STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		mhl026-086	B. WING			R 23/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AF	DRESS CITY S	STATE, ZIP CODE		
		560-A WI	LKES ROAD			
PAT REE	SE FELLOWSHIP HO	ME FAYETTE	VILLE, NC 2	28306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
	on August 23, 2018	w up survey was completed . Deficiencies were cited.				
	category: 10A NCA	sed for the following service AC 27G .5600E Supervised h Substance Abuse.				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro- posted in the facility (c) Fire and disaste shall be held at least repeated for each se under conditions the (d) Each facility shall accessible for use.	r drills in a 24-hour facility st quarterly and shall be hift. Drills shall be conducted at simulate fire emergencies. Ill have basic first aid supplies				
	failed to have fire a	et as evidenced by: view and interviews the facility nd disaster drills held at least ted on each shift. The				
	documented from 8 - 1st quarter (7/01/1	of the facility fire drills 1/1/17 - 7/30/18 revealed: 17- 9/31/17): There were no ed on the 2nd shift (4pm - hift.				

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

(X6) DATE TITLE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7. Boilbing.		R	
		mhl026-086	B. WING			3/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PAT REE	SE FELLOWSHIP HO	ME	KES ROAD			
0.00	CUIMMA DV CTA		VILLE, NC 2		ON	0.450
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	- 3rd quarter (1/01/18- 3/31/18): There were no fire drills documented on the weekend shift 4th quarter (4/01/18- 6/30/18): There were no fire drills documented on weekend shift.					
	Review on 8/15/18 of the facility disaster drills documented from 8/1/17 - 7/30/18 revealed: - 1st quarter (7/01/17- 9/31/17): There were no disaster drills documented on the 1st shift (8am - 4pm) or weekend shift 2nd quarter (10/01/17- 12/31/17): There were no disaster drills documented on the 1st shift (8am - 4pm) or weekend shift 3rd quarter (01/01/18- 03/31/18): There were no disaster drills documented on the 1st shift (8am - 4pm), 2nd shift (4pm - 8am) or weekend shift 4th quarter (4/01/18- 6/30/18): There were no disaster drills documented on 1st shift (8am - 4pm), 2nd shift (4pm - 8am) or weekend shift.					
	stated: - The facility shifts v - 1st shift = 8 am - 4 - 2nd shift = 4 pm3rd shift = 4pm (Fr - She stated she wo of drills moving forv	4 pm Monday - Friday 8 am Monday - Friday iday) - 8am (Mon) ould ensure future completion ward. onal questions or concerns				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a					

Division of Health Service Regulation

STATE FORM 6899 D3NE11 If continuation sheet 2 of 14

CTATEMENT OF DEFICIENCIES (VA) DROVIDED/CHRDHED/CHA		(V2) MI II TIDI	F CONSTRUCTION	(V2) DATE	CLIDV(E)/	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,	J. JOHNEOHON	DEITH IO, WIOW HOWDER.	A. BUILDING:		JOIVII	
					F	≀
		mhl026-086	B. WING	<u></u>		3/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AN	DRESS CITY S	STATE, ZIP CODE		
TW WILL OF F	NO VIDEN ON OUT LIEN		KES ROAD	7.7.1.2, Zii 00DL		
PAT REE	SE FELLOWSHIP HO	ME		2206		
			VILLE, NC 2			I
(X4) ID		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
V 133	Continued From pa	ne 2	V 133			
V 133	•		V 133			
		rovider of mental health,				
		bility, and substance abuse				
		nsable under Article 2 of this				
	Chapter.					
		An offer of employment by a				
		nder this Chapter to an				
		sition that does not require the				
		n occupational license is				
		sent to a State and national				
		ord check of the applicant. If				
		een a resident of this State for				
		, then the offer of employment				
		onsent to a State and national				
		ord check of the applicant. The				
		story record check shall				
		the applicant's fingerprints. If een a resident of this State for				
		then the offer is conditioned				
		ite criminal history record				
		ant. A provider shall not				
		it who refuses to consent to a				
		ord check required by this				
		otherwise provided in this				
		ive business days of making				
		r of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a				
		ord check required by this				
		mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		f national criminal history				
		mployment positions not				
	covered by Public L					
		lth and Human Services,				
		Check Unit. Within five				
	business days of re	ceipt of the national criminal				
		n, the Department of Health				

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DIVISION	olvision of Health Service Regulation							
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
					R			
		mhl026-086	B. WING		08/23/2018			
		11111020-000			00/2	3/2010		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
		560-A WII	KES ROAD					
PAI REE	SE FELLOWSHIP HO	FAYETTE	VILLE, NC 2	8306				
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION)N	(VE)		
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE		
				DEFICIENCY)				
V 133	Continued From pa	ne 3	V 133					
V 100	·		100					
		es, Criminal Records Check						
		provider as to whether the						
	information receive	d may affect the employability						
	of the applicant. In	no case shall the results of the						
	national criminal his	story record check be shared						
	with the provider. P	roviders shall make available						
	upon request verific	cation that a criminal history						
	check has been cor	mpleted on any staff covered						
	by this section. A county that has adopted an							
	appropriate local ordinance and has access to							
	the Division of Crim	inal Information data bank						
	may conduct on bel	half of a provider a State						
		ord check required by this						
		provider having to submit a						
		artment of Justice. In such a						
		all commence with the State						
		ord check required by this						
		ousiness days of the						
		employment by the provider.						
		nformation received by the						
		itial and may not be disclosed,						
		ant as provided in subsection						
	(c) of this section. F							
		n "private entity" means a						
		engaged in conducting						
		ord checks utilizing public						
	records obtained from							
		oplicant's criminal history						
		Is one or more convictions of						
		the provider shall consider all						
		ors in determining whether to						
	hire the applicant:							
		eriousness of the crime.						
	(2) The date of the							
		person at the time of the						
	conviction.							
		ces surrounding the						
	commission of the							
		een the criminal conduct of						
	(a) The hexus belw	cen the chiminal conduct of						

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		* *	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	TO CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		mhl026-086	B. WING		08/2	₹ 3/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DAT REF	SE FELLOWSHIP HO	ome 560-A WIL	KES ROAD			
TATILL	OLTELEOWOTH THE	FAYETTE	VILLE, NC 2	8306		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ige 4	V 133			
V 133	the person and the filled. (6) The prison, jail, rehabilitation, and eperson since the da (7) The subsequenta relevant offense. The fact of conviction shall not be a bar to listed factors shall lift the provider disquestion of the provider may disclot the criminal history to the disqualification of the criminal history (2) Limited Immunition or employee of a procomplies with this scivil liability for: (1) The failure of the individual on the bath the criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense relevant offense relevant offense relevant of a criminal history resons needing making the following of the following of the following of the following of the following the substitute of the criminal history resons needing making the following of the f	job duties of the position to be probation, parole, employment records of the ate the crime was committed. It commission by the person of on of a relevant offense alone of employment; however, the offense an applicant after experience an applicant after experience information contained in record check that is relevant on, but may not provide a copy ory record check to the experience that, in good faith, section shall be immune from the provider to employ an asis of information provided in record check of the individual. It is an employee's criminal is requested and received in the section in the employee's criminal is requested and received in the employee's experience.	V 133			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		mhl026-086	B. WING		08/2	₹ 3/2018
		11111020-000			00/2	3/2010
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PAT REES	E FELLOWSHIP HO	MF	.KES ROAD VILLE, NC 2	8306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	Continued From page 5 Issuing Monetary Substitutes; Article 5A,		V 133			
	Endangering Execu- Article 6, Homicide; Sex Offenses; Artice Kidnapping and About Injury or Damage by Incendiary Device of and Other Housebrother Burnings; Artice 18. False Pretenses and Obtaining Property Fraudulent Use of Controlled 19B, Financi Act; Article 20, Fraude, Offenses Agains: Decency; Article 26, Offenses Agains: Decency; Article 26, Article 27, Prostituti 29, Bribery; Article 36, Article 39, Protection of the Falletoxication; and Article 39, Protection of the Falletoxication; and Article 36, Article 39, Protection of the Falletoxication; and Article 36, Offenses Crime. These crimes alle of drugs in viol Controlled Substanting of the General States.	artive and Legislative Officers; Article 7A, Rape and Other le 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary eakings; Article 15, Arson and icle 16, Larceny; Article 17, , Embezzlement; Article 19, d Cheats; Article 19A, or Services by False or Credit Device or Other Means; al Transaction Card Crime ads; Article 21, Forgery; Article st Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article 31, Misconduct in Public offenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related as also include possession or ation of the North Carolina ces Act, Article 5 of Chapter statutes, and alcohol-related				
i	violation of G.S. 18	ale to underage persons in B-302 or driving while n of G.S. 20-138.1 through				
(3 3 6 6	(f) Penalty for Furni applicant for emplo supplies, or otherwi an employment app criminal history reco shall be guilty of a 0	shing False Information Any yment who willfully furnishes, se gives false information on olication that is the basis for a ord check under this section Class A1 misdemeanor. bloyment A provider may				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		mhl026-086	B. WING		08/2	R 3/2018
	PAT REESE FELLOWSHIP HOME 560-A WI			STATE, ZIP CODE	1 00/2	.5/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	employ an applicar obtaining the result check regarding the following requirement (1) The provider shippior to obtaining the criminal history reconsubsection (b) of the fingerprint cards as (2) The provider shippion criminal history reconsultational employing 2001-155, s. 1; 200	at conditionally prior to s of a criminal history record e applicant if both of the	V 133			
	five business days of employment, the criminal backgroun (1st shift Group Ho Group Home Mana Review on 08/21/18 file revealed: -Date of hire of 01/4-No documentation check was available Review on 08/21/18 file revealed: -Date of hire of 11/6	views and interviews, within of making the conditional offer facility failed to request a d check for 2 of 3 audited staff me Manager and 2nd shift ger (GHM)). The findings are: 3 of 1st shift GHM's personnel of the criminal background e for review. 3 of 2nd shift GHM's personnel of 2nd shift GHM's pers				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		mhl026-086	B. WING		08/23	3/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PAT REF	SE FELLOWSHIP HO)IVI -	KES ROAD			
I AI INEE	.02122201101111110	FAYETTE	VILLE, NC 2	8306		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	Continued From page 7		V 133			
	 Criminal Backgror conducted on all er Bureau of Investigatime frame. Confirmation of cr from SBI had taker be returned to the fadditional backgropotential employee 	ound checks are completed on s through an offender e relevant information is				
V 289	27G .5601 Supervi	sed Living - Scope	V 289			
	provides residentia home environment these services is the rehabilitation of ind illness, a developm or a substance abusupervision when ir (b) A supervised like facility serves et (1) one or moderate (2) two or moderate (2) two or moderate (2) two or moderate (3) two or moderate (4) Each supervised licensed to serve a designated below: (1) "A" designated below: (1) "A" designated below: (1) "A" designated below: (2) "B" designated below: (3) "B" designated below:	ng is a 24-hour facility which I services to individuals in a where the primary purpose of the care, habilitation or ividuals who have a mental tental disability or disabilities, use disorder, and who require in the residence.				

