

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/23/2022
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NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #4	STREET ADDRESS, CITY, STATE, ZIP CODE 332 SOUTH MAIN STREET RAEFORD, NC 28376
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on June 23, 2022. The complaint was unsubstantiated (intake #NC00189050). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ol style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is 	V 132		

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

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V 132	<p>Continued From page 1</p> <p>providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure allegations of abuse were reported to the North Carolina Health Care Personnel Registry (HCPR) of the Division of Health Service Regulation within five working days affecting one of one former client (FC #5). The findings are:</p> <p>Review on 6/21/22 of FC #5's record revealed: -Admission date of 3/1/21. -Diagnoses of Autistic Disorder, Moderate Intellectual and Developmental Disability, Fragile X Syndrome, Bipolar 1 Disorder, Major Depressive Disorder with history of Manic Episodes, Bicuspid Aortic Valve, Short Frenulum and Strabismus. -He was discharged from the facility on 4/29/22.</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>Review on 6/21/22 of the facility's personnel files revealed: -Former Staff #8 had a hire date of 10/19/21 -FS #8 was hired as a Paraprofessional. -FS #8 was terminated on 6/14/22.</p> <p>Review on 6/21/22 of facility records revealed: -There was no documentation the facility reported an allegation of abuse to North Carolina HCPR.</p> <p>Interviews on 6/21/22 and 6/22/22 with the Qualified Professional revealed: -She received a phone from staff #1 after FC #5 was discharged from the facility in April 2022. Staff #1 informed her a detective came by the facility looking for FS #8. She spoke with the detective and was told FC #5 alleged FS #8 hit him with a towel. -She talked with FS #8 about the allegation FC #5 made against him, however she didn't document anything. -She did not report the allegation of abuse to HCPR because FC #5 was discharged from the facility. -This was the first time she dealt with an allegation being made after a client was discharged from the facility. -"I really didn't know how to handle that situation." -She confirmed the agency had not reported the alleged incident of abuse to North Carolina HCPR within five working days.</p>	V 132		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>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</p>	V 289		

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V 289	<p>Continued From page 3</p> <p>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.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</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</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>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 reviews and interview the facility failed to ensure minor and adult clients did not reside in the same facility affecting one of four current clients (#2). The findings are:</p> <p>a. Review on 6/21/22 of client #2's record revealed: -Admission date of 8/7/21. -Diagnoses of Mild Intellectual and Developmental Disability, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Unspecified Anxiety Disorder. -He was 17 years old.</p> <p>b. Review on 6/21/22 of client #1's record revealed: -Admission date of 8/30/21. -Diagnoses of Autism, Severe Intellectual and Developmental Disability, Disruptive Behavior</p>	V 289		

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V 289	<p>Continued From page 5</p> <p>Disorder and Diabetes. -He was 27 years old.</p> <p>c. Review on 6/21/22 of client #3's record revealed: -Admission date of 9/15/19. -Diagnoses of Unspecified Bipolar and Related Disorder, Moderate Intellectual and Developmental Disability, Autism Spectrum Disorder and Gastroesophageal Reflux Disease. -He was 35 years old.</p> <p>d. Review on 6/21/22 of client #4's record revealed: -Admission date of 5/7/21. -Diagnoses of Moderate Intellectual and Developmental Disability, Attention Deficit Hyperactivity Disorder, Psychotic Disorder, Fragile X Syndrome, History of Diabetes Insipidus, Mild Parkinson's and Tardive Dyskinesia. -He was 27 years old.</p> <p>Review of facility records on 6/21/22 revealed: -The Approval of Request for Waiver of Rule to allow minor and adult clients to reside in the same facility expired on 12/31/21.</p> <p>Interview on 6/21/22 with the Qualified Professional revealed: -She was responsible for doing the waiver request for the group home. -She actually thought it was an oversight that she didn't request a waiver for 2022 for client #2 to remain in the group home as a minor. -She confirmed client #2 was a minor and had been residing in the group home with adult clients.</p>	V 289		

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V 318	Continued From page 6	V 318		
V 318	<p>13O .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report an allegation of abuse to Health Care Personnel Registry within 24 hours of becoming aware of the allegation. The findings are: Refer to V-132 for specific details.</p>	V 318		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required 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>	V 367		

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V 367	<p>Continued From page 8</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> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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. 	V 367		

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V 367	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure incidents were reported to the LME for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 6/21/22 of FC #5's record revealed: -Admission date of 3/1/21. -Diagnoses of Autistic Disorder, Moderate Intellectual and Developmental Disability, Fragile X Syndrome, Bipolar 1 Disorder, Major Depressive Disorder with history of Manic Episodes, Bicuspid Aortic Valve, Short Frenulum and Strabismus. -He was discharged from the facility on 4/29/22.</p> <p>Review on 6/21/22 of the facility's personnel files revealed: -Former Staff #8 had a hire date of 10/19/21 -FS #8 was hired as a Paraprofessional. -FS #8 was terminated on 6/14/22.</p> <p>Review on 6/21/22 of facility records revealed: -There was no documentation of an incident report in the Incident Response Improvement System (IRIS) for an allegation of abuse.</p> <p>Interviews on 6/21/22 and 6/22/22 with the Qualified Professional revealed: -She received a phone from staff #1 after FC #5 was discharged from the facility in April 2022. Staff #1 informed her a detective came by the facility looking for FS #8. She spoke with the detective and was told FC #5 alleged FS #8 hit him with a towel. -She talked with FS #8 about the allegation FC #5</p>	V 367		

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V 367	Continued From page 10 made against him, however she didn't document anything. -She did not complete an incident report because FC #5 was discharged from the facility. -This was the first time she dealt with an allegation being made after a client was discharged from the facility. -"I really didn't know how to handle that situation." -She confirmed the facility failed to ensure a Level III incident report was submitted to the Local Management Entity (LME) within 72 hours as required.	V 367		