

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>220782</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/11/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SERENITY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4002 WAITSFIELD COURT GREENSBORO, NC 27406</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	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on January 11, 2014. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that fire and disaster drills were held at least quarterly and reported for each shift. The findings are:</p> <p>Review on 1/10/24 of the fire and disaster drill log</p>	V 114		

**RECEIVED**

JAN 30 2024

**DHSR-MH Licensure Sect**

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

*Janet Mason*

TITLE  
*Director*

(X6) DATE  
**1/25/24**

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>220782</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/11/2024</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>SERENITY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4002 WAITSFIELD COURT GREENSBORO, NC 27406</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 114	<p>Continued From page 1</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-There was one 1st shift fire drill completed for the past year (8/8/23 at 11:42 am).</li> <li>-No 1st shift fire drills completed for the 1st (January, February, March), 2nd (April, May, June) and 4th (September, October, November) quarters for the past year (2023).</li> <li>-No disaster drills completed for the 1st (January, February, March), 2nd (April, May, June), 3rd (July, August, September) and 4th (September, October, November) quarters for the past year (2023).</li> </ul> <p>Interview on 1/8/24 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-He practiced fire drills and the meeting place was outside at the mailbox.</li> <li>- "We go outside" when tornado or storm drills were practiced.</li> <li>-He did not know when the last fire drill or disaster drill was done.</li> </ul> <p>Attempted interview on 1/8/24 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-He was not interviewable about fire and disaster drills.</li> </ul> <p>Attempted interview on 1/8/24 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>-He was not interviewable about fire and disaster drills.</li> </ul> <p>Interview on 1/11/24 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-Clients #1, #2 and #3 were evacuated outside the facility and to the mailbox during fire drills.</li> <li>-Clients #1, #2 and #3 did not have the capacity to understand disaster drills.</li> <li>-Client #1 knew to evacuate when he heard the the smoke alarm was pressed to practice fire drills.</li> <li>-Client #3 needed assistance during fire drills.</li> </ul>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>220782</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/11/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SERENITY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4002 WAITSFIELD COURT GREENSBORO, NC 27406</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 114	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-She believed she conducted a fire drill and a disaster drill in November 2023.</li> <li>-She documented the fire and disaster drills on a fire and disaster evacuation form.</li> </ul> <p>Interview on 1/10/24 with the Director revealed:</p> <ul style="list-style-type: none"> <li>-Fire and disaster drills were practiced every month.</li> <li>-There was a 1st shift at the facility when school was closed.</li> <li>-She planned to change the fire and disaster evacuation form for documentation of completed fire and disaster drills.</li> </ul>	V 114		

## Plan Of Corrections

### Measure put in place to correct the deficient area of practice.

Measures that have been put in place to correct the deficient area of practice are as follows:

- Policy and Procedure has been revised to reflect the DHHS rule where there should be 1 fire and 1 disaster drill (at the least) performed quarterly and for each shift during that quarterly duration.
- Facility Staff will be in-serviced by the facility Executive Director and/or Qualified Professional as to how to conduct fire and disaster drills and what to look for before, during and after drills.

### Indicate what measures put in place to Prevent the problem from occurring again.

To ensure the problem does not occur again, the following modes have been put in place:

- Prolific Community Resources Fire and Disaster Drill forms have been revised to include all necessary information for any given quarterly fire and/or disaster drill.
- Prolific will provide in-services for the staff working in the licensed home.

### Indicate who will monitor the situation to ensure it will not occur again.

Responsible parties to monitor the situation are both the Qualified Professional as well as the Executive Director of the facility.

### How often will the monitoring take place?

Monitoring will take place at least quarterly to ensure that PCR remains in compliance where drills are being ran, at least quarterly and documentation is completed at the time of the drills.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 16, 2024

Jamil Moravian, Residential Director  
Moravian Enterprises, LLC  
2515 Phillips Avenue, Suite A  
Greensboro, NC 27405

Re: Annual Survey completed January 11, 2024  
Serenity House, 4002 Waitsfield Court, Greensboro, NC 27406  
MHL # 041-1142  
E-mail Address: jmoravian@prolificcr.com

Dear Ms. Moravian:

Thank you for the cooperation and courtesy extended during the annual survey completed January 11, 2024.

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

#### **Type of Deficiencies Found**

A standard level deficiency is cited for 10A NCAC 27G .0207 Emergency Plans and Supplies.

#### **Time Frames for Compliance**

A standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is March 12, 2024.

#### **What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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

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

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

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER