

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-136</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/23/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SERENITY THERAPEUTIC SERVICES #4</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>332 SOUTH MAIN STREET RAEFORD, NC 28376</b>		
(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	INITIAL COMMENTS  A complaint survey was completed on June 23, 2022. The complaint was unsubstantiated (intake #NC00189050). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  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.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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: 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		

**RECEIVED**  
**JUL 13 2022**  
**DHSR-MH Licensure Sect**

Division of Health Service Regulation

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

*Carol A. Bell* TITLE *Qualified Professional* (X6) DATE *7/7/22*

STATE FORM

6899

16HZ11

If continuation sheet 1 of 11

Division of Health Service Regulation

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V 132	<p>Continued From page 1</p> <p>providing services).</p> <p>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			

Division of Health Service Regulation

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V 132	Continued From page 2  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.  Review on 6/21/22 of facility records revealed: -There was no documentation the facility reported an allegation of abuse to North Carolina HCPR.  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.	V 132			
V 289	27G .5601 Supervised Living - Scope  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	V 289			



Division of Health Service Regulation

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V 289	Continued From page 3  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. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (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	V 289		



Division of Health Service Regulation

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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)&amp;(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		

Division of Health Service Regulation

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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			

If continuation sheet 7 of 11



Division of Health Service Regulation

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V 367	Continued From page 7  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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident.	V 367			

Division of Health Service Regulation

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V 367	Continued From page 8  (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). (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: (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		

Division of Health Service Regulation

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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			

## Appendix 1-B: Plan of Correction Form

### Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

<b>Provider Name:</b>	Serenity Therapeutic Services, Inc.	<b>Phone:</b>	910-904-7147
<b>Provider Contact Person for follow-up:</b>	Darrin McNeill/ Administrator	<b>Fax:</b>	910-904-7148
		<b>Email:</b>	dmcneill14@nc.rr.com
<b>Address:</b>	332 S. Main St., Raeford, NC 28376		
	<b>Provider #: MHL-047-136</b>		

Finding	Corrective Action Steps	Responsible Party	Timeline
<b>V132 G.S. 131E-256(G) HCPR- Notification, Allegations, &amp; Protection</b> <b>1. The facility failed to ensure allegations of abuse were reported to the NC Health Care Personnel Registry (HCPR) of the Division of Health Service Regulation (DHSR) within five working days affecting one of one former clients (FC #5).</b>	1. The QP reported the allegation of abuse to the NC HCPR of DHSR's Complaint Intake Unit via the Investigation Report on 7/7/2022. The QP will continue to report all allegations of abuse to the NC HCPR within five working days, refer to the DHHS Incident Response and Reporting Manual, and contact the Host LME/MCO for clarity, as needed, to ensure the deficiency does not reoccur.	<b>Darrin McNeill</b>	<b>Implementation Date:</b> July 7, 2022  <b>Projected Completion Date:</b> July 7, 2022
<b>V289 27G .5601 Supervised Living - Scope</b> <b>1. The facility failed to ensure minor and adult clients did not reside in the same facility affecting one of four current clients (#2).</b>	1. The QP submitted an expedited age waiver renewal request to the Home LME/MCO on 6/24/2022. On 7/5/2022, the QP completed a virtual walkthrough of the facility with the Home LME/MCO as a part of the age waiver renewal process. Once the age waiver renewal is approved by the Home LME/MCO and a letter of support is provided, the QP will submit an age waiver renewal request to the NC DHSR Licensure section for final approval. The QP will ensure that age waiver requests are submitted prior to the expiration date in conjunction with the facility license renewal year, and maintain a quarterly audit of minors receiving services to ensure the deficiency does not reoccur.	<b>Darrin McNeill</b>	<b>Implementation Date:</b> June 24, 2022  <b>Projected Completion Date:</b> July 24, 2022
<b>V318 130 .0102 HCPR – 24 Hour Reporting</b> <b>1. The facility failed to report an allegation of abuse to HCPR within 24 hours of becoming aware of the allegation.</b>	1. The QP reported the allegation of abuse to the NC HCPR of DHSR's Complaint Intake Unit via the Investigation Report on 7/7/2022. The QP will continue to report all allegations of abuse to the NC HCPR within 24 hours of becoming aware an allegation, refer to the DHHS Incident Response and Reporting Manual, and contact the Host LME/MCO for clarity, as needed, to ensure the deficiency does not reoccur.	<b>Darrin McNeill</b>	<b>Implementation Date:</b> July 7, 2022  <b>Projected Completion Date:</b> July 7, 2022
<b>V367 27G .0604 HCPR – Incident Reporting Requirements for Category A and B Providers</b> <b>1. 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.</b>	1. The QP reported the incident to the LME for the catchment where the service was provided on 7/7/2022 via the NC Incident Response Improvement System (IRIS). The QP will continue to report all required incidents to the LME for the catchment where services are provided within 72 hours of becoming aware of the incident, as needed. The QP will refer to the DHHS Incident Response and Reporting Manual, and contact the Host LME/MCO for clarity, as needed, to ensure the	<b>Darrin McNeill</b>	<b>Implementation Date:</b> July 7, 2022  <b>Projected Completion Date:</b> July 7, 2022

	deficiency does not reoccur.		
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## Initial Allegation Report

All allegations against health care personnel, including injuries of unknown source which appear to be related to resident abuse or neglect, must be reported to the HCPR within 24-hours. [See N.C. General Statute 131E-256(g)]

Skilled nursing facilities (SNF)/nursing facilities (NF), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and Hospices providing services in a long term care (LTC) facility are required to report a reasonable suspicion of a crime with resulting serious bodily injury within 2 hours, and a reasonable suspicion of a crime without bodily injury with 24 hours [see 42 U.S.C 1320b-25].

### Section A: Provider Information

Facility/Provider Name	Serenity Therapeutic Services		
Facility/Provider Type	Mental Health		
Facility/Provider License #	MHL-047-136		
National Provider #	1568792109		
Main Office Phone #	910-904-7147		
Main Office (Secure) Fax #	910-904-7148		
Facility/Provider Physical Address	Street	332 S. Main St.	
	City	Raeford	
	State	NC	Zip 28376
	County	Hoke	
Facility/Provider Main Office Mailing Address	<input type="checkbox"/> Check if mailing address is the same as the facility's physical address.		
	Street	207 S. Stewart St.	
	City	Raeford	
	State	NC	Zip 28376
Administrator/Director	Name	Mr.	Darrin McNeill
	Phone	910-904-7147	Ext.
	Email	dmcneill14@nc.rr.com	
Contact Person	<input type="checkbox"/> Check if Contact Person is the same as the Administrator/Director.		
	Name	Ms.	
	Phone	910-904-7147	Ext.
	Email	qpa@serenitytservices.com	
	Job Title	Qualified Professional	

### Section B: Accused Employee Information

- ☐ Check if there are multiple accused employees in the same incident. Complete a separate Initial Allegation Report for each Accused listed. Use the Accused tab to list additional names.
- ☐ Check if there are no named accused employees.

Employee's Full Name	Mr.	
Full Social Security #		
Date of Birth		
Job Title	Home Manager	
Date of Hire		
Last Known Mailing Address	Street	
	City	
	State	
Home Phone #	N/A	
Other Phone #		
Email		

### Section C: Allegation/Incident Type

<input checked="" type="checkbox"/> 1. Resident Abuse*	<input type="checkbox"/> 6. Fraud Against Facility
<input type="checkbox"/> 2. Resident Neglect*	<input type="checkbox"/> 7. Misappropriation of Facility Property
<input type="checkbox"/> 3. Diversion of Resident Drugs	<input type="checkbox"/> 8. Misappropriation of Resident Property*
<input type="checkbox"/> 4. Diversion of Facility Drugs	<input type="checkbox"/> 9. Injury of Unknown Source
<input type="checkbox"/> 5. Fraud Against Resident	

\* includes exploitation for skilled nursing facilities/nursing facilities.

