PRINTED: 02/08/2024
FORM APPROVED

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 _____	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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rene Munoz — TITLE: Administrator — (X6) DATE: 2-20-24

STATE FORM 6899 — 993D11 — If continuation sheet 1 of 10

Received via fax on 02/22/2024.
Reviewed and Acknowledged with addendum on 02/28/2024 HLatta, RN

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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 [illegible] in the bedrooms, halls,	C 074	Rule 0704 Sanitation Inspection Completed Results emailed to [redacted]	1-29-24

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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 speckle ceiling covering had peeled in bedrooms. -The walls in the den area needed repainting.	C 077	c 077 This writer will call Environmental Health Specialist to schedule a yearly inspection in a timely manner to assure inspections are done on time and keep track of notation when calling. Completed 1-29-24	1-29-24

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	[illegible]	A. BUILDING: ______ B. WING ______	R 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
[illegible]	[illegible] ROAD [illegible], NC [illegible]

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C [illegible]	Continued From page 3	C [illegible]		
	-There was dust on the blade rotating in the [illegible].			
	[illegible] observations of facility between [illegible] and [illegible] revealed: -There were multiple areas throughout the facility of missing, sagging, and stained, [illegible] 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 stall that had not drained [illegible]. -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 panes.		- Ceiling repairs were completed.	2/1/24
	Interview with the [illegible]/medication aide [illegible] on [illegible] at [illegible] revealed: -The facility management contacted a county [illegible] inspector in October 2023 and November 2023 [illegible], again on [illegible]. -Facility management had been calling to try to get a [illegible] inspection conducted and was told the facility was on a waiting list.		Addendum per telephone conversation with Rena Murphy, Administrator on 02/28/24 @ 3:58pm: - The Administrator will perform monthly inspections in the facility to determine what repairs are needed. - The Administrator will forward repairs needed to the homeowner monthly. - The facility will complete needed repairs within (14) fourteen days of sending the repair list to the homeowner. — [signature], Licensure Surveyor 02/28/2024	
	Telephone interview with a county Environmental Health Inspector on [illegible] at [illegible] revealed: -She had not been contacted by any of the facility staff prior to [illegible] regarding the need for an environmental health inspection. -She received a message from the facility on [illegible] 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			

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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	Addendum per telephone conversation with Lena Murphy, Administrator on 02/28/24 at 3:50pm: - The Administrator will call the Local Environmental Health Department two months prior to expiration date of previous yearly inspection to schedule for the Environmental Health Inspector to come to facility to perform an annual inspection. - The Administrator will note the date and time of telephone contact with the Environmental Health Dept Staff contacted. - Date of completion will be 01/29/2024. - ~~The Ad~~ HF Hope Forte, RP Licensure Consultant Surveyor 02/28/2024	
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		

FORM CMS-2567(02-99)

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C 249	Continued From page 5 Rule.	C 249	Rule C 249	

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.

This writer will do weekly audits On residents Charts to make Sure orders Are being transcribed Sent to pharmacy After Visits and follow up with physician Offices to make Sure orders are being Sent to the pharmacy When changes are made. This writer have created new forms for providers to chart on when residents are seen and an alert for new orders to be Checked. 1-29-24

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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	The Transportation / Medication Aide is to give this writer the form, and a copy to be placed in resident's book under Physicians. The Pharmacy will also be faxing new orders over to the Facility as requested. This writer will check charts to make sure monthly vitals are being done and procedures Ordered are done in a timely manner. The writer will also make sure new orders are being transcribed	

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C 249	Continued From page 7 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,	C 249	to the MAR and testing that is ordered, results will be put On residents charts and noted. All appointments will be put on the form and noted by physicians what was done that day. Staff accompanying resident will Sign Off. All testing results will be put on the chart under labs and noted in proper place.	

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C 249	Continued From page 8 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	C 249	C.249 Resident 1 HIV testing was completed with negative results C.249 Resident 3 BP orders have been added to the MAR, orders were faxed to the pharmacy, BP orders are being taken monthly. This writer will be doing monthly audits for Resident 3 blood pressure checks.	1-30-24 1-25-24

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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	Addendum per telephone conversation with the Administrator (Lena Murphy) on 02/28/2024 at 3:38pm: - "His writer" in the plan of correction refers to the Administrator. - "Timely manner" refers to within the specified time identified by the provider in the provider's order. - Weekly chart audits will be performed by the Administrator to ensure physician ordered treatments are implemented/completed by the facility staff. - Date of completion will be 01/30/2024. H. Faith, RN Licensure Consultant 02/28/2024.	

Fax

2024-02-22 17:57:27 UTC
11 pages
(including cover)

TO

Number: +1 919-733-9379

SUBJECT

2024-02-22 12:56