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	Of Fleatin Service IN				0.400 - 4	a
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
	2. 00.0.2011011	.52	A. BUILDING:]	,
			D 14//10		F	
		mhl026-086	B. WING		08/2	3/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DAT DEE	SE EEL LOWGUID HO	ME 560-A WIL	KES ROAD			
PAT REESE FELLOWSHIP HOME FAYETT			VILLE, NC 2	8306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 289	Continued From pa	Continued From page 8				
V 209	diagnoses; (3) "C" design serves adults whos developmental disadiagnoses; (4) "D" design serves minors whos substance abuse do other diagnoses; (5) "E" design serves adults whos substance abuse do other diagnoses; or (6) "F" design private residence, where adult clients whose primadevelopmental disabilities, or three clients whose primadevelopmental disaother disabilities where the disabilities where the exempt from the follogon (a)(1),(2),(3), (A),(B),(E),(F),(G),(C),(18) and (b); 10A NCAC 27G (a),(b); 10A NCAC 27G (a),(b	nation means a facility which e primary diagnosis is a bility but may also have other nation means a facility which se primary diagnosis is ependency but may also have nation means a facility which e primary diagnosis is ependency but may also have nation means a facility in a which serves no more than whose primary diagnoses is nay also have other adult clients or three minor ary diagnoses is bilities but may also have no live with a family and the service. This facility shall be lowing rules: 10A NCAC 27G (4),(5)(A)&(B); (6); (7) H); (8); (11); (13); (15); (16); CAC 27G .0202(a),(d),(g)(1) .0203; 10A NCAC 27G .0205 27G .0207 (b),(c); 10A NCAC 10A NCAC 27G .0209[(c)(1) - edications only] (d)(2),(4); (e); and 10A NCAC 27G .0304 acility shall also be known as ring or assisted family living	V 289			
	This Rule is not me Based on record re	et as evidenced by: view, observation, and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		mhl026-086		B. WING		₹ 3/2018
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 00/2	0/2010
		560-A WII	KES ROAD	TATE, ZII GODE		
PAT REESE FELLOWSHIP HOME FAYETTE			VILLE, NC 2	8306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 289	Continued From pa	ge 9	V 289			
	within the scope for	failed to ensure it operated which it was licensed ner clients (FC #12). The				
	Review on 08/15/18 revealed: - FC #12 was not list	of the facility's client roster sted as a client.				
	Review on 08/15/18 revealed: - FC #12 was not list	of the facility's staff roster sted as a staff.				
	Review on 08/15/18 - Discharge date of	of FC #12 record revealed: 02/23/18.				
	Observation on 8/16/18 at approximately 4:00pm of FC #12 bedroom #8 revealed: - The client bedroom was identified as a single occupancy room at time of observation.					
	longer an employee - He paid \$50 per v	#8 of facility. harged as a client and was no				
	Manager stated: - FC #12 had starte obtaining services, role FC #12's role was employee and he d rules or staff role or - FC #12 occupied.	a client bedroom with a two himself, as the second client				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		mhl026-086	B. WING		08/2	२ 23/2018
	PROVIDER OR SUPPLIER	MF 560-A WIL	DRESS, CITY, S KES ROAD VILLE, NC 2	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 289	Interview on 08/15/stated: - FC #12 had starte obtaining services, staff position FC #12's condition terminated in June client bedroom in a	18 the Program Director ed program as a client prior to transitioning into a n of employment was 2018 and he now occupied a transitional role. undetermined, as he no	V 289			
V 291	10A NCAC 27G .56 (a) Capacity. A fact six clients when the developmental disation on June 15, 2001, at than six clients at the provide services at licensed capacity. (b) Service Coording maintained between qualified profession treatment/habilitation (c) Participation of Responsible Person provided the opport relationship with he means as visits to the facility. Reports annually to the pare legally responsible Reports may be in conference and shaprogress toward medically opportunities.	one of Living - Operations OPERATIONS Sility shall serve no more than a clients have mental illness or bilities. Any facility licensed and providing services to more that time, may continue to no more than the facility's Ination. Coordination shall be not the facility operator and the als who are responsible for on or case management. The Family or Legally not be a client shall be unity to maintain an ongoing or or his family through such the facility and visits outside a shall be submitted at least ent of a minor resident, or the person of an adult resident. Writing or take the form of a sall focus on the client's enting individual goals. Sies. Each client shall have as based on her/his choices, ment/habilitation plan.	V 291			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R	
