

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-890	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/22/2019
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NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #2	STREET ADDRESS, CITY, STATE, ZIP CODE 1446 SAND HILL ROAD HOPE MILLS, NC 28348
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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 survey was completed on November 22, 2019. 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 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 reviews and interviews, the facility failed to hold fire and disaster drills at least quarterly and repeated on each shift. The findings are:</p> <p>Interview on 11/19/19 Staff #4 stated the facility shifts were as follows: -Monday - Friday: 1st shift, 7 am - 3 pm; 2nd shift, 3 pm - 11 pm; 3rd shift, 11 pm - 7 am. -Week end 12 hour shifts: Day shift, 7 am - 7 pm,</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>and night shift, 7 pm - 7 am.</p> <p>Review on 11/19/19 of the fire drills between 7/1/18 - 9/30/19 revealed: -Quarter 1/1/19 - 3/31/19: No fire drills documented for either of the 2 week end shifts. -Quarter 7/1/19 - 9/30/19: No fire drills documented for the week end day shift. -Quarter 10/1/18 - 12/31/18: No fire drills documented for the week end night shift.</p> <p>Review on 11/19/19 of disaster drills between 7/1/19 - 9/30/19 revealed: -Quarter 10/1/18 - 12/31/18: No disaster drills documented for the week day 1st or 3rd shifts, or week end day shift. A non-disaster event was documented for a disaster drill on the week day 3rd shift (10/26/18 power outage). -Quarter 1/1/19 - 3/31/19: Only 1 disaster drill documented, a winter advisory, on 1/22/19. -Quarter 4/1/19 - 6/30/19: No disaster drills documented for the week day 1st or 2nd shifts, or the week end night shift. -Quarter 7/1/19 - 9/30/19: No disaster drills documented for the week day 1st or 2nd shifts, or either of the week end shifts. A non-disaster event was documented for a disaster drill on the week end day shift (8/31/19 Ozone Alert).</p> <p>Interview on 11/19/19 client #1 stated: -They did fire drills and would go outside. -They did other drills where they would go in a room without windows, like a closet.</p> <p>Interview on 11/19/19 Staff #4 stated she had worked at the facility for 1½ years on the 1st and 2nd shifts. She had done 1 fire drill but no disaster drills.</p> <p>Interview on 11/19/19 the Lead Staff stated:</p>	V 114		

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V 114	Continued From page 2 -Fire drills were done 3 times a month and disaster drills 1 time a month. -They rotated the drills to the different shifts. Interview on 11/19/19 the Group Home Manager stated: -Fire drills and disaster drills were done every month. -She could not locate the documentation of drills done in February, March, or May 2019.	V 114		
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 was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 11/19/19 at approximately 1:45pm revealed: -There were 6 light bulbs burned out in the dining room chandelier. -Client #4's bedroom had a portion of ceiling approximately 60 inches in length where popcorn ceiling was peeling. -The floor vent in hallway bathroom #2 was rusted. Paint along the left side of the bathroom sink was peeling approximately 12 inches in length along the wall. There was 1 light bulb out	V 736		

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V 736	<p>Continued From page 3</p> <p>above the bathroom vanity.</p> <ul style="list-style-type: none"> -The smoke alarm in the hallway in front of client #1's room was chirping at regular intervals and hanging by the wires from the ceiling. -The smoke alarm in empty bedroom was chirping at regular intervals. <p>Interview on 11/19/19 the House Manager stated:</p> <ul style="list-style-type: none"> -The smoke detectors were linked to a centralized system and the company responsible for fire system maintenance was coming out to inspect the system. -She had not noticed the smoke detector hanging from ceiling until that morning. 	V 736		