

STATE PLAN OF CORRECTION

Monica Mullins, Director

Agency Name → MyRover Reese Fellowship Homes, Inc. (Ashton Lilly Home)

STREET ADDRESS, CITY, ZIP: → 560 Wilkes Rd. Fayetteville, NC 28306

Provider Number → MHL026-214

Exit Date →

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS - REFERENCED TO THE APPROPRIATE DEFICIENCY)

Tag Number	The Administrator signing and dating the first page of the STATE FORM is indicating their approval of the plan of correction being submitted on this form.	(X5) COMPLETION DATE
V500	<p>Policy on Rights Restrictions and Interventions: Changes in MyRover Reese Fellowship Homes, Inc. Screening/Application for Admission.</p> <p>a. All MyRover Reese Fellowship Homes have implemented effective immediately, with Board Approval, these changes pertaining to all religious services as follows:</p> <ol style="list-style-type: none"> 1. A pass is available to attend religious services of your choice. Rule-28 2. Discussion for scheduling will take place with the House Manager. 	<p>Implemented 6/7/18</p> <p>Implemented 6/20/18</p>
V500	<p>Addendum in Policy and Procedure for MyRover Reese Fellowship Homes, Inc: Civil Rights and Civil Remedies: p-153 of Policy and Procedure:</p> <p>a. Except as otherwise provided in GS Chapter 122-58, each adult individual of MyRover-Reese Fellowship Homes, Inc. keeps the same right as any other citizen of North Carolina to exercise all civil rights, including:</p> <p>h. The right to have choice and attendance of religious functions.</p>	<p>Implemented 6/20/18</p>
V500	<p>MyRover Reese Fellowship Homes, Inc Director shall monitor resident allowance for religious diversity as well as scheduling for religious functions throughout the calendar year.</p>	<p>Implemented 6/7/18</p>
V500	<p>Myrover Reese fellowship Homes Inc. will continue to implement trainings in Civil Rights, also to include religious diversity and religious practices throughout the calendar year.</p>	<p>Implemented 6/28/18</p>
V131	<p>G. S. 131 E-256 (d2) HCPR- Prior Employment Verification: All employees' records have been reviewed. All employees have been re-entered into Health Care Personnel Registry. All current employees will complete the finger print and criminal back ground check.</p>	<p>Implemented 6/7/18</p>
V131	<p>Prior Employment Verification: All new-hire employees will be entered into the health Care Personnel Registry by the Director of MyRover Reese Fellowship Homes, Inc, before initiating the hiring process. All new-hire employees will complete the finger print and criminal back ground check.</p>	<p>Implemented 6/7/18</p>

Ashton W. Zilly

026-214

PRINTED: 07/23/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL000-000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ DHSR-Mental Health	(X3) DATE SURVEY COMPLETED 09/12/2016
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NAME OF PROVIDER OR SUPPLIER TEST FACILITY MHL	STREET ADDRESS, CITY, STATE, ZIP CODE 805 BIGGS DRIVE RALEIGH, NC 27603 JUN 26 2018
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(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
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V 131 G.S. 131E-256(d2) HCPR - Prior Employment Verification

(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.

This Rule is not met as evidenced by:

Based on record review and interview the facility failed to assure a Health Care Personnel Registry (HCPR) check was completed prior to hire for 4 of 4 staff (#1, #2, #3, #4). The findings are:

(The surveyor's findings will be entered here.)

V 131

You must develop one Plan of Correction* (POC) that addresses each deficiency listed on the State Form. Enter your POC here.

Time Frames for Compliance
A completed Plan of Correction addressing all cited deficiencies must be returned to our office within ten days of receipt of this letter.

- Type A violations must be corrected within 23 days from the exit date of the survey.
- Type B violations must be corrected within 45 days from the exit date of the survey.
- Re-cited standard level deficiencies must be corrected within 30 days from the exit of the survey.
- Standard level deficiencies must be corrected within 60 days from the exit of the survey.

1500

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Indicate the date you will be in compliance for each cited deficiency.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies (SOD) with the Plan of Correction to retain for your records.

Send the original completed form to our office within 10 days of receipt of the SOD.

10 ANCAC 27D .0101
Policy on Rights Restrictions
And Interventions

Division of Health Service Regulation

TITLE _____ (X6) DATE _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____

STATE FORM 6899 ZL2811

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/06/2018
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NAME OF PROVIDER OR SUPPLIER ASHTON W LILLY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 560 WILKES ROAD FAYETTEVILLE, NC 28306
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(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
V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on June 6, 2018. The complaint was substantiated (intake #NC00138764). A deficiency was cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse.</p>	V 000	<p><i>see attached State Plan of Correction</i></p>	
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of</p>	V 500		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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V 500	<p>Continued From page 1</p> <p>restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: The facility failed to develop and implement policy to prohibit the restriction of client rights to attend religious services in a 24 hour facility. The findings are:</p>	V 500		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER ASHTON W LILLY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 560 WILKES ROAD FAYETTEVILLE, NC 28306
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V 500	<p>Continued From page 2</p> <p>Review on 06/05/18 of client #7's record revealed: -54 year old male. -Admission date of 04/20/18. -Diagnoses included Alcohol Use Disorder, Cocaine Use Disorder, Stimulant Use Disorder and Severe Generalized Anxiety Disorder. -Client #7 had no write ups or any documented concerns to prohibit leave for Friday attendance for worship service.</p> <p>Review on 06/05/18 of the facility's house rules and contract for residency revealed: - item #28 "A four hour pass is available on Sunday, 10:00am - 2:00 (pm) to attend a religious service of your choice. You must provide your own transportation by a sponsor or family member..."</p> <p>During interview on 06/05/18 client #7 stated: -He was a practicing muslim and had been allowed to attend his service at his place of worship only one time. -He had done all the necessary requirements to be allowed to attend his choice of worship and was allowed to attend only once on or before May 11, 2018 and was then informed by the Program Director that he could no longer attend his place and choice of worship. -It was "my constitutional right to attend service." -He had received no "write ups" to prevent him from attending service.</p> <p>During interview on 06/05/18 client #5 stated: -He had been admitted to the facility for four months and had no concerns. -He was aware of "one guy (client #7) who wanted to go to Ramadon and it was given (allowed) the first time and not the second time" and muslim attend service on Fridays.</p>	V 500		
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Division of Health Service Regulation

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V 500	<p>Continued From page 3</p> <p>During interview on 06/05/18 client #3 stated: -He had no concerns at the facility and had written a grievance and everything was resolved and he was satisfied with the outcome from the grievance. -He was aware "some guys did not eat pork" but were given an alternative meal.</p> <p>During interview on 06/05/18 first shift Group Home Manager (GHM) stated: -He was not aware of anyone being denied from attending religious service of their choice. -The service time was only allowed on Sunday from 10:00am to 2:00pm.</p> <p>During interview on 06/05/18 second shift GHM stated: -He had only been working at the facility for two weeks. -He was not aware of anyone being denied the ability to attend worship service of their choice. -He was aware of a muslim client who did not eat pork and "we will abide by diet for religious beliefs."</p> <p>During interview on 06/05/18 the Program Director stated: -She had allowed client #7 and client #4 (from sister facility) to attend one service on a Friday. -She had allowed options for the food not to include pork and allowed headgear to be worn by client #7 and a client from a sister facility. -The facility's "guidelines" was any worship service was identified (allowed) on Sunday and "other people in the United States service and worship on Sunday." -"We don't concede to any other kind of religious service or structure and muslim service time is on Friday."</p>	V 500		

