

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2019
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NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #6	STREET ADDRESS, CITY, STATE, ZIP CODE 10147 ROCKFISH ROAD RAEFORD, NC 28376
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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	INITIAL COMMENTS A complaint survey was completed on August 28, 2019. The complaint was substantiated (Intake #NC00154572). 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 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110		

RECEIVED
By DHRS-Mental Health Licensure at 2:18 pm, Dec 02, 2019

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Common MERE BS, PP 12/2/19

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:	Serenity Therapeutic Services Inc.	Phone:	910-904-7147
Provider Contact Person for follow-up:	Mr. Darrin McNeill/ Administrator	Fax:	910-904-7148
		Email:	dmeneill14@nc.rr.com
Address:	10147 Rockfish Road Raeford, NC 28376		Provider # MHL 047-148

Finding	Corrective Action Steps	Responsible Party	Time Line
V110 27G. 0204 Training/Supervision Paraprofessionals.	The QP and the facility will provide one on one competence training and supervision to all new employees hired within the company. The staff will be trained to ensure they are aware of the each individual's service plan according to their annual ISP. If staff is deemed incompetent to accurately demonstrate the knowledge, skills, and the ability to ensure proper supervision of the individuals we provide services too. They will no longer be eligible to work with our individuals and will receive disciplinary action up to termination immediately.	Darrin McNeill	Implementation Date: December 1, 2019 <hr/> Projected Completion Date: December 1, 2019 No End Date Continuous
V132 G.S. 131E-256(G) HCPR- Notification, Allegations, & Protection	The QP will notify the HCPR within 5 days of all allegations of abuse or neglect as it relates to the individuals which are receiving services residing in the facilities or attending the Day Program. The QP will follow up with HCPR to ensure allegations were reported and followed all policy and procedures as required to do so in a timely manner. The staff will be removed from the schedule immediately pending the outcome of the allegation made against staff.	Darrin McNeill	Implementation Date: November 4, 2019 <hr/> Projected Completion Date: December 1, 2019 No End Date Continuous
V 367 27G.0604 Incident Report Requirements.	The QP will report all level II and III incidents within the 72hr required time to the Incident Response Improvement System (IRIS) upon being notified of an any critical incident. The QP will follow up with local management entity (LME) to ensure incidents are reported and all policy and procedure are adhered to in a timely manner at all times.	Darrin McNeill	Implementation Date: November 4, 2019 <hr/> December 1, 2019 No End Date Continuous

P. 003

FAX No.

DEC/02/2019/MON 10:22 AM



207 S. Stewart St. Raeford NC 28376
 Office #: (910) 904-7147
 Fax #: (910) 904-7148
 Email Address: qp@serenityservices.com

FAX

To: NC Department of Health and Human Services Division of Health Service Regulation

From: Anona McRae

Attention: _____

Fax #: 919-715-8078

Date: 12/2/19

Re: POC #6 Serenity Therapeutic Services 8-25-19

Pages: 3 pages including cover sheet

- Urgent For review Please comment Please reply Please recycle

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