Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R mhl026-086 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 560-A WILKES ROAD PAT REESE FELLOWSHIP HOME **FAYETTEVILLE, NC 28306** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed DHSR - Mental Health on August 23, 2018. Deficiencies were cited. This facility is licensed for the following service SEP 27 .018 category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse. Lic. & Cert. Section V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 8/15/18 of the facility fire drills documented from 8/1/17 - 7/30/18 revealed: - 1st quarter (7/01/17- 9/31/17): There were no fire drills documented on the 2nd shift (4pm -8am) or weekend shift. Division of Health Service Regulation

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

STATE FORM

(X6) DATE

PRINTED: 09/06/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED. mhl026-086 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 560-A WILKES ROAD PAT REESE FELLOWSHIP HOME **FAYETTEVILLE, NC 28306** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 114 Continued From page 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. Interview on 8/15/18 the 1st shift House Manager - The facility shifts were as follows: - 1st shift = 8 am - 4 pm Monday - Friday - 2nd shift = 4 pm - 8 am Monday - Friday -3rd shift = 4pm (Friday) - 8am (Mon) - She stated she would ensure future completion of drills moving forward. - She had no additional questions or concerns during exit interview. V 133 G.S. 122C-80 Criminal History Record Check V 133

Division of Health Service Regulation

G.S. §122C-80 CRIMINAL HISTORY RECORD

(a) Definition. - As used in this section, the term "provider" applies to an area authority/county

CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.

	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE	1 00//	20/2010
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V 133	Continued From pa	ge 2	V 133			
	program and any prodevelopmental disaservices that is licer Chapter. (b) Requirement A provider licensed un applicant to fill a possibility of applicant to have an conditioned on conscriminal history reconstituted applicant has beliess than five years, is conditioned on continual history reconstituted a check of the applicant has befive years or more, the applicant criminal history reconsection. Except as a subsection, within finthe conditional offer shall submit a requessubsection or shall submit a requessubsection or shall submentity to conduct a Scheck required by the G.S. 114-19.10, the return the results of record checks for encovered by Public La Department of Healt Criminal Records Chousiness days of reconsections.	rovider of mental health, bility, and substance abuse insable under Article 2 of this. An offer of employment by a inder this Chapter to an institution that does not require the inoccupational license is sent to a State and national and check of the applicant. If there is resident of this State for then the offer of employment insent to a State and national and check of the applicant. The tory record check shall the applicant's fingerprints. If there is conditioned to the offer is conditioned to the offer is conditioned to the criminal history record int. A provider shall not who refuses to consent to a right check required by this of the mental interest of the partment of 14-19.10 to conduct a right check required by this init a request to a private that criminal history record is section. Notwithstanding Department of Justice shall national criminal history inployment positions not				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY	STATE, ZIP CODE		
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V 133	Continued From pa	ge 3	V 133			
	and Human Services Unit, shall notify the information received of the applicant. In relational criminal his with the provider. Presupen request verifice check has been core by this section. A consumption of Criminal may conduct on bere criminal history reconsection without the prequest to the Depa case, the county shall criminal history reconsection within five bere conditional offer of each of the conditional offer of each of the conditional offer of each of the conditional history in provider is confident except to the applicant (c) of this section. For subsection, the term business regularly ecriminal history reconsection, the term business regularly ecriminal history reconsection. If an apprecord check reveals a relevant offense, the following factor in the following factor in the applicant: (1) The level and service (2) The date of the conviction. (4) The circumstance commission of the consecution of the of the consecut	es, Criminal Records Check provider as to whether the dimay affect the employability to case shall the results of the story record check be shared roviders shall make available attorn that a criminal history expleted on any staff covered tunty that has adopted an adinance and has access to shall information data bank that of a provider a State and check required by this provider having to submit a retirement of Justice. In such a sall commence with the State and check required by this usiness days of the employment by the provider. Information received by the shall and may not be disclosed, and as provided in subsection or purposes of this a "private entity" means a magaged in conducting and checks utilizing public may state agency. Solicant's criminal history is one or more convictions of the provider shall consider all the provider shall consider a	V 133			