Division of Health Service Regulation

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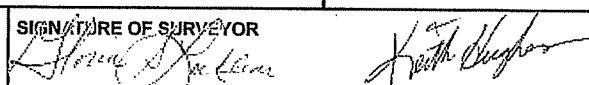
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V 500	<p>Continued From page 4</p> <p>-"Because we don't concede to Sunday as a religious day, we don't view Friday or any other day as a religious day."</p> <p>-"Concessions have been made for clothing and food and if it helps you transition from point A to B, I'm 100 percent behind it."</p> <p>-"It will be that we follow the guidelines and rules of Myrover-Reese (Licensee) and not concede to anyone outside of our rules."</p> <p>During interview on 06/05/18 the Chairman for the Board of Directors for the facility stated: -"Are we to up-end our schedules because of their (client #7 and a client from a sister facility) desire to go to their religious service? On Sunday guys who want to go, go (religious service attendance). D***! I don't know if we need to do that and allow for that on Friday (muslim worship/service day) for them to attend...What next? Sunday, traditionally everyone is off and people can go out to church and Friday is a regular business day...the state (North Carolina) is making us go through tall grass to allow this and what if others come in and we have to deal with them? What about devil worshipers? These folks (clients) can be very manipulative."</p>	V 500		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL026-214	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/6/2018	Y3
NAME OF FACILITY ASHTON W LILLY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 560 WILKES ROAD FAYETTEVILLE, NC 28306		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0114	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 27G .0207	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	06/06/2018	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 06/06/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 9/28/2017	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Myrover Reese Fellowship Homes

Policy and Procedure

- a. The individual, without the benefit of the specific treatment measure, is incapable of Participating in any available treatment plan, which shall give the individual a realistic opportunity of improving the individual's condition.
- b. There is, without the benefit of the specific treatment measure, a significant possibility that the individual shall harm self or others before improvement of the individual's condition is realized.
- c. The use of electroshock the use of experimental drugs or procedures, or surgery other than emergency surgery may not be given without the express and informed written consent of the individual or the individual's legally responsible person, a health care agent pursuant to a valid healthcare power of attorney, or the individual's consent expressed in a valid advance instruction for mental health treatment. The consent may be withdrawn at any time by the person who gave the consent.

Civil Rights and Civil Remedies

Except as otherwise provided in GS Chapter 122-58, each adult individual of Myrover Reese Fellowship Homes, Inc, keeps the same rights as any other citizen of North Carolina to exercise all civil rights, including:

- a. The right to dispose of property;
- b. The right to execute instruments;
- c. The right to make purchases;
- d. The right to enter into contractual relationships;
- e. The right to register to vote;
- f. The right to bring civil actions;
- g. The right to marry and divorce;
- h. The right to have choice and attendance of religious functions; Addendum 6/20/18 per Board Approval.

Unless the exercise of a civil right has been precluded by an unrevoked adjudication of incompetency. This section shall not be construed as validating the act of any individual who was in fact incompetent at the time he performed the act.



Myrover Reese Fellowship Home
"Helping Others Help Themselves"

560 Wilkes Rd.
 Fayetteville, NC 28306
 Phone: (910) 779-1306
 Fax: 910-486-5976

Screening/Application for Admission

PLEASE PRINT

Date of Screening/Application: _____

Name: _____
 Last First Middle Name/Initial Maiden Name (If ever married please list name)

Address: _____ Telephone #: _____
 Street
 City State Zip

Social Security #: _____ County of Residence: _____

Age: _____ Sex: _____ Race: _____ Date of Birth: _____ Marital Status: _____
 (Married/Single/Divorced/Separated)

Medicaid Number if applicable: _____

Why do you want to live in a halfway house? _____

Are you willing to comply with our program and the rules of the home? _____

Are you in a relationship? No Yes If your answer is yes, please explain: _____

If you are not in a relationship at this time, are you willing to abstain from a new relationship during the next 6 months? Please explain: _____

Do you have a valid NC driver's license? No/Why has your license been revoked? _____
 Yes/ State and Drivers License#: _____

Emergency contact: _____ Relationship: _____
 Name
 Address: _____ Phone #: _____
 (Mailing Address) (City, State, Zip Code)

Military Service: ___ No ___ Yes/Branch of Service: _____ Type of Discharge: _____

Do you have a copy of: Birth Certificate?: _____ Social Security Card?: _____ State ID Card?: _____

Highest Grade Completed: _____ College (Number of Years) _____

Have you been diagnosed with any physical or mental problems? ___ No ___ Yes,
 Please Explain: _____

Medical Doctor: _____ Psychiatrist: _____
 Name Phone # Name Phone #

Do you have any physical limitation? ___ No ___ Yes, Please explain: _____

Substance Abuse Counselor/Social Worker: _____
 Name Phone #

Do you have any allergies to medication/food/etc.? _____

Are you prescribed medication for any physical or mental problems? ___ No ___ Yes, please list all medications: _____

Pending Legal Problems (Including Family Drug Court or Drug Court): None Yes,
 Please list charges: _____ Pending Court Date(s): _____

Are you on probation or parole? No Yes, what were you convicted of? _____

Probation/Parole Officer: _____

Have you ever had any violent or assault charges, if yes please explain:

Are you a Sex Offender? _____
Name Phone #

Date of last employment: _____ Name of last employer: _____

List Current Income (SSI, Disability, Social Security, Retirement, etc.): _____

Amount of Income: (monthly) _____ (weekly) _____

If you have income, are you willing to save 75% of it and report it to MRFH monthly? _____

Who referred you to our program? _____

Prior Substance Abuse Treatment (Include Inpatient and Outpatient): None Yes:

Where: _____

Date(s): _____ Did You Complete Program(s)? _____

Have you ever lived in a halfway house? No Yes, where? _____ Date(s): _____

(Daily, 3-4x's a week, 1-2x's a week, 1-3x's a month)

Substance Used	Route	How often	Amount & Type	Age 1 st Use	Age 1 st Intox	CHOICE (1 st , 2 nd)	Last Used
Alcohol	Oral						
Heroin	IV						
Other Opioids	Oral						
Cocaine /Crack	Smoking						
Marijuana (THC)	Smoking						
Sedatives	Oral						
Club Drugs (Type):	Oral						
Crystal Meth.	Smoking						
Methadone or Suboxone	Oral						
Benzodiazepines	Oral						
K2-Spice							
Bath Salts							
Other:							

How were you supporting your use? _____

Where will you live if you are not admitted to the halfway house? _____

What are your strengths? (Resilient, smart, social, sense of humor, etc.)

What are your needs in order to gain sobriety?

What makes you angry? _____

What makes you sad? _____

What are 5 things you would like to change about your life, _____, _____, _____, _____, and _____.

