

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL026-965</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/08/2021</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SERENITY THERAPEUTIC SERVICES #10**

**1908 MERRIMAC DRIVE  
FAYETTEVILLE, NC 28314**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| V 000                    | INITIAL COMMENTS<br><br>A complaint survey was completed on January 8, 2021. The complaints were substantiated (intake # NC00172704 and NC00172500). A deficiency was cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  | V 000               | <p><i>DHSR - Mental Health</i></p> <p><i>JAN 20 2021</i></p> <p><i>Lic. &amp; Cert. Section</i></p>                      |                          |
| V 115                    | 27G .0208 Client Services<br><br>10A NCAC 27G .0208 CLIENT SERVICES<br>(a) Facilities that provide activities for clients shall assure that:<br>(1) space and supervision is provided to ensure the safety and welfare of the clients;<br>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and<br>(3) clients participate in planning or determining activities.<br>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.<br>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.<br>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.<br>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children. | V 115               |  |                          |

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

*Deborah C. Pugh*

TITLE *QP*

(X6) DATE

*2/2/2021*

STATE FORM

6899

8WNS11

If continuation sheet 1 of 16

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| V 115                    | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to provide supervision to ensure the safety and welfare of one of three audited clients (#6). The findings are:</p> <p>Review on 01/06/21 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- 25 year old male.</li> <li>- Admission date of 06/12/19.</li> <li>- Diagnoses of Autism Spectrum Disorder, Severe Intellectual Development Disorder (IDD), Intermittent Explosive Disorder, Bronchopulmonary Dysplasia, Mild/Moderate Hearing Loss, Degenerative Myopia Right Eye and Grade 1 Intraventricular Hemorrhage.</li> </ul> <p>Review on 01/06/21 of client #6's Individual Support Plan dated 08/01/20 revealed:</p> <ul style="list-style-type: none"> <li>- "Create a consistent sleep routine that enables [Client #6's initials] to go to bed early. Awake night staff needed."</li> <li>- "What a crisis looks like for me?...Self-injury is the attempt or act in which [Client #6] is causing harm to his own body severe enough to cause damage (usually chest beating). Self-injury can present in a wide range of behaviors including head banging, hand-to-head banging, hitting or punching oneself, etc. Emotional outbursts might involve [Client #6] crying, screaming, yelling and stubborn or defiant behavior. [Client #6] might lose control of his physical state, and may have difficulty calming down even if desired outcome has been achieved. [Client #6] may display anxiety energy changes, yelling, fidgeting, hitting on objects and drawing staff into a power</li> </ul> | V 115               |  |                          |

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| V 115                    | <p>Continued From page 2</p> <p>struggle..."</p> <p>- Long Range Goal 1: Client #6 has support with daily living, self-care and independence: "Where am I now: [Client #6] requires prompting, engaging participation, supervision and some hands on assistance with basic activities of everyday life."</p> <p>- Long Range Goal 2: Client #6 has support with home and community safe: "Where am I now: [Client #6's initials] has a history of exhibiting unsafe behaviors. He has little to no recognition of safety hazards, thus needs assistance with minimizing risks to health and safety. [Client #6's initials] isn't capable of being at home unsupervised, however, it's important for him to learn safety tips while at home..."</p> <p>Review on 01/06/21 of a North Carolina Incident Response Improvement System report completed by the Qualified Professional (QP) revealed:</p> <p>- Date of Incident: 11/24/20.</p> <p>- Time of Incident: Unknown.</p> <p>- "Incident Comments: On 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 (sister) 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 what appeared to be 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</p> | V 115               |  |                          |



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| V 115                    | Continued From page 3<br><br>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 (#6) as well as the second shift (staff #2 and staff #5) 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. However, at the guardian's request, Individual [Client #6's initials] was transported to [Urgent Care] of [Local City] in order to be seen sooner. The physician observed the area and stated that it appeared that Individual [Client #6's initials] brushed or rubbed against a sharp edge or area, causing a scrape. The 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 a follow-up appointment at [Physician's Office] with his primary care physician (PCP) and at this time, his PCP diagnosed the injury as a 2nd degree burn. Individual [Client #6's initials] was prescribed silvadene (used to treat infections on burn patients) cream to apply to the wound once a day until healed, and given instructions to cleanse with plain water. Individual [Client #6's initials] has another follow-up appointment scheduled with his PCP on 12/7/2020. The home manager inspected the facility for potential environmental risks that could have potentially caused the injury, however, none have been observed at this time."<br>- "Describe the cause of this incident, (the details of what led to this incident). The cause of the incident is unknown at this time. However, on | V 115               |  |                          |

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| V 115                    | Continued From page 4<br><br>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 [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. However, at the guardian's request, Individual [Client #6's initials] was transported to [Urgent Care] of [Local City] in order to be seen sooner. The physician observed the area and stated that it appeared that Individual [Client #6's initials] brushed or rubbed against a sharp edge or area. The 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."<br>- "Describe how this type of incident may have been prevented or may be prevented in the future | V 115               |  |                          |



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| V 115                    | <p>Continued From page 5</p> <p>as well as any corrective measures that have been or will be put in place as a result of the incident. The home manager inspected the facility for potential environmental risks that could have potentially caused the injury, however, none have been observed at this time. The staff will continue to provide monitoring and supervision to prevent future incidents."</p> <p>Review on 01/06/21 of a facility incident report completed by the Facility Manager and signed 12/01/20 revealed:</p> <ul style="list-style-type: none"> <li>- Date of incident 12/01/20.</li> <li>- Time of incident: 11am.</li> <li>- "On 12/1/2020 at 11:00am, Individual [Client #6's initials] attended a follow-up [Physician Office] with his primary care physician (PCP) regarding an injury that occurred on 11/24/2020 that was initially thought to be a scrape. However, during the follow-up appointment, Individual [Client #6's initials]'s PCP diagnosed the injury as a 2nd degree burn. Individual [Client #6's initials] was prescribed Silvadene cream to apply to the wound once a day until healed, and given instructions to cleanse with plain water. Individual [Client #6's initials] has another follow-up appointment scheduled with his PCP on 12/7/2020. The home manager inspected the facility for potential environmental risks that could have potentially caused the injury, however, none have been observed at this time. Individual [Client #6's initials] has been continuously monitored and has displayed no signs of pain or discomfort or pain. The QP, operations manager, and guardian were notified."</li> <li>- "Describe the cause of the incident...The cause of the incident is unknown at this time, however, Individual [Client #6's initials] was diagnosed with a 2nd degree burn during a follow-up appointment that was initially treated as a</li> </ul> | V 115               |  |                          |

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| V 115  | <p>Continued From page 6</p> <p>scrape."</p> <p>- "Describe how this type of incident may have been prevented or may be prevented in the future as well as any corrective measures that have been or will be put in place as a result of the incident...The home manager will inspect the facility for potential environmental risks and report any deficiencies to the operations manager immediately. Staff will continue to monitored the individual for his health and safety and follow the doctor's treatment recommendations."</p> <p>Review on 01/06/21 of a "Medical Consultation Form" signed by an Urgent Care Physician Assistant and dated 11/24/20 revealed:</p> <p>- "Diagnosis/Findings: Laceration</p> <p>- Treatment/Recommendations: Change dressing BID (twice daily) ([every] 12 hr (hours)) [with] clean dressing and petroleum jelly til scabbed and healed. RTC (return to clinic) prn (as needed)."</p> <p>Review on 01/06/21 of a "Medical Consultation Form" signed by client #6's physician and dated 12/01/20 revealed:</p> <p>- "Reason for visit: skin wound on left chest</p> <p>- Diagnosis/Findings: 2nd degree burn to [Left] flank - 1 cm (centimeter) [by] 5 cm</p> <p>- Treatment/Recommendations: Silvadene cream on telfa (dressing) pad applied to wound once a day until healed. Cleanse with plain warm water, pat dry."</p> <p>Review on 01/05/21 of a picture of client #6's left rib cage dated 11/24/20 revealed:</p> <p>- An approximately 1cm by 5cm pink area.</p> <p>- The area appeared to have the top layer of skin torn away.</p> <p>Review on 01/06/21 of facility "Individual Body</p> | V 115  |  |  |

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| V 115                    | <p>Continued From page 7</p> <p>Checks" for client #6 revealed:</p> <ul style="list-style-type: none"> <li>- 11/15/20 thru 11/23/20 (1st, 2nd and 3rd shift) - Description: Callus on both feet. (no self injurious marks documented).</li> <li>- 11/24/20 thru 12/31/20 (1st, 2nd and 3rd shift) - Description: Callus on both feet, Scar on left rib. (no self injurious marks documented).</li> </ul> <p>Review on 01/06/21 of a facility progress note completed by the Facility Manager and signed 12/01/20 revealed:</p> <ul style="list-style-type: none"> <li>- "On 12/1/2020 at 11:00am, Individual [Client #6's initials] attended a follow-up [Physician Office] with his primary care physician (PCP) regarding an injury that occurred on 11/24/2020 that was initially thought to be a scrape. However, during the follow-up appointment, Individual [Client #6's initials]'s PCP diagnosed the injury as a 2nd degree burn,. Individual [Client #6's initials] was prescribed Silvadene cream to apply to the wound once a day until healed, and given instructions to cleanse with plain water. Individual [Client #6's initials] has another follow-up appointment scheduled with his PCP on 12/7/2020. The home manager inspected the facility for potential environmental risks that could have potentially caused the injury, however, none have been observed at this time. Individual [Client #6's initials] has been continuously monitored and has displayed no signs of pain or discomfort or pain. The QP, operations manager, and guardian were notified."</li> </ul> <p>Review on 01/06/21 of a facility progress note completed by staff #4 and dated 11/24/20 revealed:</p> <ul style="list-style-type: none"> <li>- "On 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 (sister) facility for his scheduled bath</li> </ul> | V 115               |  |                          |



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| V 115                    | Continued From page 8<br><br>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 what appeared to be 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 (#6) as well as the second shift (staff #2 and staff #5) 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. However, at the guardian's request, Individual [Client #6's initials] was transported to [Urgent Care] of [Local City] in order to be seen sooner. The physician observed the area and stated that it appeared that Individual [Client #6's initials] brushed or rubbed against a sharp edge or area, causing a scrape. The 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. Staff escorted the individual back to the facility where he was monitored as he sat on the couch in the living room, watching TV. Individual [Client #6's initials] was continuously monitored for the remainder of the | V 115               |  |                          |

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| V 115                    | <p>Continued From page 9</p> <p>shift and displayed no signs of discomfort or pain. The QP, operations manger, and the guardian were notified."</p> <p>Attempted interview on 01/05/21 client #6 did not make eye contact or respond verbally and was unable to participate in interview.</p> <p>Interview on 01/05/21 staff #1 stated:</p> <ul style="list-style-type: none"> <li>- He had worked at the facility for approximately 3 months.</li> <li>- All staff had client specific training before working with the individuals at the facility.</li> <li>- He worked various shifts at the facility.</li> <li>- Staff monitor all the clients.</li> <li>- He recalled the injury to client #6.</li> <li>- He and staff #4 had taken client #6 to soak in a tub at a sister facility.</li> <li>- Client #6 was getting undressed and and there was a mark underneath client #6's arm.</li> <li>- "It looked like it was a burn. It didn't look like a scratch."</li> <li>- "Someone should have seen (it). I was off that weekend."</li> <li>- He and staff #4 took client #6 to urgent care.</li> <li>- Client #6 did not to appear to be in any pain or discomfort.</li> <li>- Client #6 was very careful while walking and did not typically "bump" into things.</li> <li>- Staff are now communicating more from shift to shift.</li> <li>- He was not "sure what happened" to client #6.</li> </ul> <p>Interview on 01/05/21 staff #4 stated:</p> <ul style="list-style-type: none"> <li>- She had worked at the facility for approximately one year.</li> <li>- All staff received client specific training to work with the individuals at the facility.</li> <li>- She usually worked 1st shift- 7am to 3pm. She worked every other weekend for a 12 hour shift.</li> </ul> | V 115               |  |                          |

Division of Health Service Regulation

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|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL026-965</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/08/2021</b> |
|---|--|--|--|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SERENITY THERAPEUTIC SERVICES #10**