### Section D: Allegation Information

Incident Date	4/24/2022	If known
Date Facility Became Aware of Incident	5/13/2022	
Time Facility Became Aware of Incident	4:45 PM	

#### Allegation Details

On 5/13/22, QP was notified by home manager (HM) that a Hoke County detective went to the facility looking for Mr. [REDACTED]. The detective informed the HM that an allegation of abuse was made against Mr. [REDACTED] involving Individual [REDACTED] a resident who was discharged on 4/29/22. The QP called the detective on 5/13/22 to get more clarity, but their office was closed for the weekend. On 5/16/22, the detective came to the main office and informed the QP that a report was made to Hoke County APS that Mr. [REDACTED] slapped [REDACTED] with a towel during a previously investigated incident on 4/24/22.

#### Details of Physical or Mental Injury/Harm

Individual [REDACTED] had a bruise on his upper left arm at the time of the initial incident.

### Section E: Resident Information

- ☐ Check if there are multiple residents affected by the incident. Use the Residents tab for additional names.
- ☐ Check if there are no affected residents.

Resident's Full Name Mr. [REDACTED]

Date of Birth [REDACTED]

Was this resident residing in a nursing home bed at the time of the incident? No

### Section F: Accused Other Individual Information (Non-employee)

- ☐ Check if there are multiple accused other individuals (non-employee). Use the Accused tab and scroll down to Section F to add names for accused non-employees.
- ☒ Check if there are no named accused other individuals.

Other Individual's Full Name [REDACTED]  
Relationship [REDACTED]

**Section G: Notifications to Other Agencies**

☐ Reasonable Suspicion of a Crime

☐ Serious Bodily Injury

Incident reported to law enforcement? ☒ Yes

Date Reported 5/13/2022

Time 11:00am

Law Enforcement Agency Raeford Police Department

Investigating Officer Det. Gregory McNeill

Phone # 910-875-4251

**Section H: Signature**

Name of Person Preparing Report

Job Title of Person Preparing Report

Qualified Professional

Signature of Person Preparing Report

Date Signed

7/6/22

**When completing this form electronically, you must save this Excel workbook/form with a unique name on your computer and use the same Excel workbook/form when completing the Investigation Report for this incident.**

**Nursing Homes** - §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, **within 5 working days of the incident.**

**ICF/IID** - §483.420(d)(4) The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law **within five working days of the incident.**

**Other Providers** - N.C. General Statute 131E-256(g) The results of all investigations must be reported **within five working days of the initial notification to the department.**

**Failure to comply may result in a report to the agency having jurisdiction for compliance enforcement.**



## Investigation Report

### Section A: Provider Information

Facility/Provider Name	Serenity Therapeutic Services		
Facility/Provider Type	Mental Health		
Facility/Provider License #	MHL-047-136		
National Provider #	1568792109		
Main Office Phone #	910-904-7147		
Main Office (Secure) Fax #	910-904-7148		
Facility/Provider Physical Address	Street	332 S. Main St.	
	City	Raeford	
	State	NC	Zip 28376
	County	Hoke	
Facility/Provider Main Office Mailing Address	<input type="checkbox"/> Check if mailing address is the same as the facility's physical address.		
	Street	207 S. Stewart St.	
	City	Raeford	
	State	NC	Zip 28376
Administrator/Director	Name	Mr.	Darrin McNeill
	Phone	910-904-7147	Ext.
	Email	dmcneill14@nc.rr.com	
Contact Person	<input type="checkbox"/> Check if Contact Person is same as the Administrator/Director.		
	Name	Ms.	
	Phone	910-904-7147	Ext.
	Email	qpa@serenitytservices.com	
	Job Title	Qualified Professional	
Site or Actual Incident Address	<input checked="" type="checkbox"/> Check if location and the facility address are the same.		
Room #/name of room/business/etc.	Street		
	City		
	State		Zip
	County		
If the incident address is the same as the facility address, you do not need to enter that information in this section.			

### Section B: Accused Employee Information

- ☐ Check if there are multiple accused employees in the same incident. Complete a separate Investigation Report for each Accused listed. Use the Accused tab to list additional names.
- ☐ Check if there are no named accused employees.

Employee's Full Name	Mr.	
Full Social Security #		
Date of Birth		
Job Title	Home Manager	
Date of Hire		
Last Known Mailing Address	Street	
	City	
	State	
Home Phone #	N/A	
Other Phone #		
Email		

### Section C: Allegation/Incident Type

<input checked="" type="checkbox"/> 1. Resident Abuse*	<input type="checkbox"/> 7. Misappropriation of Facility Property
<input type="checkbox"/> 2. Resident Neglect*	Estimated Value
<input type="checkbox"/> 3. Diversion of Resident Drugs	<input type="checkbox"/> 8. Misappropriation of Resident Property*
<input type="checkbox"/> 4. Diversion of Facility Drugs	Estimated Value
<input type="checkbox"/> 5. Fraud Against Resident	<input type="checkbox"/> 9. Injury of Unknown Source
<input type="checkbox"/> 6. Fraud Against Facility	

\* includes exploitation for skilled nursing facilities/nursing facilities.

### Section D: Allegation Information

Incident Date	4/24/2022
Date Facility Became Aware of Incident	5/13/2022
Time Facility Became Aware of Incident	4:45 PM

#### Incident Location Description

The incident allegedly took place in ER's bedroom.

#### Original Allegation Details (To update Allegation Details see below)

On 5/13/22, QP was notified by home manager (HM) that a Hoke County detective went to the facility looking for Mr. [REDACTED]. The detective informed the HM that an allegation of abuse was made against Mr. [REDACTED] involving Individual [REDACTED] a resident who was discharged on 4/29/22. The QP called the detective on 5/13/22 to get more clarity, but their office was closed for the weekend. On 5/16/22, the detective came to the main office and informed the QP that a report was made to Hoke County APS that Mr. [REDACTED] slapped [REDACTED] with a towel during a previously investigated incident on 4/24/22.

#### Additions/Changes/Updates to Description of Allegation Details

When the incident occurred on 4/24/22, Individual [REDACTED] stated that he ran into the wall, which was confirmed by Mr. [REDACTED] who was working at the time. The individual was discharged on 4/29/22, and it was not until three weeks later on 5/13/22 that an allegation against Mr. [REDACTED] was reported to Hoke County APS, who in turn notified Hoke County PD. According to Det. McNeill, Individual [REDACTED] recanted what he originally said happened during the agency's internal investigation and instead said that Mr. [REDACTED] hit him with a towel.

Incident Resulted in Physical Injury/Harm or  
Substantial Risk of Injury/Harm?

Yes

Describe Resident's Injury/Harm or Risk of Injury/Harm

Individual [REDACTED] had a bruise on his upper left arm at the time of the initial incident.

Mental Anguish? No

Describe Resident's Emotional Response & Behaviors

Individual appeared okay at the time of the initial incident and did not display any signs of trauma.

### Section E: Resident Information

- ☐ Check if there are multiple residents affected by the incident. Use the Residents tab for additional names.
- ☐ Check if there are no affected residents.

Resident's Full Name

Mr.

Date of Birth

Was this resident residing in a nursing home bed at the time of the incident?

No

Resident Address

☒ Check if resident's address is the same as the facility's physical address.

Street

City

State

Zip

Memory and Orientation of Resident

Individual was oriented to person, place, and time.

Additional Resident Information

### Section F: Accused Other Individual Information (Non-employee)

- ☐ Check if there are multiple accused other individuals (non-employees). Use the Accused tab and scroll down to Section F to add names for accused non-employees.
- ☒ Check if there are no named accused other individuals.

Other Individual's Full Name

Relationship

### Section G: Witness Information

- ☐ Check if there are multiple witnesses to the incident. Use the Witnesses tab for additional witnesses.
- ☒ Check if there are no named witnesses.

Number of Witnesses

Name

Job Title/Other

Last Known Mailing Address

Street

City

State

Zip

Home Phone #

Other Phone #

### Section H: Investigative Actions

☐ Reasonable Suspicion of a Crime

☐ Serious Bodily Injury

Allegation Substantiated?	No
Accused Individual's Employment Terminated?	Yes
Termination Related To Allegation?	No
Date of Termination	6/14/2022

#### Other Employment Actions

Disciplinary action and additional training.

#### Summary of Facility Investigation

On 6/23/22, the DHSR conducted a complaint survey and unsubstantiated the allegation. Based on the findings of the agency's initial internal investigation on 4/26/22, there was no evidence or allegations at the time to support an abuse accusation, and determined that the individual ran into the wall. However, the investigation determined that Mr. [REDACTED] failed to follow the agency's incident reporting requirements, for which disciplinary action was given and additional training was provided.

