

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/17/2022
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NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #9	STREET ADDRESS, CITY, STATE, ZIP CODE 4739 SOUTH MAIN STREET HOPE MILLS, NC 28348
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 17, 2022. Defciencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 4 beds and currently has a census of 4. the survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment for two of three audited clients (#2 and #3). The findings are:</p> <p>Finding #1: Review on 03/16/22 and 03/17/22 of client #2's record revealed: - 33 year old male. - Admission date of 11/01/21. - Diagnoses of Severe Intellectual Developmental Disability (IDD), Schizoaffective Disorder-Bipolar Type, Gastroesophageal Reflux Disease and Hypertension. - "Individual Support Plan" dated 10/01/21. - No strategies to address client #2's elopement behaviors.</p> <p>Review on 03/17/22 of client #2's "Risk/Support Needs Assessment" dated 08/27/21 revealed: - He required "Positive Behavior Support" for behaviors to include "running away." - "Safety Supports in Home and Community...Requires close supervision due to risk of wandering away. Describe: [Client #2] will threaten to run away or say that he is going to walk out in traffic and kill himself. He has attempted to walk away from the group home on one occasion, but staff intervened. He has to have 1:1 staff at all times to prevent wandering away and/or elopement."</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>Review on 03/17/22 of a facility incident report dated 02/02/22 revealed:</p> <ul style="list-style-type: none"> - At approximately 12pm client #2 was outside smoking a cigarette. - Client #2 walked off the porch and down the driveway. - Client #2 responded to staff "he did not want to be quarantined in his room." - Client #2 walked down the road and staff followed him in a van. - Staff contacted 911 due to client #2's refusal to return to the group home. - Client #2 was taken to the hospital by medical personnel. <p>Interview on 03/15/22 client #2 stated:</p> <ul style="list-style-type: none"> - He was his own guardian. - He was unsure how long he had resided at the facility. - He had walked away from the facility and staff followed him. - The police brought him back to the facility. - He did not recall the date of the incident. <p>Finding #2: Review on 03/16/22 and 03/17/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 23/ year old male. - Admission date of 04/20/17. - Diagnoses of Mild IDD, Attention Deficit Hyperactivity Disorder-Inattentive Type, Autism Spectrum Disorder, Pedophilic Disorder-Exclusive Type and Hyperlipidemia. <p>Review on 03/16/22 of client #3's Treatment Plan dated 08/01/21 revealed:</p> <ul style="list-style-type: none"> - He must be supervised 1:1 during waking hours. - "[Client #3] lacks knowledge and awareness of basic social norms and skills. He is at risk for sexually inappropriate or illegal activities if he is 	V 112		

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V 112	<p>Continued From page 3</p> <p>unsupervised, is around minors, or around males he finds attractive..."</p> <ul style="list-style-type: none"> - He needed constant supervision while in the community. - He should never be left unsupervised with minors. <p>Review on 03/16/22 of client #3's "Positive Behavior Support Plan" dated 03/12/21 revealed:</p> <ul style="list-style-type: none"> - 22 year old male. - History of sexual assault. - "Incidents reported for plan year 2019 from 3/12/2019 through 3/12/2020: 7 incidents, all of which are sexually/socially/rule-breaking and inappropriate behaviors trying to engage others." <p>Interview on 03/15/22 client #3 stated:</p> <ul style="list-style-type: none"> - He had lived at the facility for five years. - He worked at a fast food restaurant. - He worked five days a week. - He does not have a job coach at his job. - Staff from the facility drop him off at work. - He got along well at work and the facility. <p>Interview on 03/15/22 staff #7 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility since 02/2022. - She mainly provided supervision in the community with client #3. - She worked 3pm to 9pm with client #3. - She took client #3 to his job at the fast food restaurant. - She supervised client #3 while he was at work. <p>Interview on 03/15/22 and 03/16/22 the Facility Manager stated:</p> <ul style="list-style-type: none"> - Client #2 had walked away from the facility in the beginning of February 2022. - Staff followed client #2 and the police were contacted. - Client #3 was taken to work by staff. 	V 112		

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V 112	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Staff supervised client #3 to ensure safety. - Staff #7 supervised client #3 at work. - If client #3 had to use the bathroom at work, staff #7 would have to wait outside the door. - It was difficult to get staff to work at the facility. <p>Interview on 03/16/22 the QP stated:</p> <ul style="list-style-type: none"> - Client #2 had walked off from the facility and was followed by staff. - They are working to complete a behavior plan for client #2. - She understood client #2 had a history of elopement and needed to have strategies to address the behavior. - She understood client #3 required supervision in the community. - Client #3 previously had a male staff that took him to work and supervised him. - She understood client #3 was required to have supervision in the bathroom while in the community. 	V 112		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If</p>	V 133		