Division of Health Service Regulation STATE FORM

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
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V 133	Continued From pa	ge 4	V 133			
	the person and the filled. (6) The prison, jail, prehabilitation, and eperson since the da (7) The subsequent a relevant offense. The fact of conviction shall not be a bar to listed factors shall but the provider disquestion of the provider may disclose the criminal history reto the disqualification of the criminal history reto the disqualification of the criminal history or employee of a procomplies with this secivil liability for: (1) The failure of the individual on the bast the criminal history record check compliance with this (e) Relevant Offense if thistory record check compliance with this (e) Relevant offense indictment of a crime federal criminal history federal criminal history that bears up have responsibility for persons needing medisabilities, or substacrimes include the crany of the following federal criminal following federal criminal the crimes include the crany of the following federal criminal history federal cr	probation, parole, mployment records of the te the crime was committed. commission by the person of on of a relevant offense alone employment; however, the econsidered by the provider. alifies an applicant after relevant factors, then the se information contained in record check that is relevant in, but may not provide a copy by record check to the covider that, in good faith, ection shall be immune from the provider to employ an esis of information provided in ecord check of the individual, an employee's criminal is requested and received in	V 133			

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	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION S:	(X3) DATE SURVEY COMPLETED	
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V 133	Issuing Monetary Standangering Execularicle 6, Homicide; Sex Offenses; Article Kidnapping and Abour Injury or Damage by Incendiary Device of and Other Housebre Other Burnings; Article 18, False Pretenses and Obtaining Property of Fraudulent Use of Carticle 19B, Financia Act; Article 20, Fraudulent Use of Carticle 27, Prostitution 29, Bribery; Article 36, Office; Article 35, Office; Article 35, Office; Article 36, Protection of the Fail Intoxication; and Article 39, Protection Protection of the Fail Intoxication; and Article 39, Protection Of the General Standard Controlled Substance 30 of the General Standard Standar	ubstitutes; Article 5A, tive and Legislative Officers; Article 7A, Rape and Other le 8, Assaults; Article 10, duction; Article 13, Malicious / Use of Explosive or r Material; Article 14, Burglary eakings; Article 15, Arson and cle 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 ds; Article 21, Forgery; Article of Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article of Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article of Misconduct in Public Riots and Civil Disorders; of Minors; Article 40, mily; Article 59, Public icle 60, Computer-Related of also include possession or action of the North Carolina of the North Carolina of the North Carolina of Salso include possession or action of the North Carolina of the North Carolina of Salso include possession or action of the North Carolina of the North Carol	V 133			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING:			E SURVEY PLETED
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V 133	Continued From pa	ge 6	V 133			
	employ an applicant obtaining the results check regarding the following requireme (1) The provider shaprior to obtaining the criminal history reconsubsection (b) of this fingerprint cards as (2) The provider shaprimal history reconsumes days after conditional employm 2001-155, s. 1; 2004	t conditionally prior to s of a criminal history record applicant if both of the				
	five business days of employment, the criminal background (1st shift Group Home Group Home Manage Review on 08/21/18 file revealed: -Date of hire of 01/02-No documentation of check was available Review on 08/21/18 file revealed: -Date of hire of 11/03	riews and interviews, within f making the conditional offer facility failed to request a check for 2 of 3 audited staffine Manager and 2nd shift ter (GHM)). The findings are: of 1st shift GHM's personnel 1/18. of the criminal background for review. of 2nd shift GHM's personnel 8/17. of the criminal background				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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		mhl026-086	B. WING		08/	23/2018	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
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V 133	Continued From pa	ge 7	V 133				
V 280	Interview on 08/24/ - Criminal Backgrouconducted on all em Bureau of Investigatime frame Confirmation of crifrom SBI had taken be returned to the farance - Additional backgroupotential employees database, to ensure captured prior to him	18 the Facility Director stated: and checks have been aployees through the State tion (SBI), within a specified aminal background checks several weeks on average to acility. and checks are completed on a through an offender relevant information is ing process.	V 200				
V 289	27G .5601 Supervis	ed Living - Scope	V 289				
	provides residential home environment withese services is the rehabilitation of indivillness, a developme or a substance abus supervision when in (b) A supervised livithe facility serves eit (1) one or more (2) two or more Minor and adult clier same facility. (c) Each supervised licensed to serve a serves designated below: (1) "A" designates serves adults whose illness but may also (2) "B" designates serves minors whose serves minors whose serves and the serves adults whose serves minors whose serves minors whose serves minors whose serves minors whose serves in the services in the	g is a 24-hour facility which services to individuals in a where the primary purpose of e care, habilitation or viduals who have a mental ental disability or disabilities, see disorder, and who require the residence. ng facility shall be licensed if					

