STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL023043	A. BUILDING: _____ B. WING _____	09/12/2018

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SERENITY LIVING	208 LESLIE DRIVE SHELBY, NC 28152

(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
C 000	Initial Comments The Adult Care Licensure section conducted an annual survey on 09/12/18.	C 000		
C 139	10A NCAC 13G .0404 (2) Qualifications Of Activity Director 10A NCAC 13G .0404 Qualifications Of Activity Director There shall be a designated family care home activity director who meets the following qualifications: qualifications set forth in this Rule. (2) The activity director hired on or after July 1, 2005 shall have completed or complete, within nine months of employment or assignment to this position, the basic activity course for assisted living activity directors offered by community colleges or a comparable activity course as determined by the Department based on instructional hours and content. A person with a degree in recreation administration or therapeutic recreation or who is state or nationally certified as a Therapeutic Recreation Specialist or certified by the National Certification Council for Activity Professional meets this requirement as does a person who completed the activity coordinator course of 48 hours or more through a community college before July 1, 2005. This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to ensure the designated person for Activity Director had completed the basic course for facility Activity Director within 9 months of employment.	C 139		

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C 139	Continued From page 1 The findings are: Observation of the activity calendar posted in the kitchen on 09/12/18 at 11:00am revealed: -There was 1-2 activities posted for each day on the calendar. -On Sundays "TV church" or "Pick-up church" was 10:00am-12:00pm and 10:00am-1:00pm. -On Mondays "Sit for fitness" was 10:00am-11:00am and "Newspaper reading" 6:00pm-7:00pm. -On Tuesdays "Arts and crafts" was 10:00am-11:00am and "Music time" 6:00pm-7:00pm. -On Wednesdays "Word search" was 10:00am-11:00am and "Tell me a story" 6:00pm-7:00pm. -On Thursdays "Let's do puzzles" was 10:00am-11:00am. -On Fridays "Journey time" was 10:00am-11:00am and "Pizza time" 5:00pm-6:00pm. -On Saturdays "Changing sheets" was 11:00am-12:00pm and "Popcorn and movie 6:00pm-8:00pm. Observation on 09/12/18 between 9:30am and 11:30pm revealed: -There was one resident present watching television in the living room. -"Word Search" was scheduled on the activity calendar at 10:00am-11:00am. -There were no activities offered to the resident by staff. Observation on 09/12/18 at 11:30am revealed: -Two word search books, and board games stored in a closet. -There were no newspapers, arts and crafts	C 139		

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C 139	Continued From page 2 supplies, puzzles, or movies in the closet. Interview with a resident on 09/12/18 at 9:45am revealed: -She had resided at the family care home since 07/16/18. -She was not aware an activity calendar was posted with scheduled activities. -No activities had been offered to the resident. -She had not participated in any activities at the family care home. Interview with the guardian of a resident on 9/12/18 at 3:15pm revealed: -Her family member had resided at the family care home for 2 months. -She was not aware of an activity schedule that planned for activities for the resident. -She felt if activities had been performed her family member would had a better chance of interacting appropriately with the staff and residents. Review of Staff A's personnel record revealed: -Staff A was hired on 12/02/14 as supervisor in charge(SIC). -There was no record of a completed activity director course within 9 months of employment. Interview with Staff A on 9/12/18 at 2:15pm revealed: -She was responsible for developing an appropriate activity calendar, developing individual and group activities, evaluating the program every 6 months, assuring adequate supplies and supervision, and encouraging resident participation. -She worked at the facility 5 to 7 days a week. -When she was not at work activities were conducted by other staff.	C 139		

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C 139	Continued From page 3 -She had not obtained Activity Director training. -She was not aware she had to obtain Activity Director training. Interview with the Administrator on 09/12/18 at 4:00pm revealed: -He was aware the Activity Director was required to have activity training and had 9 months after hire to obtain the training. -None of the staff had completed the Actviity Director training. -He was planning to schedule the staff for the next available training. -It was brought to his attention when the Adult Home Specialist had visited in the past month that the SIC needed to complete the trainiing. -He had not scheduled the staff for activity training because he had not researched the cost and location for an available training.	C 139		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from	C 176		

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C 176	Continued From page 4 the training. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure at least one staff person on the premises at all times had completed a course on cardio-pulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver, within the last 24 months for 3 of 3 staff sampled (Staff A, B, C) for 24 of 24 shifts. The findings are: Review of the facility work schedule revealed: -The shifts were as follows; 8:00am - 6:00pm, 6:00pm - 8:00am. -There were 24 shifts worked from 08/31/18 to 09/12/18. -There were 24 of the 24 shifts not covered with a staff member certified in CPR. 1. Review of Staff A's personnel record revealed: -Staff A was hired as a supervisor in charge (SIC) on 07/11/12. -Her CPR training had expired on 08/31/18. Interview with Staff A on 09/12/18 at 2:00pm revealed: -She took CPR training on 08/31/16. -She was familiar with CPR, and choking management including the Heimlich maneuver. -She worked both first and second shift but mostly first shift. -She did not know her CPR training had expired on 08/31/18. Refer to interview with the Administrator on 09/12/18 at 4:30pm.	C 176		

