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 05/14/2025

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 conducted an annual and follow-up survey on May 14, 2025.	C 000		
C 074	10A NCAC 13G .0315 (a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) A family care home shall: (1) have walls, ceilings, and floors or floor coverings that are clean, safe, and functional; Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. 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 02/24/25. -The report documented six demerits. Review of the comment addendum to the sanitation inspection report on 02/24/25 revealed demerits given included the following areas: -There were areas of peeled spackled ceiling covering in the dining area and hallway bathroom. -There was a hole in the bedroom door, the approximate size of a lemon, at the end of the hall.	C 074		

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C 074	Continued From page 1 -The vent cover in the hallway was bent and needed replacing. -The sink faucet in the hallway bathroom was detached. Initial observations of the facility on 05/14/25 between 8:00am and 9:00am revealed: -There were multiple areas throughout the facility of peeling and detached spackled ceiling covering, including areas in the kitchen, hallway, and a resident bedroom. -The blinds in the window of the bedroom next to the hall bathroom had five broken slats and two missing slats. -The tiled floor covering in the kitchen from the wall to in front of the refrigerator and freezer was soft and spongy with multiple cracked, chipped, and broken areas. Interview with the personal care aide (PCA) on 05/14/25 at 1:25pm revealed: -He had no idea what happened to the kitchen floor. -The homeowner was supposed to get the kitchen floor repaired. -He thought the homeowner had visited the facility a couple times and had taken pictures of the floor. -He was not sure of when the homeowner visited the facility. Interview with the Supervisor on 05/14/25 at 1:58pm revealed: -The facility management contacted the homeowner about the repairs needed at the facility. -The homeowner visited the facility. -The staff at the facility moved the refrigerator so the homeowner could see the floor area needing repair.	C 074		

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C 074	Continued From page 2 -The homeowner visited the facility about two weeks ago and walked around the outside of the building. -The homeowner did not go inside the facility when she visited about two weeks ago. Telephone interview with the Administrator on 05/14/25 at 2:03pm revealed: -She was not able to do major repairs at the facility because the home was rental property. -The ceiling had been repaired but another storm messed it up again. -The floor covering in the kitchen had been nailed down but lifted back up because of the cleaning/mopping of the floor. -The homeowner had replaced the filter in the hall vent but had not replaced the vent cover. -The bathroom sink had some repairs made but had not been fixed completely. -She was responsible for the residents' living conditions in the home and would have to get everything approved before making repairs.	C 074		
C 202	10A NCAC 13G .0702 (a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination, and Immunizations (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 Public Health as specified in 10A NCAC 41A .0205 including subsequent amendments and editions.	C 202		

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C 202	Continued From page 3 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents (#3) were tested upon admission for tuberculosis (TB) disease in compliance with the control measures by the Commission for Public Health. The findings are: Review of Resident #3's current FL-2 dated 01/29/25 revealed diagnoses included schizophrenia hypertension, gastro-esophageal reflux disease, chronic kidney disease, and renal osteodystrophy. Review of Resident #3's Resident Register revealed Resident #3 was admitted to the facility on 12/30/20. Review of Resident #3's record revealed there were no TB test results available for review. Interview with the Supervisor-in-Charge (SIC) on 05/14/25 at 12:03pm revealed: -She did not know where the results for Resident #3's TB skin testing would be if not in the resident's record. -She remembered transporting the resident to the local health department for TB skin testing. Interview with Resident #3 on 05/14/25 at 12:05pm revealed he remembered going to the local health department with the SIC for TB skin testing when he was admitted to the facility. Telephone interview with a medical records staff at the local health department on 05/14/25 at 1:40pm revealed: -She did not see any documentation in the health department records for TB skin testing for	C 202		

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C 202	Continued From page 4 Resident #3. -She reviewed the health department records for Resident #3 that were started in 2015 to present. Second interview with the SIC on 05/14/25 at 1:43pm revealed: -When a resident was admitted to the facility, she transported the resident to have TB skin testing performed. -Resident #3 was admitted from a facility that was closing. -The sending facility did not send any records of TB skin testing results when the resident was admitted. -She had to take Resident #3 to have TB skin testing performed. -She remembered transporting Resident #3 to have 2-step TB skin testing performed at the health department. Telephone interview with the Administrator on 05/14/25 at 2:18pm revealed: -Resident #3's TB skin testing was performed when the resident was first admitted to the facility. -She expected the sending facility to have a TB skin test completed prior to a resident admission. -Resident #3 was admitted from a facility that closed, so the resident was transported upon admission to have TB skin testing performed. -She performed monthly chart audits, and the TB skin testing information was kept in the resident record behind the FL-2. -She expected the TB skin testing results to be in the resident's record because she had placed it there.	C 202		
C 342	10A NCAC 13G .1004(j) Medication Administration	C 342		

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C 342	Continued From page 5 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure accurate documentation of the administration of medications on the medication administration records (MARs) for 1 of 3 residents (#3) sampled. The findings are: Review of Resident #3's current FL-2 dated 01/29/25 revealed diagnoses included schizophrenia hypertension, gastro-esophageal reflux disease, chronic kidney disease, and renal osteodystrophy. A. Review of physician orders for Resident #3 dated 01/29/25 revealed there was a physician's	C 342		