Division of Health Service Regulation

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Division	of Health Service Re	egulation			FURIV	IAPPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I Salara	LE CONSTRUCTION		SURVEY
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V 289	Continued From pa	ge 8	V 289			
	diagnoses; (3) "C" design serves adults whose developmental disadiagnoses; (4) "D" design serves minors whose substance abuse developmental disadiagnoses; (5) "E" design serves adults whose substance abuse developmental substance abuse developmental clients whose private residence, where adult clients whose primadevelopmental disabilities, or three clients whose primadevelopmental disabilities who family provides the sexempt from the follung prov	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 expendency but may also have nation means a facility which expendency but may also have nation means a facility in a chich serves no more than chose primary diagnoses is ay also have other adult clients or three minor ry diagnoses is oblities but may also have no live with a family and the service. This facility shall be owing rules: 10A NCAC 27G 4),(5)(A)&(B); (6); (7) (1); (8); (11); (13); (15); (16); CAC 27G .0202(a),(d),(g)(1) 0203; 10A NCAC 27G .0205 (0207 (b),(c); 10A NCAC 0A NCAC 27G .0209[(c)(1) - dications only] (d)(2),(4); (e) and 10A NCAC 27G .0304 ocility shall also be known as ng or assisted family living				
	This Rule is not med Based on record rev	t as evidenced by: iew, observation, and				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

R

R

08/23/2018

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PAT REESE FELLOWSHIP HOME

560-A WILKES ROAD FAYETTEVILLE, NC 28306

FAYETTEV			28306	
(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
	interview the facility failed to ensure it operated within the scope for which it was licensed affecting 1 of 3 former clients (FC #12). The findings are: Review on 08/15/18 of the facility's client roster revealed: - FC #12 was not listed as a client. Review on 08/15/18 of the facility's staff roster revealed: - FC #12 was not listed as a staff. Review on 08/15/18 of FC #12 record revealed: - FC #12 was not listed as a staff. Review on 08/15/18 of FC #12 record revealed: - Discharge date of 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. Interview on 8/15/18 FC #12 stated: - He lived in room #8 of facility He had been discharged as a client and was no longer an employee He paid \$50 per week in rent He did not have a transition plan identified. Interview on 08/15/18 the First Shift Group Home Manager stated: - FC #12 had started the program as a client obtaining services, prior to transitioning into staff role FC #12's role was not identified as staff or employee and he didn't follow any client role or rules or staff role or rules FC #12 occupied a client bedroom with a two client occupancy by himself, as the second client bed had been removed.	V 289		
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
PAT REE	SE FELLOWSHIP HO	WE	LKES ROAI VILLE, NC				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		T	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP	D BE	(X5) COMPLETE DATE	
V 289	Continued From pa	ge 10	V 289				
	Interview on 08/15/stated: - FC #12 had started obtaining services, staff position FC #12's condition terminated in June 2 client bedroom in a - FC #12's role was longer identified as: 27G .5603 Supervis 10A NCAC 27G .560 (a) Capacity. A fact six clients when the developmental disalt on June 15, 2001, a than six clients at the provide services at relicensed capacity. (b) Service Coordin maintained between	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 staff or employee. ed Living - Operations	V 289				
	treatment/habilitation (c) Participation of t Responsible Person provided the opportu- relationship with her means as visits to the the facility. Reports annually to the parer	n or case management. he Family or Legally . Each client shall be unity to maintain an ongoing or his family through such the facility and visits outside shall be submitted at least of a minor resident, or the					
	legally responsible p Reports may be in w conference and shal progress toward mee (d) Program Activities activity opportunities	erson of an adult resident. rriting or take the form of a I focus on the client's eting individual goals. es. Each client shall have based on her/his choices, nent/habilitation plan.					