What are your plans once you complete our program? _____

Do you have any questions for us? _____

_____ **Applicant's Signature** _____ **Date**

MRFH Clinician Use Only											
Presenting Problem(s):											
<table border="0" style="width: 100%;"> <tr> <td>Danger to Self: None</td> <td>Thoughts of Suicide</td> <td>Threats of Suicide</td> <td>Plan for suicide</td> <td>Suicide Gesture</td> </tr> <tr> <td>Preoccupation with Death</td> <td>Suicide Attempts</td> <td>Family Hx of Suicide</td> <td>Inability to Care for Self</td> <td></td> </tr> </table>		Danger to Self: None	Thoughts of Suicide	Threats of Suicide	Plan for suicide	Suicide Gesture	Preoccupation with Death	Suicide Attempts	Family Hx of Suicide	Inability to Care for Self	
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Preoccupation with Death	Suicide Attempts	Family Hx of Suicide	Inability to Care for Self								
<table border="0" style="width: 100%;"> <tr> <td>Danger to Others: None</td> <td>Thoughts to Harm Others</td> <td>Threats to Harm Others</td> <td>Plans to Harm Others</td> </tr> <tr> <td>Felt Like Killing Someone</td> <td>Attempts to Harm Others</td> <td>Inability to Care for Dependents</td> <td></td> </tr> </table>		Danger to Others: None	Thoughts to Harm Others	Threats to Harm Others	Plans to Harm Others	Felt Like Killing Someone	Attempts to Harm Others	Inability to Care for Dependents			
Danger to Others: None	Thoughts to Harm Others	Threats to Harm Others	Plans to Harm Others								
Felt Like Killing Someone	Attempts to Harm Others	Inability to Care for Dependents									
Assessment of Presenting Problems:											
Diagnosis & DSM-IV code, if any:											
Disposition (referral and/or recommendations): MRFH can provide services to meet client needs MRFH cannot provide services to meet client needs.											
Signature/Discipline: _____											
Date _____											
Screening:	Telephone Face-to-Face										

NAME (Please Print)

Chart #

Myrover-Reese Fellowship Homes, Inc.
"Helping Others Help Themselves Since 1961"
Requirements for Admission & House Rules
(Revised 6/7/18)

REQUIREMENTS FOR ADMISSION

- 1) Must be at least 21 years old. Must have a valid picture ID. **Must be ambulatory and physically able to participate fully in our program. WE ARE NOT A NURSING HOME OR A HOSPICE.**
- 2) Must get a N.C. State criminal background check. If you are found out to have any open warrants after you admit to this program, you will be asked to leave immediately as we do not "harbor fugitives."
- 3) Must meet DSM-5 diagnosis for a substance use disorder.
- 4) Must be abstinent from alcohol and other drugs for a minimum of 7 days prior to admission. You will be required to provide a urine sample for drug testing before being assigned a room. If you test positive for any drugs other than prescribed medication, you will not be admitted.
- 5) Must get a complete physical examination by a physician and a TB test. TB tests can be obtained at the local Health Department.
- 6) Must attend and complete a substance abuse intensive outpatient treatment program. If you are discharged for any reason prior to completion, you will be discharged from our program.
- 7) Must have the ability to live in a structured environment.
- 8) Must begin looking for employment after 60 days of admission. Clinical staff will meet with each resident about this rule. It is case by case.
- 9) Must save 75% of your income, with the assistance of your case manager you will develop a personal budget. You are required to open a bank account of your choice, you must provide your case manager a copy of your income and deposit slips, staff will assist you in locating a bank or a financial institute to open an account with. You must keep receipts for all money spent and turn in to clinical staff.

HOUSE RULES AND CONTRACT FOR RESIDENCY

- 1) You will be restricted for the first 7 days (which includes no visitors, no phone calls and no leaving the property), except to keep appointments for scheduled substance abuse treatment, psychiatric services, medical services, probation, Court, Drug Court, TASC, Carolina Outreach, and AA/NA meetings.
- 2) The home is supervised 24-hours per day/365 days per year.
- 3) You must attend House Meetings held once a week on Wednesday's following the completion of evening chores.
- 4) You are required to provide a urine sample when asked to do so, which will be observed by a staff member. You will be immediately discharged if your urine tests positive for **any** drug (including alcohol) that is not prescribed by a physician. You will be discharged if you refuse to provide a urine sample or if you are caught with alcohol or other drugs.
- 5) If you are caught fraternizing with any of the men/women in the house or any person in outpatient treatment and or AA/NA meetings you will be discharged from the program.
- 6) Discharge will take place if any of the following occurs: Leaving the VA Medical Center without prior staff approval, breaking any laws, physical altercations or deliberate damages to property, caught with a weapon of any kind or staying out overnight except for weekend passes.

- 7) You are prohibited from having any type of pornography. This includes magazines, tapes, CDs, DVD's, Polaroid's, etc. There are no exceptions. You must get prior staff approval before you bring in any type of electronic device, and it cannot have Wi-Fi access. MRFH is not responsible for any lost or stolen property.
- 8) You are not permitted to have a motor vehicle on the property while residing at the Myrover-Reese Fellowship Homes unless approved by the Director. If approval is granted for you to have a vehicle, you must provide a Resident Concern Form along with a copy of your: valid N.C. State Drivers License, valid registration, and proof of insurance prior to vehicle being brought onto premises. **You must turn in your keys to house staff and receive PRIOR approval from house staff EACH time you want to use your vehicle.**
- 9) You will be subject to disciplinary action or possible discharge by house staff or administration staff at any time for negative attitudes and behavior, verbal altercations, or confrontational behavior. Cursing, foul language or dirty jokes are not permitted and you will be subject to disciplinary action if you violate this rule.
- 10) Smoking is allowed in the outside designated smoking areas. Smoking is NOT allowed inside any MRFH buildings or vehicles. You must extinguish cigarette butts in butt cans provided throughout the property. DO NOT discard butts in the yard or parking lots. No candles or incense may be burned anywhere in MRFH property. If you are caught smoking anywhere except in designated smoking areas outside, you will be subject to disciplinary action.
- 11) Food or drinks are allowed in the dining room only. There will be no eating or drinking in the living areas such as bedrooms and living rooms. NO EXCEPTIONS. Food properly stored in containers or zip loc bags may be stored in your room but not for consumption while in your room.
- 12) You must sign-out when leaving the grounds and sign-in when you return.
- 13) All medications must be turned into staff including over-the-counter medication. A staff member will administer your medication as directed by your physician. All medication must have a doctor's order for our staff to administer them to you including ANY AND ALL over the counter medications. You must take your medication in the presence of a staff member. Any changes in dosage or if the doctor discontinues a medication must be accompanied by a doctor's letter or new prescription, and you MUST notify house staff. Anytime you have a Dr's appointment or visit the emergency room, a doctor's note should be taken for the physician to complete. You will be immediately discharged if you are caught with any medication (prescribed or over the counter) in your possession.
- 14) The kitchen is off limits except to staff or residents assigned kitchen duty. If you are assigned kitchen duty, a staff or other resident will show you the way that we do things. Permission from staff must be granted prior to entering kitchen for any other reason. A resident needing a lunch for the following day should ask a staff member after the dinner meal to prepare a lunch for the next day's meal. Lunch should be prepared prior to bedtime. A "resident" refrigerator is available in the dining room for personal food or drinks, food/drinks placed in this refrigerator should be marked with your initials. Residents should use only those items in the resident refrigerator marked with your initials or labeled "house". Unwrapped or open food is also not allowed. Open soda cans are also not permitted in the resident refrigerator.
- 15) You are required to clean up after yourself at all times. Push your chair back under the table when you get up. Always turn off the lights and TV in living room if you are the last person to leave a room. Please do not let the doors slam. Keep your feet off tables, chairs, couches, or any other furniture. If you make a mess, clean it up immediately whether it's in your room, dining room, TV room, or wherever. Laundry facilities are provided during the hours of 6AM – 830PM. The washer and dryer must be off during meetings, 30 minutes prior to meal times and are not allowed to be turned back on until all residents are finished with their meal. Laundry days are assigned depending upon which side of the house you reside. Staff will let you know which days are assigned to you. Sunday is open to all residents.

