

207 South Stewart Street
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FAX

To: DHHS

From: Anne M. Pe

Attention: Survey Department

Fax #: 919-715-8098

Date: 3/30/2022

Re: Poc Serenity #9

Pages: 1 pages including cover sheet

- Urgent
- For review
- Please comment
- Please reply
- Please recycle

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Comments:

Poc for Serenity #9 Per MR Keith Hughes

PRINTED: 03/25/2022
FORM APPROVED

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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(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 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		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] MSRE BS PP 3/30/22

Qualified Professional

Appendix I-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:
 Plans.Of.Correction@dhs.nc.gov

Provider Name:	Serenity Therapeutic Services Inc.		Phone:	910-904-7147
Provider Contact Person for follow-up:	Mr. Darrin McNeill/ Administrator		Fax:	910-904-7148
			Email:	dmcneill14@nc.rr.com
Address:	4739 South Main Street <div style="text-align: right;">Provider # MHI1026-963</div>			
Funding	Corrective Action Steps	Responsible Party	Time Line	
V112 27G.0205 Assessment and Treatment/Habilitation or Service	The QP/Director will review and ensure there are strategies/goals as listed in treatment plan coincide with the short- range goals constructed by QP. These goals implemented will address the specific needs of the individual which is discussed in the service plan and are implemented as such, to ensure the safety and well-being the of the individual as needed.	Darrin McNeill	Implementation Date: 5/16/2022 Projected Completion Date: Ongoing	
V112 27G.0205 Assessment and Treatment/Habilitation or Service	The QP/Director will review and ensure there are strategies/goals as listed in treatment plan coincide with the short- range goals constructed by QP. These goals implemented will address the specific needs of the individual which is discussed in the service plan and are implemented as such, to ensure the safety and well-being the of the individual as needed. The QP will ensure the individual receives supervision by male when scheduled to work/community as stated in his service plan. This male staff will accompany the individual the restroom to ensure the safety of persons in public when using the restroom in public establishments.	Darrin McNeill	Implementation Date: 5/16/2022 Projected Completion Date: Ongoing	

V133 G.S. 122C-80 Criminal History Record Check

The Director will ensure Human Resource Manager, is knowledgeable as it relates to the hiring process for identified staff living in the state for less than 5yrs. The Human Resource Manager will ensure the potentially new staff receives a fingerprint background check from local sheriff's office along with a nationwide criminal background check, and health care registry check prior to offering employment.

Darrin McNeill

Implementation Date: 5/16/2022

Projected Completion Date: Ongoing

V367 27G.0604 Incident Reporting Requirements

The QP will review the IRIS incident reporting manual to ensure the QP's are following the guidelines in which IRIS incident report should be submitted into IRIS. The QP will submit an IRIS incident report anytime law enforcement is contacted and, if it relates to any aggressive behaviors which deems a threat to the individual, staff, or persons within the community.

Darrin McNeill

Implementation Date: 4/28/2022

Projected Completion Date: Ongoing

V736 27G.0303 Facility and Grounds Maintenance

- The QP will ensure an outside contractor is hired to repair the water stain in the living room area.
- The air return vent in the dining room area will -be replaced by hired contracted staff.
- The facility manager/QP will ensure the smoke detectors are tested monthly, and batteries are changed as needed.
- All broken blinds will be replaced. when broken blinds are observed by facility manger, QP, and staff persons working on shift they will be replaced immediately by the maintenance team.
- All bulbs will be replaced immediately; the facility manager will inspect lights to ensure bulbs are working properly and replace them as needed. will ensure all blown bulbs are replaced The facility manger will complete a monthly residential check to ensure the home is in standards as it relates to DHSR.

Darrin McNeill

Implementation Date: 5/16/2022

Projected Completion Date: Ongoing