

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
NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #10		STREET ADDRESS, CITY, STATE, ZIP CODE 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 An annual, follow up and complaint survey was completed on August 28, 2019. The complaint was unsubstantiated (intake #NC00154779). 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 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108			

DHSR - Mental Health

SEP 17 2019

Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

PLA211

If continuation sheet 1 of 3

Deborah C. Allen Qualified Professional 9/13/19

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

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 108	Continued From page 1 reporting, investigating and controlling infectious and communicable diseases of personnel and clients. 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: Review on 08/28/19 of the staff #1's personnel file revealed: -Hired 06/10/19. -No training on ASL. 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.	V 108		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility	V 736		

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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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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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL026-965	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/28/2019
NAME OF FACILITY SERENITY THERAPEUTIC SERVICES #10	STREET ADDRESS, CITY, STATE, ZIP CODE 1908 MERRIMAC DRIVE FAYETTEVILLE, NC 28314	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0131	Correction	ID Prefix V0289	Correction	ID Prefix V0291	Correction
Reg. # G.S. 131E-256 (D2)	Completed	Reg. # 27G .5601	Completed	Reg. # 27G .5603	Completed
LSC	08/28/2019	LSC	08/28/2019	LSC	08/28/2019
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
			<i>[Signature]</i>	08/28/19
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 5/22/2019

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO

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@dhhs.nc.gov

Provider Name: Provider Contact Person for follow-up:		Serenity Therapeutic Services, Inc. Mr. Darrin McNeill/ Administrator		Phone: 910-904-7147 Fax: 910-904-7148 Email: dmencill14@nc.rr.com	Provider # MHL-026-965
Address:		1908 Merrimac Drive, Fayetteville, NC 28304			
Finding V108 27G. 0202 (F-I) Personnel Requirements. 1. The facility failed to ensure staff were trained in American Sign Language (ASL) for 1 of 5 staff audited (Staff #1).		Corrective Action Steps QP and CEO/director will ensure that all new hires and current staff working in the facility are trained in ASL. QP will coordinate with local universities, community colleges, or other accrediting body to facilitate ASL training by a licensed and/or approved ASL trainer. QP and director will ensure that new staff hired for the facility receive ASL training within 90 days of hire. Upon completion of the ASL course and/or program, QP will work with the HR Manager to ensure that a certificate of completion is documented in the staff's personnel file. As of 9/12/2019, the local community college (FTCC) that previously facilitated ASL training for the agency currently does not have an ASL instructor who can provide training and they do not expect to hire a new instructor until the end of the year. However, the QP is in the process of researching other institutions and organizations that can offer the training.		Responsible Party Darrin McNeill	
V736 27G. 0303(c) Facility and Grounds Maintenance. The facility was not maintained in a clean, attractive, and orderly manner. 1. The recliner in the TV/living room had very worn fabric on the seat and arms revealing the cushions of the chair. 2. The living room wall contained 5 areas larger than golf ball sized dings/scuff marks on the wall near the recliner and adjacent to the kitchen wall. 3. Client #1's bedroom had a strong, foul odor throughout the bedroom. 4. The new addition bedroom bathroom contained a trash can which overflowed with trash and had a buildup of dirt/sand on the floor. 5. The main bedroom hallway bathroom had		1. The recliner in the TV/living room has been removed from the facility. The QP, director, and home manager will ensure that all furniture in the home is durable, safe, and not worn or torn. The QP and home manager will inspect the furniture weekly. The QP, director, and/or COO will conduct bi-weekly inspections of the facility to ensure cleanliness and attractiveness of the home. 2. QP will ensure the agency's maintenance worker re-finishes the wall so that there are no scuff marks and will ensure that furniture or other objects do not sit directly on the wall to avoid future markings. The QP, director, and/or COO will conduct bi-weekly inspections of the facility to ensure cleanliness and attractiveness of the home. 3. The QP will ensure the home manager conducts a daily walkthrough of the facility to ensure the cleanliness of the home, including but not limited to the individuals' bedrooms. The home manager will ensure that soiled laundry, rugs, trash, etc. that may cause foul odors is cleaned/sanitized/dropped of immediately to help reduce or prevent foul smells, and maintain freshness in the		Implementation Date: October 1, 2019 Projected Completion Date: December 31, 2019	
		Darrin McNeill		Implementation Date: August 29, 2019 Projected Completion Date: September 15, 2019	

