	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL026-965	B. WING		01/08/2021	
AME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·	
ERENITY	THERAPEUTIC SERVI	CFS #10	RRIMAC DRIVE EVILLE, NC 28314			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLE DATE
V 000	INITIAL COMMENTS		V 000			
	2021. The complaints # NC00172704 and N was cited. This facility is license	vas completed on January 8, s were substantiated (intake NC00172500). A deficiency ed for the following service s 27G .5600C Supervised				
	Living for Adults with 27G .0208 Client Ser	Developmental Disabilities.	V 115			
	 (a) Facilities that provassure that: (1) space and supervastive and supervastive and supervastive and supervastive and treatment/habilities are suited are transported, the with secure adaptive (e) When two or more require special assist in a vehicle are transported ar	able for the ages, interests, ation needs of the clients ation needs of the clients ans designated or described 4-hour" shall make services day, every day in the year. ecified in the rule. We or prepare meals for hat the meals are nutritious. The have a physical handicap vehicle shall be equipped equipment. e preschool children who tance with boarding or riding sported in the same vehicle, dult, other than the driver, to				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MUI 026 065	B. WING			
	ROVIDER OR SUPPLIER	MHL026-965	ADDRESS, CITY, STATE		01	/08/2021
	ROVIDER OR SUFFLIER			, ZIF CODE		
SERENITY	(THERAPEUTIC SERVI	CES #10	EVILLE, NC 28314			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PREFIX	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 115	Continued From pag	e 1	V 115			
	facility failed to provid safety and welfare of (#6). The findings are Review on 01/06/21 revealed: - 25 year old male. - Admission date of 0 - Diagnoses of Autism Severe Intellectual D Intermittent Explosive Bronchopulmonary D Hearing Loss, Degen	ews and interviews, the de supervision to ensure the one of three audited clients e: of client #6's record 06/12/19. m Spectrum Disorder, evelopment Disorder (IDD),				
	Support Plan dated (- "Create a consister [Client #6's initials] to night staff needed." - "What a crisis looks the attempt or act in harm to his own body damage (usually che present in a wide ran head banging, hand- punching oneself, etc involve [Client #6] cry stubborn or defiant b lose control of his ph	at sleep routine that enables o go to bed early. Awake a like for me?Self-injury is which [Client #6] is causing y severe enough to cause ast beating). Self-injury can uge of behaviors including to-head banging, hitting or c. Emotional outbursts might ying, screaming, yelling and ehavior. [Client #6] might ysical state, and may have yn even if desired outcome				

STATEMENT	of Health Service Region OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION		E SURVEY
and plan (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL026-965	B. WING	B. WING		/08/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		CES #10 1908 ME	ERRIMAC DRIVE			
SERENIII	THERAPEUTIC SERVI	CES #10 FAYETT	EVILLE, NC 28314			
(X4) ID PREFIX	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIV		OF CORRECTION CTION SHOULD BE	(X5) COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIE		DATE
V 115	Continued From pag	e 2	V 115			
	struggle"					
		: Client #6 has support with				
	daily living, self-care	and independence: "Where				
	am I now: [Client #6]					
	·	on, supervision and some				
		with basic activities of				
	everyday life."					
		2: Client #6 has support with				
		y safe: "Where am I now:				
		as a history of exhibiting e has little to no recognition				
		us needs assistance with				
	-	ealth and safety. [Client #6's				
	initials] isn't capable					
		ver, it's important for him to				
	learn safety tips whil	-				
		of a North Carolina Incident				
		ent System report completed				
		essional (QP) revealed:				
	- Date of Incident: 11					
	- Time of Incident: U					
	- "Incident Comment					
		am, Staff 1 ([Staff #4]) and				
	Individual [Client #6]	ere instructed to take				
		cility for his scheduled bath				
	· · ·	e tub as he has a history of				
		tals, or allowing staff to wash				
		Staff 1 (staff #4) was getting				
		s initials] undressed at				
	approximately 10:15	am, staff noticed that the				
		appeared to be a scrape on				
	-	per body. Staff 1 (staff #4)				
	•	ormed the facility manager of				
		Staff also informed the				
		neither Staff 1 (staff #4) nor				
	. ,	e aware of how Individual				
	[Client #6's initials] g manager informed st	ot scraped. The facility				
	alth Service Regulation					

6899

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL026-965	B. WING		01	/08/2021
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
	THERAPEUTIC SERVI	CES #10	RRIMAC DRIVE			
		FAYETT	EVILLE, NC 28314			
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE A		D THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From page 3 individual's bath and apply first-aid to the area by cleaning the scrape with an anti-septic wipe and		V 115			
		applying a sterile gauze. The facility manager				
		hift staff (#6) as well as the				
		and staff #5) staff to see if				
		ndividual [Client #6's initials]'s				
	injury, however, the staff from both shifts stated					
		erve any injuries on [Client				
		hey witness any activity that				
		vound, such as a fall. The				
	-	eduled an appointment with				
		s initials]'s primary care				
	-	for further evaluation.				
	However, at the guar	rdian's request, Individual				
	[Client #6's initials] w	as transported to [Urgent				
	Care] of [Local City] i	in order to be seen sooner.				
	The physician observ	ved the area and stated that				
	it appeared that Indiv	/idual [Client #6's initials]				
	brushed or rubbed ag	gainst a sharp edge or area,				
	causing a scrape. Th	ne physician informed staff to				
	continue to clean the	wound every 12 hours and				
	apply Vaseline and a	gauze pad every 12 hours				
	until it is healed. On	12/1/2020, Individual [Client				
	#6's initials] attended	l a follow-up appointment at				
	[Physician's Office] w	vith his primary care				
	physician (PCP) and	at this time, his PCP				
	diagnosed the injury	as a 2nd degree burn.				
	Individual [Client #6's	s initials] was prescribed				
	silvadene (used to tre	eat infections on burn				
		oply to the wound once a day				
	-	en instructions to cleanse				
		vidual [Client #6's initials] has				
		pointment scheduled with his				
		he home manager inspected				
	• •	al environmental risks that				
		y caused the injury, however,				
	none have been obse					
		e of this incident, (the details				
		cident). The cause of the				
	incident is unknown a	at this time. However, on				1

NAME OF DROVIDER OR SUPPLIER DEFINITION ON NOMBER A BUILDING:		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
WME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SERENTTY THERAPEUTIC SERVICES #10 1008 MERRIMAC DRIVE FAYETTEVILLE, NC 28314 (X4) ID TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BERECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION). ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY V 115 Continued From page 4 V 115 11-24-20 at approximately 9:30 am, Staff 1 ([Staff #41] and Staff 2 ([Staff #11]) were instructed to take Individual [Client #65 initials] to another residential facility for his scheduled bath for him to soak in the tub as he has a history of not washing his genitals, or allowing staff to wash this area either. As Staff 1 (staff #44) was getting Individual [Client #65 initials] undressed at approximately 10:15 am, staff noticed that the individual had a scrape on the left side of his upper body. Staff 1 (staff #44) was getting Individual had a scrape on the left side of his upper body. Staff 1 (staff #44) hor Staff 2 (staff #11) were aware of how Individual [Client #65 initials] got scraped. The facility manager informed staff to complete the individual's bath and apply first-aid to the area by cleaning the scrape with an anti-septic wipe and applying a sterile gauze. The facility manager contacted the third shift staff as well as the second shift staff to see if they were aware of Individual [Client #65 initials] got scraped. The facility manager informed staff to complete the individual Staft and apply first-aid to the sreas ay activity that might have caused wound, such as a fall. The facility manager scheduled an appointment with Individual [Client #65 initials]'s primary care aware of Individual Client #65 inititals]'s primary care physicina t 1:15 pm for fu				A. BUILDING.			
BUMMARY STATEMENT OF DEFICIENCIES PRETRY TKG POWDER'S PLAN OF CORRECTION (APPETRY TKG OWNOULD SERVECTION UNITS REPRECEDED BY FULL REGULTORY OR LSC IDENTIFYING INFORMATION) PRETRY ING PRETRY TKG PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MUST REPRECEDED BY FULL REGULTORY OR LSC IDENTIFYING INFORMATION) PRETRY ING PRETRY ING PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MUST REPRECEDED BY FULL REGULTORY OR LSC IDENTIFYING INFORMATION) PRETRY ING PRETRY ING PRETRY ING PRETRY IEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY V115 Continued From page 4 V115 V115 Interview of the thirty of the scheduled bath for him to soak in the tub as he has a history of not washing his genitals, or allowing staff to wash this area either. As Staff 1 (staff #4) was getting individual Cleint #6's initials] undressed at approximately 10:15 am, staff noticed that the individual Ad a scrape on the left side of his upper body. Staff 1 (staff #4) hen immediately informed the facility manager of what was observed. Staff also informed the facility manager that neither Staff 1 (staff #4) nor Staff 2 (staff #1) were aware of how Individual [Client #6's initials] got scraped. The facility manager informed staff to complete the individual's bath and apply first-aid to the area by cleaning the scrape with an anti-septic wipe and applying a sterile gauze. The facility manager contacted the third shift staff as well as the second shift staff to see if they were aware of Individual [Client #6's initials] injury, however, the staff from both shifts stated that they did not observe any injuries on [Client #6's initiale] nor did they witheses any			MHL026-965	B. WING		01	/08/2021
FAYETTEVILLE, NC 28314 (4) ID SUMMARY STATEMENT OF DEFICIENCIES ID DR PROVIDER'S PLAN OF CORRECTION PREEX ID PRECIDENCY MUST BE RECEDED DO YFULL RECULATORY OR LSC IDENTIFYING INFORMATION) ID PRECIN PRECIN V 115 Continued From page 4 V 115 Continued From page 4 V 115 V 115 Continued From page 4 V 115 U 115 V 114 Continued From page 4 V 115 I 1-24-20 at approximately 9:30 am, Staff 1 ([Staff #4]) and Staff 2 ([Staff #1]) were instructed to take Individual [Client #6's initials] to another residential facility for his scheduled bath for him to scoak in the tub as he has a history of not washing his genitals, or allowing staff to wash this area either. As Staff 1 (staff #4) was getting Individual [Client #6's initials] undressed at approximately 10:15 am, staff noticed that the individual A ascrape on the left side of his upper body. Staff 1 (staff #4) hor Staff 2 (staff #1) were aware of how Individual [Client #6's initials] got scraped. The facility manager informed staff to complet the individual's bath and apply first-aid to the area by cleaning the scrape with an anti-septic wipe and applying a sterile gauze. The facility manager contacted the third shift staff as well as the second shift staff to see if they were aware of Individual [Client #6's initials] is injury, however, the staff from boh shifts stated that they did not observe any injuries on [Client #6's initials] nor did they witness any activity that might have caused wound, such as a fail. The facility manager scheduled an apportiment with Individual [Client #6's initials]'s primary care physician at	NAME OF PI	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
(M) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC DENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 115 Continued From page 4 V 115 11-24-20 at approximately 9:30 am, Staff 1 ([Staff #4]) and Staff 2 ([Staff #1]) were instructed to take Individual [Cellent #0's initials] to another residential facility for his scheduled bath for him to soak in the tub as he has a history of not washing his genitals, or allowing staff to wash this area either. As Staff 1 (staff #4) was getting Individual [Cilent #0's initials] undressed at approximately 10:15 am, staff noticed that the individual [Cilent #0's initials] undressed at approximately 10:15 am, staff noticed that the individual I f (staff #4) was getting Individual I f (staff #4) nor Staff 2 (staff #1) were aware of how Individual [Cilent #6's initials] got scraped. The facility manager of what was observed. Staff also informed the facility manager that neither Staff 1 (staff #4) nor Staff 2 (staff #1) were aware of how Individual [Cilent #6's initials] got scraped. The facility manager informed staff to complete the individual Staff as well as the second shift staff os eif they were aware of Individual [Clent #0's initials]'s injury, however, the staff from both shift staff as well as the second shift staff to see if they were aware of Individual [Clent #0's initials]'s injury, however, the staff from both shift staff to they did not observe any injuries on [Client #6's initials] nor did they witness any activity that might have caused wound, such as fall. The facility manager scheduled an appointment with Individual [Client #0's initials]'s injury, however, the staff from both staff acility manager scheduled an appointment with	SERENITY	Y THERAPEUTIC SERVIC	CES #10				
