

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
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NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #12	STREET ADDRESS, CITY, STATE, ZIP CODE 6928 LAURINBURG ROAD RAEFORD, NC 28376
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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
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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 (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (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

Deborah C. Paul

TITLE *Qualified Professional*

(X6) DATE

7/7/22

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V 752	<p>Continued From page 1</p> <p>revealed: -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> <p>c. Review on 6/23/22 of client #5's record revealed: -Admission date of 11/16/21. -Diagnoses Kleefstra Syndrome, Hypothyroidism, History of Seizures, Overactive Bladder, Vitamin D Deficiency and Muscle Weakness.</p> <p>d. Review on 6/23/22 of client #6's record revealed: -Admission date of 3/18/22. -Diagnoses Autism, Intellectual and Developmental Disability-Unspecified and Intermittent Explosive Disorder.</p> <p>Observation on 6/23/22 of the facility at approximately 7:40 AM revealed : -Bathroom #2 (half bath)-The sink water temperature was 130 degrees Fahrenheit. -Bathroom #3-Sink and shower water temperatures were 125 degrees Fahrenheit.</p> <p>Review on 6/23/22 of facility record revealed: -There was no documentation of staff checking the water temperature in the three facility bathrooms.</p> <p>Attempted interview on 6/23/22 revealed: Client #2 could not be interviewed due to level of functioning.</p> <p>Interview on 6/23/22 with client #3 revealed: -Staff had to assist her with adjusting the water</p>	V 752		

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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		

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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		

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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		
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Appendix 1-B: Plan of Correction Form

Plan of Correction			
<p>Please complete <u>all</u> requested information and email completed Plan of Correction form to:</p> <p style="margin-left: 200px;">Plans.Of.Correction@dhhs.nc.gov</p>			
Provider Name:	Serenity Therapeutic Services, Inc.	Phone:	910-904-7147
Provider Contact Person for follow-up:	Darrin McNeill/ Administrator	Fax:	910-904-7148
		Email:	dmcneill14@nc.rr.com
Address:	6928 Laurinburg Rd., Raeford, NC 28376		Provider #: MHL-047-172
Finding	Corrective Action Steps	Responsible Party	Timeline
<p>V752 27G .0304(b)(4) Hot Water Temperatures 1. The facility's hot water temperature was not maintained between 100-116 degrees Fahrenheit.</p>	<p>1. The QP contacted the agency's maintenance technician to adjust the water heater while the surveyor was still on site. The QP, in conjunction with operations manager and, and home manager, will ensure the water temperature is checked each shift daily at every sink and shower/bathroom in the facility to ensure the deficiency does not reoccur. The QP also updated the agency's water temperature log to ensure the water temperature is recorded for each sink and shower/bathroom in the facility.</p>	<p>Darrin McNeill</p>	<p>Implementation Date: June 23, 2022</p> <hr/> <p>Projected Completion Date: June 23, 2022</p>



