

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/18/2022
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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE, A DIVISION OF HOPE HAVI	STREET ADDRESS, CITY, STATE, ZIP CODE 172 SPRING STREET, SW CONCORD, NC 28025
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 2/18/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were currently trained in cardiopulmonary resuscitation (CPR) and first aid (FA) techniques provided by the Red Cross, the American Heart Association, or their equivalences for 3 of 3 staff. The findings are:</p> <p>Review on 2-10-22 of Staff #1's personnel record revealed: -Employed on 5-10-13 as a Technician; -CPR and FA training expired on 6-20-21.</p> <p>Review on 2-10-22 of Staff #2's personnel record revealed: -Employed on 2-24-14 as a Peer Support Specialist Technician; -had no record of CPR or FA on file.</p> <p>Review on 2-10-22 of the House Manager's personnel record revealed: -Employed on 11-22-21 as the House Manager; -CPR and FA training expired on 9-26-18.</p> <p>Interview on 2-8-22 with Staff #1 revealed: -hired as a technician to work directly with the clients in the home; -had received CPR and FA training; -had worked alone with some of clients during</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>transportation and at the group home.</p> <p>Interview on 2-8-22 with Staff #2 revealed: -hired as a Peer Support Specialist 8 years ago; -had received CPR/FA training in the past; -had worked alone with some of the clients in the home while his co-worker transported other clients into the community.</p> <p>Interview on 2-10-22 with the House Manager revealed: -had received CPR and FA training before employment; -was not aware that his CPR and FA was expired; -worked alone on 1st shift.</p> <p>Interview on 2-10-22 with the Director of Programming revealed: -would ensure that all staff received CPR and FA training.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by</p>	V 109		

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V 109	<p>Continued From page 3</p> <p>exhibiting core skills including:</p> <ul style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review, interviews, and observation, 1 of 1 audited qualified professional (Director of Programming) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p> </p> <p>CROSS REFERENCE: 10A NCAC 27G .5601 Scope (V289) Based on record review, interviews, and observation, the facility failed to provide services in the care, habilitation, or rehabilitation of individuals whose primary</p>	V 109		

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V 109	Continued From page 4 diagnosis is substance abuse dependency affecting 1 of 1 former clients (FC#4).	V 109		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to complete fire and disaster drills at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 2-7-22 of the facility's Fire and Disaster Drill Logs from January 2021 to January 2022 revealed: -the home operates with 3 shifts which were identified as 1st shift: 8am-5pm, 2nd shift: 5pm-12pm, and 3rd shift/overnight shift: 12pm-8am; -no 2nd shift fire drill completed for 3rd quarter (July 2021 - September 2021);</p>	V 114		

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V 114	<p>Continued From page 5</p> <p>-no 2nd shift fire drill completed for 4th quarter (October 2021 - December 2021).</p> <p>Interview on 2-7-22 with Client #1 revealed: -had lived in the home for over a year; -could only recall 2 or 3 Fire and Disaster drills since living in the home; -was not sure how often the drills were conducted.</p> <p>Interview on 2-7-22 with Client #2 revealed: -was admitted 3 months ago; -the facility had monthly Fire and Disaster drills.</p> <p>Interview on 2-7-22 with Client #3 revealed: -had lived in the home for 1 year and 4 months; -was not sure how often the Fire and Disaster drills were conducted; -"seems like it has been about 5-6 months ago."</p> <p>Interview on 2-8-22 with Staff #1 revealed: -Fire and Disaster drills occurred once a month; -the staff and Manager were responsible for conducting the drills.</p> <p>Interview on 2-8-22 with Staff #2 revealed: -Fire and Disaster drills were conducted on a regular basis; -seemed to miss most of them due to his work schedule.</p> <p>Interview on 2-10-22 with the House Manager revealed: -Fire and Disaster drills were conducted on a monthly basis, covering all shifts within a quarter; -had no issues with the drills.</p> <p>Interview on 2-10-22 with the Director Programming revealed: -was unaware that some Fire and Disaster drills</p>	V 114		

