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 _____	R 01/24/2024

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 and follow up survey on January 23-24, 2024.	C 000		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; 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 walls, ceilings, and floors were kept clean and in good repair in the kitchen, bathrooms, halls, and resident bedrooms. The findings are: Review of the most recent sanitation report revealed: -The inspection report was dated 08/29/22. -The report documented seven demerits. Review of the comments listed on the 08/29/22 sanitation inspection report revealed demerits given included the following areas: -The spackle ceiling covering had peeled in bedrooms. -The walls in the den area needed repainting. -There was dust on the shoe molding in the rooms. Initial observations of facility between 8:00am and	C 074		

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C 074	Continued From page 1 9:04am revealed: -There were multiple areas throughout the facility of peeling, sagging, and detached spackled ceiling covering, including areas in the kitchen, bathroom, halls, and in resident rooms. -There was water with floating particles in the floor of the shower bath that had not drained properly. -The floor covering in the kitchen in front of the refrigerator and freezer was soft and spongy with multiple cracked, chipped, and broken panels. Interview with the Personal Care Aide (PCA) on 01/23/24 between 8:33am and 8:43am revealed: -There had been water damage at the facility. -A new roof had been installed about six months to one year ago after the water damage occurred (no specific date provided). -The owner of the home visited the facility about two weeks ago and took pictures of the areas needing repair. -The residents did not use the shower bath. Interview with a resident on 01/23/2024 at 8:47am revealed cleaning supplies were needed because he wanted to get cob wells from the fan. Interview with a PCA on 01/24/24 at 8:15am revealed: -He did not know when the kitchen floor was going to be repaired. -The Administrator might have documentation on a timeline for the repairs to be completed. Interview with the Administrator on 01/24/24 at 11:45am revealed: -She would be getting someone to come to the facility to do ceiling repairs in the bedrooms, halls, kitchen, and bathrooms. -The floors in the kitchen were a priority.	C 074		

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C 074	Continued From page 2 -There was painting needed. -She hoped for the repair work at the facility to begin "next week [week of 01/29/24]".	C 074		
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: -There was no current environmental health inspection report posted for review. -The personal care aide (PCA) provided an environmental health inspection report upon request. -The inspection report was dated 08/29/22. -The report documented seven demerits. Review of the comments listed on the 08/29/22 sanitation inspection report revealed demerits given included the following areas: -The spackle ceiling covering had peeled in bedrooms. -The walls in the den area needed repainting.	C 077		

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C 077	Continued From page 3 -There was dust on the shoe molding in the rooms. Initial observations of facility between 8:00am and 9:04am revealed: -There were multiple areas throughout the facility of peeling, sagging, and detached spackled ceiling covering, including areas in the kitchen, bathroom, halls, and in resident rooms. -There was water with floating particles in the floor of the shower bath that had not drained properly. -The hall bathroom sink faucet was loose and cracked. There was a black substance around the base of the faucet. -The floor covering in the kitchen in front of the refrigerator and freezer was soft and spongy with multiple cracked, chipped, and broken panels. Interview with the transportation/medication aide (T/MA) on 01/23/24 at 9:40am revealed: -The facility management contacted a county sanitation inspector in October 2023 and December 2023 (dates not provided), again on 01/23/24. -Facility management had been calling to try to get a sanitation inspection conducted and was told the facility was on a waiting list. Telephone interview with a county Environmental Health Inspector on 01/24/24 at 8:30am revealed: -She had not been contacted by any of the facility staff prior to 01/23/24 regarding the need for an environmental health inspection. -She received a message from the facility on 01/23/24 stating the facility had contacted an inspector in October 2023 or November 2023 about conducting an environmental health inspection. -The facility Owner "typically" was expected to call	C 077		

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C 077	Continued From page 4 if the environmental health inspection was past due. -She was not aware if there had been any contact with any other health inspectors regarding the need for an environmental inspection from the facility prior to 01/23/24. Second telephone interview with the Environmental Health Inspector on 01/24/24 at 8:45am revealed she checked with her co-workers and there had not been any contact with the facility prior to 01/23/24 regarding the need for an environmental inspection. Interview with the Administrator on 01/24/24 at 11:45am revealed: -She had not sent any emails to the environmental health inspectors requesting a sanitation inspection. -She called the environmental health inspector in October 2023 and December 2023, and "this week" (week of 01/22/24) and was told the facility was on the list to have an environmental health inspection completed. -Sanitation inspections were supposed to be scheduled every year. -The sanitation inspection had not been completed yet.	C 077		
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this	C 249		