#### Corrective Actions Following Incident

The individual nor the accused staff are still with the agency. Training was provided at the time of the initial incident.

Investigation End Date 4/26/2022

Facility/Provider Investigator	Name	Ms. [REDACTED]
	Job Title	Qualified Professional



### Section I: Notification to Other Agencies

#### Social Services

Incident reported to County Department of Social Services (DSS)?	Yes
Date Reported	5/13/2022
DSS County	Hoke
On-site visit by DSS?	No
Date of on-site visit	
Name of DSS Investigator	
Phone #	

#### Law Enforcement

Incident reported to law enforcement?	Yes		
Date Reported	5/13/2022		
Time	11:00am		
Law Enforcement Agency	Raeford Police Department		
Investigating Officer	Det. Gregory McNeill		
Phone #	910-875-4251		
Accused Charged?	No	Charges related to allegation?	No
Specific Charges/Case Number			

### Section J: Supporting Documentation

Check the following supporting documents/information attached and submitted with this report.

- ☒ Complete details of facility investigation
- ☐ Documentation of injury/harm to victim
- ☐ Reports from other agencies investigating incident
- ☐ Witness, accused and other statements
- ☐ Other pertinent documents

### Section K: Signature

Name of Person Preparing Report	
Job Title of Person Preparing Report	Qualified Professional
Signature of Person Preparing Report	
Date Signed	7/6/22



## Qualified Professional Progress Note

Individual Name		Date	4/26/2022
Date of Birth		Record #	
Medicaid ID #		Purpose	Level I Internal Investigation - Injury

Please provide details of what happened, staff's actions, and provide the outcome of the situation. Please do not include anyone's name other than the consumer.

Participant(s) Involved: [REDACTED] Qualified Professional (QP); [REDACTED] Operations Manager (OM); Darrin McNeill, CEO/Director; [REDACTED] Home Manager (HM); Paraprofessional (PP); [REDACTED] Adopted Mother/Legal Guardian; [REDACTED] I/DD Care Manager (Alliance Health)

**Description of Interaction:** On 4/26/22 at approximately 8:15 am, the QP received a phone call from the home manager (HM) to report that [REDACTED] had a bruise on his upper left arm. The QP asked the HM how he got the bruise, to which the HM replied that she attempted to question [REDACTED] but he just said that [REDACTED] "has to be careful". The HM said that she asked [REDACTED] again, to which he replied that "he did not know", followed by he walked into the door. QP then asked the HM to bring [REDACTED] to the main office, and also notified the operations manager (OM), who also came to the office. Once the HM and [REDACTED] arrived to the office, the QP asked [REDACTED] to show the QP the bruise on his arm. [REDACTED] pulled up his sleeve, and the QP observed a light blackish-purple bruise on his upper left arm. The QP asked [REDACTED] how he got the bruise, to which he stated, [REDACTED] "has to pay but attention". QP asked [REDACTED] what he had to pay attention to, but he kept getting distracted by attempting to play with the QP's hair and ask the HM questions about who was working in the afternoon, if they were having pizza for dinner, etc. The HM verbally redirected [REDACTED] and explained to him that he needed to focus on what the QP was asking him so that the bruise on his arm could get better. The OM also attempted to ask [REDACTED] what happened. The OM asked [REDACTED] if he fell, to which he replied, "yes". The OM asked [REDACTED] where he fell, to which he stated "he didn't know". The OM then asked if he could show how he fell, to which he [REDACTED] then dropped to his knees. The QP then asked [REDACTED] if he was sure that he fell, to which he replied "no". The HM then reassured [REDACTED] that everything was okay and that he was not in any trouble, and that he needed to focus on what he was being asked so that his bruise could get better. The QP then asked [REDACTED] again if he could show what happened to his arm, to which [REDACTED] walked towards the wall and into it. The QP then asked again what happened, to which [REDACTED] replied that "walked into the wall" and that [REDACTED] "has to pay attention to where he is going". The QP then asked [REDACTED] to demonstrate again what happened, and again, he walked into the wall. The QP then asked [REDACTED] if he told the staff, to which he stated a staff member who no longer works in the facility. The HM then repeated the question, to which he replied, [REDACTED]. The QP then thanked [REDACTED] for speaking with everyone and the HM escorted him back to the day program. The QP also instructed the HM to have Mr. [REDACTED] report to the main office.

The QP contacted the guardian to inform her of the incident, but did not get an immediate response.

**Internal review and corrective measures:** When Mr. [REDACTED] arrived to the office, the QP asked if any incident happened involving [REDACTED] on the day he last worked, which was Sunday, 4/24/22. Mr. [REDACTED] then stated that he did not observe any incident involving [REDACTED] and that the only thing he could think of was that [REDACTED] ran up to him complaining about his arm. Mr. [REDACTED] said that he ER what was wrong with his arm, and that ER stated that he ran into the wall," followed by, "watch out for walls, that's dangerous". Mr. [REDACTED] said that [REDACTED] then ran off and continued watching "Family Feud". The QP then asked Mr. [REDACTED] if he observed any bruising on [REDACTED] arm, to which he said that [REDACTED] had on a long sleeve shirt, so he did not see anything. The QP asked Mr. [REDACTED] if he reported or documented the incident, to which he stated that he did not. QP explained the importance of reporting all incidents, even those that appear minor in nature, to his supervisor, as well as documenting incidents that occur.

**Follow-up:** The QP will schedule a refresher training with the House 4 staff on incident reporting requirements.

4/26/22  
Date



updated 1/3/2020

## Staff Supervision

Staff Name/Title: [REDACTED] Paraprofessional

Date: April 26, 2022

Type of Supervision: Individual

Length of Time: 15 min

Type of Contact: ☒ Face-to-face  
☐ Telephone  
☐ Other

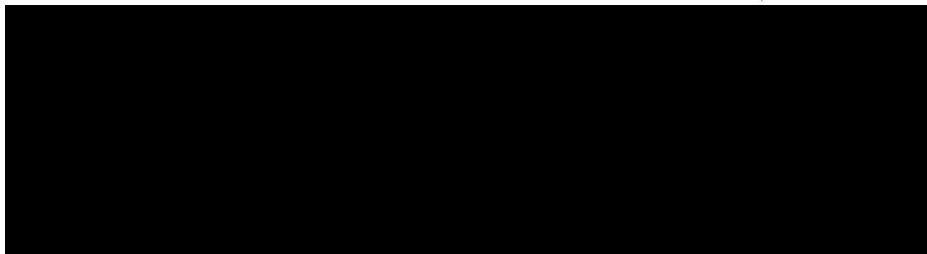
**Description (Describe the Staff's strengths and weaknesses stating factual examples):**

On 4/24/2022, an individual in the home reported to Mr. [REDACTED] that his arm hurt. The individual reported to Mr. [REDACTED] that he ran into the wall. Mr. [REDACTED] failed to document the incident nor did he report it to the home manager.

Mr. [REDACTED] stated that because the individual ran off and continued watching TV, he thought the individual was fine.

**Corrective Action (How the Supervisor is going to help this staff improve in the areas listed above):**

Mr. [REDACTED] will ensure that he reports and documents all incidents to the home manager, regardless of the nature or severity of the incident. Mr. [REDACTED] will be aware that minor incidents may lead to potentially a greater severity in the future. Failure to report and document future incidents will result in automatic disciplinary action, up to and including suspension or termination of employment based on the nature and severity of the incident.



April 26-22

Date

April 26, 2022

Date

Signature



WE PROVIDE THERAPEUTIC RESULTS

## **Incident Reporting Requirements**

### **Staff Refresher Training**

#### **House #4**

**May 2, 2022**

**Purpose:** The purpose of this training is to ensure that the health and safety of the staff and individuals are met through quality management and quality improvement standards. To meet these standards, the facility staff will receive a refresher-training on the purpose of incident reporting, what qualifies as an incident report, and the reporting requirements.



## INCIDENT REPORTING TRAINING

Serenity Therapeutic Services  
Trainer: [REDACTED] QP  
Updated 3/22/2021

### Incident Reporting

An Incident Report (GER) should be completed for any event, which is not consistent with the routine, usual and/or things done outside of the ordinary program.

