STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
					R				
MHL026-965			B. WING 12/20/2021			20/2021			
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
SERENIT	SERENITY THERAPEUTIC SERVICES #10 1908 MERRIMAC DRIVE FAYETTEVILLE, NC 28314								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENC MUST BE PRECEDED E SC IDENTIFYING INFORI	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
V 000	00 INITIAL COMMENTS			V 000					
	An annual survey w 20, 2021. Deficience This facility is licens category: 10A NCA Living for Adults with	ies were cited. sed for the following C 27G .5600C Sup	g service ervised						
V 114	14 27G .0207 Emergency Plans and Supplies			V 114					
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.								
	This Rule is not me Based on record re failed to have fire a quarterly and repea findings are:	view and interview nd disaster drills he	the facility eld at least						
	Review on 12/20/22 October 2020 thru I - No fire drills docur for the 4th quarter of 2021.	November 2021 revented on the wee	/ealed: kend shifts						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
MHL026-965		B. WING			R 12/20/2021			
SERENITY THERAPEUTIC SERVICES #10				DDRESS, CITY, STATE, ZIP CODE RRIMAC DRIVE EVILLE, NC 28314				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 114	- No disaster drills of shifts for the 1st an 1st, 2nd or 3rd shift quarter of 2021. Interview on 12/17/2 - The facility utilized 7am to 3pm, 3pm to 1 - The weekend shift and 7pm to 7am. Interview on 12/20/2 stated: - She understood five completed quartor 1 - She understood the shift and 1 - Sh	documented for the value of 3rd quarter of 2022 drills documented for 21 the House Manager 3 shifts Monday through 11pm and 11pm to 11pm and 11pm to 15 were 12 hours, 7at 21 the Qualified profere and disaster drills	1 and no or the 2nd ger stated: u Friday, 7am. m to 7pm essional were to shifts	V 114				
V 736	EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor. This Rule is not me Based on observati was not maintained and orderly manner Observation on 12/ 8:40am revealed:	and a safe, clean, attri	end orderly ensive efacility eactive	V 736				

Division of Health Service Regulation

STATE FORM 6899 ZFEF11 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	MIII 000 005		B. WING			R	
MHL026-965			B. WING		12/2	20/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	STATE, ZIP CODE			
SERENI	TY THERAPEUTIC SE	RVICES #10	ERRIMAC DRI				
		FAYETT	EVILLE, NC 2	28314			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 736	Continued From pa	ige 2	V 736				
	room emitted a chir every 35 seconds. - Client #1's window - The bathroom for commode lid. - Client #2's bedroom the wall. - A dining room chate The light fixture about 3 of 5 lights that wood linterview on 12/20/2 stated: - She understood the maintenance.	rping sound approximately v blind had a broken slat. client #2 had a broken om had a baseball sized hole i hir was unstable and wobbled. bye the dining room table had					
V 752	2 27G .0304(b)(4) Hot Water Temperatures		V 752				
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water	source of the facility where clients are er, the temperature of the temperature of the temperature of the stained between 100-116 t.					
	failed to maintain the 100-116 degrees Fa Observation on 12/8:40am revealed:	et as evidenced by: ion and interviews, the facility ne water temperature betweer ahrenheit. The findings are: 17/21 at approximately nperature in the kitchen and					

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STATE FORM 6899 ZFEF11 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
			A. BUILDING.		R				
MHL026-965		B. WING		12/20/2021					
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
SERENITY THERAPEUTIC SERVICES #10 1908 MERRIMAC DRIVE FAYETTEVILLE, NC 28314									
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)			
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE			
V 752	Continued From pa	ge 3	V 752						
	hallway client bathr Fahrenheit.	oom was 67 degrees							
	- He was aware of t facility hot water.	21 the House Manager stated: the low temperature of the en called to find out what was er system.							

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Division of Health Service Regulation STATE FORM

ZFEF11 If continuation sheet 4 of 4