

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-965	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2019
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NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #10	STREET ADDRESS, CITY, STATE, ZIP CODE 1908 MERRIMAC DRIVE FAYETTEVILLE, NC 28314
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow up and complaint survey was completed on August 28, 2019. The complaint was unsubstantiated (intake #NC00154779). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were trained in American Sign Language (ASL) for 1 of 5 staff audited (staff #1). The findings are:</p> <p>Review on 08/28/19 of the staff #1's personnel file revealed: -Hired 06/10/19. -No training on ASL.</p> <p>Interview on 08/29/19 the Qualified Professional #1 stated: -Staff #1 had no current training in ASL and she would schedule him to have the training immediately.</p>	V 108		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility</p>	V 736		

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V 736	<p>Continued From page 2</p> <p>was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 08/27/19 at approximately 10:30am of the facility revealed:</p> <ul style="list-style-type: none"> - The recliner in the TV/living room had very worn fabric on the seat and arms revealing the cushions of the chair. - The living room wall contained 5 areas larger than golf ball sized dings/skuffs marks on the wall near the recliner and adjacent to the kitchen wall. - Client #1's bedroom had a strong foul odor throughout the bedroom. -The new addition bedroom bathroom contained a trashcan which overflowed with trash and had a buildup of dirt/sand on the floor. -The main bedroom hallway bathroom had soiled clothes in the corner near the sink, and the trash can overflowed with trash, the floor was dirty with dirt/sand, and the wall near light fixture was dirty. -Client #2's bedroom contained a hamper which was full and over flowed with soiled clothes and contained a strong foul odor throughout the entire bedroom area. -Client #5's bedroom contained a strong foul odor throughout the entire bedroom area. <p>Interview on 08/28/19 the Qualified Professional #1 stated:</p> <ul style="list-style-type: none"> -She was aware of the items in need of repair and would have them repaired. 	V 736		