Paraprofessionals must verbally report incidents to the on-call supervisor (home manager/DPC) immediately and must completely document the incident by the end of their shift.

If the staff cannot speak with the home manager, he/she must contact the next level of supervision and continue up the chain-of-command until they speak with a member of the management team.

Staff » Home Manager/DPC » Operations Manager » QP

### What is an Incident?

The purpose of Incident Reporting is to ensure that serious, adverse events involving persons served are addressed quickly to analyze trends to prevent future occurrences, and to improve the service system.

An incident is ANY happening which is not consistent with the ROUTINE operation of the facility or service OR the ROUTINE care of the individual and that is likely to lead to adverse effects upon an individual.

3 Levels of response to incidents based on severity at the moment and/or potential severity in the future.

### 3 Levels of Incidents

1. Level I – any incident which does not threaten the health or safety of an individual, but could indicate a reoccurring problem if it happens frequently. Signals a need for the agency to review its care and practices including supervision and training.
2. Level II – involves an individual's death due to natural causes or terminal illness, or results in a threat to an individual, staff, or other's health or safety due to an individual's behavior. It also includes when the use of therapeutic wraps/restraints was administered that was not taught in EBPI training or if the use of restraints is not in the individual's ISP or behavior plan, if law enforcement is called, or if the individual is TREATED by the hospital. These incidents must be submitted to the IRIS system by the QP within 72 hours of the incident. Signals LME/MCO and DHHS to an on-site visit.
3. Level III – includes any incident that results in a death/substantial risk of death, sexual assault/permanent physical or psychological impairment to a consumer. These incidents must be submitted to the IRIS system by the QP within 72 hours of the incident. Signals LME/MCO and DHHS to an on-site visit.

### Incident Reporting con't

*Situations, events, or activities that require the completion of an Incident Report (IIR) include, but are not limited to:*

Physical injury to an individual	Sexual activity negatively affecting individuals served in a residential facility
Elopement/unauthorized leaves	Abuse, neglect, exploitation of individuals served
Weapons/contraband	Communicable diseases
Automobile accidents	Medication Errors
Illegal activities including drug use by individuals served in residential facilities	

### Incident Reporting con't

Death of an individual served	Unsafe conditions affecting individuals served
Events involving law enforcement and individuals served	Lost/destroyed Service Records
Medical emergencies	Expulsions and suspensions of individuals served
Destruction of property or physical aggression	Rights violations
	Threats of or actual self-injury of individuals served

### Incident Reporting con't

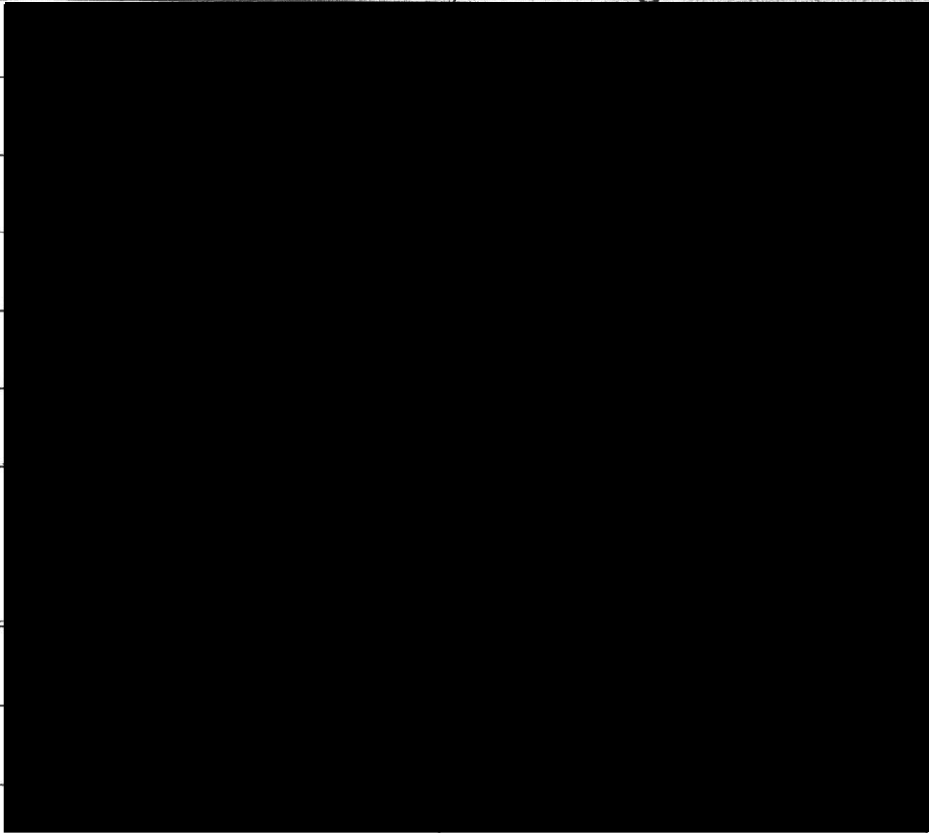
- > Between the occurrence of an incident and before leaving at the end of a shift, the primary staff involved must complete a T-log (formerly progress note).
- > The facility supervisor **MUST** report the incident to the Operations Manager immediately upon notification by the staff. The Operations Manager will then notify the QP.
- > Within 24 hours of the incident, the home manager **MUST** complete the general event report (GER - formerly incident report) and submit it to the QP for review.

### Questions?

- > Open discussion



## May 2, 2022

Print Name	Signature	Title
		
		Para Professional



## INTERNAL/EMPLOYEE/WITNESS STATEMENT FORM

In accordance with Serenity Therapeutic Services Disciplinary Policy and Procedures, failure to cooperate with or hindering an internal investigation, including the refusal to answer questions, and providing false or purposefully misleading information during an internal investigation constitutes unacceptable personal conduct and may result in discipline up to and including dismissal.

**DIRECTIONS:** DO NOT TYPE, MUST BE HANDWRITTEN BY EMPLOYEE. PLEASE WRITE CLEARLY. FORM MUST CONTAIN AND ORIGINAL SIGNATURE OF EMPLOYEE SUPPLYING STATEMENT.

NAME:

[REDACTED]

TITLE:

\_\_\_\_\_

LOCATION:

House 4

STATEMENT: (Use additional paper or back of form if necessary.)

Client [REDACTED] complained about his arm. When I asked what was wrong [REDACTED] told me he ran into a wall. He said "watch out for walls ~~is~~ that's dangerous. I said yes [REDACTED] and he ran off to watch family feed. He had on long sleeve so I ~~didn't~~ didn't observe a bruise.

Please list any witness or individuals who may have information relative to this investigation.

Staff Tee

I understand this statement will be considered part of the official investigation and that I may be called on to testify or provide written or verbal clarifying statements. The Statement I have provided is an accurate account of the case to the best of my knowledge.

[REDACTED]

26/5  
04-25-22

Date



**RE: Re: Age Waiver**

qpa@serenityservices.com

RE: Re: Age Waiver

**Received:** Jul 5, 2022 2:01 PM  
**Expires:** Aug 4, 2022 2:01 PM  
**From:** [REDACTED]@alliancehealthplan.org  
**To:** qpa@serenityservices.com  
**Cc:**  
**Subject:** RE: Re: Age Waiver

**Attachments:** ~WRD3426.jpg , image001.png

This message was sent securely using Zix

[REDACTED]

I will be running a few minutes late. Can we sign on at 215p? I have had a meeting run over.

[REDACTED] QP, BA, CMC

Manager- Care Worker

Alliance Health

5200 W. Paramount Parkway, Suite 200

Morrisville, NC 27560

Office: 919-651-8743

Fax: 919-651-8776

Email: [REDACTED]@alliancehealthplan.org

Website: www.alliancehealthplan.org



**From:** qpa@serenityservices.com <qpa@serenityservices.com>  
**Sent:** Tuesday, July 5, 2022 10:48 AM  
**To:** [REDACTED]@alliancehealthplan.org  
**Subject:** RE: Re: Age Waiver

WARNING: This email originated from outside of Alliance Health. Do not click links or open attachments unless you recognize the sender and are expecting the message.

This message was sent securely using Zix

Ok, thanks.

