1	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Alteria de la companya del companya de la companya del companya de la companya de	LE CONSTRUCTION		E SURVEY PLETED
		MHL026-965	B. WING		1	R 20/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SERENI	TY THERAPEUTIC SE	RVICES #10	RRIMAC DR			
	OUMMAN DV OTA		VILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTROL OF THE SECOND	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	S	V 000			
	An annual survey w 20, 2021. Deficienci	as completed on December les were cited.				
	category: 10A NCA	ed for the following service C 27G .5600C Supervised n Developmental Disabilities.				
V 114	27G .0207 Emerger	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire plan area-wide disaster pshall be approved by authority. (b) The plan shall be and evacuation prooposted in the facility. (c) Fire and disaster shall be held at least repeated for each shunder conditions that	of EMERGENCY PLANS of for each facility and plan shall be developed and by the appropriate local of made available to all staff redures and routes shall be defilled in a 24-hour facility at quarterly and shall be nift. Drills shall be conducted at simulate fire emergencies. I have basic first aid supplies				
				DHSR - Mental I	Health	
	failed to have fire an	iew and interview the facility d disaster drills held at least		JAN 1 9 202	1	
	quarterly and repeat findings are:	ed on each shift. The		Lic. & Cert. Se	ction	
	October 2020 thru N - No fire drills docum	of facility records from ovember 2021 revealed: nented on the weekend shifts 2020 and the 2nd quarter of				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE DUAL (Park TITLE QUALIFIED ROLLING (X6) DATE 1 14 2072

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	t	COMPL	.ETED
					R	
		MHL026-965	B. WING			0/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SERENI	TY THERAPEUTIC SE	RVICES #10	RRIMAC DRI VILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	- No disaster drills of shifts for the 1st and 1st, 2nd or 3rd shift quarter of 2021.	documented for the weekend d 3rd quarter of 2021 and no drills documented for the 2nd 21 the House Manager stated:				
	7am to 3pm, 3pm to	I 3 shifts Monday thru Friday, o 11pm and 11pm to 7am. ts were 12 hours, 7am to 7pm				
	stated: - She understood fir be completed quarters on the understood the state of t	21 the Qualified professional re and disaster drills were to erly on each shift. he weekend 12 hour shifts s completed quarterly as well.				
V 736	27G .0303(c) Facilit	y and Grounds Maintenance	V 736			
	maintained in a safe	1996 (17 J. 17 C.				
	was not maintained and orderly manner. Observation on 12/1 8:40am revealed:	on and interview, the facility in a safe, clean, attractive				

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		SURVEY
7 11 10 1 12 11 1	0. 001112011011	I DENTINO AND EN	A. BUILDING	::	CON	LLILD
		MHL026-965	B. WING			R 20/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SERENI	TY THERAPEUTIC SE	RVICES #10	RRIMAC DR VILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	room emitted a chir every 35 seconds Client #1's window - The bathroom for commode lid Client #2's bedroo the wall A dining room cha The light fixture about 3 of 5 lights that wo linterview on 12/20/2 stated: - She understood the maintenance.	ping sound approximately blind had a broken slat. client #2 had a broken m had a baseball sized hole in ir was unstable and wobbled. bye the dining room table had	V 736			
V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each factor constructed and equensures the physical visitors. (4) In areas of exposed to hot water water shall be mained degrees Fahrenheit This Rule is not me Based on observation failed to maintain the 100-116 degrees Falled to maintain the 100-116		V 752			

Division of Health Service Regulation

STATE FORM 2FEF11 If continuation sheet 3 of 4

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY
				*	F	3
		MHL026-965	B. WING			20/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SERENI	TY THERAPEUTIC SE	DVICES #10	RRIMAC DRI VILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 752	Continued From pa	ge 3	V 752			
	hallway client bathro	oom was 67 degrees				
	 He was aware of t facility hot water. 	21 the House Manager stated: he low temperature of the en called to find out what was er system.				
						,

