Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL082028 | A. BUILDING: _____ B. WING _____ | 04/04/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SERENITY FAMIY CARE HOME # 3 | 100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458 |

| (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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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section and the Sampson County Department of Social Services conducted an initial survey on April 1 and 4, 2016. | C 000 | | |
| C 204 | 10A NCAC 13G .0702 (c-1) Tuberculosis Test And Medical Examination<br><br>10A NCAC 13G .0702 Tuberculosis Test And Medical Examination<br><br>(c) The results of the complete examination are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following:<br>(1) The examining date recorded on the FL-2 or MR-2 shall be no more than 90 days prior to the person's admission to the home.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to assure the FL-2 was no more than 90 days old prior to the resident's admission to the facility for 1 of 3 sampled residents (#2).<br><br>The findings are:<br><br>Review of Resident #2's current FL-2 dated 11/18/15 revealed:<br>-Diagnoses included chronic paranoid schizophrenia, intellectual disability, hypertension, hyperlipidemia, and hypothyroid<br>-Resident #2's FL-2 documented an admission date of 11/26/14.<br>-Resident #2's FL-2 documented the date of physician signature as 11/18/15.<br>-Resident #2 was ambulatory and continent of the bowel and bladder. | C 204 effective 4-12-14 effective 4-12-14 | Prefix ID C204<br><br>In response to C204, Resident #2 TB test was completed on 04/07/16, for resident #2 referenced in this report. A new internal form has been instituted in order to better track documentation of admissions of new residents. In addition, Serenity has hired an office manager to assist the current administrator with the day to day paperwork for the company. It is the agency goal to eliminate any errors in the future related to 10A NCAC 13G. 0702<br><br>Prefix ID C 204<br><br>Continued in reference to Resident #2, FL-2. The new FL-2 was completed and signed by the physician on 04/05/16. This was an oversight and the company has instituted a new form (see attached copy) which will eventually be placed in all residents books which will allow the administrator and other staff a snapshot picture of the required documents for each resident. By instituting the new form it will ensure all requirement are met in accordance with 10A NCAC 13G.0702. | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Erin Jewell TITLE Owner (X6) DATE 04-22-16



Received and accepted 5/23/16 HF

Division of Health Service Regulation

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| C 204 | Continued From page 1<br><br>Review of Resident #2's record failed to reveal a more current FL-2 which would have been completed within the 90 days prior to the 03/01/2016 date of admission. (The FL-2 should have been completed on or after 12/2/2016.)<br><br>Interview with the Medication Aide/Live-In on 04/01/16 at 10:45AM revealed:<br>-The Administrator is responsible for completing admission paperwork.<br>-Staff only assists with the paperwork when they are asked too.<br><br>Interview with the Medication Aide/Live-In on 04/01/16 at 5:30PM revealed:<br>-Resident #2 was previously admitted to this facility back in November 2015.<br>-Resident #2 left this facility in December 2015 because there were only two residents at the facility and they could no longer afford to keep it open just for two residents.<br>-Resident #2 returned to this facility on 03/01/16.<br><br>Interview with the Administrator on 04/04/16 at 12 noon revealed:<br>-The Administrator is responsible for getting residents an appointment with the primary care physician upon admission.<br>-The appointments are to have the FL-2, tuberculosis skin test, care plan and personal care service sheets filled out by the primary care physician.<br>-The facility tries to complete all of the admission paperwork within 72 hours of admission.<br>-Resident #2 was admitted from one of their sister facilities which was why they were using the FL-2 dated 11/18/15. | C 204 | Prefix ID C204<br><br>Continued reference to Resident #2, who was previously admitted to the facility in 11/2015, left the facility in 12/2015 and returned on 03/01/2016. Due to a shortage of residents an administrative decision was made to move Resident #2 from one house within the company structure to another house within the same company due to cost restraints. The administrator had completed the 30 day notice issued on 2/1/16 and the resident moved on 3/1/16 to 100 W. Magnolia Libson Rd. Rosehill, NC 28458. All paperwork was completed accordingly. Since the resident was in two different locations, the resident had two different books which had not been merged into one book at the time of the review on 4/4/16. Since the state review all information for Resident #2 has been officially merged into one book which should allow the Serenity to be in full compliance with all deficiencies listed in Prefix ID C 204<br><br>Effective 4-12-16 | |