--- Originally sent by [REDACTED]@alliancehealthplan.org on Jul 5, 2022 10:43 AM ---

This message was sent securely using Zix

Wonderful!

Please see meeting invite below.

Registration Link

<https://link.edgepilot.com/s/c0ce014b/12zPOeeykarWnwZfohNJg?u=https://alliancehealthplan.zoom.us/meeting/register/tJ0tdu2vrD8vGNXe2xa3LQxMNVHIBAcOLN4->

Join Zoom Meeting

[https://link.edgepilot.com/s/5a50e074/F2TCqibg5UWSJTzad\\_2oaw?u=https://alliancehealthplan.zoom.us/j/99014724521?pwd=M0duTXZXWmtxUjBxQmRva2VxWm4yUT09](https://link.edgepilot.com/s/5a50e074/F2TCqibg5UWSJTzad_2oaw?u=https://alliancehealthplan.zoom.us/j/99014724521?pwd=M0duTXZXWmtxUjBxQmRva2VxWm4yUT09)

Meeting ID: 990 1472 4521

Passcode: 549920

One tap mobile

+16469313860,,99014724521# US

+13017158592,,99014724521# US (Washington DC)

Dial by your location

+1 646 931 3860 US

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 444 9171 US

Meeting ID: 990 1472 4521

Find your local number: [https://link.edgepilot.com/s/dfd870a/zpRRS\\_ZnmUuKR6BLCPTSBg?u=https://alliancehealthplan.zoom.us/u/ad4RAGiwt](https://link.edgepilot.com/s/dfd870a/zpRRS_ZnmUuKR6BLCPTSBg?u=https://alliancehealthplan.zoom.us/u/ad4RAGiwt)

Join by SIP

99014724521@zoomcrc.com

Join by H.323

162.255.37.11 (US West)

162.255.36.11 (US East)

115.114.131.7 (India Mumbai)

115.114.115.7 (India Hyderabad)

213.19.144.110 (Amsterdam Netherlands)

213.244.140.110 (Germany)

103.122.166.55 (Australia Sydney)

103.122.167.55 (Australia Melbourne)

7/7/22, 11:04 AM

Alliance Health Message View

149.137.40.110 (Singapore)

64.211.144.160 (Brazil)

149.137.68.253 (Mexico)

69.174.57.160 (Canada Toronto)

65.39.152.160 (Canada Vancouver)

207.226.132.110 (Japan Tokyo)

149.137.24.110 (Japan Osaka)

Meeting ID: 990 1472 4521

Passcode: 549920

See you at 2p.

QP, BA, CMC

Manager- Care Worker

Alliance Health

5200 W. Paramount Parkway, Suite 200

Morrisville, NC 27560

Office: 919-651-8743

Fax: 919-651-8776

Email: [REDACTED]@alliancehealthplan.org

Website: [https://link.edgepilot.com/s/a18286ff/fqZsb57MDE\\_Asro5rasz7A?u=http://www.alliancehealthplan.org/](https://link.edgepilot.com/s/a18286ff/fqZsb57MDE_Asro5rasz7A?u=http://www.alliancehealthplan.org/)

**From:** qpa@serenitytservices.com <qpa@serenitytservices.com>

**Sent:** Tuesday, July 5, 2022 8:34 AM

**To:** [REDACTED]@alliancehealthplan.org

**Subject:** RE: Re: Age Waiver

WARNING: This email originated from outside of Alliance Health. Do not click links or open attachments unless you recognize the sender and are expecting the message.

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Good morning,

I'm still available today at 2pm.

--- Originally sent by [REDACTED]@alliancehealthplan.org on Jul 5, 2022 8:32 AM ---

This message was sent securely using Zix

7/7/22, 11:04 AM

Alliance Health Message View

Good Morning [REDACTED]

I was unable to secure a zoom line for this morning at 9a. was there another time or day that would work?

Thanks,

[REDACTED] RP, BA, CMC

Manager- Care Worker

Alliance Health

5200 W. Paramount Parkway, Suite 200

Morrisville, NC 27560

Office: 919-651-8743

Fax: 919-651-8776

Email: [REDACTED]@alliancehealthplan.org

Website: [https://link.edgepilot.com/s/2f769dd6/ZqtCmH2DrE23dxZ226\\_\\_5Q?u=http://www.alliancehealthplan.org/](https://link.edgepilot.com/s/2f769dd6/ZqtCmH2DrE23dxZ226__5Q?u=http://www.alliancehealthplan.org/)

From: qpa@serenityservices.com <qpa@serenityservices.com>

Sent: Friday, July 1, 2022 9:10:01 AM

To: [REDACTED]@alliancehealthplan.org

Subject: RE: Age Waiver

WARNING: This email originated from outside of Alliance Health. Do not click links or open attachments unless you recognize the sender and are expecting the message.

This message was sent securely using Zix

Hi [REDACTED] and Happy Friday to you too!

Ok, cool. Tue, 7/5 at 9am works.

Thank you,

[REDACTED]

--- Originally sent by [REDACTED]@alliancehealthplan.org on Jul 1, 2022 9:07 AM ---

This message was sent securely using Zix

Good Morning [REDACTED]

Happy Friday! Following my discussion with our compliance department, I will need to schedule a virtual walk through of the site as a part of the renewal review for [REDACTED]. Please let me know if either of the following dates or times work for you.

Tues. 7/5: 9a or 2p

Wed. 7/6: anytime between 9a-3p

Thurs. 7/7: any time before 2p



7/7/22, 11:04 AM

Alliance Health Message View

Fri, 7/8: any time before 2p

Thanks for your support,

[REDACTED] DP, BA,CMC

Manager- Care Worker

Alliance Health

5200 W. Paramount Parkway, Suite 200

Morrisville, NC 27560

Office: 919-651-8743

Fax: 919-651-8776

Email: [REDACTED]@alliancehealthplan.org

Website: <https://link.edgepilot.com/s/be2f3081/MNc0N-5I90a1BJsY3FbK6w?u=http://www.alliancehealthplan.org/>

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June 24, 2022

Provider Network Operations  
Alliance Health  
5200 W. Paramount Pkwy., Suite 200  
Morrisville, NC 27560

To Whom It May Concern:

Serenity Therapeutic Services, Inc. is requesting the Division of Health Services Regulation, Mental Health Licensure & Certification Section to make an EXPEDITED renewal waiver request to waive two state rules in order for one of our facilities (Facility #4, 332 South Main Street, Raeford, NC 28376, MHL-047-136, 910-683-6072, which is licensed for 5 beds) to service a minor [REDACTED] where adults currently reside and receive services. Therefore, we are requesting a renewal waiver request for the following rules:

- 10A NCAC 27G. 5601(b), which states that, "...Minor and adult clients shall not reside in the same facility,"; and
- 10A NCAC 27G. 5601(c)(3), which states that, "Each supervised living facility shall be licensed to serve a specific population, ...which serves adults whose primary diagnosis is a developmental disability but may have other diagnoses."

Serenity Therapeutic Services, Inc. (207 South Stewart Street, Raeford, NC 28376, 910-904-7147) is requesting a renewal waiver request of licensure under state rule 10A NCAC 27G .0813 for the minor child [REDACTED] with a renewal waiver request for 2022 until [REDACTED] reaches 18 years of age. Serenity Therapeutic Services, Inc. is requesting that [REDACTED] remain in a licensed 5600 C Supervised Living DD facility for adults who have a primary diagnosis of Developmental Disability. [REDACTED] primary diagnoses include Mild Intellectual and Developmental Disorder (IDD) and Autistic Disorder, per information provided by his IDD care manager at Alliance Health.

At this time, [REDACTED] guardian, his grandmother, and treatment team feel as though a highly structured environment in a residential setting would be of benefit due to his lack of community interaction and socialization, and other psychiatric factors. We, at Serenity Therapeutic Services, Inc. feel strongly that we can provide and enhance [REDACTED] social and functional skills, while decreasing any maladaptive behaviors. [REDACTED] staff are available and active participants in our program, and are willing to serve as one-on-one direct care providers, as needed. Furthermore, each resident enjoys the privacy and personal space of having their own bedrooms.