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) PREFIX TAG CACH CORRECTIVE ACTIONS HOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V115 Continued From page 4 V 115 11-24-20 at approximately 9:30 am, Staff 1 ([Staff #4]) and Staff 2 ([Staff #1]) were instructed to take Individual [Client #6's initials] to another residential facility for his scheduled bath for him to soak in the tub as he has a history of not washing his genitals, or allowing staff to wash this area either. As Staff 1 (staff #4) was getting Individual ICLient #6's initials] undressed at approximately 10:15 am, staff noticed that the individual fads oriformed the facility manager that neither Staff 1 (staff #4) then immediately informed the facility manager of what was observed. Staff also informed the facility manager that neither Staff 1 (staff #4) nor Staff 2 (staff #1) were aware of how Individual [Client #6's initials] got scraped. The facility manager informed staff to complete the individuals bath and apply first-aid to the area by cleaning the scrape with an anti-septic wipe and applying a sterile gauze. The facility manager contacted the third shift staff as well as the second shift staff to see if they were aware of Individual [Client #6's initials]'s injury, however, the staff from boh shifts stated that they did not observe any injuries on [Client #6's initials] nor did they witness any activity that might have caused wound, such as a fall. The facility manager scheduled an appointment with Individual [Client #6's initials]'s primary care physician at 1:15 pm for further evaluation.			FAYETT	EVILLE, NC 28314			
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<pre>#4]) and Staff 2 ([Staff #1]) were instructed to take Individual [Client #6's initials] to another residential facility for his scheduled bath for him to soak in the tub as he has a history of not washing his genitals, or allowing staff to wash this area either. As Staff 1 (staff #4) was getting Individual [Client #6's initials] undressed at approximately 10:15 am, staff noticed that the individual had a scrape on the left side of his upper body. Staff 1 (staff #4) then immediately informed the facility manager of what was observed. Staff also informed the facility manager that neither Staff 1 (staff #4) nor Staff 2 (staff #1) were aware of how Individual [Client #6's initials] got scraped. The facility manager informed staff to complete the individual's bath and apply first-aid to the area by cleaning the scrape with an anti-septic wipe and applying a sterile gauze. The facility manager contacted the third shift staff as well as the second shift staff to see if they were aware of Individual [Client #6's initials]'s injury, however, the staff from both shifts stated that they did not observe any injuries on [Client #6's initials] nor did they witness any activity that might have caused wound, such as a fall. The facility manager scheduled an appointment with Individual [Client #6's initials]'s primary care physician at 1:15 pm for further evaluation.</pre>	V 115	Continued From page	e 4	V 115			
[Client #6's initials] was transported to [UrgentCare] of [Local City] in order to be seen sooner.The physician observed the area and stated thatit appeared that Individual [Client #6's initials]brushed or rubbed against a sharp edge or area.The physician informed staff to continue to cleanthe wound every 12 hours and apply Vaseline anda gauze pad every 12 hours until it is healed."		