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V 114	Continued From page 6 were missing; -would have the Manager monitor the monthly drills to ensure that they were competed routinely. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review, interviews, and observation, the facility failed to ensure medications were administered with a signed prescription order, failed to ensure a MAR of all drugs administered to each client was kept current affecting 2 of 3 audited clients (#2, #3). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0208 Client Services (V123) Based on record reviews, observations, and interviews, the facility failed to ensure drug administration errors were reported immediately to a physician or pharmacist affecting 2 of 3 audited clients (#2, #3).</p> <p>Finding #1: Review on 2/7/22 of Client #2's record revealed: -admission date of 9/15/21; -diagnoses of Alcohol Use Disorder, Severe, Opioid Use Disorder, Severe in Sustained Remission; -Comprehensive Clinical Assessment dated 8/18/21 documented trouble maintaining employment, use of alcohol since age 9, had not used opiates in 4 years, and had completed previous inpatient treatments for abuse dependency; -treatment plan dated 12/2/21 documented the goal to remain sober while displaying healthy boundaries with peers and to obtain full time employment; -review of notes dated 11/1/21-2/7/22 revealed no</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>documentation of any issues with medication compliance.</p> <p>Review on 2/7/22 of Client #2's facility medical records revealed the following Physician/Nurse Practitioner (NP) orders:</p> <ul style="list-style-type: none"> -orders dated 9/9/21 for famotidine OTC (over the counter) 20mg (milligram) for GERD (gastroesophageal reflux disease), one tablet by mouth daily; -loratadine 10mg for allergies, 1 tablet by mouth daily; -fluticasone propionate 50mcg (microgram) nasal spray for allergies, 2 sprays in each nostril daily; -trazodone 50mg, PRN (as needed), for insomnia, 1 tablet by mouth at bedtime; -orders dated 11/16/21 for ibuprofen 200mg for body aches, headaches, fever, take 2 tablets PRN (as needed); -diphenhydramine 20mg for allergies PRN; -aspirin 325mg for aches, pains, headaches, PRN, take 1-2 tablets as needed; -orders dated 12/2/21 for certirizine HCL (hydrochloride) 10mg tablet for allergies, take 1 tablet by mouth every evening; -famotidine OTC 20mg for GERD, one tablet by mouth daily to be discontinued; -order dated 12/2/21 for potassium chloride 10mEq (milliequivalent) tablet, ER (extended release) for prevention of low blood levels of potassium, 1 tablet by mouth daily; -order dated 12/29/21 for omeprazole 40mg capsule, for GERD, 1 capsule by mouth daily. <p>Observation on 2/8/22 at 10:00am of Client #2's medications revealed:</p> <ul style="list-style-type: none"> -omeprazole 40mg, take 1 capsule by mouth once every morning; -potassium chloride 10mEq, take 1 capsule by mouth every morning; 	V 118		

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V 118	<p>Continued From page 9</p> <ul style="list-style-type: none"> -cetirizine HCL 10mg, take 1 tablet by mouth once every evening; -aspirin 325mg, take 1-2 tablets as needed every 4 hours; -ibuprofen 200mg, take 1-2 tablets as needed every 4 hours; -fluticasone propionate 50mcg nasal spray, 2 sprays in each nostril once daily. <p>Review on 2-8-22 of Client #2's MAR from 12/1/21 - 2/7/22 revealed there was no documentation client #2 received the following medications for the months of December 2021-February 2022:</p> <ul style="list-style-type: none"> -fluticasone propionate -diphenhydramine -cetirizine -potassium <p>Review on 2/8/22 of Client #2's MARs for 12/1/21-2/7/22 revealed:</p> <ul style="list-style-type: none"> -loratadine 10mg daily, administered two times daily at 8am and 12pm; -ibuprofen 200mg as needed was administered three times daily at 8am, 12pm, and 9pm; -aspirin 325mg 1-2 tablets as needed was administered three times daily at 8am, 12pm, and 9pm. -omeprazole DR 40mg capsule, take 1 capsule by mouth once every morning was not on the MAR for December 2021, January 2022, and February 2022; - diphenhydramine 20mg, as needed, was not on the MAR for December 2021, January 2022, and February 2022. <p>Review on 2/7/22 of Client #2's medication orders revealed:</p> <ul style="list-style-type: none"> - There were no medicaton orders available to review. On 2/8/22 the facility provided a 	V 118		

