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
	FCL082025	A. BUILDING: _____ B. WING _____	06/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #2	912 BUCKHORN ROAD HARRELLS, NC 28444

(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 and the Sampson County Department of Social Services conducted an annual survey on June 10, 2021.	C 000		
C 069	10A NCAC 13G .0312(g) Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance and Exits (g) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door for resident use shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the bedroom of the person on call, the office area or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: The facility failed to ensure a sounding device was activated on 4 of 4 exits of the facility to alert staff of 1 of 6 sampled residents diagnosed with intellectual disabilities and assessed as disoriented (#4). The findings are: Observations of the facility at intervals on 06/10/21 between 8:50am - 5:15pm revealed: -There was no audible alarm when the main front exit door to the facility was opened. -There was a small square box located on the upper right corner of the interior side of the door. -There was no audible alarm when the back-exit door was opened.	C 069	-Audible alarms have been installed 6-12-2021 At all 4 exit doors -Resident is wearing a pocket talker Ultra Duo Sound Amplifier with headphones and earphones as requested by the ENT on his evaluation And staff wears one as well to communicate with resident without difficulties	7-13-2021

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rene Murphy — TITLE: Administrator — (X6) DATE: 7-12-2021

STATE FORM 6899 SIYM11 If continuation sheet 1 of 5

Received via email on 07/19/21
The Plan of Correction with addendums was reviewed and accepted on 07/19/21. Refer to page 4 of this Statement of Deficiencies. [signature] on 07/19/21

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C 069	Continued From page 1 -Staff and residents were going in and out of the main front and back-exit door and there were no audible alarms when the doors were opened. Review of Resident #4's current FL-2 dated 01/27/21 revealed: -Diagnoses included mild mental retardation, seasonal allergies, hyperlipidemia, and arteriovenous malformation. -The resident's orientation section of the FL-2 was blank. -The resident was ambulatory. -The resident's functional limitations included hearing and sight. Review of Resident #4's current assessment and care plan dated 01/27/21 revealed: -The resident was always disoriented and had significant memory loss, requiring direction. -The resident was totally dependent on staff for grooming and extensive assistance from staff for bathing and dressing. -The resident was independent with transferring and required limited staff assistance with ambulation. Observation of Resident #4 on 06/10/21 at 9:10am revealed: -The resident was sitting in the common living room with other residents. -The resident was hard of hearing and could only engage in conversation when spoken to in a raised voice. Observation of Resident #4's bedroom on 06/10/21 at 9:53am revealed: -There was an exit sliding glass door in the room that lead to the outside grounds of the facility. -There was an exit door inside the room that lead to the outside grounds of the facility.	C 069		

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C 069	Continued From page 2 -There was a small square box located on the upper right corner of the interior side of the door. -There was no audible alarm when the exit sliding glass door and the exit door was opened. -Another resident was assigned to the room with Resident #4. Interview with Resident #4 on 06/10/21 at 4:20pm revealed he used the exit door in his room to go outside of the facility (last date not provided). Interview with Resident #4's roommate on 06/10/21 at 4:20pm revealed: -The exit doors at the facility did not have an audible alarm when the doors were opened. -No one used the exit door in the room he shared with Resident #4. Interview with the medication aide/personal care aide (MA/PCA) on 06/10/21 at 4:00pm revealed: -She had worked at the facility for 6 years, however had not worked at this facility since March of 2020 because she had been working at sister facilitys. -There were no alarms on the exit doors of the facility. -She was not sure what Resident #1's orientation because he was recently admitted to the facility. Observation of the MA/PCA in Resident #4's room on 06/10/21 at 4:20pm revealed: -The MA/PCA pressed a button/switch on the small square box on the interior exit side of the door, then opened and closed the door. -There was no audible sound. -As the MA/PCA was walking away there was an intermittent audible beeping sound coming from the small square box on the door. A second interview with the MA/PCA at 4:22pm	C 069		

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	FCL082026	A. BUILDING _____ B. WING _____	06/10/2021

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C 069	Continued From page 3 revealed: -She thought the small square box on the door was a door alarm. -She thought the door in the resident's room did not alarm each time the door was opened because the alarm needed new batteries. Interview with a second MA/PCA on 06/10/21 at 4:22pm revealed: -Resident #4 was hard of hearing but not disoriented. -She was not aware Resident #4 was assessed as always disoriented on his current care plan. -The exit door in Resident #4's bedroom had an alarm on the door. -She thought the alarm on the door was not making a good connection to signal the alarm to sound when the door was opened. -There were no sounding alarms on the other exit doors of the facility or on the sliding glass door in Resident #4's room. -She was not aware a sounding device was needed if a resident was disoriented. Telephone interview with the Administrator on 06/10/21 at 5:00pm revealed: -She was aware a sounding device was required on all exit doors when a resident was disoriented. -There was an audible alarm on the facility's front exit door. -She last heard the audible alarm sound on the facility's front exit door Tuesday, 06/08/21. -Resident #4 was not disoriented, he was hard of hearing. -She was aware the resident's provider documented on Resident #4's current assessment and care plan the resident was always disoriented but never observed the resident to be disoriented. -She would immediately have the Maintenance	C 069 C069	Addendum Per telephone with Ms. Rena Murphy, Administrator on 07/19/21: The Administrator monitors exit doors by physically checking the alarms 3 times a week. The Administrator/designee will change the batteries in the exit door alarms monthly. The Administrator Re-educated Staff to monitor the exit door alarms at all times. — 07/19/21	

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C 069	Continued From page 4 Director install sounding devices on all 4 exits of the facility. Telephone interview with Resident #4's primary care provider (PCP) on 06/10/21 at 4:18pm revealed: -Resident #4 was diagnosed with intellectual disabilities and was hard of hearing. -Resident #4 had been evaluated for a hearing aid recently. -It was hard to assess the level of Resident #4's mental status completely due to his hearing difficulty. -She would have concerns with Resident #4 having an exit door without an audible alarm to alert staff when the resident went outside, especially an exit door in his room. *-Until Resident #4 received his hearing aid and additional assessment information could be collected for the resident's mental status, she thought sounding devices on the exit doors of the facility would ensure the safety of the resident.*	C 069	Weekly fire drills are being performed for 4 weeks, biweekly fire drills will be performed for 4 weeks and monthly fire drills will be ongoing performed and monitored by the Administrator	6-12-2021