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| C 212 | Continued From page 2 | C 212 | The administrator is responsible for all paperwork regarding resident appointment with the primary care physician upon admission along with the TB skin, test, care plan, FL-2 and personal care sheets. Again the FL-2 date 11/18/15 has been corrected as referenced previously and the agency has instituted an snapshot check off sheet for new admissions. The administrator will monitor all books on a weekly basis and the office manager will randomly spot check book at each location on a bi-weekly basis to ensure compliance with 10.A NCAC 13.G 0702. The administrator will be able to focus more on paperwork for the residents with the hiring of an office manager which was effective 4/5/16. | |
| C 212 | 10A NCAC 13G .0703 (a) Resident Register<br><br>10A NCAC 13G .0703 Resident Register<br><br>(a) A family care home's administrator or supervisor-in-charge and the resident or the resident's responsible person shall complete and sign the Resident Register within 72 hours of the resident's admission to the home. The Resident Register is available on the internet website, http://facility-services.state.nc.us/gcpage.htm, or at no charge from the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. The facility may use a resident information form other than the Resident Register as long as it contains at least the same information as the Resident Register.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to assure the Resident Register was completed within 72 hours of admission to the facility for 1 of 3 sampled residents (#2).<br><br>The findings are:<br><br>Review of Resident #2's current FL-2 dated 11/18/15 revealed:<br>-Diagnoses included chronic paranoid schizophrenia, intellectual disability, hypertension, hyperlipidemia, and hypothyroid<br>-Resident #2's FL-2 documented an admission date of 11/26/14.<br>-Resident #2's FL-2 documented the date of physician signature as 11/18/15.<br>-Resident #2 was ambulatory and continent of the bowel and bladder. | C 212 | effective 4-12-16<br><br>Prefix ID C212<br><br>Due to an administrative error the FL-2 was not completed in a timely fashion. The error was in part due to the fact the resident had moved from one house to another internally. The administrator is responsible for securing the FL-2. The new internal tracking snapshot document should prevent and eliminate any future mistakes moving forward. The administrator will also be working with | |

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| C 212 | Continued From page 3<br><br>Review of Resident #2's record revealed there was not a Resident Register found in Resident #2's record.<br><br>Interview with the Medication Aide/Live-In on 04/01/16 at 10:45AM revealed:<br>-The Administrator is responsible for completing admission paperwork.<br>-Staff only assists with the paperwork when they are asked too.<br><br>Interview with the Medication Aide/Live-In on 04/01/16 at 5:30PM revealed:<br>-Resident #2 was previously admitted to the facility back in November 2015.<br>-Resident #2 left this facility in December 2015 because there were only two residents at the facility and they could no longer afford to keep it open just for two residents.<br>-Resident #2 returned to this facility on 03/01/16.<br><br>Interview with the Administrator on 04/04/16 at 12 noon revealed:<br>-The Administrator was responsible for completing the Resident Register.<br>-The facility tried to complete all of the admission paperwork within 72 hours of admission.<br>-Resident #2 was admitted to this facility on 03/01/16.<br>-Resident #2's Resident Register was sent to the guardian for signing last week (the week of 03/27/16).<br>-The facility was waiting for the Resident Register to be returned from the guardian.<br><br>Interview with Resident #2's Guardian on 04/04/16 at 1:40PM revealed:<br>-Resident #2's move to this facility was documented as 03/01/16.<br>-The guardian received the Resident Register last | C 212 | the office manager as a checks and balance system. The new tracking document is attached but will also be located in the front of each resident book upon new admissions in order to comply with 10A NCAC 13.G .0702 and 10 A NCAC 13G.0703<br><br>Effective 4-12-16<br><br>Due to an administrative error the Resident Register was not completed in a timely fashion. The error was in part due to the fact the resident had moved from one house to another internally. The administrator is responsible for completing the resident register. The new internal tracking snapshot document should prevent and eliminate any future mistakes moving forward. The administrator will also be working with the office manager as a checks and balance system. The new tracking document is attached but will also be located in the front of each resident book upon new admissions in order to comply with 10 A NCAC 13G.0703 | |

