| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL047-176 | A. BUILDING: _____ B. WING _____ | 03/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY THERAPEUTIC SERVICES #13 | 7042 LAURINBURG ROAD RAEFORD, NC 28376 |

| (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<br><br>An annual and complaint survey was completed on March 22, 2024. The complaint was substantiated (intake #NC00214568). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600 C Supervised Living for Adults with Developmental Disabilities.<br><br>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| V 118 | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.<br>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and | V 118 | | |

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| V 118 | Continued From page 1<br>(E) name or initials of person administering the drug.<br>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews, observation, and interviews, the facility failed to administer medications as ordered by the physician and maintain accurate MARs affecting 1 of 3 audited clients (#2). The findings are:<br><br>Finding #1<br>Review on 3/22/24 of client #2's record revealed:<br>-Admitted on 9/3/19.<br>-Diagnoses of Intermittent Explosive Disorder; Bipolar Disorder; Mild Intellectual and Developmental Disability; History of Type 2 Diabetes; Hypothyroidism; ; Gastro-esophageal Reflux Disease (GERD)<br>-Physician orders dated 1/16/24 for:<br>-Clotrimazole and Betamethasone Cream- Apply to affected area twice a day.<br>-Oralbalance Gel- Apply 5 grams by mucus membrane twice a day.<br><br>Observation on 3/22/24 of client #2's medications revealed:<br>-Clotrimazole and Betamethasone Cream- Was not available.<br>-Oralbalance Gel- Tube had expired on 3/10/24. | V 118 | | |

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| V 118 | Continued From page 2<br><br>Review on 3/22/24 of client #2's MARs from 1/1/24 - 3/22/24 revealed:<br>-Clotrimazole and Betamethasone Cream- Was marked daily as being given.<br>-Oralbalance Gel- Was marked daily as being given.<br><br>Review on 3/22/24 of www.webmd.com revealed:<br>-Clotrimazole and Betamethasone Cream- Was used to treat and prevent fungus infections.<br>-Oralbalance Gel- Was used for the relief of dry mouth.<br><br>Interview on 3/22/24 client #2 revealed:<br>-He received his medications daily.<br><br>Interview on 3/13/24 and 3/14/24 the Home Manager revealed:<br>-He did not know where the missing cream was. He was not able to locate it.<br>-He was not sure if the staff were applying the cream or just marking the MAR as given.<br>-He was not aware that the Oral balance paste had just expired. He did not know if staff at the house were giving the gel to the client daily.<br>-He acknowledges that if staff would have been giving the gel daily, it should have ran out by the date of the survey as it was dispensed a year ago.<br><br>Due to the failure to have the Clotrimazole and Betamethasone Cream and the Oralbalance Gel available and to accurately document medication administration, it could not be determined if client #2 received his medications as ordered by the physician. | V 118 | | |