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 _____	10/01/2019

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 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on 10/01/19.	C 000		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on interviews and record review the facility failed to ensure 1 of 3 sampled staff (Staff A) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) upon hire. The findings are: Review of Staff A's personnel record revealed: -Staff A was hired as a Personal Care Assistant (PCA). -There was no date of hire. -There was no documentation of a HCPR check. Interview with the Supervisor in Charge on 10/01/19 at 12:04pm revealed: -Staff A had been employed as a PCA for less than one week. -Staff A had worked the night of 09/30/19 in the facility. -She knew she was required to obtain a HCPR check on Staff A prior to hire. -She had known Staff A personally for a long	C 145		

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C 145	Continued From page 1 time. -She or the Administrator were responsible for the HCPR checks. -She did not know why the HCPR check was not done for Staff A. Telephone interview with Staff A on 10/01/19 at 1:07pm revealed: -Staff A had worked the night of 09/30/19 in the facility. -She had been hired about two weeks before. -She did not know about the HCPR checks. Interview with the Administrator on 10/01/19 at 11:23am revealed: -He knew Staff A required a HCPR check. -He had known Staff A personally for a long time. -He had completed a HCPR check for Staff A but the paperwork was at his house. Review of a HCPR check for Staff A dated 10/01/19 revealed there were no substantiated findings.	C 145		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40; This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to ensure a criminal background	C 147		

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C 147	Continued From page 2 check was obtained for 2 of 3 sampled staff (Staff A and Staff C). The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was hired as a Personal Care Assistant (PCA). -There was no date of hire. -There was no documentation that a criminal background check had been completed. Interview with Staff A on 10/01/19 at 1:07pm revealed: -She had been hired as a PCA about two weeks prior. -She had worked in the facility the night of 09/30/19. -She had signed a consent form for a criminal background check. -She did not know if one had been obtained. Interview with the Supervisor in Charge on 10/01/19 at 11:07am revealed: -Staff A had been hired as a PCA. -She or the Administrator were responsible for completing the criminal background checks. -The checks were completed within 7 to 14 days of hire. -She did not know why a criminal background had not been completed. -She knew Staff A personally and "thought" she would be a good employee. Interview with the Administrator on 10/01/19 at 11:23am revealed: -He knew staff required a criminal background check but had to have staff in the building. -He had not been completed one for Staff A. -He had known Staff A personally for a long time	C 147		

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C 147	Continued From page 3 and she was "family". 2. Review of Staff C's personnel record revealed: -Staff C was hired as a Medication Aide (MA). -There was no date of hire. -There was no documentation that a criminal background check had been completed. Interview with Staff C on 10/01/19 at 11:20am revealed: -Staff A was hired as MA 08/19/19. -Staff A had been hired in 2012 and had been rehired several times. -Staff A did not know if she had signed a consent for a criminal background check. -She did not know if one had been completed. Interview with the Supervisor in Charge on 10/01/19 at 1:18pm revealed: -Staff C had been hired in 2012 as a MA. -Staff C had resigned several times for 2 to 6 weeks and then had been rehired. -She or the Administrator were responsible for completing the criminal background checks. -The checks were completed within 7 to 14 days of hire. -She did not know why a criminal background had not been completed for Staff C. _____ The facility failed to ensure 2 of 3 staff (Staff A and C) who were working with the residents in the facility had a criminal background check completed upon employment which resulted in the facility being unaware of any criminal history. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. _____ The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 10/01/19 for	C 147		

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C 147	Continued From page 4 this violation. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 15, 2019.	C 147		
C 257	10A NCAC 13G .0904(a)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all food items stored by the facility were protected from contamination. The findings are: Observation of the kitchen refrigerator and freezer during the initial tour on 10/01/19 at 8:00am revealed: -There was a carton of raw eggs stored over two packs of cheese. -There was a plastic bag of 10 raw sausage patties, with no date on the bag, stored on a tray on the top shelf. -There was a plastic bag with three cooked sausage patties with no date on the bag. -There were two breaded chicken pieces wrapped in aluminum foil with no date. -There was an open 9 ounce container of lunch meat ham with no date opened. -There was a plastic bowl with cooked rice and meat with no date.	C 257		

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C 257	Continued From page 5 -There was an open 30 ounce bag of breaded chicken patties in the freezer with no date opened. Interview with a Personal Care Assistant (PCA) on 10/01/19 at 8:01am revealed: -She had been employed in the facility for 2 weeks. -She did not know items in the refrigerator and freezer required dates. -She had not received training about the items placed in the refrigerator. Interview with the Medication Aide (MA) on 10/01/19 at 8:05am revealed: -The Supervisor in Charge (SIC) knew items in the refrigerator were required to have dates. -Some of the items might be personal food of the staff. -She had not had a chance to train the PCA about the items requiring dates yet. Interview with the Supervisor in Charge (SIC) on 10/01/19 at 9:45am revealed: -The SIC knew the items in the refrigerator required dates. -The PCA was new and had not been trained on that yet.	C 257		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and	C 330		