Division of Health Service Regulation

Appendix 1-B: Plan of Correction Form

	Plan of Correction		
Please com	Please complete <u>all</u> requested information and email completed Plan of Correction form to:	of Correction form to:	
	Plans.Of.Correction@dhhs.nc.gov		
Provider Name:	Serenity Therapeutic Services, Inc.	Phone: 910-	910-904-7147
Provider Contact Person for follow-in:	Darrin McNeill/ Administrator		910-904-7148
		Email: dmc	dmcneill14@nc.rr.com
Address:	1908 Merrimac Dr., Fayetteville, NC 28314	Pro	Provider #: MHL-026-965
Finding	Corrective Action Steps	Responsible Party	Timeline
V114 27G. 0207 Emergency Plan and Supplies 1. No fire drills documented on the weekend	1. The QP revised the fire drill schedule to ensure weekend shift fire	Darrin McNeill	Implementation Date:
shifts for the 4th quarter of 2020 and 2nd	the office manager will conduct monthly audits to confirm that weekend		January 1, 2022
quarter of 2021. 2. No disaster drills documented for the	shift fire drills are documented for each quarter, and to ensure the deficiency does not reoccur		Projected Completion Date:
weekend shifts for the 1st and 3rd quarter of	2. The QP revised the disaster drill schedule to ensure weekend shift		January 1, 2022
2021 and no 1st, 2nd, or 3rd shift drills documented for the 2nd quarter of 2021	disaster drills for all quarters of the year. The home manager in conjunction with the office manager will conduct monthly audits to		
	confirm that weekend shift disaster drills are documented for each quarter, and to ensure the deficiency does not reoccur		
V736 27G. 0303(c) Facility and Grounds	1. A professional alarm security company checked the facility's alarm	Darrin McNeill	Implementation Date:
Maintenance	system. The operations manager will schedule a time for the fire marshal		December 26, 2021
1. A Smoke detector in the hallway and client 3's	to check the alarm system as well. The home manager in conjunction		
every 35 seconds.	alarm system to ensure the deficiency does not reoccur		Projected Completion Date:
2. Client #1's window blind had a broken slat.	2. A professional maintenance technician replaced client #1's blinds.		January 21, 2022
 The bathroom for client #2 had a broken commode lid 	The home manager in conjunction with the operations manager will		
4. Client #2's bedroom had a baseball-sized hole	deficiency does not reoccur.		
in the wall.	3. A professional plumber replaced the commode in client #2's		
5. A dining room chair was unstable and	bathroom. The home manager in conjunction with the operations	342	
wonderd. 6. The light fixture above the dining room	manager will conduct monthly inspections of the facility commodes to ensure the deficiency does not reoccur		
table had 3 of 5 lights that worked.	4. A professional maintenance technician repaired client #2's wall. The		
	home manager in conjunction with the operations manager will conduct		
	does not reoccur.		
	5. A professional maintenance technician repaired the dining room chair.	110	
	The home manager in conjunction with the operations manager will conduct monthly inspections of the facility chairs to ensure the		
	deficiency does not reoccur.		
	6. A professional maintenance technician replaced the lights. The home		
	manager in conjunction with the operations manager will conduct		