11-24-20 at approxim #4]) and Staff 2 ([Sta take Individual [Clien residential facility for to soak in the tub as washing his genitals, area either. As Staff Individual [Client #6's approximately 10:15 individual had a scrap upper body. Staff 1 (s informed the facility r observed. Staff also i that neither Staff 1 (s were aware of how Ir got scraped. The faci to complete the indivi first-aid to the area by anti-septic wipe and a facility manager cont well as the second sh aware of Individual [C however, the staff fro they did not observe initials] nor did they w have caused wound, manager scheduled a Individual [Client #6's physician at 1:15 pm However, at the guar [Client #6's initials] w Care] of [Local City] i The physician observe it appeared that Indiv brushed or rubbed ag The physician inform the wound every 12 f	ately 9:30 am, Staff 1 ([Staff ff #1]) were instructed to t #6's initials] to another his scheduled bath for him he has a history of not or allowing staff to wash this 1 (staff #4) was getting 5 initials] undressed at am, staff noticed that the be on the left side of his staff #4) then immediately nanager of what was nformed the facility manager taff #4) nor Staff 2 (staff #1) ndividual [Client #6's initials] lity manager informed staff dual's bath and apply y cleaning the scrape with an applying a sterile gauze. The acted the third shift staff as nift staff to see if they were Client #6's initials]'s injury, m both shifts stated that any injuries on [Client #6's <i>i</i> tness any activity that might such as a fall. The facility an appointment with a initials]'s primary care for further evaluation. dian's request, Individual as transported to [Urgent n order to be seen sooner. red the area and stated that idual [Client #6's initials] gainst a sharp edge or area. ed staff to continue to clean nours and apply Vaseline and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL026-965	B. WING		01	/08/2021
IAME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE,	ZIP CODE		
ERENITY	THERAPEUTIC SERVI	CES #10	RRIMAC DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From pag	e 5	V 115			
	been or will be put in incident. The home of for potential environm potentially caused the been observed at this to provide monitoring future incidents." Review on 01/06/21 completed by the Fa 12/01/20 revealed: - Date of incident 12. - Time of incident 12. - Time of incident: 11 - "On 12/1/2020 at 1 #6's initials] attended Office] with his prima regarding an injury the that was initially thou during the follow-up [Client #6's initials]'s a 2nd degree burn. I was prescribed Silvat wound once a day u instructions to cleans [Client #6's initials] ha appointment schedu 12/7/2020. The hom facility for potential e have potentially caus have been observed #6's initials] has bee has displayed no sig	lam. 1:00am, Individual [Client d a follow-up [Physician ary care physician (PCP) hat occurred on 11/24/2020 ught to be a scrape. However, appointment, Individual PCP diagnosed the injury as ndividual [Client #6's initials] idene cream to apply to the ntil healed, and given se with plain water. Individual as another follow-up				
	were notified." - "Describe the caus of the incident is unk	e of the incidentThe cause nown at this time, however, s initials] was diagnosed with uring a follow-up				

STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			B. WING				
		MHL026-965					
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE			
ERENITY	THERAPEUTIC SERVIO	CES #10	EVILLE, NC 28314				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE	
V 115	Continued From page	e 6	V 115				
	been prevented or m as well as any correct been or will be put in incidentThe home of facility for potential efficiencies to the immediately. Staff wi individual for his head doctor's treatment rect Review on 01/06/21 of Form" signed by an U Assistant and dated - "Diagnosis/Findings - Treatment/Recomm BID (twice daily) ([ev	of a "Medical Consultation Jrgent Care Physician 11/24/20 revealed: 5: Laceration 1endations: Change dressing ery] 12 hr (hours)) [with] etroleum jelly til scabbed					
	Form" signed by clier 12/01/20 revealed: - "Reason for visit: sk - Diagnosis/Findings: flank - 1 cm (centime - Treatment/Recomm on telfa (dressing) pa day until healed. Clea pat dry."	nendations: Silvadene cream ad applied to wound once a anse with plain warm water,					
	rib cage dated 11/24/ - An approximately 1	of a picture of client #6's left /20 revealed: cm by 5cm pink area. to have the top layer of skin					
	Review on 01/06/21						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL026-965	B. WING		01	/08/2021
NAME OF PR	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