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R mhl026-086 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 560-A WILKES ROAD PAT REESE FELLOWSHIP HOME **FAYETTEVILLE, NC 28306** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 291 Continued From page 11 V 291 Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting 2 of 3 audited clients (#1 and #9). The findings are: Finding #1 Review on 08/15/18 of client # 1's record revealed: - 29 year old male. - Diagnosis of Cocaine Use Disorder, Chronic Joint Pain, Alcohol Abuse, Depression, and - Admission date of 8/08/18. Interview on 08/15/18 client #1 stated: - He had a history of nerve damage from a car accident, was homeless and had no employment. - He was prescribed Gabapentin to treat the nerve damage and noted positive results from 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

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Gabapentin out of pocket, if he desired to

- Facility notified client to contact the physician to order discontinuing Gabapentin due to clients

continue use of the medication.

inability to pay for the medication.

PRINTED: 09/06/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R B. WING mhl026-086 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 560-A WILKES ROAD PAT REESE FELLOWSHIP HOME FAYETTEVILLE, NC 28306 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) 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

Division of Health Service Regulation

Gabapentin.

Manager stated:

community resources by the facility to acquire the

Interview on 08/15/18 the 1st shift Group Home

-Clients were told they had to cover the cost of

-The facility only utilized the local health department pharmacy to fill client medications and Gabapentin was not a covered medication by

the local health department.

PRINTED: 09/06/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R mhl026-086 B. WING 08/23/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **560-A WILKES ROAD** PAT REESE FELLOWSHIP HOME FAYETTEVILLE, NC 28306 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 291 Continued From page 13 V 291 the medications not covered by the local health department's pharmacy - Facility resources or alternative community resources were not explored. Interview on 08/15/18 and 08/16/18 the Program Director stated: -The facility only utilized the local health department pharmacy to fill client medications. -Clients were told they had to cover the cost of the medications not covered by the local health department's pharmacy and facilty funds were not used to cover ongoing pharmacy/medication refills. - Optional facility resources or alternative community resources were not explored.

Division of Health Service Regulation

SEPTEMBER 2018 Ashton Lily FIRE DRILL

Saturday	Disaster drill		15	22	29	
Friday	=	7	14	21	& 81	
Thursday		9	13	20	27 Fire drill 1st shift	
Wednesday		5 Disaster Drill 2nd shift	12 Disaster-Drill Evacuation Drill	19	56	
Tuesday		4	11	100	25 Disaster Drill 3rd shift	
Monday		ಣ	10 Fire drill 3rd shift	17	24	
Sunday		ଷ	0	16 Fire drill 2nd shift	23	30

OCTOBER 2018 Ashton Lily FIRE DRILL

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	=	7	ಣ	4 Disaster drill	ശ	9
7 Fire drill 1St shift	∞	6	10	11	12 Disaster Drill 2nd shift	13
14	15	16	17 Fire drill 3rd shift	18	19	20
21	22	23	24	25	26	27
28 Disaster Drill 3rd shift	29	30 Fire drill 2nd shift	31			

ROVEMBER 2018 Ashten and FIRE DRILL

	Saturday	3 Fire drill 2nd shift	10	17	24		
	Friday	ଶ	6	16	ಣ	30	
	Thursday	_	8 Fire drill 1st shift	15	22	29	
	Wednesday			14	21 Fire drill 3rd shift	80	
F	Iuesday		9	13	20	27 Disaster Drill 2nd shift	
Monday	woulday		5 Disaster Drill 3rd shift	51	19	26	
Sunday			4	11 Disaster drill 1st shift	18	S.	