MONTHLY FIRE/DISASTER DRILL SCHEDULES 2022

DATE	SHIFT	TYPE
Friday, January 7	1	FIRE
Tuesday, January 11	2	FIRE
Tuesday, January 18	1	UTILITY
Monday, January 17	3	DISASTER
Monday, January 24	2	HURRICANE WATCH
Monday, January 24	3	FIRE
Saturday, January 29 7a-7p	4	FIRE
Saturday,January 29 7p-7a	5	FIRE
Sunday, January 30 7a-7p	4	SEVERE THUNDERSTORM
Sunday, January 30 7p-7a	5	TORNADO WATCH
FEBRUARY		TORNADO WATCH
Wednesday, February 2	1	VIOLENCE
Friday, February 4	2	POWER OUTAGE
Monday, February 7	2	FIRE
Friday, February 18	3	FIRE
Sunday, February 13 7a-7p	4	FIRE
Sunday, February 13 7p-7a	5	FIRE
Friday, February 25	3	TORNADO WATCH
Sunday, February 27 7a-7p	4	DISASTER
Sunday, February 27 7p-7a	5	MEDICAL EMERGENCY
Monday, February 28	1	FIRE
MARCH		FIRE
Friday, March 4	2	FIRE
Saturday, March 12 7a-7p	4	DISASTER
Saturday, March 12 7p-7a	5	DISASTER
Wednesday, March 9	1	
Wednesday, March 9	3	FIRE
Monday, March 14	2	FIRE POWER OUTAGE
Tuesday, March 22	1	
Friday, March 18	3	TORNADO WATCH
Saturday, March 26 7a-7p	4	SEVERE THUNDERSTORM
Saturday, March 26 7p-7a	5	FIRE
Cutaraey, march 20 7p ra		I INC
APRIL		
Thursday, April 7	1	FIRE
Sunday, April 10 7a-7p	4	HURRICANE WATCH
Sunday, April 10 7p-7a	5	DISASTER
Monday, April 18	2	FIRE
Thursday, April 21	1	TORNADO WATCH
Friday, April 22	3	FIRE
Sunday, April 24 7a-7p	4	FIRE
	5	FIRE
Sunday April 24 7n-7a		
Sunday, April 24 7p-7a Tuesday, April 26		
Tuesday, April 26	2	FLOOD ADVERSORY
Tuesday, April 26 Friday, April 29		
Tuesday, April 26 Friday, April 29 MAY	2 3	FLOOD ADVERSORY VIOLENCE
Tuesday, April 26 Friday, April 29 MAY Monday, May 2	2 3	FLOOD ADVERSORY VIOLENCE SEVERE THUNDERSTORM
Tuesday, April 26 Friday, April 29 MAY Monday, May 2 Friday May, 6	2 3 1 1	FLOOD ADVERSORY VIOLENCE SEVERE THUNDERSTORM FIRE
Tuesday, April 26 Friday, April 29 MAY Monday, May 2 Friday May, 6 Tuesday, May 10	2 3 1 1 2	FLOOD ADVERSORY VIOLENCE SEVERE THUNDERSTORM FIRE VIOLENCE
Tuesday, April 26 Friday, April 29 MAY Monday, May 2 Friday May, 6	2 3 1 1	FLOOD ADVERSORY VIOLENCE SEVERE THUNDERSTORM FIRE



MONTHLY FIRE/DISASTER DRILL SCHEDULES 2022

Monday, May 23	2	FIRE
Saturday, May 28 7a-7p	4	TORNADO WATCH
Saturday, May 28 7p-7a	5	DISASTER
Sunday, May 30 7p-7a	5	FIRE
JUNE		The Action of the Control of the Con
Saturday, June 4 7a-7p	4	TORNADO WATCH
Sunday, June 6 7p-7a	5	DISASTER
Saturday, June 11 7a-7p	4	FIRE
Tuesday, June 14	3	FIRE
Monday, June 20	2	FIRE
Wednesday, June 22	3	MEDICAL EMERGENCY
Sunday, June 26 7p-7a	5	FIRE
Monday, June 27	2	VIOLENCE
Tuesday, June 28	1	TORNADO WATCH
Thursday, June 30	1 1	FIRE
JULY		
Saturday, July 2	3	UTILITY
Saturday, July 9 7a-7p	4	FIRE
Thursday, July 14	3	FIRE
Sunday, July 17 7p-7a	5	FIRE
	1	FIRE
Tuesday, July 19	2	FIRE
Friday, July 22	4	WINTER ADVISORY
Saturday, July 23 7a-7p	2	FLOOD ADVISORY
Monday, July 26	The second secon	
Friday, July 30	1	VIOLENCE TORNADO WATCH
Saturday, July 31	5	TORNADO WATCH
AUGUST		FIDE
Wednesday, August 3	3	FIRE
Saturday, August 6 7p-7a	5	DISASTER
Friday, August 12	2	FLOOD ADVISORY
Sunday, August 13 7a-7p	4	HURRICANE WARNING
Friday, August 19	2	FIRE
Sunday, August 21	4	FIRE
Wednesday August, 24	1	FIRE
Sunday, August 30 7p-7a	5	FIRE
Monday, August 29	3	POWER OUTAGE
Wednesday, August 31	1	Bomb THREAT
SEPTEMBER		DOMES OUTLOS
Thursday, September 1	1	POWER OUTAGE
Wednesday, September 7	3	TORNADO WATCH
Sunday, September 11 7a-7p	4	VIOLENCE
Tuesday, September 13	1	FIRE
Sunday, September 18 7a-7p	5	FIRE
Monday, September 19	3	FIRE
Saturday,September 24 7a-7p	5	DISASTER
Sunday, September 25 7p-7a	4	FIRE
Tuesday, September 27	2	FIRE
Friday, September 30	2	TORNADO
OCTOBER		
Wednsday, October 5	1	FIRE
Tuesday, October 11	2	FIRE
Sunday, October 16 7a-7p	4	FIRE
Sunday October 16 7p-7a	4	VIOLENCE
Monday, October 17	3	FIRE