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| C 212 | Continued From page 4<br>week.<br>-The Director signed the Resident Register on 03/31/16 and would be faxing it back to the facility. | C 212 | Prefix C367<br><br>Pursuant to 10 A. NCAC 13G.1008 (a) Controlled Substance. Serenity FCH has taken immediate action to correct the findings outlined in C3367. The following actions and measures have been put in place in order to be in compliance with 10A. NCAC 13G. 1008. **Action steps are as follows:** 1. The owner hired an office manager effective 4/5/16. 2. An administrative meeting was held 4/22/16. 3. A review and mini staff training was held by the administrator on 4/ 23/16. 4. All workers were issued a verbal warning regarding the audit based on C 367. 4. As a result of the errors a new internal policy and procedures has been implemented with a strict discipline grid for medication errors (1st error/verbal warning, 2nd error written warning, 3rd error 3 to 5 off the schedule (admin decision), 4th error termination). 4. The administrator has started a random check twice weekly of all medication counts for each house. 5. Each worker will initial the blister packs when issuing the meds in order for the administrator to better track any errors. By implementing the actions steps listed below it is the goal of Serenity FCH to achieve zero errors pursuant to 10 A. NCAC 1008 | |
| C 367 | 10A NCAC 13G .1008(a) Controlled Substances<br><br>10A NCAC 13G .1008 Controlled Substances<br>(a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to assure accurate reconciliation of controlled substances, Ativan and Clonazepam, for 2 of 2 residents (Residents #1, #3) sampled.<br><br>The findings are:<br><br>1. Review of Resident #3's current FL-2 dated 03/15/2016 revealed:<br>-Diagnoses included MDD, PTSD, and Borderline Personality Disorder.<br>-There was a physician's order for Ativan 0.5mg two times a day (Ativan is used to treat anxiety).<br><br>Review of the March 2016 controlled substance log for Ativan for Resident #3 revealed:<br>-A pharmacy label on the controlled drug record indicated the supply of Ativan was dispensed on 03/23/2016 with 62 tablets.<br>-The first dose from the supply was 03/23/2016 at 8:00am. | C 367 | effective 4-23-16 | |

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| C 367 | Continued From page 5<br>-There were 19 doses of Ativan documented as administered from 03/23/2016 - 04/01/2016.<br>-Documentation on the controlled drug record after the 8:00am dose of Ativan was administered indicated 43 tablets remained.<br><br>Observation of Resident #3's medications on hand on 04/01/2016 at 12:10pm revealed:<br>-One supply of Ativan 0.5mg tablets dispensed on 03/23/2016 with 23 tablets remaining.<br>-One supply of Ativan 0.5mg tablets dispensed on 03/23/2016 with 24 tablets remaining.<br>-There was a total of 47 Ativan 0.5mg tablets on hand, not 43 as indicated on the controlled drug record.<br><br>Telephone interview with the Pharmacy Provider Representative (PPR) on 04/01/2016 at 2:30pm revealed the pharmacy dispensed 62 tablets of Ativan 0.5mg tablets to the facility on 03/23/2016.<br><br>Interview with the Medication Aide/Live-In (MA/LI) on 04/01/2016 at 12:15pm revealed:<br>-The MA/LI started administering the Ativan from the pharmacy dispensed supply on 03/23/2016.<br>-The MA/LI would punch the Ativan out of the blister pack and count the remaining pills.<br>-The MA/LI did not know how many Ativan 0.5mg tablets were on hand for Resident #3.<br>-The MA/LI remembered counting the Ativan 0.5mg tablets for Resident #3 on 03/25/2016 in the evening when her shift ended.<br>-The MA/LI did not remember counting the Ativan 0.5mg tablets for Resident #3 when she returned to work on 03/28/2016.<br>-The MA/LI had been trained to count the control medication every day when administered.<br>-The MA/LI had administered Ativan 0.5mg to Resident #3 on the morning of 04/01/2016.<br>-The MA/LI had not counted the Ativan 0.5mg | C 367 | Effective 4-23-16<br><br>Prefix 367<br><br>Pursuant to 10 A. NCAC 13G.1008 (a) Controlled Substance. Serenity FCH has taken immediate action to correct the findings outlined in C3367. The following actions and measures have been put in place in order to be in compliance with 10A. NCAC 13G. 1008. **Action steps are as follows:** 1. The owner hired an office manager effective 4/5/16. 2. An administrative meeting was held 4/22/16. 3. A review and mini staff training was held by the administrator on 4/ 23/16. 4. All workers were issued a verbal warning regarding the audit based on C 367. 4. As a result of the errors a new internal policy and procedures has been implemented with a strict discipline grid for medication errors (1st error/verbal warning, 2nd error written warning, 3rd error 3 to 5 off the schedule (admin decision), 4th error termination). 4. The administrator has started a random check twice weekly of all medication counts for each house. 5. Each worker will initial the blister packs when issuing the meds in order for the administrator to better track any errors. By implementing the actions steps listed below it is the goal of Serenity FCH to achieve zero errors pursuant to 10 A. NCAC 1008 | |