BERENITY	THERAPEUTIC SERVI	CES #10	ERRIMAC DRIVE EVILLE, NC 28314			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From page 7		V 115			
	Description: Callus of marks documented). - 11/24/20 thru 12/31 Description: Callus of (no self injurious marks) Review on 01/06/21 completed by the Fat 12/01/20 revealed: - "On 12/1/2020 at 1 #6's initials] attended Office] with his prima regarding an injury th that was initially thou during the follow-up [Client #6's initials]'s a 2nd degree burn,. was prescribed Silvat wound once a day u instructions to cleans [Client #6's initials] has appointment schedu 12/7/2020. The hom facility for potential e have been observed #6's initials] has bee has displayed no sig pain. The QP, opera were notified."	3/20 (1st, 2nd and 3rd shift) - on both feet. (no self injurious //20 (1st, 2nd and 3rd shift) - on both feet, Scar on left rib. rks documented). of a facility progress note acility Manager and signed 1:00am, Individual [Client d a follow-up [Physician ary care physician (PCP) hat occurred on 11/24/2020 ught to be a scrape. However, appointment, Individual PCP diagnosed the injury as Individual [Client #6's initials] adene cream to apply to the ntil healed, and given se with plain water. Individual mas another follow-up led with his PCP on e manager inspected the environmental risks that could sed the injury, however, none I at this time. Individual [Client n continuously monitored and ins of pain or discomfort or tions manager, and guardian				
	completed by staff # revealed: - "On 11-24-20 at ap ([Staff #4]) and Staff to take Individual [CI	4 and dated 11/24/20 proximately 9:30 am, Staff 1 2 ([Staff #1]) were instructed ient #6's initials] to another cility for his scheduled bath				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED
			A. BUILDING:			
		MHL026-965	B. WING		0.	1/08/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
SERENITY	THERAPEUTIC SERVI	CES #10	RRIMAC DRIVE			
		FAYETT	EVILLE, NC 28314			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From pag	e 8	V 115			
	not washing his geni this area either. As S Individual [Client #6's approximately 10:15 individual had what a the left side of his up then immediately info what was observed. facility manager that Staff 2 (staff #1) were [Client #6's initials] g manager informed st individual's bath and cleaning the scrape of applying a sterile gat contacted the third st second shift (staff #2 they were aware of hi injury, however, the sthat they did not obse #6's initials] nor did t might have caused of facility manager sche Individual [Client #6's physician at 1:15 pm However, at the guan [Client #6's initials] w Care] of [Local City] The physician observed it appeared that Indiv brushed or rubbed ag causing a scrape. Th continue to clean the apply Vaseline and a until it is healed. Staff	tub as he has a history of tals, or allowing staff to wash otaff 1 (staff #4) was getting is initials] undressed at am, staff noticed that the appeared to be a scrape on per body. Staff 1 (staff #4) ormed the facility manager of Staff also informed the neither Staff 1 (staff #4) nor e aware of how Individual ot scraped. The facility aff to complete the apply first-aid to the area by with an anti-septic wipe and uze. The facility manager hift staff (#6) as well as the and staff #5) staff to see if ndividual [Client #6's initials]'s staff from both shifts stated erve any injuries on [Client hey witness any activity that yound, such as a fall. The aduled an appointment with is initials]'s primary care for further evaluation. rdian's request, Individual ras transported to [Urgent in order to be seen sooner. we d the area and stated that yidual [Client #6's initials] gainst a sharp edge or area, he physician informed staff to a wound every 12 hours and gauze pad every 12 hours of escorted the individual here he was monitored as he				
	sat on the couch in the louch in the louch in the sate of the set of the sate	ne living room, watching TV.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		MHL026-965	B. WING		01	/08/2021
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
ERENITY	THERAPEUTIC SERV	ICES #10	ERRIMAC DRIVE			
		FAYETT	EVILLE, NC 28314			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From page 9		V 115			
		no signs of discomfort or pain. manger, and the guardian				
	Attempted interview on 01/05/21 client #6 did not make eye contact or respond verbally and was unable to participate in interview.					