The names (initials), birthdays, and primary diagnoses for current residents in the home are as follows:

[REDACTED] Moderate Intellectual Disability;

P : 910-904-7147 F : 910-904-7148 I W : [www.serenityts.com](http://www.serenityts.com)  
A : 207 S. Stewart Street, Raeford, N.C. 28376



██████████ were Intellectual Disability; and  
██████████ Moderate Intellectual Disability Schizophrenia.

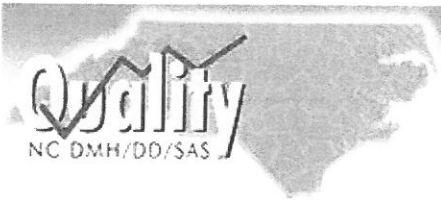
Serenity Therapeutic Services Facility #4 serves as a healthy and safe environment for all individuals, and staff and their well-being is our number one priority. Staff members are trained in utilizing augmentative communications and devices to improve overall communication skills, self-concept, and self-esteem, and provide motivation to reduce frustration and behavior problems, thereby increasing the participation of the individual in their daily lives. The skills they learn help to facilitate education by making learning interactive instead of passive and changes the expectations of others in relation to the potential of persons with developmental delay, such as ██████████. Staff is also well-versed in emergency and safety protocols, which include protective measures that cover such items as I.C.E., various drills, evacuations and inclement weather preparation.

We are hereby requesting a waiver that will allow ██████████ to remain at Facility #4 with three other current adult residents. Due to a proven history of success with handling more difficult cases and maintaining continuity and quality of care, we are humbly requesting the privilege to continue doing what we do best and provide quality care to those that we serve.

I thank you in advance for your consideration and looking forward to hearing from you soon.

Sincerely yours,

Darrin L. McNeill, MSW, LCSWA  
CEO/Clinical Director



## NORTH CAROLINA INCIDENT RESPONSE IMPROVEMENT SYSTEM

Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Date of Incident: 4/24/2022

Date Last Submitted: 7/7/2022

### PROVIDER INFORMATION

Corporation:

Serenity Therapeutic Services (Alliance -  
332 S. M

NAME

Name and Title of Person completing this form:

Darrin McNeill

This document contains  
Confidential Information

TITLE

Qualified Professional

### Local Facility/Unit/Group Home

NPI Number:

1568792109

Name:

Serenity Therapeutic Services #4

Cottage Name:

License Number:

MHL047-136\_\_

Director:

Physical Address:

332 S. Main St.

Mailing Address:

207 S. Stewart St.

Raeford, NC 28376

City:

Raeford

Zip Code: 28376

Phone Number:

(910) 904-7147

Fax Number:

(910) 904-7148

E mail address:

qpa@serenitytservices.com

Plan/Service:

LME-MCO

Pre-paid Health Plan:



County where services provided: Hoke  
Host LME: SANDHILLS CENTER  
County of Residence: Wake  
Home LME: WAKE

## **INCIDENT INFORMATION**

### **Date and Location**

Date of Incident: 4/24/2022 ☐ Unable to determine at this time  
Time of Incident: 1:00 PM  
Date Provider Learned of Incident: 4/26/2022  
Location of the Incident: Group home/Supported living facility

Other People Involved:

☒ Staff

Does this incident include an allegation against the facility?	<u>Yes</u>
Will this allegation require a submission of a Consumer Incident Report?	<u>Yes</u>

### **Service Type Provided**

At the time of the incident:

Was the consumer under the care of the reporting provider at the time of the incident? Yes

Was a Licensed Residential Service being provided at the time of the incident? Yes

Service:

Innovations Residential Supports Level 4 and Level 4 AFL

License#: MHL047-136

Did the incident occur while the consumer was on these premises? Yes

Was a Non-Residential Licensed Service being provided? No

Did the incident occur while the consumer was on these premises? \_\_\_\_\_

Was an Un-Licensed Service being provided at the time of the incident? \_\_\_\_\_

No \_\_\_\_\_

Did the incident occur while the consumer was on these premises? \_\_\_\_\_

### **CONSUMER INFORMATION**

Consumer's Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address where Incident Occurred: \_\_\_\_\_

☐ Address unknown

Address1: 332 S. Main St. \_\_\_\_\_

Address2: \_\_\_\_\_

City: Raeford \_\_\_\_\_

State: NC \_\_\_\_\_

Zip: 28376-3221 \_\_\_\_\_

Location: Group home/Supported living facility

LME Client Record Number: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

CNDS ID: \_\_\_\_\_

Consumer's Date of Birth: \_\_\_\_\_

☐ Date of Birth unknown

Gender: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Height: \_\_\_\_\_

☐ Unknown

Weight: \_\_\_\_\_

Dates of Last 2 Medical Exams: \_\_\_\_\_

4/6/2022

☐

None

3/14/2022

☐

None

Services Funded by: \_\_\_\_\_

Medicaid

<b>Diagnosis</b>	DSM-IV	299.00	Autistic Disorder
	DSM-IV	318.0	Moderate Mental Retardation
	DSM-IV	296.80	Bipolar Disorder NOS

**Current Medications:**

7/7/2022 Acidophilus Probiotic Tab Take 1 tablet po daily 7am  
 Amlodipine 5mg (Norvasc) Take (1) tab po every day  
 Chlorpromaz 50mg (Thorazine) Take (1) tab po in the morning, (1) tab  
 at  
 noon and (3) tabs at bedtime (7am, 12pm, 7pm)  
 Clonidine ER 0.1mg (Kapvay) Take (1) tab po in the morning and (3)  
 tabs  
 po in the evening Do not crush. (7am, 5pm)  
 Hydrochlorot 25mg (Oretic) Take (1) po daily. (7am)  
 Lisinopril 10mg (Zestril) Take (1) tab po daily. (7am)  
 Melatonin 10mg Take 1 cap po every day at bedtime. (7pm)  
 Nitrofurantoin Mono-MCR 100mg (Macrobid) Take (1) tab po  
 At bedtime. (7pm)  
 Oxybutynin 5mg (Ditropan XL) Take (1) tab po daily. (7am)  
 Polyethylene Glycol 3350 Powder (Miralax Powder) Take (1) capful  
 mixed  
 With 8oz of fluid daily (7am)  
 Prednisolone Sus 1% Instill 1 drop into each eye every day (Wait 3-5  
 min.  
 between different eye drops)  
 Tab-A-Vite (Daily-Vita) Take (1) tab po daily. (7am)  
 Refresh Cell Gel 1% Instill 1 drop into each eye every 1 or 2 hours  
 (Wait 3-5  
 min. between different eye drops)  
 Ear Drops 6.5% Instill 4 drops into both ears twice a day for 7 days  
 DC'ED ON 4/19/2022

**Medical Diagnosis:**

Bicuspid aortic valve, insomnia, partial trisomy 4p/partial monosomy 8p, chromosomal abnormality

Has consumer been adjudicated incompetent?	Yes
Is consumer receiving ICF-MR/DD services?	No
Does consumer receive Innovations Waiver?	Yes
Self-Directed Waiver?	No
Is this person in the Money Follows the Person program?	No
Does consumer have TBI (Traumatic Brain Injury)?	No
Has this person ever hit his/her head or been hit in the head, including being told that he or she has/had a concussion?	Unknown

Has the person ever had a loss of consciousness or experienced a period of being dazed and/or confused because of the injury to the head?

Unknown

How old were you the first time you were knocked out or loss consciousness?

\_\_\_\_\_

#### VETERAN

Have this person or a family member ever served in the Active Duty, Guard or Reserve Armed Services?

Unknown

If yes, has this person ever served in a Combat Zone?

Unknown

### Treatments

Did this incident result in or is it likely to result in permanent physical or psychological impairment?

No

Has this incident resulted in or is it likely to result in a danger to or concern to the community or a report in a newspaper, television or other media?

No

Was the consumer treated by a licensed health care professional for the incident?

No

If hospitalized ...

was it for a medical condition?

\_\_\_\_\_

was it for a MH/DD/SAS issue?

\_\_\_\_\_

Is the consumer enrolled in an opioid treatment program, (methadone maintenance)?

No

### Mental Health Services

Did the consumer receive mental health services?

No

Licensed Residential Services

Licensed Services

Non-Licensed Services

When did the consumer last receive a mental health service?

Did the consumer express any suicidal ideation during the last mental health service?