- 16) The bathrooms should be kept clean at all times. Clean the toilet seat and the rim if you make a mess. Wipe the sink and faucets dry after you use them. ALWAYS wash your hands after you use the bathroom. ALWAYS wash your hands before and after you get your meal or snack.
- 17) Please notify a staff member if you see supplies running low, such as paper towels, napkins, cleaning supplies or if a toilet is running or a light burns out. A staff member should be notified if you see anything broken.
- 18) You are required to keep your room neat and clean and your bed made neatly at all times. (Except, of course when you are sleeping.) Do not put anything under or on top of your bed. Keep the closet doors shut at all times. Dust and vacuum when needed. Keep your personal items that are on top of the dressers and night tables neat and orderly at all times, REARRANGING THE FURNITURE IN YOUR ROOM OR SWAPPING BED LINENS are not permitted. Bed linens must be washed once a week.
- 19) Monday-Friday breakfast is served at 6am. You are responsible for getting yourself up in the morning. You are not required to eat breakfast, but you must be present in the dining room no later than 6 am on weekdays. You must attend daily morning devotion and meditation immediately following breakfast. Lunch is served at 1pm Monday-Friday. Dinner is served at 4:30 pm on Monday to Friday. Saturday-Sunday meal times are the same times with the exception of breakfast which is served at 7am.
- 20) Residents are required to do daily household chores, which are assigned weekly. A duty roster is posted each week. A staff member or other resident will show you the way we do each chore. You will also be required to do extra chores as needed such as mowing, raking, etc. Morning chores are to be performed immediately following morning devotion and meditation. Evening chores are to be performed immediately after dinner. Extra chores are to be performed when told to do so by house staff. If you refuse to perform your assigned chores, you will be subject to disciplinary action. A staff member inspects all completed chores. If you have not done your chore the way it should be done, you will be asked to do it again.
- 21) Monday through Friday, you must complete your morning chores, clean your room, shower and dress *appropriately* no later than 8:00 am. This means that at 8:00 am, whatever you are wearing is what you are planning to wear that day. No lounging pajamas, short-shorts, halter tops, tank tops, tube tops or tops baring belly buttons are permitted. No clothing is allowed that advertises any type of alcohol or other drugs. You must shower every day. Showers are to be taken after breakfast, morning devotion and completion of morning chores. Showers are permitted after dinner and evening chores. If you have no money and need personal items such as a tooth brush, deodorant, soap, etc. please ask a staff member.
- 22) Hats and headgear are not allowed to be worn indoors. Head scarves may be worn for bed times only.
- 23) A TV is provided in the living room. The TV is allowed to be used from 2-4:30 pm and after 6pm providing we have no other scheduled activity. The Living room door must be kept open at all times! Any type of devices such as TV, iron, washer/dryer and computer must be turned off at 4:30 pm. Effective immediately, the GYM closes for the rest of the night at 4:30 pm Monday thru Friday, and at 5:30 pm on Saturday and Sundays.
- 24) Monday-Friday you are not allowed to lay down after 8:00 am unless you have permission from the house manager on duty in your house and then you are only allowed to lay on top of the covers. You are NOT to be in your room after 8:00 am and need to be on the floor, ready for your day. You are not allowed to sleep in the TV room, dining room, Friendship Hall or any other MRFH property AT ANY TIME. Saturday & Sunday-You may lie down on your bed during the day as long as your assigned chores are completed and the house manager on duty approves you to be in your room.
- 25) We provide transportation to your appointments pertaining to your recovery program such as appointments with Carolina Outreach counselor or physician, court and probation. To be able to do this, we must know ahead of time when you have an appointment, so you need to let a staff member know as soon as you get an appointment so that we can put it on our transportation schedule. We do

not provide transportation for your personal business etc.: Dr's appointments, school, employment, or going to the bank for your income statement. Please see a clinical staff member if you need assistance with your appointments.

- 26) **If you are working or if you receive any kind of income such as SSI, disability or retirement, you are required to save 75% of your income and meet with clinical staff to report your income and create a budget sheet. It is your responsibility to set an appointment with clinical staff to review your income at the beginning of EACH MONTH. Non-compliance with this rule is as serious as a positive UA and immediate discharge is possible. MRFH is not responsible to take you to get your income reports, this is why you get personal pass days.**
- 27) **You must be looking for employment after 90 days of admission unless your treatment plan created with clinical staff states otherwise. Whatever job you get, you must be back at home no later than 11pm. No resident will be able to remain in the home if they are not participating in treatment, working, or attending school. PLEASE NOTE THAT EACH RESIDENT IS A CASE BY CASE BASIS AND WILL BE STAFFED BY CLINICAL TEAM IN REGARDS TO WHEN YOU ARE ELIGIBLE FOR EMPLOYMENT.**
- 28) **After the first initial 7 days, you may be eligible for two 4-hour passes a week on Tuesday and Thursday from 1-5 (Men) Monday and Friday (Women). Passes must not interfere with any scheduled activities or treatment. 4-HOUR PASSES ARE FOR TAKING CARE OF PERSONAL BUSINESS OR JOB SEEKING. 4-Hour passes are not for visitation!! A pass is available to attend a religious service of your choice. Discuss the scheduling with your House Manager. You must provide your own transportation by a sponsor or family member. You CANNOT go to religious service with any other resident, or ride along together.**
- 29) **After 30 days, you must have an AA or NA Sponsor. After 30 days, if you have a sponsor, signed meeting sheets and no write-ups, you may be eligible for a weekend passes. The 1st and 3rd weekends are pass weekend for females and the 2nd and 4th weekends are pass weekend for the males. NO passes will be given on the 5th weekend of months having 5 weeks. Weekend passes begin at 10:00 am on Saturday. Residents must return NO LATER THAN 8:30 pm Sunday. House and clinical staff have the right to deny a weekend pass. THERE WILL BE NO WEEKEND PASSES ON HOLIDAY WEEKENDS.**
- 30) **Extra chores are assigned on Saturday mornings whether it is a weekend pass weekend or not. You must complete your extra chore before you can go on weekend pass.**
- 31) **ALL PASSES MUST BE EARNED AND MAY BE DENIED DUE TO WRITTEN DISCIPLINARY ACTIONS. SEE RULE #37.**
- 32) **Sunday-Thursday: Prepare for bed at 9:45 pm. All Lights, TV, phone, and radios must be turned off at 10:00 pm. Friday, Saturday, Holidays: Lights, TV, phone, and radios must be turned off at 11:00 pm. All houses: Friday nights, you must be in your rooms at 11:00 pm and lights out by 11:00 pm. Saturday nights you must be in your rooms and lights out by 11:00pm. The only person permitted to open exit doors after they are locked is staff. No resident is to go outside for ANY reason once doors are locked or before doors are unlocked in the morning. Residents who are assigned morning kitchen duty are allowed to go out and smoke before beginning breakfast, please make sure house staff on duty is aware of what time you will be stepping outside to smoke. No other resident is permitted to go outside with you.**
- 33) **NO Cell phones will be permitted on grounds unless you have a job AND you have received prior permission from house manager on duty!!! You must turn in your cell phone AS SOON AS you return to this campus.**
- 34) **If you are caught with a cell phone without permission of staff, or after hours that are allowed for cell phones, you will lose your next weekend pass or face possible discharge. NO EXCEPTIONS. Residents are not allowed to use another's cell phone for ANY reason.**
- 35) **You may use the pay phone after the initial 7 days. You may not receive phone calls on the office phone. Give the pay phone number to people you want to call you. Time limit for each phone call is 10 minutes. No back-to-back phone calls are permitted. You must wait a minimum of 30-**

minutes between calls. A call back call is considered two phone calls. Residents are permitted to make 4 phone calls per day. Do not abuse this privilege.