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V 118	<p>Continued From page 10</p> <p>Prescriber Letter dated 2/7/22. Review on 2/8/22 of the Prescriber Letter revealed:</p> <ul style="list-style-type: none"> -trazodone 50mg, 1 tablet po (by mouth) QHS (at bedtime), discontinued; -trazodone 50mg, 2 tablets po QHS, PRN for sleep; -famotidine 20mg, 1 tablet po daily, discontinued; -loratadine 10mg, 1 tablet po daily, discontinued; -cetirizine 10mg, 1 tablet po QHS for allergies; -omeprazole DR 40mg, 1 capsule po daily for GERD; -potassium CL ER 10meq, 1 capsule po daily for 5 days for heart; -fluticasone prop nasal spray 50mcg, 2 sprays each nostril QHS for allergies; -ibuprofen 200mg, 2 tablets po q (every) 8 hours PRN, "DO NOT TAKE WITH ASPIRIN"; -Aspirin 325mg, 1-2 tablets po q 4 hours PRN, "DO NOT TAKE WITH IBUPROFEN"; -diphenhydramine 25mg, 1 capsule po q 6 hours PRN for allergies. <p>Interview on 2-7-22 with Client #2 revealed:</p> <ul style="list-style-type: none"> -took his medications daily at 8am, 12pm, and 8pm; -Staff #1 administered medications; -visited the free clinic for medical examinations and medication orders; -had no problems with medical appointments or medications. <p>Finding #2:</p> <p>Review on 2/7/22 of Client#3's record revealed:</p> <ul style="list-style-type: none"> -admission date of 9/30/20; -diagnosis of Alcohol Use Disorder, Severe, Amphetamine Use Disorder, Severe, Opioid Use Disorder, Major Depressive Disorder; -Comprehensive Clinical Assessment dated 8/26/20 documented use of drugs and alcohol 	V 118		

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V 118	<p>Continued From page 11</p> <p>since the age of 24, separated from wife after their son died, was homeless, unemployed, had history of suicidal ideation with hospitalizations, and had no family or support system in town; -treatment plan dated 9/30/21 documented the goal to develop a new peer group that is supportive of recovery and maintain freedom from addiction by engaging in healthy relationships and boundaries with peers in efforts to build a strong support system; -review of notes dated 11/1/21-2/7/22 revealed no documentation of any issues with medication compliance.</p> <p>Review on 2/7/22 of Client #3's facility medical records revealed the following Physician/Nurse Practitioner (NP) orders: -orders dated 8/18/20 for atorvastatin 10mg for cholesterol, one tablet by mouth daily at bedtime; -melatonin 3mg for sleep, one tablet by mouth daily at bedtime; -amlodipine 10mg for blood pressure, one tablet by mouth daily; -aspirin 81mg for cardiac health, one tablet by mouth daily; -lisinopril 20mg for hypertension, one tablet by mouth daily; -sertraline 100mg for mood, one tablet by mouth daily.</p> <p>Observation on 2/8/22 at 10:00am of Client #3's medications revealed empt bottles of: -atorvastatin 10mg; -melatonin 3mg ; -amlodipine 10mg; -there was no bottle for aspirin 81mg; -lisinopril 20mg; -sertraline 100mg; -there was a bottle for Hydroxyzine Pam 50mg, filled 4/22/21 and an empty bottle that was last</p>	V 118		

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V 118	<p>Continued From page 12 filled on 8/2/21.</p> <p>Review on 2/7/22 of Client #3 medication orders revealed there was no order for Hydroxyzine Pam</p> <p>Review on 2-7-22 of Client #3's MAR from 12/1/21 - 2/7/22 revealed: -all dates and times were initialed by Client #3 and Staff #1 on the December 2021 MAR, January 2022 MAR, and February 2022 MAR indicating all medications listed were administered as ordered; -Hydroxyzine Pam 50mg was not on the December 2021 MAR, January 2022 MAR, or February 2022 MAR.</p> <p>Review on 2/7/22 of Client #3's medication orders and filled medication bottles for all medication revealed: - There were no medicaton orders nor medications available to review. On 2/8/22 the facility provided a Prescriber Letter dated 2/7/22. Review on 2/8/22 of the Prescriber Letter revealed: -hydroxyzine 50mg, one capsule po QHS, PRN for anxiety/sleep; -atorvastatin 10mg, one tablet po QHS for cholesterol; -amlodipine 10mg, one tablet po daily for blood pressure; -ASA (Aspirin) 81mg, one tablet po daily for heart health; -lisinopril 20mg, one tablet po daily for blood pressure; -sertraline 50mg, one tablet po daily for mood; -melatonin 3mg, one tablet po QHS PRN for sleep; -sertraline 100mg, one tablet po daily, discontinued.</p>	V 118		