\_\_\_\_\_

Did the consumer express any homicidal ideation during the last mental health service?

\_\_\_\_\_

### Developmental Disability Services





Did the consumer receive developmental disability treatment/habilitation services? Yes

**Licensed Residential Services**

☒ H2016H1 - Innovations Residential Supports Level 4 and Level 4 AFL

**Licensed Services**

**Non-Licensed Services**

When did the consumer last receive a development disability service? 4/29/2022

Did the consumer express any suicidal ideation during the last development disability service? No

Did the consumer express any homicidal ideation during the last development disability service? No

**Substance Abuse Services**

Did the consumer receive substance abuse services? No

**Licensed Residential Services**

**Licensed Services**

**Non-Licensed Services**

When did the consumer last receive a substance abuse service?

Did the consumer express any suicidal ideation during the last substance abuse service? \_\_\_\_\_

Did the consumer express any homicidal ideation during the last substance abuse service? \_\_\_\_\_

**Hospital Discharge**

Date of last discharge from a State facility/hospital

Name of State Facility/Hospital

Date of last discharge from a Non-State facility/hospital

Name of Non-State Facility/Hospital

**Associated Incident Reports**

Have other Incident Reports been submitted for this incident because more than one consumer was involved / affected by this incident? No

How many other consumers required, or will require, incident reports for this same incident? \_\_\_\_\_

**ALLEGATION OF ABUSE, NEGLECT OR EXPLOITATION**

As required by law, report any allegation of, or suspected abuse, neglect, or exploitation of a child or disabled adult to the county Department of Social Services. In addition, report any allegation of, or suspected abuse, neglect, or exploitation of any consumer by a staff to the Health Care Personnel Registry.

**Check All that apply:**

☒ Physical Abuse

7/7/2022 On 4/26/22 at approximately 8:15 am, the QP received a phone call from the home manager (HM) to report that [REDACTED] had a bruise on his upper left arm. The QP asked the HM how he got the bruise, to which the HM replied that she attempted to question [REDACTED] but he just said that "[REDACTED] has to be careful". The HM said that she asked [REDACTED] again, to which he replied that "he did not know" followed by he walked into the door. QP then asked the HM to bring [REDACTED] to the main office, and also notified the operations manager (OM), who also came to the office. Once the HM and [REDACTED] arrived to the office, the QP asked [REDACTED] to show the QP the bruise on his arm. [REDACTED] pulled up his sleeve, and the QP observed a light blackish-purple bruise on his upper left arm. The QP asked [REDACTED] how he got the bruise, to which he stated, "[REDACTED] has to pay but attention". QP asked [REDACTED] what he had to pay attention to, but he kept getting distracted by attempting to play with the QP's hair and ask the HM questions about who was working in the afternoon, if they were having pizza for dinner, etc. The HM verbally redirected [REDACTED] and explained to him that he needed to focus on what the QP was asking him so that the bruise on his arm could get better. The OM also attempted to ask [REDACTED] what happened. The OM asked [REDACTED] if he fell, to which he replied, "yes". The OM asked [REDACTED] where he fell, to which he stated "he didn't know". The OM then asked if he could show how he fell, to which he [REDACTED] then dropped to his knees. The QP then asked [REDACTED] if he was sure that he fell, to which he replied "no". The HM then reassured [REDACTED] that everything was okay and that he was not in any trouble, and that he needed to focus on what he was being asked so that his bruise could get better. The QP then asked [REDACTED] again if he could show what happened to his arm, to which [REDACTED] walked towards the wall and into it. The QP then asked again what happened, to which [REDACTED] replied that "walked into the wall" and that "[REDACTED] has to pay attention to where he is going". The QP then asked [REDACTED] to demonstrate again what happened, and again, he walked into to the wall. The QP then asked [REDACTED] if he told the staff, to which he stated a staff member who no longer works in the facility. The HM then repeated the question, to which he replied, [REDACTED]. The QP then thanked [REDACTED] for speaking with everyone and the HM escorted him back to the day program. The QP also instructed the HM to have Mr. [REDACTED] report to the main office. When Mr. [REDACTED] arrived to the office, the QP asked if any incident happened involving [REDACTED] on the day he last worked, which was Sunday, 4/24/22. Mr. [REDACTED] then stated that he did not observe any incident involving [REDACTED] and that the only thing he could think of was that [REDACTED] ran up to him complaining about his arm. Mr. [REDACTED] said that he [REDACTED] what was wrong with his arm,

and that [REDACTED] stated that he ran into the wall," followed by, "watch out for walls, that's dangerous". Mr. [REDACTED] said that [REDACTED] then ran off and continued watching "Family Feud". The QP then asked Mr. [REDACTED] if he observed any bruising on [REDACTED] arm, to which he said that [REDACTED] had on a long sleeve shirt, so he did not see anything. The QP asked Mr. [REDACTED] if he reported or documented the incident, to which he stated that he did not. QP explained the importance of reporting all incidents, even those that appear minor in nature, to his supervisor, as well as documenting incidents that occur.

On 5/13/22, QP was notified by home manager (HM) that a Hoke County detective went to the facility looking for Mr. [REDACTED]. The detective informed the HM that an allegation of abuse was made against Mr. [REDACTED] involving Individual [REDACTED] a resident who was discharged on 4/29/22. The QP called the detective on 5/13/22 to get more clarity, but their office was closed for the weekend. On 5/16/22, the detective came to the main office and informed the QP that a report was made to Hoke County APS that Mr. [REDACTED] slapped [REDACTED] with a towel during a previously investigated incident on 4/24/22.

#### **Allegation Made Against**

Staff \*

\* If the allegation is made against a Staff member, the Supervisor must complete the HCPR section of this Incident Report prior to submitting to the LME.

### **AUTHORITIES AND OTHERS CONTACTED**

#### **Authorities or persons you have contacted of this incident:**

	Contact Name	Phone	Date Notified
<input type="checkbox"/> County DSS	_____	_____	_____
<b>County:</b> _____			
<input checked="" type="checkbox"/> Law Enforcement Agency	Det. McNeill	(910) 875-4251	5/13/2022
<b>Agency Name:</b> Raeford Police	_____		
<input type="checkbox"/> Parent/Guardian	_____	_____	_____
<input type="checkbox"/> Clinical Home/Treatment Plan Team	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

## **INCIDENT COMMENTS**

Organization Provider	Title Plans for Follow-up	Author Provider	Date	Text
			7/7/2022	As a result of the complaint survey conducted by the DHSR on 6/23/22, the agency received a plan of correction. QP submitted the Complaint Intake Investigation Report to the Health Care Personnel Registry section on 7/7/22.
Provider	Description of Incident	Provider	Date	Text
			7/7/2022	On 4/26/22 at approximately 8:15 am, the QP received a phone call from the home manager (HM) to report that [REDACTED] had a bruise on his upper left arm. The QP asked the HM how he got the bruise, to which the HM replied that she attempted to question [REDACTED] but he just said that [REDACTED] has to be careful". The HM said that she asked [REDACTED] again, to which he replied that "he did not know", followed by he walked into the door. QP then asked the HM to bring [REDACTED] to the main office, and also notified the operations manager (OM), who also came to the office. Once the HM and [REDACTED] arrived to the office, the QP asked [REDACTED] to show the QP the bruise on his arm. [REDACTED] pulled up his sleeve, and the QP observed a light blackish-purple bruise on his upper left arm. The QP asked [REDACTED] how he got the bruise, to which he stated, [REDACTED] has to pay but attention". QP asked [REDACTED] what he had to pay attention to, but he kept getting distracted by attempting to play with the QP's hair and ask the HM questions about who was working in the afternoon, if they were having pizza for dinner, etc. The HM verbally redirected [REDACTED] and explained to him that he needed to focus on what the QP was asking him so that the bruise on his arm could get better. The OM also attempted to ask [REDACTED] what happened. The OM asked [REDACTED] if he fell, to which he replied, "yes". The OM asked [REDACTED] where he fell, to which he stated "he didn't know". The OM then asked if he could show how he fell, to which he [REDACTED] then dropped to his knees. The QP then asked [REDACTED] if he was sure that he fell, to which he replied "no". The HM then reassured [REDACTED] that everything was okay and that he was not in any trouble, and that he needed to focus on what he was being asked so that his bruise could get better. The QP then asked [REDACTED] again if