- 36) After the initial 7 days, you are permitted to have visitors. **VISITATION WILL NOT INTERFERE** with scheduled activities, including completion of chores, meals, AA/NA meetings, house meetings, and participation in substance abuse treatment. You cannot walk to your visitor's vehicle at any time, your visitor must come into the home and sign in to the visitation book first! Visitation is NOT allowed in the TV room, bedrooms, any vehicles (this includes walking to meet visitors at their vehicle or walking them to their vehicle), Friendship Hall, or any other MRFH building. Visitation is only allowed in the dining room or outside on the front porch or at the picnic table. *You are only allowed visitors of the opposite sex if they are a relative, spouse or long-time boyfriend/girlfriend who was listed on your application upon admission into our program. MRFH DOES NOT SUPPORT prison relationships and you ARE NOT PERMITTED AT ANY TIME to write letters or accept/receive ANY phone calls from anyone in prison! Remember you signed a contract with MRFH about your relationship status on your original screening/application form, and it was THOROUGHLY discussed with you by the clinician who performed your interview! Any other deviations on this policy must have prior approval from the Clinical Director. Staff discretion will be used to determine whether your visitor is appropriate to visit you while in our program. If ANY staff member of MRFH decides that your visitor is unhealthy to be around this program, EVERY MRFH staff members has the right to revoke your visitation, and prohibit the visitor from our property. Known drug users or drug dealers are not to be on MRFH property and staff has the right to prohibit them from being on this property at all times. Visitors are required to sign in upon arrival and state the name of the resident they are here to see and sign out when they leave. You are responsible for your visitor and asking them to leave when visitation is over. Making-out or other inappropriate behavior is not allowed and could result in your visitor being asked to leave and not allowed back on the premises. All visitors are required to adhere to the same rules as the residents. Visitors will be asked to leave and will not be permitted back on the premises if they are disruptive, arrive during non-visiting hours or if they are using alcohol or other drugs. No one is allowed to stand at the end of the driveway and wait for a ride or talk on cell phones! Your rides MUST pick you up from the house that you stay at, NO EXCEPTIONS!! Your children cannot be dropped off by themselves for you to watch unless prior approval from clinical staff!*

Please remember that we are here to keep you and all other residents safe at all times.

Visitation Hours are as follows:

Monday thru Friday 2:00 pm – 4:00 pm

Saturdays, Sundays & Holidays 2:00 pm – 5:00 pm

Tuesday is sponsor night and YOUR SPONSOR may visit you to do step work from 6:00 pm–8:00pm

Visitation schedules are available in the information rack in the front foyer for you to give to your visitors. It is your responsibility to watch the time and ask your visitor to leave by the end of the approved hour.

36) You may visit with your AA/NA sponsor in the Friendship Hall (For men) with prior approval as long as it does not disrupt any program activities. You must notify staff that you are in the Friendship Hall with your sponsor. Women's house will be approved to meet with their sponsor's in the areas approved by the house manager on duty.

37) Any resident failing to comply with the Rules of the Homes will be disciplined as follows:

1st Offense: Written warning and counseling

2nd Offense Written warning, counseling and loss of 4-hour pass

- 3rd Offense Written warning, counseling and loss of two 4-hour passes
- 4th Offense: Written warning, counseling and loss of week-end pass
- 5th Offense: Possible termination.

Other disciplinary actions may be taken as deemed appropriate by the shift supervisor, such as loss of phone privileges, loss of visitation privileges, assignment of extra chores, loss of personal pass and weekend passes, etc. ***Admission to Myrover-Reese Fellowship Homes, Inc. is a privilege. All rules are strictly enforced.***

38) I understand that I am allowed on MRFH property as a GUEST solely at the discretion of administrative staff of MRFH. ALL staff at MRFH may cancel this agreement at their discretion for any reason without notice. If your guest status is terminated the participant must leave the premises immediately. Should the person remain on the property after being notified of their dismissal from the program the individual may be charged with trespassing and forcibly removed by law enforcement.

39) Everything that is donated to the Thrift Store is considered property of MRFH, and unless you have Prior permission and approval from staff at MRFH, it is considered stealing and it is grounds for discharge.

40) You are NOT allowed to have visitors at the Thrift Store at any time.

41) Any extensions of treatment at MRFH must be approved by clinical staff and are NOT guaranteed.

42) Each resident is required to do 12 hours of volunteer time PER WEEK, unless you are working full time. If you are working full time you are required to do 4 hours of volunteer per week. NO EXCUSES. Non-compliance with volunteer time can result in loss of passes, extra chores, write ups, etc.

43) If you discharge from this program and do not take your belongings, you will have 30 days to pick them up, or your belongings will be donated to the Thrift Store and MRFH WILL NOT be responsible for your stuff.

44) You must have proof and documentation of all appointments outside of your treatment schedule and have prior approval from program staff to go somewhere that is not during your personal pass times. If staff does not have prior documentation of your appointments, you will not be permitted to go. Please see clinical staff with any questions.

45) You may not walk back to the administration building without house staff's approval unless it is an emergency!

46) If you secure employment while residing in this program and do not have your own transportation, you must meet with clinical staff to set up your means of transportation to and from work. The number for Community Transportation is 910-678-7675. It is your responsibility to call and set up transportation for yourself. Please see clinical staff with any questions or concerns. Bus passes are given on a case by case basis.

47) You are not allowed to cross the street to go to the store when attending Carolina Outreach.

I acknowledge that I have read (or have had read to me) the above *Requirements for Admission and House Rules and Contract for Residency*. I acknowledge that I understand the requirements for admission AND I agree to comply with the rules as long as I am a resident of Myrover-Reese Fellowship Homes, Inc. I acknowledge that I have been given a copy of these written rules.

Resident's Signature

Date

Staff Signature, Title

Date

Myrover Reese Fellowship Homes

Policy and Procedure

- a. The individual, without the benefit of the specific treatment measure, is incapable of Participating in any available treatment plan, which shall give the individual a realistic opportunity of improving the individual's condition.
- b. There is, without the benefit of the specific treatment measure, a significant possibility that the individual shall harm self or others before improvement of the individual's condition is realized.
- c. The use of electroshock the use of experimental drugs or procedures, or surgery other than emergency surgery may not be given without the express and informed written consent of the individual or the individual's legally responsible person, a health care agent pursuant to a valid healthcare power of attorney, or the individual's consent expressed in a valid advance instruction for mental health treatment. The consent may be withdrawn at any time by the person who gave the consent.

Civil Rights and Civil Remedies

Except as otherwise provided in GS Chapter 122-58, each adult individual of Myrover Reese Fellowship Homes, Inc, keeps the same rights as any other citizen of North Carolina to exercise all civil rights, including:

- a. The right to dispose of property;
- b. The right to execute instruments;
- c. The right to make purchases;
- d. The right to enter into contractual relationships;
- e. The right to register to vote;
- f. The right to bring civil actions;
- g. The right to marry and divorce;
- h. The right to have choice and attendance of religious functions; Addendum 6/20/18 per Board Approval.

Unless the exercise of a civil right has been precluded by an unrevoked adjudication of incompetency. This section shall not be construed as validating the act of any individual who was in fact incompetent at the time he performed the act.



Myrover Reese Fellowship Home
"Helping Others Help Themselves"

560 Wilkes Rd.
 Fayetteville, NC 28306
 Phone: (910) 779-1306
 Fax: 910-486-5976

Screening/Application for Admission

PLEASE PRINT

Date of Screening/Application: _____

Name: _____
 Last First Middle Name/Initial Maiden Name (If ever married please list name)

Address: _____ Telephone #: _____
 Street

 City State Zip

Social Security #: _____ County of Residence: _____

Age: _____ Sex: _____ Race: _____ Date of Birth: _____ Marital Status: _____
 (Married/Single/Divorced/Separated)

Medicaid Number if applicable: _____

Why do you want to live in a halfway house? _____

Are you willing to comply with our program and the rules of the home? _____

Are you in a relationship? No Yes If your answer is yes, please explain: _____

If you are not in a relationship at this time, are you willing to abstain from a new relationship during the next 6 months? Please explain: _____

Do you have a valid NC driver's license? No/Why has your license been revoked? _____
 Yes/ State and Drivers License#: _____

Emergency contact: _____ Relationship: _____
 Name
 Address: _____ Phone #: _____
 (Mailing Address) (City, State, Zip Code)

Military Service: ___ No ___ Yes/Branch of Service: _____ Type of Discharge: _____

Do you have a copy of: Birth Certificate?: _____ Social Security Card?: _____ State ID Card?: _____

Highest Grade Completed: _____ College (Number of Years) _____

Have you been diagnosed with any physical or mental problems? ___ No ___ Yes,
 Please Explain: _____

Medical Doctor: _____ Psychiatrist: _____
 Name Phone # Name Phone #

Do you have any physical limitation? ___ No ___ Yes, Please explain: _____

Substance Abuse Counselor/Social Worker: _____
 Name Phone #

Do you have any allergies to medication/food/etc.? _____

Are you prescribed medication for any physical or mental problems? ___ No ___ Yes, please list all medications: _____

Pending Legal Problems (Including Family Drug Court or Drug Court): None Yes,
 Please list charges: _____ Pending Court Date(s): _____

Are you on probation or parole? No Yes, what were you convicted of? _____

Probation/Parole Officer: _____

Have you ever had any violent or assault charges, if yes please explain:

_____ Name _____ Phone # _____

Are you a Sex Offender? _____

Date of last employment: _____ Name of last employer: _____

List Current Income (SSI, Disability, Social Security, Retirement, etc.): _____

Amount of Income: (monthly) _____ (weekly) _____

If you have income, are you willing to save 75% of it and report it to MRFH monthly? _____

Who referred you to our program? _____

Prior Substance Abuse Treatment (Include Inpatient and Outpatient): None Yes:

Where: _____

Date(s): _____ Did You Complete Program(s)? _____

Have you ever lived in a halfway house? No Yes, where? _____ Date(s): _____

(Daily, 3-4x's a week, 1-2x's a week, 1-3x's a month)

Substance Used	Route	How often	Amount & Type	Age 1 st Use	Age 1 st Intox	CHOICE (1 st , 2 nd)	Last Used
Alcohol	Oral						
Heroin	IV						
Other Opioids	Oral						
Cocaine /Crack	Smoking						
Marijuana (THC)	Smoking						
Sedatives	Oral						
Club Drugs (Type):	Oral						
Crystal Meth.	Smoking						
Methadone or Suboxone	Oral						
Benzodiazepines	Oral						
K2-Spice							
Bath Salts							
Other:							

How were you supporting your use? _____

Where will you live if you are not admitted to the halfway house? _____

What are your strengths? (Resilient, smart, social, sense of humor, etc.)

What are your needs in order to gain sobriety?

What makes you angry? _____

What makes you sad? _____

What are 5 things you would like to change about your life, _____, _____, _____, _____, and _____.

What are your plans once you complete our program? _____

Do you have any questions for us? _____

_____ **Applicant's Signature** _____ **Date**

MRFH Clinician Use Only	
Presenting Problem(s):	
Danger to Self: None Thoughts of Suicide Threats of Suicide Plan for suicide Suicide Gesture Preoccupation with Death Suicide Attempts Family Hx of Suicide Inability to Care for Self	
Danger to Others: None Thoughts to Harm Others Threats to Harm Others Plans to Harm Others Felt Like Killing Someone Attempts to Harm Others Inability to Care for Dependents	
Assessment of Presenting Problems:	
Diagnosis & DSM-IV code, if any:	
Disposition (referral and/or recommendations): MRFH can provide services to meet client needs MRFH cannot provide services to meet client needs.	
Signature/Discipline: _____	
Date	
Screening:	Telephone Face-to-Face

NAME (Please Print)

Chart #

Myrover-Reese Fellowship Homes, Inc.
"Helping Others Help Themselves Since 1961"
Requirements for Admission & House Rules
(Revised 6/7/18)

REQUIREMENTS FOR ADMISSION

- 1) Must be at least 21 years old. Must have a valid picture ID. **Must be ambulatory and physically able to participate fully in our program. WE ARE NOT A NURSING HOME OR A HOSPICE.**
- 2) Must get a N.C. State criminal background check. If you are found out to have any open warrants after you admit to this program, you will be asked to leave immediately as we do not "harbor fugitives."
- 3) Must meet DSM-5 diagnosis for a substance use disorder.
- 4) Must be abstinent from alcohol and other drugs for a minimum of 7 days prior to admission. You will be required to provide a urine sample for drug testing before being assigned a room. If you test positive for any drugs other than prescribed medication, you will not be admitted.
- 5) Must get a complete physical examination by a physician and a TB test. TB tests can be obtained at the local Health Department.
- 6) Must attend and complete a substance abuse intensive outpatient treatment program. If you are discharged for any reason prior to completion, you will be discharged from our program.
- 7) Must have the ability to live in a structured environment.
- 8) Must begin looking for employment after 60 days of admission. Clinical staff will meet with each resident about this rule. It is case by case.
- 9) Must save 75% of your income, with the assistance of your case manager you will develop a personal budget. You are required to open a bank account of your choice, you must provide your case manager a copy of your income and deposit slips, staff will assist you in locating a bank or a financial institute to open an account with. You must keep receipts for all money spent and turn in to clinical staff.

HOUSE RULES AND CONTRACT FOR RESIDENCY

- 1) You will be restricted for the first 7 days (which includes no visitors, no phone calls and no leaving the property), except to keep appointments for scheduled substance abuse treatment, psychiatric services, medical services, probation, Court, Drug Court, TASC, Carolina Outreach, and AA/NA meetings.
- 2) The home is supervised 24-hours per day/365 days per year.
- 3) You must attend House Meetings held once a week on Wednesday's following the completion of evening chores.
- 4) You are required to provide a urine sample when asked to do so, which will be observed by a staff member. You will be immediately discharged if your urine tests positive for **any** drug (including alcohol) that is not prescribed by a physician. You will be discharged if you refuse to provide a urine sample or if you are caught with alcohol or other drugs.
- 5) If you are caught fraternizing with any of the men/women in the house or any person in outpatient treatment and or AA/NA meetings you will be discharged from the program.
- 6) Discharge will take place if any of the following occurs: Leaving the VA Medical Center without prior staff approval, breaking any laws, physical altercations or deliberate damages to property, caught with a weapon of any kind or staying out overnight except for weekend passes.

- 7) You are prohibited from having any type of pornography. This includes magazines, tapes, CDs, DVD's, Polaroid's, etc. There are no exceptions. You must get prior staff approval before you bring in any type of electronic device, and it cannot have Wi-Fi access. MRFH is not responsible for any lost or stolen property.
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- 9) You will be subject to disciplinary action or possible discharge by house staff or administration staff at any time for negative attitudes and behavior, verbal altercations, or confrontational behavior. Cursing, foul language or dirty jokes are not permitted and you will be subject to disciplinary action if you violate this rule.
- 10) Smoking is allowed in the outside designated smoking areas. Smoking is NOT allowed inside any MRFH buildings or vehicles. You must extinguish cigarette butts in butt cans provided throughout the property. DO NOT discard butts in the yard or parking lots. No candles or incense may be burned anywhere in MRFH property. If you are caught smoking anywhere except in designated smoking areas outside, you will be subject to disciplinary action.
- 11) Food or drinks are allowed in the dining room only. There will be no eating or drinking in the living areas such as bedrooms and living rooms. NO EXCEPTIONS. Food properly stored in containers or zip loc bags may be stored in your room but not for consumption while in your room.
- 12) You must sign-out when leaving the grounds and sign-in when you return.
- 13) All medications must be turned into staff including over-the-counter medication. A staff member will administer your medication as directed by your physician. All medication must have a doctor's order for our staff to administer them to you including ANY AND ALL over the counter medications. You must take your medication in the presence of a staff member. Any changes in dosage or if the doctor discontinues a medication must be accompanied by a doctor's letter or new prescription, and you MUST notify house staff. Anytime you have a Dr's appointment or visit the emergency room, a doctor's note should be taken for the physician to complete. You will be immediately discharged if you are caught with any medication (prescribed or over the counter) in your possession.
- 14) The kitchen is off limits except to staff or residents assigned kitchen duty. If you are assigned kitchen duty, a staff or other resident will show you the way that we do things. Permission from staff must be granted **prior** to entering kitchen for any other reason. A resident needing a lunch for the following day should ask a staff member after the dinner meal to prepare a lunch for the next day's meal. Lunch should be prepared prior to bedtime. A "resident" refrigerator is available in the dining room for personal food or drinks, food/drinks placed in this refrigerator should be marked with your initials. Residents should use only those items in the resident refrigerator marked with your initials or labeled "house". Unwrapped or open food is also not allowed. Open soda cans are also not permitted in the resident refrigerator.
- 15) You are required to clean up after yourself at all times. Push your chair back under the table when you get up. Always turn off the lights and TV in living room if you are the last person to leave a room. Please do not let the doors slam. Keep your feet off tables, chairs, couches, or any other furniture. If you make a mess, clean it up immediately whether it's in your room, dining room, TV room, or wherever. Laundry facilities are provided during the hours of 6AM – 830PM. The washer and dryer must be off during meetings, 30 minutes prior to meal times and are not allowed to be turned back on until all residents are finished with their meal. Laundry days are assigned depending upon which side of the house you reside. Staff will let you know which days are assigned to you. Sunday is open to all residents.

- 16) The bathrooms should be kept clean at all times. Clean the toilet seat and the rim if you make a mess. Wipe the sink and faucets dry after you use them. ALWAYS wash your hands after you use the bathroom. ALWAYS wash your hands before and after you get your meal or snack.
- 17) Please notify a staff member if you see supplies running low, such as paper towels, napkins, cleaning supplies or if a toilet is running or a light burns out. A staff member should be notified if you see anything broken.
- 18) You are required to keep your room neat and clean and your bed made neatly at all times. (Except, of course when you are sleeping.) Do not put anything under or on top of your bed. Keep the closet doors shut at all times. Dust and vacuum when needed. Keep your personal items that are on top of the dressers and night tables neat and orderly at all times, REARRANGING THE FURNITURE IN YOUR ROOM OR SWAPPING BED LINENS are not permitted. Bed linens must be washed once a week.
- 19) Monday-Friday breakfast is served at 6am. You are responsible for getting yourself up in the morning. You are not required to eat breakfast, but you must be present in the dining room no later than 6 am on weekdays. You must attend daily morning devotion and meditation immediately following breakfast. Lunch is served at 1pm Monday-Friday. Dinner is served at 4:30 pm on Monday to Friday. Saturday-Sunday meal times are the same times with the exception of breakfast which is served at 7am.
- 20) Residents are required to do daily household chores, which are assigned weekly. A duty roster is posted each week. A staff member or other resident will show you the way we do each chore. You will also be required to do extra chores as needed such as mowing, raking, etc. Morning chores are to be performed immediately following morning devotion and meditation. Evening chores are to be performed immediately after dinner. Extra chores are to be performed when told to do so by house staff. If you refuse to perform your assigned chores, you will be subject to disciplinary action. A staff member inspects all completed chores. If you have not done your chore the way it should be done, you will be asked to do it again.
- 21) Monday through Friday, you must complete your morning chores, clean your room, shower and dress *appropriately* no later than 8:00 am. This means that at 8:00 am, whatever you are wearing is what you are planning to wear that day. No lounging pajamas, short-shorts, halter tops, tank tops, tube tops or tops baring belly buttons are permitted. No clothing is allowed that advertises any type of alcohol or other drugs. You must shower every day. Showers are to be taken after breakfast, morning devotion and completion of morning chores. Showers are permitted after dinner and evening chores. If you have no money and need personal items such as a tooth brush, deodorant, soap, etc. please ask a staff member.
- 22) Hats and headgear are not allowed to be worn indoors. Head scarves may be worn for bed times only.
- 23) A TV is provided in the living room. The TV is allowed to be used from 2-4:30 pm and after 6pm providing we have no other scheduled activity. **The Living room door must be kept open at all times!** Any type of devices such as TV, iron, washer/dryer and computer must be turned off at 4:30 pm. **Effective immediately, the GYM closes for the rest of the night at 4:30 pm Monday thru Friday, and at 5:30 pm on Saturday and Sundays.**
- 24) **Monday-Friday you are not allowed to lay down after 8:00 am unless you have permission from the house manager on duty in your house and then you are only allowed to lay on top of the covers. You are NOT to be in your room after 8:00 am and need to be on the floor, ready for your day.** You are not allowed to sleep in the TV room, dining room, Friendship Hall or any other MRFH property AT ANY TIME. Saturday & Sunday-You may lie down on your bed during the day as long as your assigned chores are completed and the house manager on duty approves you to be in your room.
- 25) We provide transportation to your appointments pertaining to your recovery program such as appointments with Carolina Outreach counselor or physician, court and probation. To be able to do this, we must know ahead of time when you have an appointment, so you need to let a staff member know as soon as you get an appointment so that we can put it on our transportation schedule. We do

not provide transportation for your personal business etc.: Dr's appointments, school, employment, or going to the bank for your income statement. **Please see a clinical staff member if you need assistance with your appointments.**

- 26) **If you are working or if you receive any kind of income such as SSI, disability or retirement, you are required to save 75% of your income and meet with clinical staff to report your income and create a budget sheet. It is your responsibility to set an appointment with clinical staff to review your income at the beginning of EACH MONTH. Non-compliance with this rule is as serious as a positive UA and immediate discharge is possible. MRFH is not responsible to take you to get your income reports, this is why you get personal pass days.**
- 27) **You must be looking for employment after 90 days of admission unless your treatment plan created with clinical staff states otherwise. Whatever job you get, you must be back at home no later than 11pm. No resident will be able to remain in the home if they are not participating in treatment, working, or attending school. PLEASE NOTE THAT EACH RESIDENT IS A CASE BY CASE BASIS AND WILL BE STAFFED BY CLINICAL TEAM IN REGARDS TO WHEN YOU ARE ELIGIBLE FOR EMPLOYMENT.**
- 28) After the first initial 7 days, you may be eligible for two 4-hour passes a week on Tuesday and Thursday from 1-5 (Men) Monday and Friday (Women). Passes must **not** interfere with any scheduled activities or treatment. **4-HOUR PASSES ARE FOR TAKING CARE OF PERSONAL BUSINESS OR JOB SEEKING. 4-Hour passes are not for visitation!!** A pass is available to attend a religious service of your choice. Discuss the scheduling with your House Manager. You must provide your own transportation by a sponsor or family member. You **CANNOT** go to religious service with any other resident, or ride along together.
- 29) **After 30 days**, you must have an AA or NA Sponsor. After 30 days, if you have a sponsor, signed meeting sheets and no write-ups, you may be eligible for a weekend passes. The 1st and 3rd weekends are pass weekend for females and the 2nd and 4th weekends are pass weekend for the males. NO passes will be given on the 5th weekend of months having 5 weeks. Weekend passes begin at 10:00 am on Saturday. Residents must return **NO LATER THAN 8:30 pm Sunday**. House and clinical staff have the right to deny a weekend pass. **THERE WILL BE NO WEEKEND PASSES ON HOLIDAY WEEKENDS.**
- 30) Extra chores are assigned on Saturday mornings whether it is a weekend pass weekend or not. You must complete your extra chore before you can go on weekend pass.
- 31) **ALL PASSES MUST BE EARNED AND MAY BE DENIED DUE TO WRITTEN DISCIPLINARY ACTIONS. SEE RULE #37.**
- 32) Sunday-Thursday: Prepare for bed at 9:45 pm. All Lights, TV, phone, and radios must be turned off at 10:00 pm. Friday, Saturday, Holidays: Lights, TV, phone, and radios must be turned off at 11:00 pm. **All houses: Friday nights, you must be in your rooms at 11:00 pm and lights out by 11:00 pm. Saturday nights you must be in your rooms and lights out by 11:00pm.** The only person permitted to open exit doors after they are locked is staff. No resident is to go outside for ANY reason once doors are locked or before doors are unlocked in the morning. Residents who are assigned morning kitchen duty are allowed to go out and smoke before beginning breakfast, please make sure house staff on duty is aware of what time you will be stepping outside to smoke. No other resident is permitted to go outside with you.
- 33) **NO Cell phones will be permitted on grounds unless you have a job AND you have received prior permission from house manager on duty!!! You must turn in your cell phone AS SOON AS you return to this campus.**
- 34) If you are caught with a cell phone without permission of staff, or after hours that are allowed for cell phones, you will lose your next weekend pass or face possible discharge. **NO EXCEPTIONS.** Residents are not allowed to use another's cell phone for ANY reason.
- 35) You may use the pay phone after the initial 7 days. You may not receive phone calls on the office phone. Give the pay phone number to people you want to call you. **Time limit for each phone call is 10 minutes. No back-to-back phone calls are permitted. You must wait a minimum of 30-**

