

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/20/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SERENITY THERAPEUTIC SERVICES #14</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6916 LAURENBURG ROAD 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>An annual survey was completed on March 20, 2026. A deficiency was 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 6 and has a current census of 6. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 364	<p><b>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</b></p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by</p>	V 364		

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DHSR-MH Licensure Sect

Division of Health Service Regulation

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

TITLE

(X6) DATE

 BS, OP 4-2-26

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V 364	<p>Continued From page 1</p> <p>the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise</p>	V 364		

Division of Health Service Regulation

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V 364	<p>Continued From page 2</p> <p>prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client</p>	V 364		

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V 364	<p>Continued From page 3</p> <p>may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation</p>	V 364		

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V 364	<p>Continued From page 4</p> <p>plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure the restriction of one of four audited clients (#4) access to personal property was reviewed as required. The findings are:</p>	V 364		

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V 364	<p>Continued From page 5</p> <p>Observation on 3/19/26 at approximately 1:10 pm revealed: -Client #4's bedroom-There was no dresser and only outer wear clothing in her closet. -Storage area-Client #4's dresser and clothing were in this room.</p> <p>Review on 3/19/26 of General Statue 122C-62 revealed "A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional (QP) at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's records."</p> <p>Review on 3/19/26 of client #4's record revealed: -Admission date of 2/13/24. -Diagnoses of Moderate Intellectual Disability, Autism, Hypertension and Obesity. -Individualized Support Plan dated 12/1/25-The team agreed client #4 would not have her dresser in her bedroom. Client #4 would not have any clothes in her bedroom. -There was no evidence of an evaluation of each restriction reviewed at least every seven days by the QP.</p> <p>Attempted interview on 3/19/26 with client #2 revealed: -She could not be interviewed because she was nonverbal.</p> <p>Interview on 3/19/26 with the Home Manager revealed: -"[Client #4's] dresser and other clothing were</p>	V 364		

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V 364	<p>Continued From page 6</p> <p>kept in another area."                      -"Her guardian requested her clothing not be kept in her bedroom because she will keep changing clothes."                      -"It should be in her plan to not keep clothing in her bedroom."</p> <p>Interview on 3/20/26 with the QP revealed:                      -She was aware of staff keeping client #3's clothes and dresser in the storage area of the facility.                      -"When I took over as [QP] for this facility in November 2025 was when it came to my attention."                      -"We are working on trying to get this approved through the Human Rights (HR) committee."                      -"The next HR committee meeting is in April 2026 and it will be addressed at that time."                      -"I checked with [Former QP] and that was discussed during human rights committee meeting in April 2024."                      -She confirmed there was no evidence of an evaluation of each restriction reviewed at least every seven days by the QP.</p>	V 364		

**Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
Rule Violation and Client/Staff Identifier List**

Facility Name: Serenity Therapeutic Services #14      MHL Number: 047-177

Exit Date: 3/20/26      Surveyor(s): [REDACTED]s

**EXIT PARTICIPANTS:** [REDACTED]

**COVID NOTIFICATION: In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.**

Rule Violation/Tag #/Citation Level: G.S. 122C-62 Additional Rights in 24-Hour Facilities/Tag#364/Standard

**Client & Staff Identifier List  
(Indicate staff title or number beside each name)**

Client #1 [REDACTED]  
Client #2 [REDACTED]  
Client #3 [REDACTED]  
Client #4 [REDACTED]

Director [REDACTED]  
Qualified Professional (QP) [REDACTED]  
Former QP [REDACTED]  
House Manager [REDACTED]  
Staff #1 [REDACTED]

**CITATION LEVEL:** Number of days from survey exit for citation correction  
Standard = 60 days      Recite – standard = 30 days      Type A = 23 days      Type B = 45 days  
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

# 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>Provider Contact Person for follow-up:</b>	[REDACTED] Administrator		
<b>Address:</b>	6916 Laurinburg Rd., Raeford, NC 28376		
	<b>Phone:</b>	910-904-7147	
	<b>Fax:</b>	910-248-6116	
	<b>Email:</b>	ceo@serenityts.com	
	<b>Provider #: MHL-[REDACTED]</b>		
<b>Finding</b>	<b>Corrective Action Steps</b>	<b>Responsible Party</b>	<b>Timeline</b>
V364 G.S. 122C-62 Additional Rights in 24-Hour Facilities The facility failed to ensure the restriction of one of four audited clients (#4) access to personal property was reviewed as required.	1. As needed, the QP will develop a written statement and place it in the client's record indicating a detailed reason for restriction (s). The QP will evaluate each restriction every 7 days and document it in the client's record. If the restriction(s) are renewed, the QP will write a statement in the client's chart that states the reason for the renewal of the restriction. For an incompetent adult client, the QP will notify the legal responsible person (LRP) of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it within 72-hours and document the notification in writing in the client's record. Initial/renewal rights restrictions will be reviewed and documented during weekly clinical team meetings in conjunction with the Human Rights chair and kept on record. Initial/Renewed restrictions will also be reviewed and documented during quarterly Human Rights Committee meetings and kept on record.	[REDACTED]	<b>Implementation Date:</b> March 20, 2026  <b>Projected Completion Date:</b> April 30, 2026



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

JOSH STEIN • Governor  
DEV DUTTA SANGVAI • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

March 25, 2026

Darrin McNeill  
Serenity Therapeutic Services, Inc.  
207 S Stewart St  
Raeford, NC 28376

Re: Annual Survey Completed March 20, 2026  
Serenity Therapeutic Services #14, 6916 Laurinburg Road, Raeford, NC 28376  
MHL# 047-177  
E-mail Address: [ceo@serenityts.com](mailto:ceo@serenityts.com), [akocan@serenityts.com](mailto:akocan@serenityts.com)

Dear Mr. McNeill:

Thank you for the cooperation and courtesy extended during the Annual survey completed 3/20/26.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- All tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 5/19/26.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and**

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION  
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

RECEIVED  
APR 08 2026  
DHSR-MH Licensure Sect

March 25, 2026  
Serenity Therapeutic Services #14  
Mr. McNeill

***please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-218-4942.

Sincerely,



Kimberly R Sauls  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc:

[networkEngagement@trilliumnc.org](mailto:networkEngagement@trilliumnc.org), CEO, Trillium Health Resources LME/MCO  
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO  
[DHSR@Alliancebhc.org](mailto:DHSR@Alliancebhc.org)  
Terry Stanton, Director, Hoke County DSS  
Michael Blake, Administrative Supervisor