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V 118	<p>Continued From page 13</p> <p>Interview on 2/7/22 with Client #3 revealed: -took his medications daily; -Staff #1 administered medications; -medications have been given by Hope Haven and through the free clinic; -had no problems with medical appointments or medications.</p> <p>Review on 2/8/22 of the facility's incident reports from 8/1/21-2/7/22 revealed: -the facility had no incident reports for missed medications.</p> <p>Interview on 2/8/22 with Staff #1 revealed: -the medication bottles have not been empty; -"every time I have administered, I have seen them take the pills, they have had medications in the bottles;" -"I give them their box and they pick up the bottles, unlock it, I'm right there, they take the pills out, and the bottles have not been empty;" -all the medications and pill bottles have been in the medication boxes; -they take themselves to the doctor and bring back their medication information and medications; -"they (the clients) sign the MAR and I sign the MAR every time they take medicine."</p> <p>Interview on 2/7/22, 2/8/22, and 2/11/22 with the House Manager revealed: -employed as the House Manager for 2 ½ months; -duties included: day to day operation of the home, ordering food, reporting maintenance issues, obtaining supplies for the house; -when hired, he did not receive Medication Training; -had not been instructed to monitor the medication closet or complete medication audits</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>but was told by his supervisor that the closet should always remain locked; -on 2/11/22 the House Manager revealed that he had received formal Medication Training from the agency's Nurse Practitioner on 2/10/22; -his direct supervisor was the Director of Programming and met with him 3-4 times a week; -was not aware of the last doctor's appointments for Client #2 or Client #3; -had no knowledge that Client #3's medication bottles were empty; -had no knowledge that Client #2 did not have all his ordered medications; -Staff #1 was responsible for assisting the clients with their medications and their refills; -"primarily it is their (the clients) responsibility but staff should assist them and remind them to call to get their refills because they don't want to run completely out."</p> <p>Interview on 2/7/22, 2/8/22 and 2/11/22 with the Director of Programming revealed: -hired as Director of Programming; -had a discussion with the House Manager about his responsibilities of the medication closet; -"told him that this (House Manager's) responsibility was to know everything about the operation of the medications, where it is stored, staff's responsibility of observing the medication pass, inventory of the medications;" -House Manager had not received formal Medication Training by a licensed staff since employed; -"it's my responsibility until he receives training;" -the House Manager received formal Medication Training on 2/10/22. Due to the failure to accurately document medication administration and failure to have ordered medication on site, it could not be determined if Client #2 and Client #3 received their medications as ordered by the</p>	V 118		

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V 118	<p>Continued From page 15</p> <p>physician/NP.</p> <p>Due to the failure to accurately document medication administration and failure to have ordered medications on site, it could not be determined if Client #2 and #3 received their medications as ordered by the physician/NP.</p> <p>Review on 2/7/22 of the first Plan of Protection written by the Director of Programming dated 2/7/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>Serenity house staff member was made aware that resident was out of medication and immediately scheduled an appointment with Hope Haven Inc. Nurse Practitioner and during this time, resident will have all of the medical needs met and will receive new prescriptions, which will include provider letters."</p> <p>"Describe your plans to make sure the above happens.</p> <p>Director of Programming made a appointment with provider scheduled for 2/7/22 at 6:00pm. [House Manager], will personally transport client to [city] for appointment."</p> <p>Review on 2/18/22 of the second Plan of Protection written by the Vice President of Clinical Services dated 2/18/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>1. All medical appointments, prescriptions, prescriber letters, and EMR documentation has</p>	V 118		

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V 118	<p>Continued From page 16</p> <p>been completed for each resident as of 2/7/22.</p> <p>2. [House Manager] completed his medication training conducted by [Nurse Practitioner], on 2/10/22.</p> <p>3. [House Manager] will be preparing, documenting, and inventorying all medication observations from 2/10/22 until all staff is trained on 2/18/22.</p> <p>4. [Staff #1] and [Staff #2] will receive medication observation training from [Nurse Practitioner], on 2/18/22 from 9am-10am.</p> <p>5. [House Manager, Staff #1 and Staff #2] will receive training on medication documentation in the EMR system from [Medication Coordinator], on 2/18/22 from 10:30am-12:30pm."</p> <p>"Describe your plans to make sure the above happens.</p> <p>1. Weekly monitoring will be done by the [Quality assurance] and [compliance specialist]and the [VP of Clinical Services]. The two staff will alternate weeks starting 2/21/22. During the weekly monitoring the below items will be reviewed:</p> <ol style="list-style-type: none"> 1. MAR in KIPU. 2. Inventory of medication in comparison to the MAR in KIPU. 3. Documentation of medication observation in KIPU. 4. Assess any other questions or concerns from the staff as needed. 5. [House Manager, Staff #1 and Staff #2] will have monthly training's from [medication coordinator], to ensure compliance with overall medication observation." <p>Client #2 was prescribed medications to address gastroesophageal reflux, sleep, potassium levels, pain, heart health, and allergies. Client #3 was</p> 	V 118		