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C 249	Continued From page 5 Rule. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the implementation of physician's orders for 2 of 3 residents sampled (#1, #3) related to monthly blood pressure readings (#1) and laboratory screening (#3). The findings are: 1. Review of Resident #1's current FL-2 dated 09/29/23 revealed diagnoses included mild intellectual disabilities, autism spectrum disorder, schizophrenia, and attention deficit hyperactive disorder. Review of a hospital emergency room after visit report dated 09/21/23 revealed: -Resident #1 was seen for a general medical examination. -An alleged sexual assault examination was completed. -There was a recommendation for Resident #1 to follow up with the Primary Care Provider (PCP). Review of a Doctor Appointment Log and Results form for Resident #1 revealed: -The resident was seen by the PCP on 09/29/23. -There was a physician's order for follow up for a specific sexually transmitted disease (STD) testing in three months. Review of Resident #1's Doctor Appointment Log and Results forms revealed there were no follow up appointments with a physician dated after 09/29/23.	C 249		

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C 249	Continued From page 6 Interview with the Transportation/Medication Aide (T/MA) on 01/23/24 at 8:49am revealed: -She was responsible for coordinating resident appointments. -She scheduled physician appointments for the residents. -She transported residents to their physician appointments. Second interview with the T/MA on 01/23/24 at 2:42pm revealed: -Resident #1 had some specific STD testing completed when in the hospital in another city. -She did not know the exact month the STD testing was completed. -The results of the STD testing were sent to Resident #1's guardian. -The PCP "might" have completed the testing at the provider clinic, but the facility had not received any results yet. -The results of the ordered testing "might" be at the PCP office. Telephone interview with the receptionist at the PCP's office on 01/23/24 at 2:50pm revealed: -The PCP who wrote the order dated 09/29/23 for Resident #1 was no longer working with that physician practice. -That PCP's last day with the practice was 09/29/23. Second interview with the T/MA on 01/23/24 at 2:55pm revealed: -She thought Resident #1's ordered STD testing was done, but "not for sure". -She would make sure the testing "happens". -She would call the physician's office and make an appointment for Resident #1. -The physician's office would give her an appointment card for the next appointment before	C 249		

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leaving the office, or the PCP's office would call her with the next appointment for the resident.

Telephone interview with the PCP's nurse on 01/23/24 at 2:57pm revealed:
-The 09/29/23 appointment for Resident #1 was the only time the resident had been seen by a provider at that office.
-Resident #1 had lab work done on 09/29/23, but no STD testing was performed.
-The PCP office was able to perform the STD testing.
-There was a note in the resident's record that Resident #1 had STD testing when in the emergency room (no date given for ER visit).
-Resident #1 should have had a follow up appointment in December 2023.
-If the PCP wrote in her notes for a follow up visit, the receptionist made the follow up appointment before the resident left the PCP's office.

Observation of the T/MA on 01/23/24 at 3:24pm revealed she called the PCP office and made an appointment for Resident #1 to be seen on 01/30/24.

Telephone interview with the Administrator on 01/24/24 at 11:45am revealed:
-She did not know if the PCP ordered STD testing for Resident #1 had been performed.
-The T/MA was responsible for making appointments for the residents.
-The follow up appointment was normally scheduled before the resident left the PCP office.

2. Review of Resident #3's current FL-2 dated 11/13/23 revealed:
-The resident was admitted to the facility on 10/31/23.
-Diagnoses included autism, cognitively impaired,

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attention-deficit/hyperactivity disorder (ADHD), and anxiety.
-There was a physician's order for monthly blood pressure checks.

Review of the Resident #3's blood pressure log on 01/23/24 revealed the blood pressure log had no entries since admitted to the facility.

Review of Resident #3's Medication Administration Record (MAR) on 01/23/24 revealed that there was no entry for monthly blood pressure checks.

Interview with TransportationMedication Aide (T/MA) on 01/23/24 at 3:42 pm revealed:
-Resident #3 went to the doctor every 28 days for controlled substance follow up.
-Resident #3's blood pressure was checked at the doctor's office.

Interview with T/MA on 01/24/24 at 12:39pm revealed:
-The completed FL-2's were instructions for the facility.
-The FL-2 was sent to the pharmacy after it was completed.
-The pharmacy usually transcribed orders to the MAR.
-There was no entry transcribed to Resident #3's MAR for monthly blood pressure checks.
-When there was no order entry on the MAR that was supposed to be on the MAR, the MA was responsible for transcribing the order to the MAR.
-Resident #3's blood pressure was not being checked, because the doctor checked it monthly.
-The physician's visit records for Resident #3 would need to be requested from the provider.

Interview with Resident #3 on 01/24/24 at 1:06pm

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C 249	Continued From page 9 revealed: -He never had a blood pressure check performed at the facility. -His blood pressure had only been checked at the doctor's office, and his blood pressure was good. Observations of the T/MA on 01/24/24 at 1:06pm revealed: - Resident #3's blood pressure was checked. -The monthly blood pressure order was added to the MAR -Resident #3's blood pressure was documented as 123/84 on 01/24/24.	C 249		