**1908 MERRIMAC DRIVE  
FAYETTEVILLE, NC 28314**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|--|---------------------|--|--------------------------|
| V 115                    | <p>Continued From page 10</p> <ul style="list-style-type: none"> <li>- She was one of the staff that noticed the injury to client #6 on 11/24/20.</li> <li>- She and staff #1 had taken client #6 to a sister facility to soak in a tub.</li> <li>- She thought it looked like client #6 had hit something.</li> <li>- "It didn't look like a burn."</li> <li>- Client #6 may have hit a sharp edge like a "counter top."</li> <li>- The injury appeared fresh.</li> <li>- She and staff #1 took client #6 to urgent care.</li> <li>- The facility staff completed body checks on client #6 every shift.</li> <li>- She had not seen any staff abuse client #6.</li> <li>- "I don't know what could have happened (injury to client #6)."</li> </ul> <p>Interview on 01/07/21 staff #5 stated:</p> <ul style="list-style-type: none"> <li>- He had worked at the facility since June 2020.</li> <li>- He recalled being told about the injury client #6 sustained.</li> <li>- He worked the 2nd shift the night before on 11/23/20 with staff #2.</li> <li>- There are 2 clients who have body checks who live at the facility including client #6.</li> <li>- He did not recall any behaviors with client #6 on 11/23/20.</li> <li>- Client #6 had a quiet night.</li> <li>- The staff had discussed what might have happened to client #6 and "no one seems to know."</li> <li>- He had not observed any staff mistreat any of the clients.</li> </ul> <p>Interview on 01/07/21 staff #2 stated:</p> <ul style="list-style-type: none"> <li>- She had worked with client #6 and had no idea how he got injured.</li> <li>- She had not seen any staff mistreat clients at the facility.</li> </ul> | V 115               |  |                          |



Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL026-965</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/08/2021</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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|--------------------------|--|---------------------|--|--------------------------|
| V 115                    | <p>Continued From page 11</p> <p>Interview on 01/05/21 the Facility Manager stated:</p> <ul style="list-style-type: none"> <li>- He had worked as manager since October 2020.</li> <li>- All staff receive client specific training.</li> <li>- During the week 6 staff work on the morning shift (7am-3pm), 2 on evening shift (3pm-11pm) and 1 staff on overnight shift (11pm-7am).</li> <li>- On the weekend there are 12 hour shifts 7am-7pm and 7pm to 7am. 2 staff work during the day and 1 staff at night.</li> <li>- On the morning of 11/24/20 he had taken client #6 with him to the pharmacy and no concerns were noted.</li> <li>- Staff #1 and staff #4 had taken client #6 to a sister facility to soak in the tub.</li> <li>- Staff #1 and staff #4 discovered the scar on client #6.</li> <li>- Client #6 was taken to urgent care. A diagnosis of a scrape was made and Vaseline was prescribed for treatment.</li> <li>- Client #6 later went to his primary doctor and she said it looked like a "burn."</li> <li>- Staff complete body checks every shift on client #6.</li> <li>- Staff assist client #6 with self care and he ambulates independently.</li> <li>- He and staff were not sure how client #6 got injured.</li> </ul> <p>Interview on 01/07/21 the QP stated:</p> <ul style="list-style-type: none"> <li>- She had been supervising the facility for approximately 1 and 1/2 years.</li> <li>- Staff #4 had initially discovered the injury on client #6.</li> <li>- The injury was first thought to be a scrape and not a burn.</li> <li>- The Facility Manager had reviewed the house for possible environmental causes of injury.</li> <li>- No safety issues had been identified at the facility.</li> </ul> | V 115               |  |                          |

Division of Health Service Regulation

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|--------------------------|---|---------------------|--|--------------------------|
| V 115                    | <p>Continued From page 12</p> <ul style="list-style-type: none"> <li>- There were 2 different diagnoses, laceration and then later the doctor stated it was a 2nd degree burn.</li> <li>- Client #6 is nonverbal and no determination had been made as to what happened to cause the injury.</li> </ul> <p>Interview on 01/07/21 the Facility Director stated:</p> <ul style="list-style-type: none"> <li>- He observed the injury on client #6 and thought it was a laceration.</li> <li>- The urgent care medical provider diagnosed the injury as a laceration.</li> <li>- Several days later the doctor made a diagnosis of a burn.</li> <li>- There were no environmental issues which would have caused a burn at the facility.</li> </ul> <p>Review on 01/08/21 of a "Plan of Protection" signed by the QP and dated 01/08/21 revealed:</p> <ul style="list-style-type: none"> <li>- "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? 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 health and safety of the individuals are being monitored and carried out by the staff on duty. The QP has scheduled a refresher training with the staff at House #10 to review how to properly conduct body checks and how to accurately document body checks when they are completed. The QP, in conjunction with the medical records</li> </ul> | V 115               |  |                          |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL026-965</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/08/2021</b> |
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|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SERENITY THERAPEUTIC SERVICES #10</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1908 MERRIMAC DRIVE<br/>FAYETTEVILLE, NC 28314</b> |
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|--------------------------|---|---------------------|--|--------------------------|
| V 115                    | Continued From page 13<br><br>specialist, will ensure that body checks are being conducted daily on each shift. The QP, in conjunction with the 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."<br>- "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 health and safety of the individuals is being monitored and carried out by the staff on duty. The operations manager has ensured that the home manager has access to view the facility cameras at all times via computer and the manager's company issued mobile device. The QP has scheduled a refresher training with the staff at House #10 on January 11, 2021 to review how to properly conduct body checks and how to accurately document body checks when they are completed. During the week, the home manager will conduct and document body checks on 1st shift, the lead staff will conduct and document body checks on 2nd shift, and the scheduled overnight staff will conduct and document body checks on 3rd shift; the home manager will assign staff to conduct and document body checks on the weekends and on Agency recognized holidays when the home manager is off and not at the facility. The QP, in conjunction with the home manager and medical records | V 115               |  |                          |



Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL026-965</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/08/2021</b> |
|---|--|--|--|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SERENITY THERAPEUTIC SERVICES #10**

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FAYETTEVILLE, NC 28314**

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|--------------------------|---|---------------------|--|--------------------------|
| V 115                    | <p>Continued From page 14</p> <p>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."</p> <p>Client #6 had diagnoses to include Severe Intellectual Developmental Disability, Autism Spectrum Disorder and Intermittent Explosive Disorder. Client #6 is non-verbal and requires assistance with all of his Activities of Daily Living. According to his Individual Support Plan client #6 presents self-injury behavior consisting of chest beating, hand to head banging and hitting or punching self. Per staff report on 11/23/20 and 11/24/20 client #6 did not present any remarkable behaviors which could have lead to a laceration or a 2nd degree burn. A review of documented body checks for client #6 completed every shift revealed no injury prior to 11/24/20. Client #6 requires awake staff and supervision to ensure his safety. Multiple facility staff had interacted with client #6 on 11/23/20 and 11/24/20 and it was not until he was undressed for a bath that the significant injury was discovered. Client #6 was intially diagnosed and treated for a laceration and during a subsequent primary physician visit 6 days later the laceration was diagnosed as a 2nd degree burn. The Facility Manager made a review of potential environmental causes and no risks were identified. No staff were able to state how</p> | V 115               |  |                          |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL026-965</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/08/2021</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SERENITY THERAPEUTIC SERVICES #10</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1908 MERRIMAC DRIVE<br/>FAYETTEVILLE, NC 28314</b> |
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|--------------------------|---|---------------------|--|--------------------------|
| V 115                    | Continued From page 15<br><br>the injury occurred in the 24 hour supervised living facility. This is a Type A1 rule violation for serious harm and must be corrected within 23 days. An administrative penalty of \$1,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. | V 115               |  |                          |

## 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

|   |   |               |                               |
|---|---|---------------|-------------------------------|
| <b>Provider Name:</b>                         | Serenity Therapeutic Services, Inc.         | <b>Phone:</b> | 910-904-7147                  |
| <b>Provider Contact Person for follow-up:</b> | Mr. Darrin McNeill/ Administrator           | <b>Fax:</b>   | 910-904-7148                  |
|   |   | <b>Email:</b> | dmcneill14@nc.rr.com          |
| <b>Address:</b>                               | 1908 Merrimac Drive, Fayetteville, NC 28304 |               |                               |
|   |   |               | <b>Provider # MHL-026-965</b> |

  

| Finding   | Corrective Action Steps  | Responsible Party     | Time Line   |
|---|--|-----------------------|---|
| <b>V115 27G. 0208 Client Services.</b><br><b>1. The facility failed to provide supervision to ensure the safety and welfare of one of three audited clients (#6).</b> | The CEO/director and operations manager have 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 manager, will conduct weekly reviews of the facility cameras to ensure that the health and safety of the individuals is being monitored and carried out by the staff on duty. The operations manager has ensured that the home manager has access to view the facility cameras at all times via computer and the manager's company issued mobile device. Additionally, the QP conducted a refresher training with the staff at House #10 on January 11, 2021 to review how to properly conduct body checks and how to accurately document body checks when they are completed. During the week, the home manager will conduct and document body checks on 1 <sup>st</sup> shift, the lead staff will conduct and document body checks on 2 <sup>nd</sup> shift, and the scheduled overnight staff will conduct and document body checks on 3 <sup>rd</sup> shift; the home manager will assign staff to conduct and document body checks on the weekends and on Agency recognized holidays when the home manager is off and not at the facility. The QP, in conjunction with the home manager and medical records specialist, will ensure that body checks are being conducted daily on each shift when monthly documentation is submitted on the 7 <sup>th</sup> and 17 <sup>th</sup> 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. | <b>Darrin McNeill</b> | <b>Implementation Date:</b><br>January 8, 2021<br><br><b>Projected Completion Date:</b><br>January 17, 2021 |