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| C 367 | Continued From page 6<br>tablets on hand on 04/01/2016.<br><br>Interview with the Administrator on 04/04/2016 at 12:18pm revealed:<br>-The Administrator reviewed the controlled drug record once a week on Mondays.<br>-The Administrator had last reviewed Resident #3's controlled drug record on 03/28/2016 and found no discrepancies.<br>-The Administrator had not had a chance to review the controlled drug record on 04/04/2016 for Resident #3.<br>-The Administrator did not know why Resident #3's controlled drug record count for Ativan 0.5mg did not match the quantity on hand.<br><br>2. Review of Resident #1's current FL-2 dated 03/29/15 revealed:<br>- A diagnoses list that included schizophrenia, type 2 diabetes, allergic rhinitis, constipation.<br>-There was a physician's order for Clonazepam 1 mg one tablet by mouth twice a day (Clonazepam is used to treat seizures, panic disorders and anxiety).<br><br>Review of Resident #1's Resident Registry revealed an admission date of 03/01/16.<br><br>Review of a previous FL-2 dated 12/29/15 for Resident #1 revealed an order for Clonazepam 1 mg take one tablet by mouth twice a day.<br><br>Review of the March 2016 controlled substance log for Clonazepam 1 mg for Resident #1 revealed:<br>-There was a pharmacy label on the controlled drug record that indicated the supply of Clonazepam 1 mg was dispensed on 03/23/2016 with 62 tablets. | C 367 | Pursuant to 10 A. NCAC 13G.1008 (a) Controlled Substance. Serenity FCH has taken immediate action to correct the findings outlined in C3367. The following actions and measures have been put in place in order to be in compliance with 10A. NCAC 13G. 1008. **Action steps are as follows:** 1. The owner hired an office manager effective 4/5/16. 2. An administrative meeting was held 4/22/16. 3. A review and mini staff training was held by the administrator on 4/ 23/16. 4. All workers were issued a verbal warning regarding the audit based on C 367. 4. As a result of the errors a new internal policy and procedures has been implemented with a strict discipline grid for medication errors (1st error/verbal warning, 2nd error written warning, 3rd error 3 to 5 off the schedule (admin decision), 4th error termination). 4. The administrator has started a random check twice weekly of all medication counts for each house. 5. Each worker will initial the blister packs when issuing the meds in order for the administrator to better track any errors. By implementing the actions steps listed below it is the goal of Serenity FCH to achieve zero errors pursuant to 10 A. NCAC 1008<br>effective 4-23-16 | |

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| C 367 | Continued From page 7<br>-The first dose administered from the supply was 03/23/2016 at 8:00am.<br>-There were 19 doses of Clonazepam documented as administered by the Medication Aides (MA) from 03/23/2016 - 04/01/2016.<br>- On 04/01/16 the MA documented there was 43 tablets that remained after the 8:00am dose of Clonazepam.<br><br>Observation of medications on hand on 04/01/16 at 12:00 noon revealed:<br>-One supply of Clonazepam 1 mg tablets dispensed on 03/23/2016 with a handwritten entry of 8:00am on the card, had 24 tablets remaining on the card and contained 31 numbered blister pack slots labeled 2 of 2.<br>-One supply of Clonazepam 1mg tablets dispensed on 03/23/2016 with a handwritten entry of 4:00pm on the card, had 23 tablets remaining on the card and contained 31 numbered blister pack slots labeled 1 of 2.<br>-There was a total of 47 tablets of Clonazepam 1mg on hand.<br>-The documentation on the Clonazepam controlled drug record for Resident #1 of 43 tablets remaining at 8:00am on 04/01/16 did not match the on hand amount of 47 tablets of Clonazepam.<br><br>Interview with the Medication Aide/Live-In (MA/LI) on 04/01/2016 at 12:15pm revealed:<br>-The MA/LI started administering the Clonazepam 1mg from the pharmacy dispensed supply on 03/23/2016 at 8:00am.<br>-The MA/LI was taught to count all controlled medication tablets each time one tablet was punched out for administration and to document how many pills remained on the controlled drug record.<br>-The MA/LI would punch the Clonazepam 1mg | C 367<br>effective 4-23-16 | Pursuant to 10 A. NCAC 13G.1008 (a) Controlled Substance. Serenity FCH has taken immediate action to correct the findings outlined in C3367. The following actions and measures have been put in place in order to be in compliance with 10A. NCAC 13G. 1008. **Action steps are as follows:** **1.** The owner hired an office manager effective 4/5/16. **2.** An administrative meeting was held 4/22/16. 3. A review and mini staff training was held by the administrator on 4/ 23/16. 4. All workers were issued a verbal warning regarding the audit based on C 367. 4. As a result of the errors a new internal policy and procedures has been implemented with a strict discipline grid for medication errors (1st error/verbal warning, 2nd error written warning, 3rd error 3 to 5 off the schedule (admin decision), 4th error termination). **4.** The administrator has started a random check twice weekly of all medication counts for each house. **5.** Each worker will initial the blister packs when issuing the meds in order for the administrator to better track any errors. By implementing the actions steps listed below it is the goal of Serenity FCH to achieve zero errors pursuant to 10 A. NCAC 1008 | |

