

PRINTED: 03/25/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-176	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/22/2024
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NAME OF PROVIDER OR SUPPLIER SERENITY THERAPEUTIC SERVICES #13	STREET ADDRESS, CITY, STATE, ZIP CODE 7042 LAURINBURG ROAD RAEFORD, NC 28376
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on March 22, 2024. The complaint was substantiated (intake #NC00214568). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5800 C Supervised Living for Adults with Developmental Disabilities.</p> <p>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p>	V 118		

RECEIVED BY
MHL & C
3/28/24

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE _____ (X6) DATE **3/28/2024**

STATE FORM 5000 5CPS11 If continuation sheet 1 of 3

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V 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 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:</p> <p>Finding #1 Review on 3/22/24 of client #2's record revealed: -Admitted on 9/3/19. -Diagnoses of Intermittent Explosive Disorder; Bipolar Disorder; Mild Intellectual and Developmental Disability; History of Type 2 Diabetes; Hypothyroidism; ; Gastro-esophageal Reflux Disease (GERD) -Physician orders dated 1/16/24 for: -Clotrimazole and Betamethasone Cream- Apply to affected area twice a day. -Oralbalance Gel- Apply 5 grams by mucus membrane twice a day.</p> <p>Observation on 3/22/24 of client #2's medications revealed: -Clotrimazole and Betamethasone Cream- Was not available. -Oralbalance Gel- Tube had expired on 3/10/24.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 3/22/24 of client #2's MARs from 1/1/24 - 3/22/24 revealed: -Clotrimazole and Betamethasone Cream- Was marked daily as being given. -Oralbalance Gel- Was marked daily as being given.</p> <p>Review on 3/22/24 of www.webmd.com revealed: -Clotrimazole and Betamethasone Cream- Was used to treat and prevent fungus infections. -Oralbalance Gel- Was used for the relief of dry mouth.</p> <p>Interview on 3/22/24 client #2 revealed: -He received his medications daily.</p> <p>Interview on 3/13/24 and 3/14/24 the Home Manager revealed: -He did not know where the missing cream was. He was not able to locate it. -He was not sure if the staff were applying the cream or just marking the MAR as given. -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. -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.</p> <p>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.</p>	V 118		

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Appendix 1-B: Plan of Correction Form

Plan of Correction			
<p>Please complete <u>all</u> requested information and email completed Plan of Correction form to:</p> <p style="margin-top: 10px;">Plans.Of.Correction@dhhs.nc.gov</p>			
Provider Name:	Serenity Therapeutic Services, Inc.	Phone:	910-904-7147
Provider Contact Person for follow-up:	Darrin McNeill/ Administrator	Fax:	910-248-6116
		Email:	ceo@serenityts.com
Address:	7042 Laurinburg Rd., Raeford, NC 28376		Provider #: MHL-047-176
Finding	Corrective Action Steps	Responsible Party	Timeline
<p>V118 27G .0209 (C) Medication Requirements</p> <p>1. The facility failed to administer medications as ordered by the physician and maintain accurate MARs affecting 1 of 3 audited clients (#2).</p>	<p>1. The home manager will ensure that there are at least seven (7) days' worth of medication in the facility at all times. The staff will conduct daily medication shift exchanges for each shift for all prescribed medications so that all medications can be accounted for, per the MAR and medication list. The home manager will maintain a count sheet for all medications in pill form. The home manager and staff will account for prescribed creams, lotions, nasal sprays, etc., during the shift exchange process. The home manager will conduct weekly inventories of all prescribed medications. The home manager will conduct weekly reviews of medication expiration dates and refill orders, and schedule appointments, as needed, with the prescribing physician to ensure current orders are maintained. The home manager in conjunction with the medical records specialist will review MARs daily to ensure there are no medication errors. The QP will update the current medication list form to add medication order dates, expiration dates, and number of refills. Identified staff will retake the next scheduled medication training.</p>	<p>Darrin McNeill</p>	<p>Implementation Date: March 22, 2024</p> <p>Projected Completion Date: April 9, 2024</p>
			<p>Implementation Date:</p> <p>Projected Completion date:</p>