggressive towards others. -3/6/19 report documented the caregiver reported client #4 had "some times of aggression," and the physician prescribed Abilify 2.5 mg twice daily.	V 291		

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V 291	Continued From page 6 -3/12/19 caregiver reported the Abilify seemed to be effective; no issues with aggression or agitation. -3/29/19 caregiver reported client #4 had some issues with aggression and "moodiness;" the Abilify was not helping as it was before. The physician increased the Abilify to 5mg twice daily to help with aggression and mood. -4/8/19 caregiver reported client had improved. The treatment plan continued to direct the facility to call or return immediately OR present to nearest emergency room should the client feel the need to hurt themselves or others. Review on 5/22/19 of the facility incident reports for March, April, and May 2019 revealed: -4/13/19: Client #4 "signed" to Staff #4 he wanted to fight her. He made signs of cutting her throat and shooting her. Staff #4, via sign language, asked client #4 what was wrong. Client #4 continued to move into her personal space, knocked over furniture, moved Staff #8 by her shirt out of his path to get to Staff #4. Client #4 was placed in a physical restraint for 2 minutes at 1:15 pm by Staff #11. -5/4/19: Around 5 am client #4 woke up and came out of his room. Former Staff (FS) #15 gestured for him to go back to sleep. Client #4 returned to his room, started banging on the walls and furniture, closed and locked his door. FS #15 waited, and when client #4 opened his door he abruptly started hitting the staff. -5/5/19: At 12 pm client #4 attacked Staff #5 after he was told he could not eat at a local restaurant until the dinner meal. -5/15/19: At approximately 5:30 pm client #4 became hostile and put his hands up in a fighting stance and swung toward the Lead Staff. The Lead Staff was able to block the punch.	V 291		

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V 291	Continued From page 7 Interview on 5/21/19 Staff #8 stated client #4 would get mad and try to fight. His behaviors could last an hour. Interview on 5/21/19 the Lead Staff stated client #4 became aggressive about a week ago and began to fight when he tried to explain to the client there was a power outage and the water was too cold to shower. Interview on 5/22/19 the Qualified Professional stated: -Client #4's was last seen by his Psychiatrist in April, 2019. -His next appointment was 5/20/19, but the client had not returned from his week end home visit. -The Psychiatrist had adjusted his medications in response to his behaviors. -Each of these visits the the Psychiatrist were scheduled visits; there were no immediate visits in response to client's behaviors to hurt staff. -The treatment team had agreed that restrictive interventions needed to be a planned strategy in the treatment plan. The behavior plan in place when he was admitted did not include restrictive interventions. -Client #4 had a new psychologist who would be revising the behavior plan.	V 291		