STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-337	A. BUILDING: _____ B. WING _____	R 12/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY HOUSE	508 N RANSOM STREET GASTONIA, NC 28054

(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 follow up survey was completed on December 18, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

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V 117	Continued From page 1 This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure medication labels contain clear directions for administration affecting 1 of 3 clients (Client #2). The findings are: Observation on 12/11/19 at approximately 9:50am of Client #2's record revealed: -Bottle of medication with label affixed indicated Olpatadine (used to treat allergic conjunctivitis) 1 drop each eye as for 7 days with dispense date of 9/23/19. Review on 12/11/19 of Client #2's record revealed: -Admitted 7/10/19; -Diagnosed with Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Asthma, Borderline Intellectual Functioning, History of Asthma; -12 years old; -Physician's orders dated 8/19/19 for Olpatadine 1 drop to each eye daily as needed; -October, November, and December, 2019 MARs revealed Olpatadine 1 drop to each eye daily as needed. Interview on 12/11/19 with Client #2 revealed: -Only used the eye drops as needed; -Not sure how long it has been since she last used the eye drops. Interview on 12/11/19 with the Qualified Professional/Licensee revealed:	V 117		

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V 117	Continued From page 2 -Client #2 was administered the medication in the manner it was ordered by the physician and the MARs are correct; -The label on Client #2's eye drops will be replaced immediately.	V 117		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report medication errors to the physician or pharmacist affecting 2 of 3 clients (Clients #1 and #3). The findings are: Review on 12/11/19 of Client #1's record revealed: -Admitted 5/8/19; -Diagnosed with Major Depressive Disorder, Anxiety, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -16 years old. Review on 12/11/19 of Client #3's record revealed: -Admitted 5/23/19;	V 123		

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V 123	Continued From page 3 -Diagnosed with Attention Deficit Hyperactivity Disorder, Oppositional Defiant disorder, Major Depressive Disorder; -15 years old. Review on 12/11/19 of the facility's Incident Reports revealed: -Medication errors recorded for Client #1 on 10/4/19 (missed dose), 10/5/19 (missed dose), 11/28/19 (refused dose), and 11/29/19 (refused dose); -Medication errors recorded for Client #3 on 11/4/19 (refused dose) and 11/11/19 (no medication available); -No documentation of contact made to the physician or pharmacist. Interview on 12/11/19 with the Qualified Professional/Licensee revealed: -Will ensure contact is made to a physician or pharmacist for all medication errors in the future; This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 123		