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 _____	R 08/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY 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
C 000	Initial Comments The Adult Care Licensure Section and the Sampson County Department of Social Services conducted an annual survey on August 26, 2022.	C 000		
C 077	10A NCAC 13G .0315(a)(4) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to assure a current Environmental Health Sanitation Inspection was completed annually and available for review. The findings are: Review of the most recent sanitation report revealed: -The report was posted on the wall over the medication cart in the office area. -The report was dated 01/15/2020. -The report documented seven demerits, including the removal of cobwebs from room corners and ceilings, and cleaning of windowsills where needed. Initial observations of facility between 8:00am and 9:30am revealed: -There were approximately three broken slats on the window blind covering the dining room window. -There was a black substance around the inside	C 077		

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C 077	Continued From page 1	C 077		

white seal of the freezer lid. The freezer was located in an enclosed room with the clothes washer and dryer that adjoined an enclosed porch outside the dining room.
-There was an accumulation of dust on the wall vent in the dining room.

Interview with the Administrator on 08/26/22 at 9:06am revealed:
-Sanitation inspections were supposed to be scheduled every year.
-She received a call from the sanitation inspector in May 2022 who stated she would be coming to the facility to perform the sanitation inspection.
-She called the environmental health department on 06/03/22 about the inspection and left a message.
-The sanitation inspection had not been completed yet.

Second interview with the Administrator on 08/26/22 at 3:17pm revealed:
-She contacted the local environmental health department on 03/04/22 and 06/03/22 about the sanitation inspection.
-She remembered speaking to a female and leaving a message.
-She was contacted by a female from the environmental health department on 04/15/22 and was told she (inspector) would be coming to the facility and wanted to know what days would be best to visit. She stated a specific date could not be provided for the visit.

Attempted telephone interview with the county sanitation department on 08/26/22 at 3:30pm was unsuccessful. A voice message was received indicating the office was closed on Friday.

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C 202	Continued From page 2	C 202		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#3, #4) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services. The findings are: 1. Review of Resident #4's current FL-2 dated 04/21/22 revealed diagnoses included intellectual disability and schizoaffective disorder. Review of Resident #4's Resident Register revealed: -An admission date of 04/25/22. -The resident was alert. -The resident was admitted from a hospital. -The resident's former address was homeless. Review of Resident #4's record revealed there	C 202		

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C 202	Continued From page 3 was no documentation of any tuberculosis (TB) skin test. Interview with the Administrator on 08/26/22 at 10:07am revealed: -The documentation for Resident #4's TB skin test results was at the facility offsite office. -She reviewed the admission documents provided prior to admission for TB skin testing results and remembered seeing documentation for TB skin testing. Second interview with the Administrator on 08/26/22 between 2:30pm - 3:05pm revealed: -TB skin testing information for Resident #4 was documented in the admission paperwork. -She was looking through the paperwork for Resident #4 trying to figure out where she saw the TB skin testing information. -Resident #4's guardian would be sending information to the facility "again" regarding TB skin testing results for the resident. -The guardian did not say when she would be sending the TB skin testing information to the facility. Interview with Resident #4 on 08/26/22 at 2:53pm revealed: -She remembered a TB skin test being performed. -"They gave me some blood and it went away". -"It was bubbling, looked like a bubble" and "put it on inside of arm". -She remembered going back to the doctor but did not remember what the doctor said. -She did not recall the area getting red but "it was just bubbling". -She did not remember the last time she had a TB skin test.	C 202		

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C 202	Continued From page 4	C 202		

Telephone interview with Resident #4's guardian on 08/26/22 at 3:45pm revealed:
-She provided "basic information" to the facility prior to the resident's admission from the hospital.
-The basic information included the resident's history.
-Information on TB skin testing would have come from the hospital.
-She did not know if the hospital had performed TB skin testing for Resident #4 prior to admission to the facility.
-The resident had been in another facility in the past prior to this recent hospitalization but she did not have any of those records.
-No one had requested TB skin testing for Resident #4 since she had been the resident's guardian.
-She was not aware of Resident #4 having any TB skin testing since admission to the facility because she (guardian) would have had to sign off on it.

Refer to the interview with the Administrator dated 08/26/22 at 3:10pm.

2. Review of Resident #3's current FL-2 dated 06/29/22 revealed:
-Diagnoses included schizophrenia, hypertension, and postpartum.
-The resident exhibited wandering behaviors.

Review of Resident #3's Resident Register revealed:
-An admission date of 06/02/22.
-The resident's former address was "homeless".
-The resident was alert.

Review of Resident #3's Assessment and Care Plan dated 06/02/2022 revealed:
-The resident had wandering behaviors.

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C 202	Continued From page 5	C 202		

-She was injurious to self.
-She had a history of mental illness.
-She had a history of developmental disabilities.
-She was sometimes disoriented.
-She was forgetful and needed reminders.

Review of Resident #3's record revealed there was no documentation of a TB skin test.

Interview with the Administrator on 08/26/22 at 10:10am revealed:
-She did not think Resident #3 had a TB skin test since admission to the facility.
-The resident was admitted from the hospital.
-The hospital had screened Resident #3 for TB.
-A staff from the local Department of Social Services told her Resident #3 had been screened for TB.
-When Resident #3 was admitted to the facility the only document that came with the resident was the FL-2.

Review of a document provided by the local DSS on 08/26/22 at 11:00am revealed documentation for a negative TB skin test reading for Resident #3 on 05/12/22.

Interview with the DSS staff on 08/26/22 at 11:07am revealed:
-Resident #3 was an emergency admission to the facility.
-She remembered the TB skin testing had been completed at the hospital.
-She did not know why the TB skin testing result was not in the resident's facility record.

Interview with Resident #3 on 08/26/22 at 2:25pm revealed:
-She remembered getting a TB skin test.
-She did not remember the date the TB skin test

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C 202	Continued From page 6 was performed. -She went to the doctor and the TB skin test was performed in her arm. -She went back to the doctor for another appointment and was told "it passed". -She had the TB skin test before admission to the facility. -She had not had a TB skin test since admission to the facility. Refer to the interview with the Administrator dated 08/26/22 at 3:10pm. _____ Interview with the Administrator on 08/26/22 at 3:10pm revealed: -She was responsible for ensuring admission documentation of information such as TB skin testing results were available and in the resident record prior to admission. -She thought TB skin testing was still waived due to COVID-19. -She expected resident TB skin testing results to be available to the facility before admission.	C 202		