MONTHLY FIRE/DISASTER DRILL SCHEDULES 2022

Wednesday, October 19	1	DISASTER
Monday, October 24	3	WINTER ADVISORY
Friday, October 28	2	FLOOD ADVISORY
Saturday, October 29 7p-7a	5	FIRE
Sunday, October 30 7a-7p	5	Medical Emergency
NOVEMBER		
Monday, November 2	2	FIRE
Tuesday, November 2	1	FIRE
Monday, November 7	2	HURRICANE WATCH
Wednesday, November 9	3	FIRE
Sunday, November 13	5	FIRE
Saturday, November 14 7a-7p	4	FIRE
Friday, November 18	3	POWER OUTAGE
Saturday, November 19 7p-7a	4	DISASTER
Saturday, November 26 7a-7p	5	HURRICANE WATCH
Wednesday, November 30	1	MEDICAL EMERGENY
DECEMBER		
Friday, December 2	1	BOMB THREAT
Tuesday, December 6	1	FIRE
Saturday, December 10 7p-7a		FLOOD ADVISORY
Monday, December 12	3	DISASTER
Friday, December 16	2	FIRE
Sunday, December 18 7a-7p	4	FIRE
Wednesday, December 21	3	FIRE
Saturday, December 24 7p-7a	5	FIRE
Monday, December 26	2	TORNADO WATCH
Saturday, December 31 7a-7p	4	VIOLENCE



Parker Gas- Fayetteville

www.parkergas.com

Statement

43589 \$986.35

Date:

12/31/21

Page 1 of 1

Services For:

SERENITY THERAPEUTIC SERVICES

Attn: DARREN MCNEILL 207 SOUTH STEWART ST RAEFORD, NC 28376

Date	Invoice #	Description	Total	Remaining
12/6/21	2815926	Delivery: 242.900 gals. Propane at 1446 SANDHILL RD 242.900 gals. Propane @ \$2.549000/gal - \$619.15 Regulatory Compliance Charge - \$5.75 NC State Sales Tax - \$29.68 Cumberland County NC Sales Tax - \$14.06 - SERENITY THERAPEUTIC #2 Tank: 500 Propane	\$668.64	\$668.64
12/10/21	2828903	Payment: Register Sale	-\$638.56	\$0.00
12/17/21	2863845	Delivery: 95.500 gals. Propane at 1908 MERRIMAC DR		
		95.500 gals. Propane @ \$3.049000/gal - \$291.18 Regulatory Compliance Charge - \$5.75 NC State Sales Tax - \$14.10 Cumberland County NC Sales Tax - \$6.68 - SERENITY THERAPEUTIC #10 Tank: 120 Propane	\$317.71	\$317.71
		Total		\$986.35





Invoice

Thomas Plumbing Inc.

PO Box 1093

Raeford, NC 28376

Mobile Phone: 910-904-3104 thomas@thomasplumbingnc.com

Billing Address

Serenity Therapeutic Services

Raeford, NC

Invoice Number: 1220112763

Invoice Date:

01/12/2022

Payment Terms: Due On Receipt

Invoice Amount: 465.45 Created By:

Steve Sides

Shipping Address

Serenity Therapeutic Services

Raeford, NC

Item#	Item Name	Quantity	Unit Price	Taxable	Total
0075	Elongated Water Closet Installed - Toilet, Parts + Installation Elongated Toilet Installed - Toilet, Parts + Installation	1.00	435.00	Х	435.00

Comments:

Thank you for choosing Thomas Plumbing Inc!

Do you have a moment to tell us what we're doing right? https://search.google.com/local/writereview? placeid=ChIJp_bHcegwq4kRb8Wg_g79hEM

Please note that all invoices are due within 30 days of invoice date. Invoices not paid within 30 days will incur a \$50.00 late fee.

1908 Merrimack dr

Replaced toilet in hall bathroom on left side of house near laundry room

Subtotal:

\$435.00

Hoke Coun Rate:

7%

Hoke Coun Amount:

30.45

Invoice Amount

\$ 465.45



Date	Requested By	Facility Number/Street Address	Date Maintenanca Notified	Work Completion Date
1/13/22	House 10	Horace 18 Hard or Frankling in 28904		

Priority Low, Mid,	Description	Hama	Pote	A veek
High	Description	Hours	Rate	Amount
High	Dining Room chairs and table are 60000			
	•		Purchased Supplies	
			Other	
Please submit a copy of your work order			Total	
to the Corporate Office.			Invoice #	

Approved By	Date
Worked Completed By	Date



Work Order

Date	Requested By	Facility Number/Street Address	Date Maintenance Notified	Work Completion Date
1110100		10	1/12/22	
Priority Low, Mid,	Description	Hours	Rate	Amount
High	2 hedroom			
High	Handicap har place			
	by fulet			
			Purchased Supplies	
Please submit a	copy of your work order		Other	
to the Corporat	e Office.	Land) (1.	Envoice #	1 12/25 Date
		Worked Completed By		Date



Data	Passaged Pro			Work Completion
Date	Requested By	Facility Number/Street Address	Date Maintenance Notified	Date
1/12/22	Rich/House 10	Hause 10		
Priority Low, Mid,				
High	Description	Hours	Rate	Amount
High	Total sont needs to			
0	be fixed			
			Purchased Supplies	
			Other	
Please submit a co	opy of your work order		Total	
o the Corporate (Office.		Invoice #	
		Approved By		Date
		Worked Completed By		Date



Work Order for Consumers					
Date	Requested By	Fadlity Number/Street Address	Date Maintenance Notified	Work Completion Date	
1/10/22	How 10	10	1110122	1/11/22	
Priority Low, Mid,	Description	Hours	Rate	Amount	
High	Blinds need to be	1/2	\$30.00	\$ 45.00	
. 1	registed in Red com				
Pill to fearning	er's initials) <u>CK</u>		Purchased Supplies	37.60	
Bill to (consum	er s milais/	Milage + Trip to	Other	921.00	
Please submit a	a copy of your work order	Lewes	Total	\$ 103	
to the Corporal			Invoice #		
1200		Lottalin		1/10/22_	



Work Order for Consumers

Date	Requested By	Facility Number/Street Address	Date Maintenance Notified	Work Completion
1/10/22	House 10	10	1/10/22	
Priority Law, MI	d, Description	Hours	Rate	Amount
High	Small hole in Believe			
	Wall			
Bill to (consur	ner's initials)		Purchased Supplies	
**************************************			Other	
Please submit	a copy of your work order		Total	
o the Corpor			Involce #	
the corpor.		mTalta		110/12
		Approved By		Dote
		Worked Completed By		Date

FAYEETEUILLE, NC 28304 (910) 213-1254 7771 GUOD MIDDLING DRIVE LOWE'S HOME CENTERS, LLC

SALE -

SALESM: \$2905KYV 4107871 [RANS#: 13940277 01-11-22

924712 AR 27X72 2-IN FW BLIND WH 107204 LCC SYSTEM USE ONLY 36.98 DISCOUNT EACH -1.84 35,14 0.00

SUBTOTAL: IAX: 35.14

INVOICE 13109 TOTAL: :331 37.60 37.60 2.46

TOTAL DISCOUNT:

LCC: XXXXXXXXXXXXX2207 AMOUNT:37.60 AUTHCD: 000268 1.84

SWIPEO REFID:195160 01/11/22 17:31:06 TERMINAL: 13 01/11/22 17:31:17

OF ITEMS PURCHASED: EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



FOR DETAILS ON OUR RETURN POLICY, VISIT THANK YOU FOR SHOPPING LOWE'S.