	months. - All staff had client s working with the ind - He worked various - Staff monitor all the - He recalled the inju - He and staff #4 ha tub at a sister facility - Client #6 was getti was a mark underne - "It looked like it wa scratch."	the facility for approximately 3 specific training before ividuals at the facility. shifts at the facility. e clients. ury to client #6. d taken client #6 to soak in a α . ng undressed and and there eath client #6's arm. s a burn. It didn't look like a				
	weekend." - He and staff #4 too - Client #6 did not to discomfort. - Client #6 was very not typically "bump" - Staff are now come shift.	municating more from shift to				
	Interview on 01/05/2 - She had worked at one year. - All staff received cl with the individuals a - She usually worked	the facility for approximately ient specific training to work				

STATE FORM

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONS A. BUILDING:		(X3) DATE COMF	SURVEY
		MHL026-965	B. WING		01/08/2021	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP		01	/06/2021
		1908 ME	ERRIMAC DRIVE			
SERENIT	Y THERAPEUTIC SERVIO	SES #10 FAYETT	EVILLE, NC 28314			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
V 115	Continued From page	e 10	V 115			
	to client #6 on 11/24/ - She and staff #1 ha facility to soak in a tu - She thought it looke something. - "It didn't look like a li- - Client #6 may have "counter top." - The injury appeared - She and staff #1 too - The facility staff con- client #6 every shift. - She had not seen a - "I don't know what of to client #6)." Interview on 01/07/27 - He had worked at th - He recalled being to sustained. - He worked the 2nd 11/23/20 with staff #2 - There are 2 clients of live at the facility inclu- - He did not recall an 11/23/20. - Client #6 had a quie - The staff had discus happened to client #6 know." - He had not observe the clients. Interview on 01/07/27 - She had worked with how he got injured.	d taken client #6 to a sister b. ed like client #6 had hit burn." hit a sharp edge like a d fresh. ok client #6 to urgent care. npleted body checks on ny staff abuse client #6. could have happened (injury 1 staff #5 stated: he facility since June 2020. old about the injury client #6 shift the night before on 2. who have body checks who uding client #6. y behaviors with client #6 on et night. ssed what might have 5 and "no one seems to ed any staff mistreat any of				

Division of Health Service Regulation STATE FORM

Division of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CON	ISTRUCTION		SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
	MHL026-965	B. WING		01	/08/2021
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, Z	IP CODE		
	CES #10 1908 ME	RRIMAC DRIVE			
	FAYETT	EVILLE, NC 28314			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 115 Continued From pag	e 11	V 115			
Interview on 01/05/2 - He had worked as in 2020. - All staff receive clie - During the week 6 shift (7am-3pm), 2 or and 1 staff on overnin - On the weekend the 7am-7pm and 7pm to the day and 1 staff and - On the morning of #6 with him to the phy were noted. - Staff #1 and staff # sister facility to soak - Staff #1 and staff # client #6. - Client #6 was taken of a scrape was mad prescribed for treatm - Client #6 later went she said it looked like - Staff assist client #4 ambulates independ - He and staff were m injured. Interview on 01/07/2 - She had been supe approximately 1 and - Staff #4 had initially client #6.	1 the Facility Manager stated: manager since October ant specific training. staff work on the morning n evening shift (3pm-11pm) ght shift (11pm-7am). ere are 12 hour shifts o 7am. 2 staff work during t night. 11/24/20 he had taken client harmacy and no concerns 4 had taken client #6 to a in the tub. 44 discovered the scar on n to urgent care. A diagnosis le and Vaseline was hent. to his primary doctor and e a "burn." y checks every shift on client 6 with self care and he ently. not sure how client #6 got 1 the QP stated: ervising the facility for 1/2 years. y discovered the injury on thought to be a scrape and				

Division of Health Service Regulation STATE FORM

6899

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL026-965		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		B. WING		01	01/08/2021	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ERENITY	THERAPEUTIC SERVI	1908 ME	RRIMAC DRIVE			
		FAYETTE	EVILLE, NC 28314			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COM O THE APPROPRIATE D/	
V 115	Continued From page 12		V 115			
	 There were 2 different diagnoses, laceration and then later the doctor stated it was a 2nd degree burn. Client #6 is nonverbal and no determination had been made as to what happened to cause the injury. 					
	 Interview on 01/07/21 the Facility Director stated: He observed the injury on client #6 and thought it was a laceration. The urgent care medical provider diagnosed the injury as a laceration. Several days later the doctor made a diagnosis of a burn. There were no environmental issues which would have caused a burn at the facility. 					
	Review on 01/08/21 signed by the QP an - "What will you imm above rule violations from further risk or a immediately correct order to protect clien additional harm, the cameras in the comr include the office, kit	of a "Plan of Protection" d dated 01/08/21 revealed: ediately do to correct the in order to protect clients dditional harm? In order to the above rule violations in ts from further risk or Agency has installed non areas of the facility, to chen, living room, and				
	individuals personal violate their privacy i rights. The operation with the home mang reviews of the facility health and safety of monitored and carrie The QP has schedul the staff at House #1	vere not installed in the living quarters as to not n accordance with clients is manager, in conjunction er, will conduct periodic v cameras to ensure that the the individuals are being ed out by the staff on duty. ed a refresher training with 0 to review how to properly is and how to accurately				
	document body chec	cks when they are completed. on with the medical records				

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA UDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL026-965		IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
		B. WING		01	01/08/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
		CES #10 1908 ME	RRIMAC DRIVE			
SERENITI	THERAPEONC SERVI	FAYETT	EVILLE, NC 28314			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLET DATE
V 115	Continued From pag	e 13	V 115			
	specialist, will ensure	e that body checks are being				
	conducted daily on e					
	-	medical records specialist,				
	will ensure that any new observations and/or					
	notations on an individual's body check sheet,					
	have an incident report and progress note					
	documenting the wound/injury."					