<p>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 the light fixture was dirty.</p> <p>6. Client #2's bedroom contained a hamper which was full and overflowed with soiled clothes and contained a strong, foul odor throughout the entire bedroom area.</p> <p>7. Client #5's bedroom contained a strong, foul odor throughout the entire bedroom area.</p>	<p>facility. The QP, director, and/or COO will conduct bi-weekly inspections of the facility to ensure cleanliness and attractiveness of the home.</p> <p>4. The QP and home manager will ensure that trash cans are emptied and cleaned daily. The home manager will ensure that the floors are swept and mopped daily. The QP, director, and/or COO will conduct bi-weekly inspections of the facility to ensure cleanliness and attractiveness of the home.</p> <p>5. The QP and home manager will ensure that soiled laundry is washed immediately. The home manager will ensure that unsold dirty laundry is washed at least twice per week and as needed. The home manager will ensure that trash cans are emptied and cleaned daily. The home manager will ensure that the floors are swept and mopped daily. The home manager will ensure that the walls are cleaned at least once per week and as needed. The QP, director, and/or COO will conduct bi-weekly inspections of the facility to ensure cleanliness and attractiveness of the home.</p> <p>6. The QP and home manager will ensure that soiled laundry is washed immediately. The home manager will ensure that unsold dirty laundry is washed at least twice per week and as needed to ensure the laundry is clean and does not cause foul odors, and the hamper is not overflowing. The QP, director, and/or COO will conduct bi-weekly inspections of the facility to ensure cleanliness and attractiveness of the home.</p> <p>7. The QP and home manager will ensure that foul odors within the facility are addressed immediately. The QP and home manager will ensure that the facility maintains adequate cleaning supplies to prevent foul odors in the home. The QP and home manager will ensure that items that could potentially cause foul odors, such as soiled laundry, trash, etc. is cleaned or disposed of immediately. The QP will ensure the home manager conducts a daily walkthrough of the facility to ensure the cleanliness of the home. The QP, director, and/or COO will conduct bi-weekly inspections of the facility to ensure cleanliness and attractiveness of the home.</p>	
		<p>Implementation Date:</p> <p>Projected Completion Date:</p> <p>Implementation Date:</p> <p>Projected Completion Date:</p>

Office Assistant

From: Lisa O'Hern <ohernl@faytechcc.edu>
Sent: Friday, September 13, 2019 2:02 PM
To: officeasst@serenitytservices.com
Cc: Amy McLamb
Subject: Sign Language Class

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon,

I wanted to keep you informed on the status of locating an instructor for a Sign Language class we were hoping to run in October at Serenity Therapeutic Services. We currently do not have an instructor available to teach this class. Our two currently active instructors have declined to teach it citing their busy schedules. I have reached out twice to the instructor who taught this class in the past, Tasheana Riner, but she has not responded. One of our active instructors has reached out to her colleagues to see if anyone would be interested, but I have not heard back.

Dean Amy McLamb returns from maternity leave in mid-October, around October 16. She may be able to find an instructor in time to hold this class before the year's end, but it may be better to wait until the new year. This will be her decision when she returns. She will reach out to you then.

If I hear back with positive news regarding a new instructor, I will let you know.

Thank you,

Lisa

Lisa O'Hern

Senior Secretary, Career & Community Enrichment
Fayetteville Technical Community College
910-678-8431
ohernl@faytechcc.edu

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 5, 2019

DHSR - Mental Health

Darrin McNeill
Serenity Therapeutic Services, Inc.
207 S. Stewart Street
Raeford, NC 28376

SEP 17 2019

Lic. & Cert. Section

Re: Annual, Complaint and Follow Up Survey completed 08/28/19
Serenity Therapeutic Services #10, 1908 Merrimac Drive, Fayetteville, NC,
28314
MHL #026-965
E-mail Address: dmcneill14@nc.rr.com
Intake #NC00154779

Dear Mr. McNeill:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow up survey completed 08/28/19. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 10/27/19.

What to include in the Plan of Correction

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

09/05/19
Mr. McNeill
Serenity Therapeutic Services, Inc.

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone at (252) 568-2744.

Sincerely,



Gloria S. Locklear
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org
DHSRreports@eastpointe.net
_DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant