

PRINTED: 04/02/2024  
FORM APPROVED


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-154</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/22/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SERENITY THERAPEUTIC SERVICES #8</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>406 NORTH WRIGHT STREET RAEFORD, NC 28376</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on March 22, 2024. The complaints were substantiated (intake #NC00214186, #NC00214187). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 536	<p><b>27E .0107 Client Rights - Training on Alt to Rest. Int.</b></p> <p><b>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</b></p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable</p>	V 536	<p style="text-align: center; border: 1px solid red; padding: 5px;"><b>RECEIVED by MHL &amp; C 4/11/24</b></p>	

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

  
 TITLE

(X6) DATE  
**4/11/2024**

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V 536	<p>Continued From page 1</p> <p>methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</li> </ol> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-184</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/22/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SERENITY THERAPEUTIC SERVICES #8</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>406 NORTH WRIGHT STREET RAEFORD, NC 28378</b>
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V 536	<p>Continued From page 2</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure (FS #4) demonstrate competence with the use of alternatives to restrictive interventions. The findings are:</p>	V 536		

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V 536	Continued From page 4  Review on 3/14/24 of FS #4's personnel file revealed: -Hire date of 9/27/23. -Hired as Lead Staff. -Termination date of 2/12/24. -Last documented training on Evidenced Based Protective Interventions (EBPI) dated 9/29/23.  Interview on 3/20/24 with the FS #4 revealed: -She mentioned that Client #2 had three major spots that she picked at the breast, foot, and inside of the left thigh. -"I popped [Client #2] with a belt lightly on her feet to stop her from picking her skin." -Client #2 would pick at the bottom of her heel and feet until it bled.  Interview on 3/20/24 and 3/22/24 with Staff #5 revealed: -"I seen FS #4 popping Client #2 on her hands with the belt around the end of January 2024." -"I have seen it happen on two occasions." -"[FS #4] had popped [Client #2] to stop her from picking her skin." -Client #2 would pick her skin until it bled. -"[FS #4] was not abusive nor was she aggressive toward [Client #2]." -"[FS #4] popped [Client #2] on her hands with the belt it wasn't forceful at all." -"I felt like [FS #4] wasn't abusive or aggressive toward [Client #2] and that is why I didn't say anything." -"Now that I know, I would make sure management are aware of any abuse."  Interview on 3/19/24 with the Qualified Professional (QP) revealed: -"During the investigation the FS #4 admitted to popping Client #2 on her hands and feet with a belt."	V 536		

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V 536	Continued From page 5 -The FS #4 was trying to stop Client #2 from picking her skin. -She also stated that Staff #5 admitted to seeing the FS #4 pop Client #2 with a belt in the past. -"Management suspended [staff #5] for not reporting the incident." -She reported that management did training for all staff on abuse, neglect, and exploitation. -Management also retrained all staff on EBPI. -"After the investigation the [FS #4] was terminated on 2/12/24." -The incident was reported on 2/12/24 to Department Social Services, Health Care Personnel Registry, Division Health Services Regulation, the police, and both guardians.	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO  10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.	V 537		

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V 537	<p>Continued From page 6</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> <li>(1) refresher information on alternatives to the use of restrictive interventions;</li> <li>(2) guidelines on when to intervene (understanding imminent danger to self and others);</li> <li>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</li> <li>(4) strategies for the safe implementation of restrictive interventions;</li> <li>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</li> <li>(6) prohibited procedures;</li> <li>(7) debriefing strategies, including their importance and purpose; and</li> </ol>	V 537		

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V 537	<p>Continued From page 7</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the</p>	V 537		



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V 537	<p>Continued From page 8</p> <p>course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p>	V 537		

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V 537	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure (FS#4) had demonstrated competency in the use of seclusion, physical restraint, and isolation time out. The findings are:</p> <p>Review on 3/14/24 of FS's 4 personnel file revealed: -Hire date of 9/27/23. -Hired as Lead Staff. -Termination date of 2/12/24. -Last documented training on Evidenced Based Protective Interventions (EBPI) dated 9/29/23.</p> <p>Interview on 3/20/24 with the FS #4 revealed: -"I put my arm on [Client's #3] back to guide her in the house." -"[Client #3] had gotten inside the house she had a full-blown behavior." -Client #3 was hitting the wall and the licensure picture fell and broke. -"I went back inside the house and told [Client #3] to calm down." -She remembered Client #3 fell on the floor onto the broken glass. -"I grabbed [Client #3] from behind by putting my arms around her back to pull her up from being in the glass."</p> <p>Interview on 3/20/24 and 3/22/24 with Staff #5 revealed: -The FS #4 had opened the door for Client #3 to come inside and Client #3 started swinging at the FS #4.</p>	V 537		