	- "Describe your plans to make sure the above					
	happens. In order to immediately correct the					
	above rule violations in order to protect clients					
	from further risk or additional harm, the Agency					
	has installed cameras in the common areas of					
	the facility, to include the office, kitchen, living					
	room, and hallways; cameras were not installed					
	in the individuals personal living quarters as to not					
	violate their privacy in accordance with clients					
	rights. The operations manager, in conjunction					
	with the home manger, will conduct periodic					
	reviews of the facility cameras to ensure that the					
		the individuals is being				
	monitored and carrie	d out by the staff on duty.				
	The operations manager has ensured that the					
	home manager has a	access to view the facility				
	cameras at all times	via computer and the				
		issued mobile device. The				
		refresher training with the				
		n January 11, 2021 to review				
		luct body checks and how to				
	•	t body checks when they are				
		e week, the home manager				
		ument body checks on 1st				
	•	ill conduct and document				
	body checks on 2nd shift, and the scheduled					
	-	onduct and document body				
		he home manager will				
	-	ct and document body				
	checks on the weeke					
		when the home manager is				
		ility. The QP, in conjunction				
	with the home mana	ger and medical records				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL026-965		(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED			
				A. BUILDING:			
		B. WING		01	1/08/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
SERENITY	THERAPEUTIC SERVI	CES #10	ERRIMAC DRIVE EVILLE, NC 28314				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE COMF TO THE APPROPRIATE DA		
V 115	Continued From pag	e 14	V 115				
	specialist, will ensure that body checks are being conducted daily on each shift when monthly documentation is submitted on the 7th and 17th of each month. The QP, in conjunction with the home manager and medical records specialist, will ensure that any new observations and/or notations on an individual's body check sheet, has an incident report and progress note documenting the wound/injury in accordance with the Agency's policy on incident reporting. The QP and home manager will ensure that any injury/wound that requires more than first aid, is immediately evaluated and treated by a licensed medical provider."						
	Intellectual Developm Spectrum Disorder a Disorder. Client #6 is assistance with all of According to his India presents self-injury b beating, hand to hea punching self. Per st 11/24/20 client #6 did behaviors which coul or a 2nd degree burn body checks for clien revealed no injury pri requires awake staff his safety. Multiple fa client #6 on 11/23/20 until he was undress significant injury was intially diagnosed and during a subsequent days later the laceral degree burn. The Fa	ses to include Severe nental Disability, Autism nd Intermittent Explosive a non-verbal and requires his Activities of Daily Living. vidual Support Plan client #6 ehavior consisting of chest d banging and hitting or aff report on 11/23/20 and d not present any remarkable id have lead to a laceration a. A review of documented at #6 completed every shift for to 11/24/20. Client #6 and supervision to ensure hcility staff had interacted with a nd 11/24/20 and it was not ed for a bath that the discovered. Client #6 was d treated for a laceration and primary physician visit 6 ion was diagnosed as a 2nd cility Manager made a review ental causes and no risks					

Division of Health Service Regu STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL026-965	B. WING		01	/08/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
ERENITY	THERAPEUTIC SERVI	CES #10				
			EVILLE, NC 28314			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE COMPL TO THE APPROPRIATE DAT	
V 115	Continued From page 15		V 115			
	living facility. This is serious harm and mu days. An administrati imposed. If the violat days, an additional a \$500.00 per day will	a the 24 hour supervised a Type A1 rule violation for ust be corrected within 23 ive penalty of \$1,000.00 is ion is not corrected within 23 dministrative penalty of be imposed for each day the bliance beyond the 23rd day.				