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|--|--|--|----------------------------|
|  |  |  |                            |
|  |  |  | Implementation Date:       |
|  |  |  | Projected Completion Date: |
|  |  |  | Implementation Date:       |
|  |  |  | Projected Completion Date: |
|  |  |  | Implementation Date:       |
|  |  |  | Projected Completion Date: |



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

**VIA CERTIFIED MAIL**

January 25, 2021

Darrin L. McNeill, Director  
Serenity Therapeutic Services, Inc.  
207 South Stewart Street  
Raeford, NC 28376

**RE: Type A1 Administrative Penalty**

**Serenity Therapeutic Services #10, 1908 Merrimac Drive, Fayetteville, NC 28314**  
**MHL #026-965**

**E-mail Address: dmcneill14@nc.rr.com**

Dear Mr. McNeill:

Based on the findings of this agency from a survey completed on January 8, 2021, we find that Serenity Therapeutic Services, Inc. has operated Serenity Therapeutic Services #10 in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services. After a review of the findings, this agency is taking the following action:

**Administrative Penalty** – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A1 administrative penalty of \$1,000.00 against Serenity Therapeutic Services, Inc. for violation of 10A NCAC 27G .0208 Client Services (V115). Payment of the penalty is to be made to the Division of Health Service Regulation and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalty is not paid within sixty (60) days of this notification, a 10% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

**Appeal Notice** – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

Office of Administrative Hearings

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

January 25, 2021  
Mr. McNeill  
Serenity Therapeutic Services, Inc.

6714 Mail Service Center  
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel  
Department of Health and Human Services  
Office of Legal Affairs  
Adams Building  
2001 Mail Service Center  
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at (252) 568-2744. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Wendy Boone, Eastern Branch Manager at (252) 568-2744.

Sincerely,

*Michiele Elliott*

Michiele Elliott, Acting Chief  
Mental Health Licensure & Certification Section

Cc: [dhsrreports@dhhs.nc.gov](mailto:dhsrreports@dhhs.nc.gov), DMH/DD/SAS  
[specialassistanceadmin@dhhs.nc.gov](mailto:specialassistanceadmin@dhhs.nc.gov), DAAS  
[Medicaid.dhsr.notice@dhhs.nc.gov](mailto:Medicaid.dhsr.notice@dhhs.nc.gov), NC Medicaid  
[accreditationNotifications@nctracks.com](mailto:accreditationNotifications@nctracks.com), NC Medicaid Fiscal Agent  
[DHSR@Alliancebhc.org](mailto:DHSR@Alliancebhc.org)  
Brenda Reid Jackson, Director, Cumberland County DSS  
Pam Pridgen, Administrative Supervisor





NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 25, 2021

Darrin L. McNeill, Director  
Serenity Therapeutic Services, Inc.  
207 South Stewart Street  
Raeford, NC 28376

Re: Complaint Survey completed January 8, 2021  
Serenity Therapeutic Services #10, 1908 Merrimac Drive, Fayetteville, NC 28314  
MHL # 026-965  
E-mail Address: [dmcneill14@nc.rr.com](mailto:dmcneill14@nc.rr.com)  
Intake #NC00172704 and NC00172500

Dear Mr. McNeill:

Thank you for the cooperation and courtesy extended during the complaint survey completed January 8, 2021. The complaints were substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- Type A1 rule violation is cited for **10A NCAC 27G .0208 Client Services (V115)**.

**Time Frames for Compliance**

- Type A1 violations must be **corrected** within 23 days from the exit date of the survey, which is January 31, 2021. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation by the 23<sup>rd</sup> day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against Serenity Therapeutic Services, Inc. for each day the deficiency remains out of compliance.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.  
***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

January 25, 2021  
Darrin McNeill  
Serenity Therapeutic Services, Inc.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear, Team Leader at (910)214-0350.

Sincerely,



Keith Hughes  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [DHSR@Alliancebhc.org](mailto:DHSR@Alliancebhc.org)  
Pam Pridgen, Administrative Assistant