Division of Health Service Regulation

STATE FORM

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If continuation sheet 10 of 11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/22/2024</b>
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V 537	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-Client #3 had knocked down a picture off the wall by the door.</li> <li>-When they got in the house Client #3 threw herself on the floor.</li> <li>-"[Client #3] would do that when she goes into a behavior."</li> <li>-"The [FS #4] had gotten behind [Client #3], put her hand on the back of her neck, to hold her down from swinging on her."</li> <li>-The FS #4 was holding Client #3 down to keep her from swinging and kicking her.</li> <li>-"It's not the way you are supposed to do it."</li> <li>-"I felt like it wasn't in an abusive way, and it wasn't a big deal."</li> <li>-The FS #4 was trying to keep Client #3 from fighting her.</li> <li>-"I didn't tell management about the incident in February because the [FS #4] was the lead staff and are responsible for putting information in the [electronic note system] anytime someone is having a behavior."</li> </ul> <p>Interview on 3/19/24 with the QP revealed:</p> <ul style="list-style-type: none"> <li>-The FS #4 denied hitting Client #3.</li> <li>-"Management also retrained all staff on EBPI."</li> </ul>	V 537		

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### Appendix 1-B: Plan of Correction Form

**Plan of Correction**

Please complete all requested information and email completed Plan of Correction form to:  
  
Plans.Of.Correction@dhhs.nc.gov

<b>Provider Name:</b>	Serenity Therapeutic Services, Inc.	<b>Phone:</b>	910-904-7147
<b>Provider Contact Person for follow-up:</b>	Darrin McNeill/ Administrator	<b>Fax:</b>	910-248-6116
		<b>Email:</b>	ceo@serenityts.com
<b>Address:</b>	406 N. Wright St., Raeford, NC 28376		<b>Provider #:</b> MHL-047-154

Finding	Corrective Action Steps	Responsible Party	Timeline
<p><b>V536 27E .0107 Clients Rights – Training on Alternatives to Restrictive Interventions.</b>  <b>1. The facility failed to ensure (FS #4) demonstrated competence with the use of restrictive interventions.</b></p>	<p>1. The QP scheduled a refresher training with the facility staff on Evidenced Based Protective Interventions (EBPI) Parts A &amp; B, which occurred on February 16<sup>th</sup>. The QP also facilitated a refresher training with the staff on abuse, neglect, and exploitation on February 13<sup>th</sup>. The HR Manager will ensure that all staff are scheduled for the agency’s required training whose curricula includes but is not limited to, EBPI, and abuse, neglect, and exploitation. If the staff misses the training and/or is a no call/no show, he/she will be removed from the schedule pending successful completion. The home manager will resend any identified staff back to EBPI training if he/she engages in techniques and/or restraints not taught in training that do not threaten the health or safety of the client. However, any staff who engages in techniques/interventions that threaten the health and safety of a client will be removed from the schedule pending an internal investigation, which can result in termination of employment. The QPs in conjunction with the operations manager will immediately initiate an internal investigation for any reports/allegations of abuse, neglect, or exploitation. The HR manager will conduct monthly audits to ensure all EBPI certificates are current and schedule staff for recertifications, as needed.</p>	<p><b>Darrin McNeill</b></p>	<p><b>Implementation Date:</b> February 16, 2024</p> <hr/> <p><b>Projected Completion Date:</b> February 16, 2024</p>
<p><b>V537 27E .0108 Clients Rights – Training in Seclusion, Physical Restraint, and Isolation Timeout.</b>  <b>1. The facility failed to ensure (FS #4) demonstrated competency in the use of seclusion, physical restraint, and isolation timeout.</b></p>	<p>1. The QP scheduled a refresher training with the facility staff on Evidenced Based Protective Interventions (EBPI), Parts A &amp; B, which occurred on February 16<sup>th</sup>. The QP also facilitated a refresher training with the staff on abuse, neglect, and exploitation on February 13<sup>th</sup>. The HR Manager will ensure that all staff are scheduled for the agency’s required training whose curricula includes but is not limited to, EBPI, and abuse, neglect, and exploitation. If the staff misses the training and/or is a no call/no show, he/she will be removed from the schedule pending successful completion. The home manager will resend any identified staff back to EBPI training if he/she engages in techniques and/or restraints not taught in training that do not threaten the health or safety of the</p>	<p><b>Darrin McNeill</b></p>	<p><b>Implementation Date:</b> February 16, 2024</p> <hr/> <p><b>Projected Completion date:</b> February 16, 2024</p>

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