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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COMPL	-160	
		MHL036-337	B. WING		-	C 06/16/2023	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE			
OFDENIT	(1101105	508 N RA	NSOM STREET				
SERENITY	HOUSE	GASTON	IA, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS	;	V 000				
	2023. The complaint #NC00201469). Defice This facility is license category: 10A NCAC Treatment Staff Secur Adolescents.	d for the following service 27G .1700 Residential re for Children or					
		d for 4 and currently has a vey sample consisted of ents.					
V 118	27G .0209 (C) Medic	ation Requirements	V 118				
	only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, incluadministered only by unlicensed persons to the pharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications recorded immediately MAR is to include the (A) client's name;	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The e following:					
	(B) name, strength, a (C) instructions for ac	nd quantity of the drug; Iministering the drug; drug is administered; and					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		
			A. BUILDING:			PLETED
MHL036-337		B. WING	B. WING			
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	. ZIP CODE		6/16/2023
			NSOM STREET	,		
SERENIT	Y HOUSE		IA, 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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 118	118 Continued From page 1		V 118			
	drug. (5) Client requests for checks shall be recor	person administering the medication changes or ded and kept with the MAR pointment or consultation				
	This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure a MAR of all drugs administered to each client was kept current affecting 1 of 1 client (#1). The findings are:					
	- Admitted 3/2/23; - Diagnoses: General Bipolar Disorder, Cur Unspecified, Posttrau Delayed Expression, Disorder of Childhood - Physician Order dat (Anxiety) 10 milligram mouth every morning - Physician Order dat	matic Stress Disorder with Reactive Attachment d; ed 3/21/23 Propranolol n(mg), Take 1 tablet by ; ed 3/2/23 Polyethylene (constipation), Mix 17 grams				
	medications revealed - Propranolol 10mg, t morning;	3350 Powder, Mix 17 grams				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
MHL036-337		B. WING		C 06/16/2023		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET AD			TE, ZIP CODE		
SERENIT	Y HOUSE		ISOM STREET A, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 118	1 capful with liquid and directed. Review on 6/15/23 of 1, 2023-June15, 2023-No signature for Profrom April 14-30 2023-Polyethylene Glycol MAR from March-Junul Interview on 6/9/23 w-"Always have received Interview on 6/15/23 Professional revealed - "I don't know why the MAR." - Group Home Manage MAR. Interview on 6/15/23 - Group Home Manage - "[Group Home Manage - "]" and to tell you why there are other medication not suffer medication not suffer what has MAR from April 14-30 - "As far as the Miralat Powder), I was out of (medication) orders we didn't go through."	client #1's MAR from March 3 revealed: opranolol 10(mg) on MAR 3; 3350 Powder, not listed on the 2023. with client #1 revealed: ed medications." with the Associate 4: ere are no signatures on the ger was responsible for the with the Director revealed: er was responsible for MAR; ger] would probably be able are no signatures and the on MAR" with the Group Home MAR; appen (no signatures on 1)." x (Polyethylene Glycol 3350 from when the med were sent to me, I guess it	V 118	DE. KOLIKOT)		
	Due to the failure to a medication administra determined if clients received their					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
	MHL036-337	B. WING		06	C 5/ 16/2023
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
SERENITY HOUSE		ANSOM STREET NIA, NC 28054			
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		(X5) COMPLETE DATE
V 118 Continued From page the physician.	3	V 118			

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