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C 330	Continued From page 6 (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered by a licensed prescribing practitioner for 1 of 3 sampled residents (Resident #3) related to a medication for high blood pressure. The findings are: Review of Resident #3's current FL2 dated 04/16/19 revealed diagnosis included schizophrenia. Review of Resident #3's Resident Register revealed an admission date of 04/13/19. Review of a signed physician's order dated 08/20/19 revealed amlodipine (treats high blood pressure) 5mg daily. Review of Resident #3's August and September 2019 Medication Administration Record (MAR) revealed there were no entries for amlodipine. Review of Resident #3's October 1, 2019 MAR revealed there was an entry for amlodipine 5mg with no documentation that a dose had been administered. Observation of Resident #3's medications on hand on 10/01/19 at 9:27am revealed: -There was one bubble pack of amlodipine 5mg tablets. -30 tablets had been dispensed on 09/27/19. -There were no tablets removed from the bubble pack.	C 330		

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C 330	Continued From page 7 Review of a physician's Clinical Visit Summary dated 08/20/19 revealed: -Resident #3 had a diagnosis of hypertension. -Resident #3's blood pressure was 141/75. -The treatment plan included starting amlodipine 5mg daily. Telephone interview with a representative from the facility's contracted pharmacy on 10/01/19 at 9:30am revealed: -The pharmacy had received an electronic prescription from the physician's office for amlodipine 5mg daily on 09/27/19. -There were 30 tablets of amlodipine 5mg were dispensed to the facility on 09/27/19. -The pharmacy had no other orders for amlodipine. Interview with the Supervisor in Charge on 10/01/19 at 9:45am revealed: -New orders that were received were faxed to the pharmacy. -New medication orders would be hand written on the MAR. -New medications received from the pharmacy would be compared with the MAR for accuracy. -The order had been placed in the Resident's record before it had been faxed and had been missed. Interview with the Administrator on 10/01/19 at 9:50am revealed: -All orders should be faxed to the pharmacy and a faxed verification form stapled to the order. -All new medications from the pharmacy should be compared to the MAR. -Staff had missed faxing the amlodipine order to the pharmacy.	C 330		

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C 330	Continued From page 8 Telephone interview with Resident #3's Physician's Nurse on 10/01/19 at 9:52am revealed: -The amlodipine had been ordered for Resident #3 during the 08/20/19 office visit due to the Resident having high blood pressure readings on previous visits. -The physician had thought that Resident #3 was receiving the amlodipine that was ordered 08/20/19. -Resident #3's blood pressure on 09/06/19 was 140/70 and on 09/27/19 it was 108/80. -Not receiving the amlodipine as ordered would put Resident #3 at risk of a stroke or heart attack.	C 330		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure residents received care and services which are adequate, appropriate and incompliance with relevant federal and state laws and rules and regulations related to Other Staff Qualifications. The findings are: Based on interviews and record reviews, the facility failed to ensure a criminal background check was obtained for 2 of 3 sampled staff (Staff A and Staff C). [Refer to Tag 147 NCAC 13G	C 912		

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C 912	Continued From page 9 .0406(a)(7) Other Staff Qualifications (Type B Violation)].	C 912		
C935	G.S. § 131D-4.5B (b) ACH Medication Aides;Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if	C935		

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C935	Continued From page 10 applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that 1 of 2 sampled Medication Aides (Staff C) met the requirements for administering medication by having completed the Medication Clinical Skills Competency validation. The findings are: Review of Staff C's personnel record revealed: -Staff C was hired as a Medication Aide (MA). -There was no date of hire. -There was documentation that Staff C had passed the Medication Aide exam on 03/24/09. -There was no documentation of a completed Medication Clinical Skills Competency validation. Interview with Staff C on 10/01/19 at 11:20pm revealed: -She had been hired in 2012 as a MA. -A nurse had completed the Medication Clinical Skills checklist with her. -She did not know when it had been completed or where the paperwork was. -She had resigned several times and had been rehired last on 08/19/19. Interview with the Supervisor in Charge on 10/01/19 at 1:18pm revealed: -Staff C had been hired in 2012 as a MA.	C935		

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C935	Continued From page 11 -She had resigned several times for 2 to 6 weeks and then rehired. -A nurse had completed the Medication Clinical Skills validation but the paperwork could not be located. -She did not know when the Medication Clinical Skills validation was completed. -The nurse was no longer employed that had completed the skills validation.	C935		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled	C992		

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C992	Continued From page 12 substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure an examination and screening for controlled substances was completed for 1 of 3 sampled staff (Staff A) prior to hire. The findings are: Review of Staff A's personnel record revealed: -Staff A was hired as a Personal Care Assistant (PCA). -There was no date of hire. -There was no documentation that a controlled substance screening had been completed. Interview with the Supervisor in Charge on 10/01/19 at 12:04pm revealed: -Staff A had been employed as a PCA for a less than one week. -Staff A had worked the night of 09/30/19 in the facility. -She knew that Staff A required a drug screen before hire. -She had known Staff A personally for a long time. -She or the Administrator were responsible for ensuring the controlled substance screenings were completed.	C992		

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C992	Continued From page 13 -She did not know why the controlled substance screening was not done for Staff A. Telephone interview with Staff A on 10/01/19 at 1:07pm revealed: -Staff A had worked the night of 09/30/19 in the facility. -She had been hired about two weeks before. -She had not completed a controlled substance screening. Interview with the Administrator on 10/01/19 at 11:23am revealed: -He knew Staff A required a controlled substance screening. -He had known Staff A personally for a long time and had not completed one. -Staff A was "family" and he knew the controlled substance screening would be negative.	C992		