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to the state of th	Friday	=		14 Fire drill 3rd shift	21	28 Disaster Drill	2nd shift
R 2018 LL	Thursday		9	13	20	27	
DECEMBER 2018 FIRE DRILL	Wednesday		ro.	12	19 Disaster Drill	26	
	Tuesday		4 Fire drill 1St shift	11	188	10 10	
7 3 4 8 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Monday		ಣ	10	17	24	
	Sunday		N	6	16	23	30 Fire drill 2nd shift

Δ.	Saturday	ro	Fire drill	19	26		
Ashton Lily	Friday	4	11	Fire drill	25 25		
2019	LL Thursday	ಣ	10	17	24	31	
January 2019	FIRE DRILL Wednesday Thursday	લ	9 Disaster Drill 2nd shift	16	8 7	30	
	Tuesday	1 Disaster drill 3rd shift	∞	15	22	29 Fire Drill 3rd shift	
Ashton Lily	Monday		7	14	21	28	
	Sunday			13	20 Disaster drill 1st shift	27	

FEBRUARY 2019 FIRE DRILL

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					Ħ	લ
3 Fire drill 2nd shift	4	r v	9	7 Fire drill 1St shift	∞	6
10	11	12 Disaster drill 1st shift	13	14	15	16 Disaster drill
17	18	19	20 Fire drill 3rd shift	21	22	3rdshift 23
24	25	26 Disaster drill 2ndshift	27	23 80		

MARCH 2019 FIRE DRILL

	y Saturday	2 Disaster drill 2ndshift	6	16	23	30	
	Friday	Ħ	∞	12	8	29	
F	Inursday			14	21 Disaster drill 3rdshift	28	
W. Confederation	wemiesday		9	13 Fire drill 3rd shift	20	27 Disaster drill	
Tuesday			5 Fire drill 1St shift	12	19	26	
Monday	•		4	11	18	S.	
Sunday		ଚ	a	10	17	24	31 Fire drill 2nd shift

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2019	DRI
April	FIRE
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3 4 5 5 10 11 12 12 15 19 24 25 26 2	Sunday	Monday	Tuesday	Wednesday	The second second	F		
Fire 3 4 5 Drill		7		Approximation	mursday	Friday	Saturday	
8 9 10 10 11 12 Disaster Drill 3rd shift 22 23 24 25 26 Disaster Drill 3rd shift 29 30 Disaster Drill 2nd shift		F	2 Fire Drill 1st shift	ಣ	4	IO.	9	
15 16 17 18 19 22 23 24 25 26 29 30 Disaster Drill 2nd shift		&	6	10 Disaster Drill 3rd shift	11	12	13	
22 23 24 25 26 29 30 Disaster Drill 2nd shift		15	16 Fire Drill 3rd shift	17	130	19	20 Disaster Drill	
	e drill I shiff	22	83		9 57	26	1st shift 27	
		29	30 Disaster Drill 2nd shift					

Ashton Lily

MAY 2019 FIRE DRILL

Sunday	Monday	Tuesday	TATO J.	II. website		
			wednesday	Thursday	Friday	Saturday
			-	2 Fire drill 1St shift	က	4
ro	9	7 Disaster Drill 1st shift	∞	6	10	11
12	13	14	15 Fire Drill	16	17	18 Disaster Drill
19	50	21		53	24 Fire	2nd shift
26	27 Disaster Drill 3rd shift	58	50	30	31	

