STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X3) DATE SURVEY COMPLETED			
			B. WING			
	MHL036-337 B. WING 05/1		05/12/2023			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
SERENITY	Y HOUSE		ANSOM STREET			
			NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 000	0 INITIAL COMMENTS		V 000			
	on May 12, 2023. Two substantiated (Intake #NC00197875). Two unsubstantiated (Intak #NC00198423). A definition of the facility is licensed category: 10A NCAC Treatment Staff Secur Adolescents. This facility is licensed census of 4. The survaudits of 4 current clients.	#NC00197193, complaints were ke #NC00197847, ficiency was cited. d for the following service 27G. 1700 Residential re for Children and d for 4 and currently has a rey sample consisted of ents.				
V 110	SUPERVISION OF PA (a) There shall be no paraprofessionals. (b) Paraprofessionals associate professional professional as specif Subchapter. (c) Paraprofessionals knowledge, skills and population served. (d) At such time as a employment system is then qualified profess	A COMPETENCIES AND ARAPROFESSIONALS privileging requirements for a shall be supervised by an all or by a qualified fied in Rule .0104 of this a shall demonstrate abilities required by the competency-based is established by rulemaking, ionals and associate emonstrate competence. If be demonstrated by including: dge;	V 110			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

BER: A BUILDING:		(X3) DATE SURVEY COMPLETED	
7.1. BOILBING			
B. WING		05/12/2023	
STREET ADDRESS, CITY, STA	TE, ZIP CODE		
508 N RANSOM STREET GASTONIA. NC 28054			
ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
ures			
e ed: but like nt #4]			
	STREET ADDRESS, CITY, STA 508 N RANSOM STREET GASTONIA, NC 28054 ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054 ULL PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY) V 110 I ures sion 4 4 4 4 6 6 6 10 11 11 11 12 13 14 15 15 16 17 17 18 18 18 18 18 18 18 18	

Division of Health Service Regulation

STATE FORM 6899 OKS311 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
A. BUILDING:						
		MHL036-337	B. WING		05/12/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SERENITY	/ HOUSE		SOM STREET			
			NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 110	Continued From page	2	V 110			
	client #1, due to client with staff"; - Tried not to yell at cl. - "Yelling was a trigge - "We (staff) all can go clients at times, when in and help each other in the staff of the staff of the staff of the staff and argue for over 30 minutes at so the adults in the form of the staff #1 sat on the content of the staff #1 sat on the	t #1 being argumentative lients when working; or for some clients"; et aggravated with the of this happens we try to step or." ith the Department of Social stive Services Investigator at the facility staff #1 sit on back and forth with client #1 bout going inside her room ome could talk; ouch but did not try to #1 tried to fight staff #2; the situation between staff				
	Interview on 5/12/23 with the Director revealed: -Was not aware there was a concern with staff #1's interactions with clients.					
	Finding #2: Review on 2/3/23 of s - Hire date 9/9/22; - Job Title Direct Supp	staff #2's record revealed: port Professional.				
	of Disciplinary Action -"You are hereby notif the following area(s) i We want you to rema company but failure to result in termination o Conduct." - "Explanation and Fu	the facility's Employee Notice dated 1/18/23 revealed: fied that your performance in a unsatisfactory at this time. in employed at this concorrect deficiencies may of employment Job skills, arther Details: Direct Support eeds to speak to clients in a				

Division of Health Service Regulation

STATE FORM 6899 OKS311 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL036-337	B. WING		05/12/2023	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SERENITY HOUSE		NSOM STREET			
(VA) ID SLIMMARY STAT		<u> </u>	PROVIDER'S PLAN OF CORRECTION	N (VE)	
PREFIX (EACH DEFICIENCY)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 110 Continued From page 3	3	V 110			
therapeutic manner and yelling/cursing." - "Follow Up Action New be monitored. Staff will quarterly and attend trate." Employee Signature: Interview on 5/8/23 with the staff #2 told me to gwith my mom." - Staff #2 was the "only cursed" at the clients. Interview on 2/2/23 with Services (DSS) Perman Worker (legal guardian the client #3's mother was #3 and heard staff #2 off the phone." - "Spoke with [Director] spoke with the staff (stanot to do it anymore." Attempted Interview on the parent of client #3's non-working telephone. Attempted Interview on the parent of client #3's non-working telephone. Attempted Interview on the parent of client #3's non-working telephone. Attempted Interview on the parent of client #3's non-working telephone. Attempted Interview on the parent of client #3's non-working telephone. Attempted Interview on the parent of client #3's non-working telephone. Attempted Interview on the parent stating that staff "argumentative and custom custom parent stating that staff "argumentative and custom custom parent staff the staff staff parent staff the post of the staff was and she reported the staff.	THOUSE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 therapeutic manner and refrain from yelling/cursing." - "Follow Up Action Needed: Staff interactions will be monitored. Staff will complete a supervision quarterly and attend trainings." - "Employee Signature: Refused to sign." Interview on 5/8/23 with client #3 revealed: - "[Staff #2] told me to get off the f*****g phone with my mom." - Staff #2 was the "only staff that yelled and cursed" at the clients. Interview on 2/2/23 with the Department of Social Services (DSS) Permanency Planning Social Worker (legal guardian) revealed: - Client #3's mother was on the phone with client #3 and heard staff #2 tell client #3 "to get the f**k off the phone." - "Spoke with [Director] and she stated that she spoke with the staff (staff #2) about it and told her				

Division of Health Service Regulation

STATE FORM 6899 OKS311 If continuation sheet 4 of 5

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL036-337	B. WING		0:	5/12/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE			
SERENITY	Y HOUSE		ANSOM STREET				
	ı		NIA, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 110 Continued From page 4		V 110					
V 110		ign the disciplinary action.	V 110				

Division of Health Service Regulation

STATE FORM 6899 OKS311 If continuation sheet 5 of 5