


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-892	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/22/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #3	STREET ADDRESS, CITY, STATE, ZIP CODE 2299 DOCKWOOD COURT FAYETTEVILLE, NC 28306
---	--

(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 and follow up survey was completed on November 22, 2019. A deficiency was 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>Telephone interview on 11/15/19 the Qualified Professional (QP) stated the facility shifts were as follows: -Monday - Friday: 1st shift, 8 am - 4 pm; 2nd shift, 4 pm - 12 midnight; 3rd shift, 12 midnight - 8</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 12/12/19
--	-----------	-----------------------

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:	dmcneill14@nc.rr.com
Address:	2299 Dockwood Court, Fayetteville, NC 28306		Provider # MHL026-892

Finding	Corrective Action Steps	Responsible Party	Time Line
V114 27G. 0207 Emergency Plans and Supplies Facility failed to hold fire and disaster drills at least quarterly on each shift	The director along with QP's will develop an annual Fire/Disaster drill schedule. The team will ensure the fire/disaster drills is completed quarterly on each shift to include weekend shifts as required. The QP along with the facility manager will monitor the fire/disaster drills to ensure they are completed as required quarterly as required by DHHS.	Darrin McNeill Qualified Professional	Implementation Date: January 1st, 2020 Projected Completion Date: January 1 st 2020/ongoing
			Implementation Date: Projected Completion Date:
			Implementation Date: Projected Completion Date:
			Implementation Date: Projected Completion Date:
			Implementation Date: Projected Completion Date:

Serenity

THERAPEUTIC SERVICES
"We Provide Therapeutic Results"

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

FAX

To: Department of Health and Human Services

From: Anona McRae

Attention: _____

Fax #: 919-715-8078

Date: 12/12/19

Re: POC #3

Pages: 3 pages including cover sheet

- Urgent
 For review
 Please comment
 Please reply
 Please recycle

Notes: HIPAA Privacy Notification: This message and accompanying documents are covered by the Electronic Communication Privacy Act, 18 U.S.C. 2510-2521, and contain information intended for the specified individual(s) only. This information is confidential. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying, or taking of any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by email and delete the original message.

Comments:

Confidential