STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	MHL026-892			B. WING		03/2	2/2024
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
SERENI	TY THERAPEUTIC SE	RVICES #3		KWOOD CO VILLE, NC 2			
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	0 INITIAL COMMENTS			V 000			
	An annual and com on March 22, 2024. substantiated (intak Deficiencies were c	The complain e #NC002146	t was				
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.						
	This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.						
V 118	27G .0209 (C) Med	ication Require	ements	V 118			
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.						
	(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. (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: (A) client's name;						
	 (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and 						

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL026-	892	B. WING		03/	22/2024
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
SERENI	TY THERAPEUTIC SE	RVICES #3		KWOOD CO VILLE, NC 2			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
	Continued From particles (E) name or initials drug. (5) Client requests checks shall be reciple followed up by a with a physician. This Rule is not me Based on record reinterviews, the facilimedications as order maintain an accurate audited clients (#1). Review on 3/21/24 -42 year old maleAdmitted 6/10/10Diagnoses of Aspet Explosive Disorder Disorder.	ge 1 of person adm for medication orded and kept appointment or et as evidenced view, observati ity failed to adn ered by the phy te MAR affectir . The findings of client #1's re	inistering the changes or twith the MAR consultation I by: on, and ninister vsician and ng 1 of 2 are: ecord revealed:	V 118			
	Review on 3/21/24 orders dated 2/7/24 -12 Hour Nasal Spr for congestion. -Fluticasone Spray (congestion)	revealed: ay 0.05%, 1 sp	ray at bedtime				
	Review on 3/21/24 1/1/24 - 3/21/24 rev -12 Hour Nasal Spr Spray 50 mcg were	ealed: ay 0.05% and l administered o	Fluticasone daily.				
	Observation on 3/2	1/24 between 1	2:30 pm - pm				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	MHL026-892			B. WING		03/2	22/2024
	PROVIDER OR SUPPLIER TY THERAPEUTIC SE	RVICES #3	2299 DOC	DRESS, CITY, S CKWOOD CO VILLE, NC 2			
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 118	Continued From part of client #1's medical 12 Hour Nasal Spray 50 mcg were review. Interview on 3/22/2-He received his medications would Interview on 3/21/2 stated: -He reviewed medical -He was not aware not available onsite	ations revealed: ay 0.05% and Flutice not available onsit 4 client #1 stated: edications daily. 4 the Manager state ived his medication f his nasal medicati the pharmacy and be delivered the sa 4 the Qualified Profecations once month client #1's medicati	ed: s as ons the the me day. essional	V 118			
V 736	27G .0303(c) Facilia 10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saft manner and shall be odor. This Rule is not me Based on observation was not maintained manner. The finding observation on 3/2 am during a tour of -Client #2's bedroof	303 LOCATION ANI REMENTS If its grounds shall be the clean, attractive at the kept free from off the as evidenced by: ton and interview, the in a safe, clean and the grounds are: 1/24 between 9:00 the facility revealed	ee and orderly fensive ne facility d attractive am - 10:30	V 736			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL026-892		B. WING		03/22/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SERENIT	TY THERAPEUTIC SE	RVICES #3	KWOOD CO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	inches in diameter -The bathtub in the tiles around the war front of the bathtub The rear of the bath missing tiles the ler exposing wood fran Interview on 3/21/2 -Client #1 had picke off.	behind his bedroom door. hall bathroom had missing ter faucet, the length of the , exposing wood and pipes. htub had a single row of high of the rear of the bathtub	V 736			
V 752	22 27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.		V 752			
	This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are: Review on 3/21/24 of the facility's water temperature logs for the month of March 2024 revealed: -Hot water temperatures ranged between 113 - 114 degrees FahrenheitHot water temperature on 1st shift (7am - 3pm)					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL026-8	392	B. WING		03/2	22/2024
NAME OF	PROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE	1 00	
SERENI	Y THERAPEUTIC SE	RVICES #3		KWOOD CC			
				VILLE, NC 2			
(X4) ID PREFIX TAG		TEMENT OF DEFICI MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
V 752	Continued From page 4			V 752			
	on 3/21/24 was 113 degrees Fahrenheit in the kitchen and bathroom.						
	Observation on 3/2 am during a tour of -Hot water at the kit Fahrenheit. -Hot water at the hadegrees Fahrenheit -Hot water at the hadegrees Fahrenheit	the facility reve tchen sink was allway bathroom t. allway bathroom	aled: 146 degrees n sink was 142				
	Interview on 3/21/24 client #1 stated: -He was able to adjust the water temperature himself.						
	Interview on 3/21/24 with client #2 revealed: -He was able to adjust the water temperatureHe repeated "too hot" when asked if water was too hot.						
	Interview on 3/21/24 staff #1 stated: -A new water heater was recently installed. (date unknown) -Staff were told not to touch the water temperature.						
	Interview on 3/21/2- Hot water temperal checked daily on ear of the average water 111-116 degrees Far of the client #1 and client water temperature. The clients had no temperatures. The clients had no from the hot water. She would submit have the water hear	tures were suppach shift. If temperature wahrenheit. If #2 were able to the complained about the day redner	posed to be vas between to adjust the pout the water ess or burns				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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SERENITY THERAPEUTIC SERVICES #3			DRESS, CITY, S CKWOOD CO VILLE, NC 2				
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V 752	Continued From page 5			V 752			
	Interview on 3/21/24 -He would have the soon as possible.						
	Interview on 3/22/24 the Director stated: -Staff were supposed to check the water temperatures on every shiftA new water heater was installed in December						
	2023He requested when the water heater was installed the temperature be set between 110-112 degrees FahrenheitThe plumber visited the facility on 3/21/24 and it						
	was believed some temperature.	one had adjuste	ed the water				
	Review on 3/22/24 completed by the Q dated 3/22/24 revea -"What immediate a ensure the safety or -The facility immediate and adjust the water correct temperatures is with compliance and to able to safely use the -Describe your plan happens1, the Q facility manager on the safety and adjust the safely use the -Describe your plan happens1, the Q facility manager on the safety and	qualified Profess aled: action will the faction will the faction will the faction will the faction with the come out to the faction all regulation are water in the faction are water in the faction will be so make sure 12, have followed 3/22/24 to ensure	ional (QP) and cility take to s in your care? [local] the facility ature to the e the water is and in nembers are acility. The above I up with the re that the				
	correct actions were will also go out to the temperature to ensi- temperature levels temperature ranges use. I, the QP will a manager to ensure water temperature	ne facility and ch ure that the app are within the co s and safe for ou lso coordinate v staff are comple	eck the water ropriate water orrect ur members to with the facility eting their daily				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			X3) DATE SURVEY COMPLETED	
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V 752	The facility served of include Asperger Staplosive Disorder, and Mild Intellectual documented water a water temperature which revealed the degrees Fahrenheit hot water temperatures Fahrenheit Type A2 violation for harm and must be of the control	clients with diagnoryndrome, Intermit, Generalized Anx I Disability. The fatemperature check the day on hot water temperat. The clients were levels between the substantial risk of the control of the co	tent iety Disorder acility had lks to include f the survey ature as 113 e exposed to n 142-148 constitutes a of serious	V 752			

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