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 _____	R 12/18/2019

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 a follow-up survey on 12/18/19.	C 000		
C 341	10A NCAC 13G .1004 (i) Medication Administration 10A NCAC 13G .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observation, interviews and record reviews the facility failed to ensure medications were not pre-charted as administered for 2 of 3 sampled residents (#2 & #3). The findings are: 1. Review of Resident #2's current FL2 dated 04/06/19 revealed: -Diagnoses included schizophrenia. -There was an order for benztropine mesylate 1mg (a medication used to treat side effects of anit-psychotic medications) to be taken twice daily. -There was an order for 2 tablets of depakote ER 500mg (a medication to treat manic episodes) to be taken daily at 8:00pm. -There was an order for seroquel 200mg (a	C 341		

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 _____	R 12/18/2019

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 341	Continued From page 1	C 341		

medication to treat schizophrenia) to be taken daily 8:00pm.

Review of Resident #2's December 2019 medication administration record (MAR) revealed:
-There were staff initials documenting administration of benztropine mesylate at 8:00pm on 12/18/19.
-There were staff initials documenting administration of depakote ER at 8:00pm on 12/18/19.
-There were staff initials documenting administration of seroquel at 8:00pm on 12/18/19.

Interview with the Supervisor in Charge/Medication Aide (SIC/MA) on 12/18/19 at 10:54am revealed:
-She administered medications and documented the administration for Resident #2 at 8:00am this morning (12/18/19).
-The staff initials at 8:00pm on 12/18/19 were her initials.
-She knew she was not supposed to pre-chart medication administration.
-She was distracted when she was administering medications at 8:00am so she "could have made a mistake".

Observation of Resident #2's medications available for administration on 12/18/19 at 11:17am revealed all medications scheduled for 8:00pm administration on 12/18/19 were still available for administration.

Refer to interview with the Administrator on 12/18/19 at 3:15pm.

2. Review of Resident #3's current FL2 dated 08/28/19 revealed diagnoses included explosive disorder and moderate intellectual disability.

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 _____	R 12/18/2019

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 341	Continued From page 2 Review of Resident #3's physicians orders revealed: -There was an order for risperidone 1mg (a medication to treat mental disorders) to be take twice daily. -There was an order for trileptal 300mg (a medication to treat seizures) to be taken twice daily. -There was an order for trazodone 50mg (a medication to treat depression) to be taken twice daily. Review of Resident #3's December 2019 MAR revealed: -There were staff initials documenting administration of risperidone at 8:00pm on 12/18/19. -There were staff initials documenting administration of trileptal at 8:00pm on 12/18/19. -There were staff initials documenting administration of trazodone at 8:00pm on 12/18/19. Observation of Resident #3's medications available for administration on 12/18/19 at 2:00pm revealed all medications scheduled for 8:00pm administration on 12/18/19 were still available for administration. Interview with the Supervisor in Charge/Medication Aide (SIC/MA) on 12/18/19 2:09pm revealed: -She administered medications and documented the administration for Resident #3 at 8:00am this morning (12/18/19). -The staff initials at 8:00pm on 12/18/19 were her initials. -She signed it by mistake.	C 341		

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 _____	R 12/18/2019

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 341	Continued From page 3 Refer to interview with the Administrator on 12/18/19 at 3:15pm. _____ Interview with the Administrator on 12/18/19 at 3:15pm revealed: -The policy was to document medication administration on the MAR at the time medications were administered. -He was not aware that the MAs were documenting medication administration on the MAR prior to the time medications were actually administered. -He would not expect the MAs to pre-chart medication administration.	C 341		
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (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. This Rule is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to assure a controlled substance record was maintained and retrievable which documented the receipt and disposition of a controlled substance for 1 of 2 residents who were receiving controlled substances (Resident #1). The findings are:	C 367		

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 _____	R 12/18/2019

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 367	Continued From page 4 Review of Resident #1's current FL2 dated 03/04/19 revealed diagnoses included intellectual disability, history of bipolar disorder and impulse control disorder. Further review of Resident #1's record revealed no physician orders or documentation for diazepam 5mg (a medication used to treat anxiety) to be administered. Observation of Resident #1's medications on hand at 10:50am on 12/18/19 revealed: -All of the medications were packaged in multidose packets. -The medications packaged in the morning multidose pack included 5 tablets including diazepam 5mg. -The dispense date was 12/05/19. -The medications packaged in the nighttime multidose pack included 3 tablets including diazepam 5mg. -The dispense date was 12/05/19. Review of Resident #1's December 2019 Medication Administration Record (MAR) revealed no entry for the diazepam 5mg listed on the MAR. Interview on 12/18/19 at 11:10am with the Supervisor revealed: -The Medication Aide (MA) should have filled out a controlled substance record when the medication came to the facility. -She had not been notified by the Supervisor in Charge (SIC), or the MA about the diazepam being packaged in the multidose pack. -Resident #1 had changed her pharmacy so she would not have a co-pay for her medications, and the pharmacy she moved to packaged the multidose packs.	C 367		

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 _____	R 12/18/2019

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 367	Continued From page 5 -The facility preferred pharmacy individually packages single medications and not multidose packs. -Resident #1 had started seeing a different mental health provider provider. -The provider came to the facility and saw the resident and then transmitted their orders electronically to the pharmacy. -The mental health provider did not leave any orders at the facility, nor did they leave any instructions with the staff about any new medications being started. Interview on 12/18/19 at 11:45am with the Medication Aide (MA) revealed: -Resident #1 had some medications left from the previous pharmacy refill and had been administered them until they were completed before the multidose packs started. -She noticed when she started giving the multidose packs, the diazepam had been packaged with the multidose medications for Resident #1. -She had not administered the medication since there had not been an order in Resident #1's record, nor was it listed on the MAR. -She had contacted and left a message with the provider to send an order to start the diazepam, but could not remember the date she had contacted them. -The provider never responded to her call. -She destroyed the diazepam, by flushing it, since it was not listed as a current medication. -She did not think that since the pharmacy had not sent a controlled substance sheet with the multidose medication that a separate control substance record had to be completed. -Resident #1 had told her that her mental health provider was going to order her the diazepam 5mg, but did not know when it was supposed to	C 367		

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 _____	R 12/18/2019

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 367	Continued From page 6	C 367		

start.
-The pharmacy always sent a controlled substance record with all controlled medications they sent on the single packaged cards, but they had not sent one with the multidose pack.
-She had mentioned the issue to the Administrator.

Interview on 12/18/19 at 11:50am with Resident #1's pharmacy representative revealed:
-They had not sent a controlled substance record with the controlled medication packaged in multidose packs.
-The controlled substances packaged in the multidose packs did not have any indication that there was a controlled substance packaged in the multidose unit packs.
-It would be the facility staffs responsibility to complete their own controlled substance tracking sheet.

Interview on 12/18/19 at 3:15pm with the Administrator revealed:
-He was aware of the issue with the diazepam being packaged in the multidose pack for Resident #1.
-He expected the staff administering the medications to keep track of the controlled substances.
-To his knowledge controlled medications had not been packaged in the multidose unit packs before.
-He had contacted the provider to have them send the order to the facility for Resident #1 to start the diazepam 5mg, but could not recall the date he called.
-He would not have expected the medication aide to have administered the diazepam without an order.