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V 133	<p>Continued From page 5</p> <p>the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to</p>	V 133		

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V 133	<p>Continued From page 6</p> <p>the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider.</p>	V 133		

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V 133	<p>Continued From page 7</p> <p>If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19,</p>	V 133		

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V 133	<p>Continued From page 8</p> <p>False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a</p>	V 133		

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V 133	<p>Continued From page 9</p> <p>criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete a national criminal background check that included fingerprints for one of four audited staff (#7) that resided in North Carolina less than five years. The findings are:</p> <p>Review on 03/17/22 of staff #7's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of hire 02/11/22. - Job Title: Paraprofessional - Criminal record check dated 1/26/22. - Criminal record check indicated she lived in another state from 2007-2021. - No documentation the criminal record check included fingerprints. <p>Interview on 03/15/22 staff #7 stated:</p> <ul style="list-style-type: none"> - She began working at the facility in February 2022. - She had previously worked at a group home setting in another state. <p>Interview on 03/17/22 the Human Resource Manager stated:</p> <ul style="list-style-type: none"> - She was not aware of a national background checks along with fingerprints for staff residing in the state less than 5 years. - She would follow up with the Qualified 	V 133		

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V 133	Continued From page 10 Professional (QP) regarding background checks. Interview on 03/17/22 the QP stated she would follow up with the Human Resource Manager regarding a national background check along with fingerprints for staff #7.	V 133		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required	V 367		

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V 367	<p>Continued From page 11</p> <p>report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p>	V 367		

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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 367	<p>Continued From page 12</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 03/17/22 of the North Carolina Incident Response Improvement System (IRIS) website revealed: - No level II incident report for client #2's elopement from the facility and subsequent law enforcement involvement.</p> <p>Review on 03/16/22 and 03/17/22 of client #2's record revealed: - 33 year old male. - Admission date of 11/01/21. - Diagnoses of Severe Intellectual Developmental Disability (IDD), Schizoaffective Disorder-Bipolar Type, Gastroesophageal Reflux Disease and Hypertension.</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/17/2022
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V 367	<p>Continued From page 13</p> <p>Review on 03/17/22 of a facility incident report dated 02/02/22 revealed:</p> <ul style="list-style-type: none"> - At approximately 12pm client #2 was outside smoking a cigarette. - Client #2 walked off the porch and down the driveway. - Client #2 responded to staff "he did not want to be quarantined in his room." - Client #2 walked down the road and staff followed him in a van. - Staff contacted 911 due to client #2's refusal to return to the group home. - Client #2 was taken to the hospital by medical personnel. <p>Interview on 03/15/22 client #2 stated:</p> <ul style="list-style-type: none"> - He was his own guardian. - He was unsure how long he had resided at the facility. - He had walked away from the facility and staff followed him. - The police brought him back to the facility. - He did not recall the date of the incident. <p>Interview on 03/15/22 and 03/16/22 the Facility Manager stated:</p> <ul style="list-style-type: none"> - Client #2 had walked away from the facility in the beginning of February 2022. - Staff followed client #2 and the police were contacted. <p>Interview on 03/16/22 the QP stated:</p> <ul style="list-style-type: none"> - Client #2 had walked off from the facility and was followed by staff. - Staff called the police due to client 32's behavior. - She understood a level II IRIS report should be generated when a client's act involves a report to law enforcement or a potentially serious threat to the health and safety of self or others. 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/17/2022
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V 367	Continued From page 14 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 03/15/22 on 3:00pm of the facility revealed: - The ceiling near the dining room had a large water stain. - The air return vent in the dining room area was rusty and there were dark scuff marks on the wall. - Client #1's bedroom had a smoke detector emitting a chirping sound approximately every 35 seconds. 3 of 4 light bulbs did not work. Approximately 5 or 6 slats in the window blind were broken. - Client #4's bedroom had 1 of 3 ceiling fan light bulbs working - 4 of 6 light bulbs did not work in the client bathroom.	V 736		

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V 736	Continued From page 15 Interview on 03/17/22 the Qualified Professional stated: - Staff know to fix the smoke detector. - She had no additional questions regarding identified items at exit.	V 736		