Month/Year: _____ House: _____

3rd Shift			1st Shift			2nd Shift		
Date	Temperature	Staff Initials	Date	Temperature	Staff Initials	Date	Temperature	Staff Initials
1	Kitchen Bathroom#1 Bathroom#2		1	Kitchen Bathroom#1 Bathroom#2		1	Kitchen Bathroom#1 Bathroom#2	
2	Kitchen Bathroom#1 Bathroom#2		2	Kitchen Bathroom#1 Bathroom#2		2	Kitchen Bathroom#1 Bathroom#2	
3	Kitchen Bathroom#1 Bathroom#2		3	Kitchen Bathroom#1 Bathroom#2		3	Kitchen Bathroom#1 Bathroom#2	
4	Kitchen Bathroom#1 Bathroom#2		4	Kitchen Bathroom#1 Bathroom#2		4	Kitchen Bathroom#1 Bathroom#2	
5	Kitchen Bathroom#1 Bathroom#2		5	Kitchen Bathroom#1 Bathroom#2		5	Kitchen Bathroom#1 Bathroom#2	
6	Kitchen Bathroom#1 Bathroom#2		6	Kitchen Bathroom#1 Bathroom#2		6	Kitchen Bathroom#1 Bathroom#2	
7	Kitchen Bathroom#1 Bathroom#2		7	Kitchen Bathroom#1 Bathroom#2		7	Kitchen Bathroom#1 Bathroom#2	
8	Kitchen Bathroom#1 Bathroom#2		8	Kitchen Bathroom#1 Bathroom#2		8	Kitchen Bathroom#1 Bathroom#2	
9	Kitchen Bathroom#1 Bathroom#2		9	Kitchen Bathroom#1 Bathroom#2		9	Kitchen Bathroom#1 Bathroom#2	
10	Kitchen Bathroom#1 Bathroom#2		10	Kitchen Bathroom#1 Bathroom#2		10	Kitchen Bathroom#1 Bathroom#2	
11	Kitchen Bathroom#1 Bathroom#2		11	Kitchen Bathroom#1 Bathroom#2		11	Kitchen Bathroom#1 Bathroom#2	
12	Kitchen Bathroom#1 Bathroom#2		12	Kitchen Bathroom#1 Bathroom#2		12	Kitchen Bathroom#1 Bathroom#2	
13	Kitchen Bathroom#1 Bathroom#2		13	Kitchen Bathroom#1 Bathroom#2		13	Kitchen Bathroom#1 Bathroom#2	
14	Kitchen Bathroom#1 Bathroom#2		14	Kitchen Bathroom#1 Bathroom#2		14	Kitchen Bathroom#1 Bathroom#2	
15	Kitchen Bathroom#1 Bathroom#2		15	Kitchen Bathroom#1 Bathroom#2		15	Kitchen Bathroom#1 Bathroom#2	
16	Kitchen Bathroom#1 Bathroom#2		16	Kitchen Bathroom#1 Bathroom#2		16	Kitchen Bathroom#1 Bathroom#2	
17	Kitchen Bathroom#1 Bathroom#2		17	Kitchen Bathroom#1 Bathroom#2		17	Kitchen Bathroom#1 Bathroom#2	
18	Kitchen Bathroom#1		18	Kitchen Bathroom#1		18	Kitchen Bathroom#1	

Send Result Report



MFP

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Firmware Version 2VG_S000.002.232 2021.04.21

RF61608744

07/07/2022 12:29

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Job No.: 013803

Total Time: 0°07'59"

Page: 014

Complete

RECEIVED

JUL 11 2022

Document:

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DHSR-MH Licensure Sect

207 South Stewart Street
Raeferd, NC 28376
Office #: (910) 904-7147
Fax #: (910) 904-7148



FAX

To: NC DHHS

From: Dannah C. Steele OP

Attention: Division of Health Service
Regulation

Fax #: 919-715-8070

Date: 7/7/2022

Re: POC for MHL-047-172

Pages: 11 pages including cover sheet

Urgent For review Please comment Please reply Please recycle

Notes: HIPAA Privacy Notification: This message and accompanying documents are covered by the Electronic Communication Privacy Act, 18 U.S.C. 2510-2521, and contain information intended for the specified individual(s) only. This information is confidential. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying, or taking of any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by email and delete the original message.

Comments:

Please see the attached POC for
MHL-047-172
Thank you,
Dannah Steele

No.	Date/Time	Destination	Times	Type	Result	Resolution/ECM
001	07/07/22 12:21	9197158078	0°07'59"	FAX	OK	200x100 Normal/Off



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 1, 2022

Darrin McNeill, Director
Serenity Therapeutic Services, Inc.
207 S. Stewart St.
Raeford, NC 28376

Re: Annual Survey Completed June 23, 2022
Serenity Therapeutic Services #12, 6928 Laurinburg Road, Raeford, NC 28376
MHL# 047-172
E-mail Address: dmcneill14@nc.rr.com qpa@serenitytservices.com

Dear Mr. McNeill:

Thank you for the cooperation and courtesy extended during the Annual survey completed 6/23/22.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A2 rule violation(s) is cited for 10A NCAC 27G .0304 Facility Design and Equipment (V752).

Time Frames for Compliance

- Type A2 violations must be **corrected** within 23 days from the exit date of the survey, which is 7/16/22. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A2 violation(s) by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against Serenity Therapeutic Services, Inc. for each day the deficiency remains out of compliance.

What to include in the Plan of Correction

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

7/1/2022

Serenity Therapeutic Services #12

Darrin McNeill

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,



Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

DHSR_Letters@sandhillscenter.org
DHSR@Alliancebhc.org
Pam Pridgen, Administrative Supervisor