minutes between calls. A call back call is considered two phone calls. Residents are permitted to make 4 phone calls per day. Do not abuse this privilege.

- 36) After the initial 7 days, you are permitted to have visitors. **VISITATION WILL NOT INTERFERE** with scheduled activities, including completion of chores, meals, AA/NA meetings, house meetings, and participation in substance abuse treatment. **You cannot walk to your visitor's vehicle at any time, your visitor must come into the home and sign in to the visitation book first!** Visitation is **NOT** allowed in the TV room, bedrooms, any vehicles (this includes walking to meet visitors at their vehicle or walking them to their vehicle), Friendship Hall, or any other MRFH building. **Visitation is only allowed in the dining room or outside on the front porch or at the picnic table. You are only allowed visitors of the opposite sex if they are a relative, spouse or long-time boyfriend/girlfriend who was listed on your application upon admission into our program. MRFH DOES NOT SUPPORT prison relationships and you ARE NOT PERMITTED AT ANY TIME to write letters or accept/receive ANY phone calls from anyone in prison! Remember you signed a contract with MRFH about your relationship status on your original screening/application form, and it was THOUROUGHLY discussed with you by the clinician who performed your interview! Any other deviations on this policy must have prior approval from the Clinical Director. Staff discretion will be used to determine whether your visitor is appropriate to visit you while in our program. If ANY staff member of MRFH decides that your visitor is unhealthy to be around this program, EVERY MRFH staff members has the right to revoke your visitation, and prohibit the visitor from our property. Known drug users or drug dealers are not to be on MRFH property and staff has the right to prohibit them from being on this property at all times. Visitors are required to sign in upon arrival and state the name of the resident they are here to see and sign out when they leave. You are responsible for your visitor and asking them to leave when visitation is over. Making-out or other inappropriate behavior is not allowed and could result in your visitor being asked to leave and not allowed back on the premises. All visitors are required to adhere to the same rules as the residents. Visitors will be asked to leave and will not be permitted back on the premises if they are disruptive, arrive during non-visiting hours or if they are using alcohol or other drugs. No one is allowed to stand at the end of the driveway and wait for a ride or talk on cell phones! Your rides MUST pick you up from the house that you stay at, NO EXCEPTIONS!! Your children cannot be dropped off by themselves for you to watch unless prior approval from clinical staff!**

Please remember that we are here to keep you and all other residents safe at all times.

Visitation Hours are as follows:

Monday thru Friday 2:00 pm – 4:00 pm

Saturdays, Sundays & Holidays 2:00 pm – 5:00 pm

Tuesday is sponsor night and YOUR SPONSOR may visit you to do step work from 6:00 pm–8:00pm

Visitation schedules are available in the information rack in the front foyer for you to give to your visitors. It is your responsibility to watch the time and ask your visitor to leave by the end of the approved hour.

36) You may visit with your AA/NA sponsor in the Friendship Hall (For men) with prior approval as long as it does not disrupt any program activities. You must notify staff that you are in the Friendship Hall with your sponsor. Women's house will be approved to meet with their sponsor's in the areas approved by the house manager on duty.

37) Any resident failing to comply with the Rules of the Homes will be disciplined as follows:

1st Offense: Written warning and counseling

2nd Offense: Written warning, counseling and loss of 4-hour pass

- 3rd Offense Written warning, counseling and loss of two 4-hour passes
- 4th Offense: Written warning, counseling and loss of week-end pass
- 5th Offense: Possible termination.

Other disciplinary actions may be taken as deemed appropriate by the shift supervisor, such as loss of phone privileges, loss of visitation privileges, assignment of extra chores, loss of personal pass and weekend passes, etc. ***Admission to Myrover-Reese Fellowship Homes, Inc. is a privilege. All rules are strictly enforced.***

38) I understand that I am allowed on MRFH property as a GUEST solely at the discretion of administrative staff of MRFH. ALL staff at MRFH may cancel this agreement at their discretion for any reason without notice. If your guest status is terminated the participant must leave the premises immediately. Should the person remain on the property after being notified of their dismissal from the program the individual may be charged with trespassing and forcibly removed by law enforcement.

39) Everything that is donated to the Thrift Store is considered property of MRFH, and unless you have Prior permission and approval from staff at MRFH, it is considered stealing and it is grounds for discharge.

40) You are NOT allowed to have visitors at the Thrift Store at any time.

41) Any extensions of treatment at MRFH must be approved by clinical staff and are NOT guaranteed.

42) Each resident is required to do 12 hours of volunteer time PER WEEK, unless you are working full time. If you are working full time you are required to do 4 hours of volunteer per week. NO EXCUSES. Non-compliance with volunteer time can result in loss of passes, extra chores, write ups, etc.

43) If you discharge from this program and do not take your belongings, you will have 30 days to pick them up, or your belongings will be donated to the Thrift Store and MRFH WILL NOT be responsible for your stuff.

44) You must have proof and documentation of all appointments outside of your treatment schedule and have prior approval from program staff to go somewhere that is not during your personal pass times. If staff does not have prior documentation of your appointments, you will not be permitted to go. Please see clinical staff with any questions.

45) You may not walk back to the administration building without house staff's approval unless it is an emergency!

46) If you secure employment while residing in this program and do not have your own transportation, you must meet with clinical staff to set up your means of transportation to and from work. The number for Community Transportation is 910-678-7675. It is your responsibility to call and set up transportation for yourself. Please see clinical staff with any questions or concerns. Bus passes are given on a case by case basis.

47) You are not allowed to cross the street to go to the store when attending Carolina Outreach.

I acknowledge that I have read (or have had read to me) the above *Requirements for Admission and House Rules and Contract for Residency*. I acknowledge that I understand the requirements for admission AND I agree to comply with the rules as long as I am a resident of Myrover-Reese Fellowship Homes, Inc. I acknowledge that I have been given a copy of these written rules.

Resident's Signature

Date

Staff Signature, Title

Date