██████████

he could show what happened to his arm, to which ██████ walked towards the wall and into it. The QP then asked again what happened, to which ██████ replied that "walked into the wall" and that "██████ has to pay attention to where he is going". The QP then asked ██████ to demonstrate again what happened, and again, he walked into to the wall. The QP then asked ██████ if he told the staff, to which he stated a staff member who no longer works in the facility. The HM then repeated the question, to which he replied, ██████. The QP then thanked ██████ for speaking with everyone and the HM escorted him back to the day program. The QP also instructed the HM to have Mr. ██████ report to the main office. When Mr. ██████ arrived to the office, the QP asked if any incident happened involving ██████ on the day he last worked, which was Sunday, 4/24/22. Mr. ██████ then stated that he did not observe any incident involving ██████ and that the only thing he could think of was that ██████ ran up to him complaining about his arm. Mr. ██████ said that he ██████ what was wrong with his arm, and that ██████ stated that he ran into the wall," followed by, "watch out for walls, that's dangerous". Mr. ██████ said that ██████ then ran off and continued watching "Family Feud". The QP then asked Mr. ██████ if he observed any bruising on ██████ arm, to which he said that ██████ had on a long sleeve shirt, so he did not see anything. The QP asked Mr. ██████ if he reported or documented the incident, to which he stated that he did not. QP explained the importance of reporting all incidents, even those that appear minor in nature, to his supervisor, as well as documenting incidents that occur. On 5/13/22, QP was notified by home manager (HM) that a Hoke County detective went to the facility looking for Mr. ██████. The detective informed the HM that an allegation of abuse was made against Mr. ██████ involving Individual ██████ a resident who was discharged on 4/29/22. The QP called the detective on 5/13/22 to get more clarity, but their office was closed for the weekend. On 5/16/22, the detective came to the main office and informed the QP that a report was made to Hoke County APS that Mr. ██████ slapped ██████ with a towel during a



██████████  
previously investigated incident on 4/24/22. On 6/23/22, the DHSR conducted a complaint survey and unsubstantiated the allegation. Based on the findings of the agency's initial internal investigation on 4/26/22, there was no evidence or allegations at the time to support an abuse accusation, and determined that the individual ran into the wall. However, the investigation determined that Mr. ██████████ failed to follow the agency's incident reporting requirements, for which disciplinary action was given and additional training was provided.

## ***SUPERVISOR ACTIONS***

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### **Level of Incident:**

Level III

### **Describe the cause of this incident:**

7/7/2022 On 5/13/22, QP was notified by home manager (HM) that a Hoke County detective went to the facility looking for Mr. ██████████. The detective informed the HM that an allegation of abuse was made against Mr. ██████████ involving Individual ██████████ a resident who was discharged on 4/29/22. The QP called the detective on 5/13/22 to get more clarity, but their office was closed for the weekend. On 5/16/22, the detective came to the main office and informed the QP that a report was made to Hoke County APS that Mr. ██████████ slapped ██████████ with a towel during a previously investigated incident on 4/24/22. When the incident occurred on 4/24/22, Individual ██████████ stated that he ran into the wall, which was confirmed by Mr. ██████████ who was working at the time. The individual was discharged on 4/29/22, and it was not until three weeks later on 5/13/22 that an allegation against Mr. ██████████ was reported to Hoke County APS, who in turn notified Hoke County PD. According to Det. McNeill, Individual ██████████ recanted what he originally said happened during the agency's internal investigation and instead said that Mr. ██████████ hit him with a towel. On 6/23/22, the DHSR conducted a complaint survey and unsubstantiated the allegation.

### **Incident Prevention:**

7/7/2022 Additional training was provided at the time of the initial incident.

### **Incident Submission:**

Name of Supervisor Authorizing Report: \_\_\_\_\_

Title of Supervisor Authorizing Report: \_\_\_\_\_

Phone #: (910) 922-7974

Email Address: \_\_\_\_\_

Qualified Professional

qpa@serenityservices.com

The following checked agencies will be automatically notified of this incident by the NC-IRIS system based on the details provided in this document.

- ☒ Local Management Entity Where Services Provided
- ☒ Local Management Entity Where Consumer Resides
- ☒ DMH/DD/SAS Quality Management
- ☒ DMH/DD/SAS Customer Service and Community Rights
- ☒ DHSR Healthcare Personnel Registry
- ☒ DHSR Mental Health Licensure
- ☒ DMH/DD/SAS BEST Practices

When re-submitting the Incident Report, please enter your explanation here:

- ☒ By checking this box, I attest that the information contained in this Incident Report is true and an accurate representation of the incident.

## ***H CPR - FACILITY ALLEGATION***

### **Allegations**

Report to Health Care Personnel Registry Investigations Branch

Name and Title of person completing this form: \_\_\_\_\_

Title

Qualified Professional

**Actual Incident Location:**

Address1: 332 S. Main St.

Address2: \_\_\_\_\_

City: Raeford

Zip: 28376

Type of Facility: Supervised Living

Type of Care and Setting: Residential

Choose the Type(s) of Allegation Being Made:

☒ Resident Abuse

Diversion of Resident Drugs Est. Value: \_\_\_\_\_

Diversion of Facility Drugs Est. Value: \_\_\_\_\_

Misappropriation of Facility Property Est. Value: \_\_\_\_\_

Misappropriation of Resident Property Est. Value: \_\_\_\_\_

Injury of Unknown Source:

Allegation Description:

On 5/13/22, QP was notified by home manager (HM) that a Hoke County detective went to the facility looking for Mr. [REDACTED]. The detective informed the HM that an allegation of abuse was made against Mr. [REDACTED] involving Individual [REDACTED] a resident who was discharged on 4/29/22. The QP called the detective on 5/13/22 to get more clarity, but their office was closed for the weekend. On 5/16/22, th

#### Additional Resident Information

Did this incident result in physical injury/harm?	<u>No</u>
Physical Injury/Harm:	<input type="text"/>
Did this incident result in mental anguish lasting 5 days or more?	<u>No</u>
Mental Anguish:	<input type="text"/>
Is the resident interviewable?	<u>Yes</u>
Diagnoses:	Moderate IDD, autism spectrum disorder, bipolar D/O, hx of major depressive D/O
Memory & Orientation:	person, place and time

When submitting this Facility Allegation to HCPR, you must enter an explanation here:

**Staff**

Staff Full Name: First MI Last  
Staff Social Security #:   
Staff Title: Paraprofessional  
Staff Date of Birth: Staff Date Hired:   
Staff Home Phone: ( ) - Staff Other Phone:   
Staff Last Known Address:   
City:   
State:   
Other Information:

**Investigation Results****Action Taken by Facility**

Date Investigation Complete: 4/26/2022  
Person Who Conducted Investigation: Qualified Professional  
Other Actions:

**Department of Social Services Information**

Was the incident reported to the local Department of Social Services?

Did DSS make an on-site visit?

Reported to:

- ☐ Adult Protective Services  
☐ Child Protective Services  
☐ Adult Home Specialist

DSS Investigator

Name:

Phone: ( ) -

**Police Information**

Was the incident reported to the Police?

Yes 5/13/2022

Name of Police Dept. or Sheriff Dept.:

Raeford Police

Date of Police Investigation?

5/16/2022

Name of Investigator:

  
Det. Gregory McNeill

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Additional Information


- Documentation: ☒ Complete Details of the Facility Investigation
- ☐ Documentation of Injury/Harm to Victim
- ☐ Other Supporting/Pertinent Documents

List of Other Supporting Documents:

Other Information:

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Accused Staff

Name	Allegation Substantiated	Employment Terminated	Date	Due To Allegation	Charges Filed	Charges
	No	Yes	6/14/2022	No	No	

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Witnesses

	First	MI	Last
Full Name:	_____		
Title/Relationship:	_____		
Last Known Address:	_____		
City:	_____		
State:	_____		Zip: _____
Witness Home Phone:	( ) ____-____		Witness Other Phone: ( ) ____-____

  
\_\_\_\_\_







June 27, 2022  
Serenity Therapeutic Services #4  
Darrin McNeill

- 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  
DHSRreports@eastpointe.net  
Pam Pridgen, Administrative Supervisor

