

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/09/2024
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NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 508 N RANSOM STREET GASTONIA, NC 28054
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow up and complaint survey was completed on 7-9-24. The complaint was substantiated (#NC00216916). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p>	V 296		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 296	<p>Continued From page 1</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to have the minimum number of direct care staff when clients were present. The findings are:</p> <p>Observation on 6-27-24 at approximately 11:00am revealed: -One staff with four clients at the facility.</p> <p>Interview on 6-27-24 with Client #1 revealed: -She had been at the facility 3-4 weeks. -There was usually two staff at the facility. -There was usually one staff when they were</p>	V 296		

Division of Health Service Regulation

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V 296	<p>Continued From page 2</p> <p>sleeping. -There had been two staff that day, but one had to help at the other facility.</p> <p>Interview on 6-27-24 with Client #2 revealed: -There was usually only one staff on third shift. -As far as she knew, there had never been any issues on third shift because of having only one staff.</p> <p>Interview on 6-27-24 with Client #3 revealed: -There was usually two staff. -That day there had been only one because the second staff had to go to the other facility.</p> <p>Interview on 6-27-24 with Client #4 revealed: -Staff do not usually work by themselves. -There is only one staff when they wake up in the morning.</p> <p>Interview on 7-1-24 with Staff #1 revealed: -She didn't work by herself, "often at all."</p> <p>Interview on 7-1-24 with Staff #2 revealed: -He does work by himself, but "not that often."</p> <p>Interview on 6-27-24 with the Facility Manager revealed: -There had been two staff at the facility, but one staff had to go to the sister facility to take one of the clients somewhere. -She rarely worked by herself. -They were hiring more people to ensure staff were never by themselves in the future.</p>	V 296		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 3</p> <p>RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 4</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 5</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to implement a policy governing the response to Level II incidents. The findings are:</p> <p>Review on 7-2-24 of police call to the facility revealed:</p> <ul style="list-style-type: none"> -4-13-24 Mental Health Issues. -5-15-24 Trespassing. -6-23-24 Mental Health Issues. <p>Review on 7-1-24 of the facility incident reports revealed:</p> <ul style="list-style-type: none"> -Level I incident for 6-23-24 were Client #1 went AWOL (absent without leave) on 6-23-24. <p>Interview on 7-2-24 with the Qualified professional revealed:</p> <ul style="list-style-type: none"> -She had been the Qualified Professional for 	V 366		

Division of Health Service Regulation

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V 366	Continued From page 6 1 and 1/2 months. -She had completed an incident report for the incident on 6-23-24. -It was her responsibility to make sure incident reports were completed.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 7</p> <p>day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 8</p> <p>the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all Level 2 incidents to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 7-2-24 of police call to the facility revealed:</p> <ul style="list-style-type: none"> -4-13-24 Mental Health Issues. -5-15-24 Trespassing. -6-23-24 Mental Health Issues. <p>Review on 6-27-24 if the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> -No level II incidents had been submitted for the facility for 1-1- 2024 through 6-27-24. <p>Interview on 7-2-24 with the IRIS administrator revealed:</p> <ul style="list-style-type: none"> -There was an incident for 6-23-24 that had been created but not submitted. 	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 9</p> <p>-There was an incident for 5-6-24 that had been created but not submitted.</p> <p>Interview on 7-2-24 and 7-9-24 with the Qualified Professional revealed:</p> <p>-It was her job to make sure incidents were submitted into the IRIS system.</p> <p>-She had entered the incident on 6-23-24.</p> <p>-She had only been the Qualified Professional for 1 and 1/2 months, so she can't speak to the other incidents.</p> <p>-She had spoken to the IRIS administrator and understood what she had done wrong, so going forward, all IRIS incidents would be entered in a timely manner.</p>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to be maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 7-1-24 at approximately 4:30pm revealed:</p> <p>-Living room: one small light bulb and no globe in the ceiling fan/light fixture, area approximately 3 feet by 1 foot repaired, but not painted, brown areas around the light switch and the door jam/door.</p> <p>-Vent in hallway had brown substances on it.</p> <p>-Kitchen: door to the laundry room has loose</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 10</p> <p>doorknob and the door won't latch, cracked flooring near the bottom of the refrigerator, section of floor next to the door to the office has a replacement flooring dark brown, the rest of the floor is light brown, cabinet door next to the dishwasher is peeling, drawer will not shut.</p> <ul style="list-style-type: none"> -Bedroom #1 has single light with no globe in the overhead ceiling fan/light. -Bedroom #2: has single light with no globe in the overhead ceiling fan/light, chipped and rough paint on the door jam, dark substance around the light switch. -Hall Bathroom: numerous small holes in the walls, some black substance in the corners of the tub. -3rd bedroom: has writing in the closet with curse words, 2 small holes in the wall approximately 1 inch long. -Bathroom in the third bedroom: toilet does not flush, shower does not work due to water pressure. -Outside: numerous bits of debris around the door to the locked shed, loose bricks laying on the ground, vent on the right side of the house was hanging loose. <p>Interview on 7-1-24 with Client #2 revealed:</p> <ul style="list-style-type: none"> -Her room was bedroom #3. -She had not put the writing in the closet, it was already there when she moved in. <p>Interview on 7-1-24 and 7-2-24 with the Facility Manager revealed:</p> <ul style="list-style-type: none"> -The small light bulb was the only bulb that they could get that would fit into the light. -She didn't know why there was no globe on any of the lights. -They would make all necessary repairs as soon as possible. -The writing in the closet had been painted 	V 736		

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