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V 118	<p>Continued From page 17</p> <p>prescribed medications to address sleep, cholesterol, blood pressure, heart health, and mood. They were missing physician's orders for medications administered. There were ordered medications that were not on site. The MARs had client and staff initials for dosing dates with no medications on site to be administered. The MARs did not have all ordered medications transcribed for the months of December 2021, January 2022, and February 2022. There were numerous discrepancies for Client #2 and Client #3 throughout the MARs from 12/1/21-2/7/22 with no explanation for the following: missed doses, medications documented which were administered as routine medications instead of standing orders for as needed, and several missing initials as medications were not administered as ordered. MARs for Client #2 revealed that he was taking Aspirin and Ibuprofen at the same time, three times a day for 12/1/21-2/7/22. There were empty bottles of prescribed medications for Client #3. There were medications on site not listed on the MARs for Client #3. Client #3 was without his mood stabilizing medication for an unknown length of time. Staff #1 had not been conducting medication audits of the medication closet. The House Manager had not received formal Medication Training. The Director of Programming had not been completing oversight of the medication closet. The failure of the facility to ensure medications were administered as ordered for Clients #2 and #3, ensure the MARs were kept current, and report medication errors immediately to a physician or pharmacist constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$3,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of</p>	V 118		
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V 118	Continued From page 18 \$500.00 per day will be imposed each day the facility is out of compliance beyond the 23rd day.	V 118		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure drug administration errors were reported immediately to a physician or pharmacist affecting 2 of 3 audited clients (#2, #3). The findings are:</p> <p>Refer to V118 for additional information about client medication orders and administration.</p> <p>Finding #1: Review on 2/7/22 of Client #2's record revealed: -admission date of 9/15/21; -diagnoses of Alcohol Use Disorder, Severe, Opioid Use Disorder, Severe in Sustained Remission; -review of notes dated 11/1/21-2/7/22 revealed no documentation of any issues with medication</p>	V 123		

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V 123	<p>Continued From page 19</p> <p>compliance.</p> <p>Review on 2-8-22 of Client #2's MAR from 12/1/21 - 2/7/22 revealed there was no documentation client #2 received the following medications for the months of December 2021-February 2022:</p> <ul style="list-style-type: none"> -fluticasone propionate -diphenhydramine -cetirizine -potassium <p>Review on 2/8/22 of Client #2's MARs for 12/1/21-2/7/22 revealed:</p> <ul style="list-style-type: none"> -loratadine 10mg daily, administered two times daily at 8am and 12pm; -ibuprofen 200mg as needed was administered three times daily at 8am, 12pm, and 9pm; -aspirin 325mg 1-2 tablets as needed was administered three times daily at 8am, 12pm, and 9pm. -omeprazole DR 40mg capsule, take 1 capsule by mouth once every morning was not on the MAR for December 2021, January 2022, and February 2022; - diphenhydramine 20mg, as needed, was not on the MAR for December 2021, January 2022, and February 2022. <p>Finding #2:</p> <p>Review on 2/7/22 of Client#3's record revealed:</p> <ul style="list-style-type: none"> -admission date of 9/30/20; -diagnosis of Alcohol Use Disorder, Severe, Amphetamine Use Disorder, Severe, Opioid Use Disorder, Major Depressive Disorder; -review of notes dated 11/1/21-2/7/22 revealed no documentation of any issues with medication compliance. 	V 123		