JUNE 2019 FIRE DRILL

Sunday	Monday	Tuesday	Wodnooday			
			v curiesuay	Inursday	Friday	Saturday
						1
Ol .	ಣ	4 Disaster Drill 2nd shift	ro	9		8 Fire drill 2nd shift
6	10	11	12	13	14 Fire drill 3rd shift	13
16	17	18	19 Disaster Drill	20	21	22
ಬ	24	25 TO	56	27	28 Fire drill 1St shift	50
30 Disaster drill 1st shift						

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AUGUST 2019 FIRE DRILL

Sunday	Monday	Tuesday	TATO TA	p-1-4		
	>	, and a second	wednesday	Thursday	Friday	Saturday
				1	ત	ಣ
4	5 Fire drill 2nd shift	9		©	6	10
11	12	133	14 Disaster Drill	15	16	17
18	19 Fire drill 1St shift	50	3rd shift	88	65	24 Disaster
25 Fire drill 3rd shift	26	20	88		30	Drull 1st shift 31
				2nd shift		

STATE PLAN OF CORRECTION

Agency Name	=	MyRover Reese Fellowship Home	c. (Pat Reese Home)			
STREET ADDRESS, CITY, ZIP:		560 Wilkes Rd. Fayetteville, NC 28306				
Provider Number	-	mhl026-086	Exit Date			

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS - REFERRENCED 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
V114	All Myrover Reese Fellowship Homes, Inc., residential houses have initiated a synchronized system to initiate fire drills and disaster drills for all shifts on a monthly calendar basis. Myrover Reese Fellowship Homes staff will implement and document all fire and disaster drills. A copy of each months fire and disaster drill has been given to the Director of Myrover Reese. Director Myrover Reese Fellowship Homes will monitor the completion of each scheduled fire and disaster drill throughout the calendar year.	
V133	Criminal background checks have been made and received from the State Bureau of Investigation on all Myrover Reese Fellowship Homes, Inc. house managers. The North Carolina Health Care Personnel Registry will continue to be utilized prior to employment of future employees. Myrover Reese Fellowship Homes, Inc., will continue to utilize the North Carolina Department of Public Safety Offender Public Information database to ensure the relevant data is available while waiting for the State Bureau of Investigation Criminal Background check.	9/1/18
V289	 The following actions have been taken to correct the deficiencies found in the Pat Reese Home pursuant of our License for residential living; The roster for Pat Reese Home will identify the room in question (#8) has been vacated by the single occupant. Occupant is no longer on Myrover Reese Fellowship Homes, Inc., property. A second resident bed has been placed in room (#8). Room (#8) has been reverted back to a two man residential room. All of Myrover Reese Fellowship Homes, Inc, will only allow residential clients to occupy the residential facility per our Licensure for the allotted 180 days. 	
V291	The supervised living operations of Myrover Reese Fellowship Homes, Inc., will ensure that Myrover Reese staff will exhaust all community options to procure the prescribed medications for incoming residents as follows; 1. Utilizing Cumberland County Health Department (CCMAP) and its formulary. 2. Better Health of Cumberland County. 3. Utilization of local pharmacies to obtain medications that the resident cannot afford to pay for out of pocket. Myrover Reese will also contact the pharmaceutical company for medications that cannot be attained through the usual channels to ensure residential client medication procurement. Maice Milling Director 9-23-16	8/23/18

Re: James (Jim) Rigney

For the record, the following actions have been taken as a means to correct the deficiencies found in the Pat- Reese house, Myrover-Reese Fellowship homes, during the state inspection conducted August 23rd, 2018:

- A resident bed has been restored and placed in the room (Rm 8). The room has now been reverted back to house two residents.
- Occupant, has been removed from the house and is no longer an occupant.

We do verify that the above information is true.

Irma J. Royster,

1st shift House Manager

Willie Vann

2nd Shift House Manager

Albert Council

Transportation Coordinator