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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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| C 367 | Continued From page 8<br>out of the blister pack and count the remaining pills.<br>-The MA/LI did not know how many Clonazepam 1mg tablets were on hand for Resident #1.<br>-The MA/LI had administered Clonazepam 1mg to Resident #1 on the morning of 04/01/2016.<br>-The MA/LI had not counted the Clonazepam 1mg tablets on hand on 04/01/2016.<br><br>Interview with the Administrator on 04/04/2016 at 12:18pm revealed:<br>-The Administrator reviewed the controlled drug record once a week on Monday's.<br>-The Administrator had last reviewed Resident #1's controlled drug record on 03/28/2016 and found no discrepancies.<br>-The Administrator had not had a chance to review the controlled drug record on 04/04/2016 for Resident #1.<br>-The Administrator did not know why Resident #1's controlled drug record count for Clonazepam 1mg did not match the quantity on hand. | C 367 | effective 4-23-16<br><br>Pursuant to 10 A. NCAC 13G.1008 (a) Controlled Substance. Serenity FCH has taken immediate action to correct the findings outlined in C3367. The following actions and measures have been put in place in order to be in compliance with 10A. NCAC 13G. 1008. **Action steps are as follows:** **1.** The owner hired an office manager effective 4/5/16. **2.** An administrative meeting was held 4/22/16. **3.** A review and mini staff training was held by the administrator on 4/ 23/16. 4. All workers were issued a verbal warning regarding the audit based on C 367. 4. As a result of the errors a new internal policy and procedures has been implemented with a strict discipline grid for medication errors (1st error/verbal warning, 2nd error written warning, 3rd error 3 to 5 off the schedule (admin decision), 4th error termination). **4.** The administrator has started a random check twice weekly of all medication counts for each house. **5.** Each worker will initial the blister packs when issuing the meds in order for the administrator to better track any errors. By implementing the actions steps listed below it is the goal of Serenity FCH to achieve zero errors pursuant to 10 A. NCAC 1008 | |

## SERENITY FCH MEDICATION DISCIPLINE GRID FORM

### Developed 4/21/16 (In response to audit), effective immediately 4/22/15

Currently, the SFCH medication error rate is unacceptable. In order to meet compliance with the state regulations, the following discipline grid will be adhered to on a daily basis. Please take the time to make sure all journal entries are correct. Please take the time to talk and review the controlled medication sheets and medication with the staff when coming on or leaving your shift. By taking a few minutes to review your work and the work of your coworker, we will effectively be working as a team to provide a seamless approach to serving the residents of SFCH.

| | |
|---|---|
| **1st Medication Error** | **Verbal Warning** |
| **2nd Medication Error** | **Written Warning** |
| **3rd Medication Error** | **3 to 5 days off the schedule (Admin decision)** |
| **4th Medication Error** | **TERMINATION (no exceptions)** |

Please note: All medications should be issued to each resident individually. In order words, if it is time for meds, (as the med tech) you should **call each person to the med cart one at time, issue the meds, watch the resident take their meds and complete the proper documentation before moving to the next resident. Please make sure you have your water pitcher and paper cups ready at the med cart before beginning the process.**