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V 123	<p>Continued From page 20</p> <p>Review on 2-7-22 of Client #3's MAR from 12/1/21 - 2/7/22 revealed: -all dates and times were initialed by Client #3 and Staff #1 on the December 2021 MAR, January 2022 MAR, and February 2022 MAR indicating all medications listed were administered as ordered; -Hydroxyzine Pam 50mg was not on the December 2021 MAR, January 2022 MAR, or February 2022 MAR.</p> <p>Review on 2/8/22 of the facility's incident reports from 8/1/21-2/7/22 revealed: -the facility had no incident reports for missed medications.</p> <p>Interview on 2/7/22, 2/8/22, and 2/11/22 with the House Manager revealed: -employed as the House Manager for 2 ½ months; -duties included: day to day operation of the home, ordering food, reporting maintenance issues, obtaining supplies for the house; -had no knowledge that Client #3's medication bottles were empty; -had no knowledge that Client #2 did not have all his ordered medications;</p> <p>Interview on 2/7/22, 2/8/22 and 2/11/22 with the Director of Programming revealed: -"told him that this (House Manager's) responsibility was to know everything about the operation of the medications, where it is stored, staff's responsibility of observing the medication pass, inventory of the medications;" -"it's my responsibility until he receives training;"</p> <p>Due to the failure to accurately document medication administration and failure to have ordered medication on site, it could not be</p>	V 123		

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V 123	Continued From page 21 determined if Client #2 and Client #3 received their medications as ordered by the physician/NP. This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.	V 123		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;	V 289		

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V 289	<p>Continued From page 22</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review, interviews, and observation, the facility failed to provide services in the care, habilitation, or rehabilitation of individuals whose primary diagnosis is substance abuse dependency affecting 1 of 1 former clients</p>	V 289		

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V 289	<p>Continued From page 23 (FC#4).</p> <p>Review on 2/11/22 of FC #4's record revealed: -admission date: 12/23/19; -discharge date: 3/11/21; -discharge summary dated 3-11-21 noted a supportive network to include a sponsor and sober associates with progress towards the required levels while engaged in services; -transitioned from Level 1 treatment (recovery) towards a successful discharge and transitioned to Level 3 (sustained recovery) on 3/11/21.</p> <p>Observation on 2/8/22 at approximately 11:20am of Bedroom #1 revealed: -2 twin beds, 2 dressers, 2 nightstands, 2 closets which were all being used; -1 side of the bedroom had several bags of shoes and clothing piled on the floor which did not fit in the closet.</p> <p>Observation on 2/10/22 at approximately 9:30am of Bedroom #1 revealed: -one individual's belongings were in the room; -the room had an empty twin bed/mattress, an empty dresser, an empty nightstand, and an empty closet.</p> <p>Attempted phone interviews with FC #4 revealed: -2/8/22 at 4:39pm with "user busy" automated message; -2/8/22 at 5:16pm with "user busy" automated message; -2/8/22 at 6:56pm with "user busy" automated message; -2/9/22 at 8:27am with "user busy" automated message; -2/9/22 at 10:12am with "user busy" automated message.</p>	V 289		

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V 289	<p>Continued From page 24</p> <p>Interview on 2/8/22 with the House Manager revealed:</p> <ul style="list-style-type: none"> -Bedroom #1 was being used by a client receiving services and by a former client (FC)#4 that had moved out of the facility and into the Provider's unlicensed step down home located on a property behind the group home; -the Provider's home was being renovated and the Director of Programming had given instruction for FC #4 to temporarily move into the group home; -FC #4 had temporarily moved into the group home on 1/24/22; -when an individual reaches Level 3 (sustained recovery) they transition out of the group home and into the home behind the group home before they move into their own place; -the renovations would take a few weeks; -FC #4 was employed and was not at the group home during the day, did not eat meals at the group home, did not take any medications, and did not receive any assistance from staff; -was moving out into his own apartment; -"[Director of Programming] will have more knowledge about [FC #4] and his move." <p>Interview on 2/8/22 with the Director of Programming revealed:</p> <ul style="list-style-type: none"> -gave permission and instruction for FC #4 to move into the group home while the Provider's transitional home was being renovated; -FC #4 had received services from the group home previously and had transitioned out of the group home into the transitional home last year; -FC#4 was no longer receiving services from the group home; -the renovations were scheduled to take a couple of weeks; -FC #4 was moving out of the group home today, 2/8/22, into his own place. 	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/18/2022
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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE, A DIVISION OF HOPE HAVI	STREET ADDRESS, CITY, STATE, ZIP CODE 172 SPRING STREET, SW CONCORD, NC 28025
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 289	Continued From page 25 This deficiency is cross referenced into 10A NCAC 27G .0203 Competencies of Qualified Professional and Associate Professionals (V109) for a standard level deficiency.	V 289		