A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE AT OUR CUSTOMER SERVICE DESK LOWES.COM/RETURNS

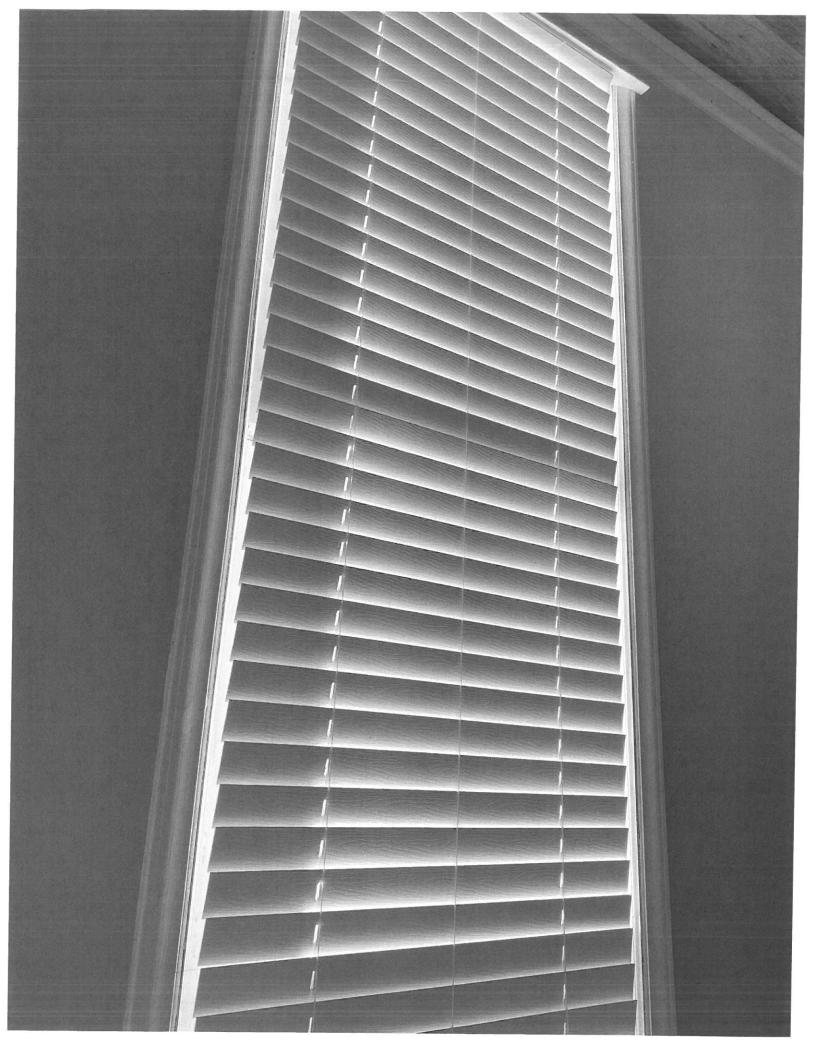
STURE MANAGER: GLORISEL LUGO

LOWE'S PRICE PROMISE

FOR MORE DETAILS, VISIT LOWES.COM/PRICEPROMISE









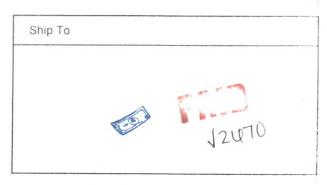
Allstate Security Services, LLC

Invoice

P.O. Box 65576 Fayetteville, NC 28306 (910)423-3900

Date	Invoice #
12/26/2021	21864

Bill To	
Serenity Therapeutic Services 1 207 South Stewart	
Raeford, NC 28376	



P O. Number	Terms	Rep	Ship	Via	F.O.B.		Project
			12/26/2021				
Quantity	Item Code		Description		Price	Each	Amount
1.5 SV	VC		Issue with Fire Alar	m System House #1		45.00 7.00%	67.50
e appreciate your pr	rompt payment.				Tota		\$67.50



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 5, 2022

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

Re: Annual Survey completed December 20, 2021

Serenity Therapeutic Services #10, 1908 Merrimac Drive, Fayetteville, NC 28314

MHL # 026-965

E-mail Address: dmcneill@nc.rr.com; qpa@serenitytservices.com

Dear Mr. McNeill:

Thank you for the cooperation and courtesy extended during the annual survey completed December 20, 2021

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

All tags cited are standard level deficiencies.

Time Frames for Compliance

Standard level deficiencies must be corrected within 60 days from the exit of the survey, which
is February 17, 2022.

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.

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

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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

January 5, 2022 Serenity Therapeutic Services #10 Serenity Therapeutic Services, Inc.

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

Leza Wainwright, Director, Trillium Health Resources LME/MCO

Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO

Pam Pridgen, Administrative Assistant