

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #12	STREET ADDRESS, CITY, STATE, ZIP CODE 6928 LAURINBURG ROAD RAEFORD, NC 28376
--	--

(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 survey was completed on June 23, 2022. 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 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews the facility's water temperature was not maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>a. Review on 6/22/22 of client #2's record revealed: -Admission date of 2/8/22. -Diagnoses of Autism, Moderate Intellectual and Developmental Disability, Scoliosis, Seizure Disorder and Dermatitis Eczema.</p> <p>b. Review on 6/22/22 of client #3's record</p>	V 752		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #12	STREET ADDRESS, CITY, STATE, ZIP CODE 6928 LAURINBURG ROAD RAEFORD, NC 28376
--	--

(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 752	<p>Continued From page 1</p> <p>revealed:</p> <ul style="list-style-type: none"> -Admission date of 5/24/22. -Diagnoses of Moderate Intellectual and Developmental Disability, Impulse Control Disorder, Attention Deficit Hyperactivity Disorder by history, Intermittent Explosive Disorder, Persistent Mood Affective Disorder and Asthma. <p>c. Review on 6/23/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 11/16/21. -Diagnoses Kleefstra Syndrome, Hypothyroidism, History of Seizures, Overactive Bladder, Vitamin D Deficiency and Muscle Weakness. <p>d. Review on 6/23/22 of client #6's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 3/18/22. -Diagnoses Autism, Intellectual and Developmental Disability-Unspecified and Intermittent Explosive Disorder. <p>Observation on 6/23/22 of the facility at approximately 7:40 AM revealed :</p> <ul style="list-style-type: none"> -Bathroom #2 (half bath)-The sink water temperature was 130 degrees Fahrenheit. -Bathroom #3-Sink and shower water temperatures were 125 degrees Fahrenheit. <p>Review on 6/23/22 of facility record revealed:</p> <ul style="list-style-type: none"> -There was no documentation of staff checking the water temperature in the three facility bathrooms. <p>Attempted interview on 6/23/22 revealed:</p> <ul style="list-style-type: none"> Client #2 could not be interviewed due to level of functioning. <p>Interview on 6/23/22 with client #3 revealed:</p> <ul style="list-style-type: none"> -Staff had to assist her with adjusting the water 	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #12	STREET ADDRESS, CITY, STATE, ZIP CODE 6928 LAURINBURG ROAD RAEFORD, NC 28376
--	--

(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 752	<p>Continued From page 2</p> <p>temperature whenever she washed her hands or took a shower.</p> <p>Interview on 6/23/22 with client #5 revealed: -Staff assisted him with adjusting the water temperature for washing his hands and bathing.</p> <p>Interview on 6/23/22 with client #6 revealed: -Staff assisted him with adjusting the water temperature for washing his hands and taking a shower.</p> <p>Interview on 6/23/22 with staff #1 revealed: -She was the Lead Staff for the facility. -Staff are required to check the water temperature during every shift. They only check the water temperature in the kitchen. -None of the staff or clients said anything to her about the water being too hot in those bathrooms. -They had not checked the bathrooms in the facility because "I assumed the temperature would be the same throughout the home." -Clients #1 and #4 were capable of adjusting the water for themselves during hand washing and bathing. -The other four clients were not capable of adjusting the water temperature during hand washing and bathing. -She confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.</p> <p>Interview on 6/23/22 with the Qualified Professional revealed: -She did not realize the water temperature in the bathrooms was above 116 degrees Fahrenheit. -Staff and clients did not say anything about the water being too hot in those bathrooms. -She thought clients #1 and 4 were the only two clients capable of adjusting the water</p>	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #12	STREET ADDRESS, CITY, STATE, ZIP CODE 6928 LAURINBURG ROAD RAEFORD, NC 28376
--	--

(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 752	<p>Continued From page 3</p> <p>temperature.</p> <p>-Clients #2, #3, #5 and #6 all require staff assistance with adjusting water temperature during hand washing and bathing.</p> <p>-She confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.</p> <p>Review on 6/23/22 of a Plan of Protection (POP) written by the Qualified Professional dated 6/23/22 revealed:</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care?: [The Qualified Professional] contacted the agency's technician to adjust the water temperature. [The Qualified Professional] in conjunction with [the Operations Manager and Home Manager], will ensure the water temperature is checked each shift at every sink and shower in the facility.</p> <p>-Describe your plans to make sure the above happens: [The Qualified Professional, Operations Manager and Home Manager] will ensure a daily water temperature log is kept in the facility that records the water temperature for each sink and shower located in the facility."</p> <p>The facility served clients whose diagnoses included Autism, Intellectual and Developmental Disabilities, Kleefstra Syndrome, Impulse Control Disorder, Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Persistent Mood Affective Disorder, Asthma and Seizure Disorder. Observation on 6/23/22 revealed the water temperature in bathroom #2 was 130 degrees Fahrenheit and bathroom #3 was 125 degrees Fahrenheit. According to staff #1 facility staff are required to check the facility's water temperature each shift, however staff only checked the kitchen</p>	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #12	STREET ADDRESS, CITY, STATE, ZIP CODE 6928 LAURINBURG ROAD RAEFORD, NC 28376
--	--

(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 752	<p>Continued From page 4</p> <p>sink. There was no documentation of staff checking the water temperature in the three facility bathrooms. Therefore, it was difficult to determine how long the water temperature in bathrooms #2 and #3 had been above 116 degrees. Clients #2, #3, #5 and #6 all required staff assistance with adjusting the water during hand washing and bathing.</p> <p>This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$500.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 752		