		mhl026-086	B. WING			3/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PAT REE	SE FELLOWSHIP HO)MF	.KES ROAD VILLE, NC 2	28306		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 291	inclusion. Choices or legal system is it safety issues become This Rule is not measured and facility failed to mai facility operator and	age 11 designed to foster community may be limited when the court hydrology or when health or me a primary concern. det as evidenced by: eviews and interviews, the ntain coordination between the did the professionals who are client's treatment, affecting 2	V 291			
	Finding #1 Review on 08/15/15 revealed: - 29 year old male Diagnosis of Coca	(#1 and #9). The findings are: 8 of client # 1's record aine Use Disorder, Chronic Abuse, Depression, and f 8/08/18.				
	accident, was home - He was prescribe nerve damage and medication Upon admission to Home, he was notified to continue talk affiliated pharmacy Gabapentin medicated - He was notified the Gabapentin out of procontinue use of the - Facility notified cli	of nerve damage from a car eless and had no employment. d Gabapentin to treat the noted positive results from o the Pat Reese Fellowship fied that he would no longer be king Gabapentin due to the not covering cost of the ation. The would have to pay for cocket, if he desired to emedication. The entity contact the physician to Gabapentin due to clients				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		mhl026-086	B. WING			२ 23/2018	
	PROVIDER OR SUPPLIER	560-A WII	DRESS, CITY, S	TATE, ZIP CODE			
TATREE	OL I ELECTION IN	FAYETTE	VILLE, NC 2	8306			
(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) COMPLET DATE			
V 291	Continued From page 12		V 291				
	 - He was not offered alternative options or community resources by the facility to acquire the Gabapentin and client had medication order discontinued. Finding #2 Review on 08/15/18 of client # 9's record revealed: - 51 year old male Diagnosis of Alcohol Dependence, Adjustment Disorder with Depressed Mood, Pancreatitis, Closed Head Injury with Subsequent Cervical Spine Fusion and Opioid Addiction by history Admission date of 08/08/18. Interview on 08/15/18 client #9 stated: - He had a history of nerve damage, was homeless and had no employment He was prescribed Gabapentin to treat nerve damage and noted positive results from the medication Upon admission to the Pat Reese Fellowship Home, he was notified that he would no longer be able to continue taking Gabapentin due to the affiliated pharmacy not covering cost of the Gabapentin medication He was notified that he would have to pay for Gabapentin out of pocket, if he desired to continue use of the medication He was not offered alternative options or community resources by the facility to acquire the Gabapentin. 						
	Manager stated: -The facility only uti department pharma and Gabapentin wa the local health dep	18 the 1st shift Group Home lized the local health acy to fill client medications as not a covered medication by partment. hey had to cover the cost of					

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED						
		mhl026-086	B. WING			⊰ 23/2018						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
PAT REESE FELLOWSHIP HOME 560-A WILKES ROAD FAYETTEVILLE, NC 28306												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE						
V 291	the medications not department's pharm - Facility resources resources were not Interview on 08/15/Director stated: -The facility only uti department pharma -Clients were told the medications not department's pharm used to cover ongo refills Optional facility re	t covered by the local health nacy or alternative community	V 291									