

PRINTED: 12/02/2019
FORM APPROVED

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

STREET ADDRESS, CITY, STATE, ZIP CODE

SERENITY THERAPEUTIC SERVICES #9**4739 SOUTH MAIN STREET
HOPE MILLS, NC 28348**

(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 survey was completed on November 22, 2019. 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 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. 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: 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,	V 114		

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

TITLE

(X6) DATE

*Renae MERE BS, Jp**12/10/19*

STATE FORM

6899

LT1M11

If continuation sheet 1 of 12

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
Address:		4739 South Main Street,		Email:	dmcnell14@nc.rr.com
Provider # MHL026-963					
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 are completed quarterly on each shift, to include week end shifts as required. The QP along with the facility manager will monitor the fire/disaster drills to ensure they are completed as required by DHHS.	Darrin McNeill	Implementation Date: 1/1/2020 Projected Completion Date: 1/1/2020 Ongoing		
V131 G.S.131E-256-256 (D2) HCPR Prior Employment Verification & Health Care Personnel Registry.	The Human Resource Manager along with the director will ensure all Health Care Personnel Registry checks is verified prior to hiring new staff within the agency. The Human Resource manager will only offer employment pending the results of the HCPR for the potential new hires to ensure they are not a on the HCPR.	Darrin McNeill	Implementation Date: 12/10/2020 Projected Completion Date: 12/10/2019 Ongoing		
V366 27G.0603 Incident Response Requirements	The Director along with the QP will train the facility managers the correct methods to report all incident reports inclusive of restorative interventions, which coincides DHHS Incident Reporting Requirements. This will assure managers of the facilities and staff effectively communicate and document incidents which may occur in the home/community. The QP's will also conduct weekly visits to the facilities to review documentation of incident reports and progress notes.	Darrin McNeill	Implementation Date: 1/2/2020 Projected Completion Date: 1/2/2020 Ongoing		



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

FAX

To: Department of Health and Human Services

From: Anona McRae

Attention: DHHS

Fax #: 919-715-8078

Date: 12/10/2019

Re: POC facility 9

Pages: 4 pages including cover sheet

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