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C 176	Continued From page 5 2. Review of Staff B's personnel record revealed: -Staff B was hired as a personal care aide (PCA) on 07/09/16. -His CPR training had expired on 08/31/18. Attempted interview with Staff B on 09/12/18 at 2:00pm was unsuccessful. Refer to interview with the Administrator on 09/12/18 at 4:30pm. 3. Review of Staff C's personnel record revealed: -Staff C was hired as a supervisor in charge (SIC) on 08/06/12. -Her CPR training had expired on 07/01/18. Interview with Staff C on 09/12/18 at 3:00pm revealed: -She took CPR training on 07/01/16. -She was familiar with CPR, and choking management including the Heimlich maneuver. -She worked both first and second shift but mostly first shift. -She did not know her CPR training had expired on 07/01/18. Refer to interview with the Administrator on 09/12/18 at 4:30pm. _____ Interview with the Administrator on 09/12/18 at 4:30pm revealed: -Staff records were not audited by the SIC because she had not worked in the last month. -He was responsible for ensuring all staff records were reviewed and CPR classes were scheduled. -He knew that one person had to be CPR certified on each shift. -He did not know the staffs' CPR had expired. -None of the residents had required CPR during the time the training had expired.	C 176		

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C 273	10A NCAC 13G .0904(d)(3)(A) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure milk was served, offered, and available in the facility based on the menus for the two residents that resided in the facility. The findings are: Review of 2 of 2 residents' diet orders revealed both residents were ordered a regular diet. Observation of the facility food storage on 09/12/18 at 9:48am revealed there was no milk available in the facility. Interview with the Supervisor-in-Charge (SIC) on 09/12/18 at 10:08am revealed: -She was responsible for purchasing milk for the facility once per week. -Neither of the residents really like milk, so it was "rarely purchased". -She purchased 4 gallons of milk and containers of juice yesterday and they were "up the street at	C 273		

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C 273	Continued From page 7 the other facility". -"We moved everything up the street to prepare for the hurricane". -She was unable to provide receipts to verify purchase of milk. Review of the facility daily menu for 09/12/18 revealed one cup of milk was listed to be served for breakfast and one half of cup of milk was to be served for lunch and dinner. Review of the facility daily menu for 09/13/18 revealed one cup of milk was listed to be served for breakfast and one half of cup of milk was to be served for lunch and dinner. Review of the facility daily menu for 09/14/18 revealed one cup of milk was listed to be served for breakfast and one half of cup of milk was to be served for lunch and dinner. Observation of lunch meal on 09/12/18 at 11:35am revealed: -Resident #1 was not offered or served milk. -Resident #2 was not present for lunch observation. Interviews with two residents on 09/12/18 at 10:00am and 1:39pm revealed: -One resident stated she did not like milk or cereal "it doesn't matter to me if we have milk." -Another resident stated, "I drink milk, the other day it was not available because the milk had spoiled". Interview with the Administrator on 09/12/18 at 4:08pm revealed: -He knew milk had to be available in the facility. -Milk was not available because "residents were going to another facility due to hurricane".	C 273		

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C 273	Continued From page 8 -The SIC took the milk to the other facility "up the street". -He was unable to provide receipts to verify purchase of milk. -He could not remember how long the facility was without milk.	C 273		
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on observations, review of records, and interviews, the facility failed to develop an activity program that promoted active involvement for the 2 residents who resided in the facility. The findings are: Observation of the activity calendar posted in the kitchen on 09/12/18 at 11:00am revealed: -There was 1-2 activities posted for each day on the calendar. -There was 14 hours of activities scheduled weekly. -The calendar had no month or dates on it. -On Sundays "TV church" or "Pick-up church" was 10:00am-12:00pm and 10:00am-1:00pm. -On Mondays "Sit for fitness" was 10:00am-11:00am and "Newspaper reading" 6:00pm-7:00pm. -On Tuesdays "Arts and crafts" was 10:00am-11:00am and "Music time" 6:00pm-7:00pm. -On Wednesdays "Word search" was	C 288		

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C 288	Continued From page 9 10:00am-11:00am and "Tell me a story" 6:00pm-7:00pm. -On Thursdays "Let's do puzzles" was 10:00am-11:00am. -On Fridays "Journey time" was 10:00am-11:00am and "Pizza time" 5:00pm-6:00pm. -On Saturdays "Changing sheets" was 11:00am-12:00pm and "Popcorn and movie 6:00pm-8:00pm. Observation on 09/12/18 between 9:30am and 11:30pm revealed: -There was one resident present watching television in the living room. -"Word Search" was scheduled on the activity calendar at 10:00am-11:00am. -There were no activities offered to the resident by staff. Observation on 09/12/18 at 11:30am revealed: -Two word search books, and board games stored in a closet. -There were no newspapers, arts and crafts supplies, puzzles, or movies in the closet. Interview with a resident on 09/12/18 at 9:45am revealed: -She had resided at the family care home since 07/16/18. -She had not participated in any activities at the family care home. -She was not aware an activity calendar was posted with scheduled activities. Interview with the guardian of a resident on 9/12/18 at 3:15pm revealed: -Her family member had resided at the family care home for 2 months. -She was not aware of an activity schedule that	C 288		

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C 288	Continued From page 10	C 288		

planned for activities for the resident.
-She felt if activities had been performed her family member would had a better chance of interacting appropriately with the staff and residents.

Interview with the supervisor in charge (SIC) on 09/12/18 at 2:15pm revealed:
-She was not aware that activities should be assessed by resident preferences, performed and offered as scheduled.
-She was responsible for developing an appropriate activity calendar, developing individual and group activities, assuring adequate supplies and supervision, and encouraging resident participation.
-She had not evaluated the activity program every 6 months, but stated the activity calendar was created seasonally.
-The activities today were not offered to the one resident present because she was engaged in the survey activities.
-She worked at the facility 5 to 7 days a week.
-When she was not at work activities were conducted by other staff.

Interview with the Administrator on 09/12/18 at 4:00pm revealed the following:
-He was made aware the activities on the activity calendar were not being performed, assessed, and appropriate when the Adult Home Specialist had visited last month.
-The SIC was responsible for ensuring daily activities on the calendar were performed with the residents.
-The SIC was responsible for obtaining supplies for the activities.

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C 315	Continued From page 11	C 315		
C 315	10A NCAC 13G .1002(a) Medication Orders 10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to contact the Primary Care Provider (PCP) for clarification of a medication order for 1 of 2 sampled residents (Resident #2) with orders for risperidone. The findings are: Review of Resident #2's current FL2 dated 08/09/18 revealed: -Diagnosis included schizophrenia. -A medication order for risperidone 1mg twice daily (used to treat schizophrenia). Review of a subsequent physician's order dated 08/09/18 revealed an order for risperidone 2mg twice daily. Review of Resident #2's August 2018 Medication Administration Record (MAR) revealed:	C 315		

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C 315	Continued From page 12 -There was an entry for risperidone 2mg twice daily and scheduled for administration at 8:00am and 8:00pm. -Risperidone 2mg was documented as administered daily at 8:00am and 8:00pm from 08/01/18 through 08/31/18. Review of Resident #2's September 2018 MAR revealed: -There was an entry for risperidone 2mg twice daily and scheduled for administration at 8:00am and 8:00pm. -Risperidone 2mg was documented as administered daily at 8:00am and 8:00pm from 09/01/18 through 09/11/18. Observation of Resident #2's medications on hand on 09/12/18 at 11:07am revealed: -Risperidone 2mg was available for administration. -The printed pharmacy label dated 08/28/18 with Resident #2's name had instructions to administer risperidone 2mg twice daily. -The pharmacy label indicated 60 tablets were dispensed on 08/28/18. -There were 31 tablets of Risperidone 2mg remaining. Interview with Resident #2 on 09/12/18 at 1:39pm revealed: -The facility staff administered his medications twice daily. -He knew his medications names but he did not know the dosages. -He did not know if any of his medications had been changed. Interview with the supervisor-in-charge/medication aide (SIC/MA) on 09/12/18 at 11:49am revealed:	C 315		

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C 315	Continued From page 13 -Resident #2 antipsychotic medications were ordered by his psychiatrist. -She did not notice the FL2 signed by the doctor was for risperidone 1mg. -She did not send the pharmacy the FL2 dated 08/09/18 from the PCP because she went by the orders of the psychiatrist. -She only sends the FL2 to the pharmacy when residents are first admitted and then gets the FL2 updated annually. -She filled out the FL2 prior to the primary physician signing it on 08/09/18, "I must have made an error". -She was responsible for making sure the FL2 and orders from the psychiatrist matched. Interview with a pharmacist at the contracted pharmacy on 09/12/18 at 3:16pm revealed: -The pharmacy's most recent order for risperidone 2mg twice a daily was dated 06/21/18 for Resident #2. -The pharmacy dispensed 60 tablets of risperidone 2mg on 06/21/18, 07/21/18, and 08/28/18. -The medication was not on automatic refill, facility staff called in the refill. -The pharmacy had not received a copy of the most recent FL2 dated 08/09/18. -The pharmacy had not received any orders from the PCP. -If the pharmacy had received the FL2 dated 08/09/18 they would have clarified the order with the physician. A second interview with the SIC/MA on 09/12/18 at 4:20pm revealed she did not realize that an FL2 was a physician's order. Interview on 09/12/18 at 4:08pm with the Administrator revealed:	C 315		

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	FCL023043	A. BUILDING: _____ B. WING _____	09/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY LIVING	208 LESLIE DRIVE SHELBY, NC 28152

(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
C 315	Continued From page 14 -The SIC was responsible for clarifying physician orders. -He did not know Resident #2 FL-2 and order that the pharmacy had did not match. -He expected the SIC/MA to verify that the orders match and that there are no changes. Attempted interview on 09/12/18 at 11:49am with Resident #2's PCP was unsuccessful.	C 315		