

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-963	(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 #9	STREET ADDRESS, CITY, STATE, ZIP CODE 4739 SOUTH MAIN STREET 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 11/20/19 Staff #6 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 11/20/19 of the fire drills between 7/1/18 - 9/30/19 revealed:</p> <ul style="list-style-type: none"> -Quarter 1/1/19 - 3/31/19: No fire drills documented for the week end night shift. -Quarter 7/1/19 - 9/30/19: No fire drills documented for the week end night shift. -Quarter 10/1/18 - 12/31/18: No fire drills documented for the week end shifts. <p>Review on 11/20/19 of disaster drills between 7/1/19 - 9/30/19 revealed:</p> <ul style="list-style-type: none"> -Quarter 10/1/18 - 12/31/18: No disaster drills documented for the week end shifts -Quarter 1/1/19 - 3/31/19: No disaster drills documented for the week day 2nd shift, or the week end shifts. A non-disaster event was documented for a disaster drill on the week day 2nd shift (2/27/19 Power Outage). -Quarter 4/1/19 - 6/30/19: No disaster drill documented for the week day 3rd 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 7/30/19 at 7:15 am (Medical Emergency). <p>Interview on 11/20/19 Staff #6 stated</p> <ul style="list-style-type: none"> -Fire drills were generally done once a month. -They rotated drills to the different shifts. -Disaster drill examples included hurricane and tornado. -The clients were good about participating and were able to answer questions. -For fire drills they went to far corner edge of the driveway. -For hurricane drills they stayed away from windows by going into the laundry room. -Clients practiced going into a safe place in the home 	V 114		

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V 114	Continued From page 2 during these drills. Interview on 11/20/19 the Lead Staff stated: -He worked previously for the Licensee, but returned recently (hire date was 10/25/19). -He had done 2 fire drills. -Staff knew ahead of time per a schedule when to conduct fire and disaster drills. -They rotated shifts when doing the drills. -They would say to the clients, "fire drill," get the clients into the yard, do a count, then return inside and tell them, "good job." -He had not done a disaster drill. -He thought a bomb threat drill was coming up on the schedule.	V 114		
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 2 of 3 audited staff (Home Manager, Lead Staff). The findings are:	V 131		

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V 131	<p>Continued From page 3</p> <p>Review on 11/21/19 of the Home Manager's record revealed: -Hire date was 10/18/19. Hire approved by the Chief Executive Officer on 10/21/19. -HCPR check dated 11/5/19.</p> <p>Review on 11/21/19 of the Lead Staff record revealed: -Hire date was 10/25/19. -HCPR check dated 10/29/19.</p> <p>Interview on 11/21/19 the Human Resources Staff stated: -She verified the hire dates and HCPR check dates for the Home Manager and Lead Staff. These had been done after staff had been hired. -She was responsible for HCPR checks. -She would do the HCPR checks after she got personnel information to include social security numbers and information needed for other hiring purposes. -She started in her role in August 2019 and did not know the HCPR had to be done prior to hire.</p>	V 131		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified</p>	V 366		

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V 366	<p>Continued From page 4</p> <p>timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's</p>	V 366		

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V 366	<p>Continued From page 5</p> <p>services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to implement written policies governing their response to incidents. The findings are:</p> <p>Review on 11/21/19 of client #4's record revealed: -37 year old male admitted 5/24/18. -Diagnoses included moderate intellectual disability, autism disorder, pervasive developmental disorder; impulse control disorder; episodic mood disorder, attention deficit hyperactive disorder (ADHD). -Progress note dated 7/31/19 documented client #4 began having disrespectful behaviors in the morning calling everyone by offensive names. The home manager arrived and client #4 continued to be disrespectful using racial slurs. Behaviors became physical and client #4 kicked a hole in the wall. Client #4 continued to use profane language and stated he wanted to go to the hospital. The Home Manager transported him to the Day Program and notified the Qualified Professional. The client was monitored throughout the day and did not display anymore negative behaviors.</p> <p>Interview on 11/20/19 Staff #6 stated: -He had an incident around July or August 2019 with client #4 that resulted in a restrictive</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>intervention.</p> <p>-This occurred in the living room. The client was upset about not seeing or talking with parents and took out his frustration on Staff #6.</p> <p>-Staff #6 took client #4's arm, pulled it across, and then he got behind the client and put him in a hold.</p> <p>-Staff would document this in an incident report and progress note on the computer.</p> <p>-The manager was contacted. Both incident report and progress notes were on the computer.</p> <p>Interview on 11/22/19 the Qualified Professional (QP) stated:</p> <p>-No one had reported a restrictive intervention of client #4 by Staff #6.</p> <p>-The incident should have been documented on a progress note, restrictive intervention form, and incident report.</p> <p>-An incident report was not done.</p> <p>-From the progress note it appeared the home manager was there. This manager was no longer employed.</p> <p>-Because the incident had not been reported there was no incident report done.</p> <p>-Yesterday was the 1st time the QP was told about this restrictive intervention.</p> <p>-Now that she knew, she would follow up.</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents to the LME responsible for the catchment area where</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 11/21/19 of client #4's record revealed: -37 year old male admitted 5/24/18. -Diagnoses included moderate intellectual disability, autism disorder, pervasive developmental disorder, impulse control disorder, episodic mood disorder, and attention deficit hyperactive disorder (ADHD). -Progress note signed by Staff #6 and dated 7/31/19 documented client #4 displayed verbal and physically aggressive behaviors with property destruction.</p> <p>Interview on 11/20/19 Staff #6 stated he put client #4 in a restrictive intervention around July or August 2019.</p> <p>Review on 11/21/19 of client #3's record revealed: -44 year old male admitted 3/27/17. -Diagnoses included schizoaffective disorder, bipolar type; mild intellectual developmental disorder; and history of seizures.</p> <p>Review on 11/22/19 of a level 1 incident report dated 9/30/19 revealed: -Client #3 eloped. -Staff called for emergency responders. -Police arrived at the home and transported client #4 to the hospital.</p> <p>Review on 11/21/19 of the North Carolina Incident Response Improvement System (IRIS) reports for the facility revealed: -No level II IRIS report for a restrictive intervention of client #4 by Staff #5. -No level II IRIS report for a police response on 9/30/19 for client #3's behavior/elopement.</p>	V 367		

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V 367	Continued From page 11 Interview on 11/22/19 the Qualified Professional (QP) stated: -No one had reported a restrictive intervention of client #4 by Staff #6, therefore, there had been no level II IRIS report submitted. -She had not submitted a level II IRIS report for client #3's incident on 9/30/19 because there was no police report. After she took another look at IRIS she now realized the level II was required.	V 367		