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C 342	Continued From page 6 order for vitamin D3 (a dietary supplement) 50,000 unit capsule weekly on Friday. Review of Resident #3's medication administration records (MAR) for May 2025 revealed: -There was a printed entry for Vitamin D3 50,000 unit capsule weekly on Friday scheduled at 8:00am. -There was documentation of administration for the Vitamin D3 capsule daily from 05/01/25 through 05/14/25. Observation of Resident #3's Vitamin D capsules on hand on 05/14/25 revealed: -There was a pharmacy dispensed blister pack for Vitamin D3 50,000 unit capsule with instructions for administration weekly on Friday. -There was a dispense date of 05/05/25, quantity of four Vitamin D3 capsules. -There were three vitamin D3 capsules remaining on hand. Telephone interview with the medication aide (MA) on 05/14/25 at 11:35am revealed: -He administered Resident #3 the Vitamin D3 every Friday. -The reason for documenting administration of the Vitamin D3 daily of the MAR was because "probably looked at it wrong". Interview with Resident #3 on 05/14/25 at 1:10pm revealed: -He was administered a vitamin pill on Fridays. -The pill he was administered was "a white pill, a capsule". -He was not administered the capsule on 05/14/25 in the morning, and "will take it on Friday".	C 342		

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C 342	Continued From page 7 Telephone interview with the Administrator on 05/14/25 at 2:25pm revealed: -The residents' medication was dispensed by the contracted pharmacy provider on a 28-day cycle fill. -The pharmacy only dispensed four capsules of Vitamin D3 at each cycle fill. Refer to the interview with the Supervisor-in-Charge dated 05/14/2025 at 11:53am. B. Review of physician orders for Resident #3 dated 01/29/25 revealed there was a physician's order for Carvedilol (used to treat hypertension) 25mg tablet two times a day. Review of Resident #3's medication administration records (MAR) for April 2025 revealed: -There was a printed entry for Carvedilol 25mg tablet twice a day with meals scheduled at 8:00am and 5:00pm. -There was no documentation of administration for the Carvedilol 25mg tablet at 5:00pm from 04/01/25 through 04/30/25. Observation of Resident #3's Carvedilol 25mg tablets on hand on 05/14/25 revealed: -There was a pharmacy dispensed blister pack for Carvedilol 25mg tablet with instructions for administration twice a day with meals. -There was a dispense date of 05/05/25 for the Carvedilol 25mg tablet, quantity of 56 tablets. -There were 37 Carvedilol 25mg tablets remaining on hand. Interview with the Supervisor-in-Charge (SIC) on 05/14/25 at 11:22am revealed: -She could not provide an answer regarding the	C 342		

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C 342	Continued From page 8	C 342		

lack of documentation of administration for Coreg 25mg tablet at 5:00pm to Resident #3 for the month of April 2025.
-She was responsible for reviewing the MARs at the facility.
-She reviewed MARs "about every week".
-She should have caught that the documentation of administration for the Coreg 25mg tablet scheduled at 5:00pm daily was not documented.

Telephone interview with the medication aide (MA) on 05/14/25 at 11:35am revealed:
-He worked at the facility during April 2025 from 5:00pm to 8:00am.
-He administered medications to two residents at 5:00pm, "if not mistaken".
-When he administered medications, he documented the administration of medications after observing the resident take the medications.
-He could not provide an answer as to why there was no documentation for administration of the Coreg 25mg tablet to Resident #3 at 5:00pm daily on for April 2025 MAR.

Interview with Resident #3 on 05/14/25 at 1:10pm revealed:
-He used to take a pill at 5:00pm but now it was administered at 8:00pm.
-He never missed the administration of the medication at 5:00pm.
-He could not remember the name of the medication he was administered at 5:00pm.
-He was administered medication for high blood pressure.

Telephone interview with the Administrator on 05/14/25 at 2:20pm revealed:
-Resident #3's Carvedilol was administered at 8:00am and 5:00pm.
-She had been at the facility in the evening and

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C 342	Continued From page 9 knew Resident #3 was administered the Carvedilol but did not actually see the MA document the administration of the medication. Telephone interview with the contracted pharmacy provider on 05/14/25 at 4:11pm revealed: -There was a current order for Carvedilol 25mg tablet twice a day for Resident #3. -On 03/03/25, a 28-day supply, a quantity of 56 tablets of Carvedilol was dispensed to the facility. -On 03/31/25, a 28-day supply, a quantity of 56 tablets of Carvedilol was dispensed to the facility. -On 04/28/25, a 28-day supply, quantity of 56 tablets of Carvedilol was dispensed to the facility. -She was not showing a record of any returned supply of the Carvedilol 25mg tablets for Resident #3. Refer to the interview with the Supervisor-in-Charge dated 05/14/2025 at 11:53am. _____ Interview with the SIC on 05/14/25 at 11:53am revealed: -She checked MARs "every three days or more". -She recently started working at the facility from 5:00pm to 8:00pm. -She administered the 5:00pm and 8:00pm medications to the residents. -She expected the MAs to have the MARs next to the medications when administering medications. -She expected the MAs to document the administration of medication when the medication was dispensed for administration. -If MAs did not document the administration of medication as the medication was dispensed for administration, the MAs could make an error in documentation.	C 342		