		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R		
		MHL068-143	B. WING		02/	02/15/2022	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
SERENIT	Y CREST		TH NASH STR DROUGH, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on February 15, 2022. Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 5600A Supervised Living for Adults with Mental Illness.						
	The survey sample consisted of audits of 3 current clients.						
V 114	27G .0207 Emergency Plans and Supplies		V 114				
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facilit (c) Fire and disaster shall be held at lea repeated for each s under conditions th	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies					
	Based on record refacility failed to con under conditions the findings are: Review on 2/9/22 co	et as evidenced by: eviews and interviews, the duct fire and disaster drills at simulate emergencies. The of the facility's fire drills record	,				
	Review on 2/9/22 c revealed: ealth Service Regulation	of the facility's fire drills record					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: B. WING			R 02/15/2022	
	MHL068-143					
IAME OF PROVIDER OR SUPPLIEF	R STREET A	ADDRESS, CITY, STATE, ZIP CODE				
SERENITY CREST		TH NASH STR DROUGH, NC				
	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 114 Continued From p	age 1	V 114				
2-2-22 @ 6:15pm	2-2-22 @ 6:15pm					
1-8-22 @ 11pm						
11-3-21 @ 6:05am						
10-2-21 @ 9:30pn 9-13-21 @ 2:13pn						
8-25-21 @ 2.13pn	11					
	7-3-21 @ 10:30am					
5-13-21 @ 7am						
4-5-21 @ 3:30pm	4-5-21 @ 3:30pm					
	3-18-21 @ 7am					
	-There was no documentation of 2nd shift fire drill					
	for the month of June during the 2nd quarter of 2021.					
	-There was no documentation of 1st shift fire drill					
for the month of D	for the month of December during the 4th quarter					
of 2021.						
Review on 2/9/22	Review on 2/9/22 of the facility's disaster drills					
record revealed:						
2-2-22 @ 6pm						
1-8-22 @ 10pm						
11-3-21 @ 6:05am	ו					
10-2-21 @ 9pm	_					
9-13-21 @ 2:20pn 8-25-21 @ 7am	n					
7-3-21 @ 10am						
6-4-21 @ 6am						
5-31-21 @ 7am						
4-13-21 @ 3:30pn	n					
3-18-21 @ 3pm						
	cumentation of 1st shift disaster of December during the 4th					
quarter of 2021.						
	2 with client #1 revealed:					
	g at the group home for a long					
time. -We have fire and	disaster drills once a month.					
Interview on 2/9/2	2 with staff #1 revealed:					

Division of Health Service Regulation 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	
		MHL068-143	B. WING			15/2022
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BERENIT	TY CREST		RTH NASH STR DROUGH, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From pa	ige 2	V 114			
	-Staff is responsible request set system -Once drill complete reset system. -She had not comp home during her sh Interview on 2/15/2 revealed: -Staff working shift fire and disaster dri -Due to COVID, the maintaining staff. -She did contact the fire and disaster dri -She confirmed sta	ed call back to company to leted a drill with clients in the nift. 2 with Program Manager are responsible for completing				

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