

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-581	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/19/2018
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NAME OF PROVIDER OR SUPPLIER Varsity Crest #2	STREET ADDRESS, CITY, STATE, ZIP CODE 1503 CREST DRIVE, APT #102 RALEIGH, NC 27606
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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>An annual and follow up survey was completed on October 19, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to provide training to meet the mh/dd/sa (Mental Health/Developmental Disabilities/Substance Abuse) needs of the clients as specified in the treatment/habilitation plan for 7 of 7 staff (#1 - #7). The findings are:</p> <p>Review on 10/16/18, of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date of 2/1/15 - diagnoses of Schizoaffective Disorder-Bipolar Type, Chronic Obstructive Pulmonary Disease, History of Cannabis Abuse, Hx of Tobacco Abuse, Lung Cancer and Hypothyroidism - a treatment plan dated 2/2/18 which included "Participating in NA (Narcotics Anonymous) meetings" <p>Review on 10/16/18, of client #2's record revealed:</p> <ul style="list-style-type: none"> - admission date of 10/13/16 - diagnoses of Schizophrenia - Paranoid Type, Hypertension, Gastro Esophageal Reflux Disease, Psychosis, Mood Disorder and Intellectual Disability - a treatment plan dated 10/2/17 which included "...a history of Alcohol related Seizures..." <p>Review on 10/18/18 of 7 of 7 paraprofessional staff (#1 - #7)'s personnel records revealed no documentation of training in either Substance</p>	V 108		

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V 108	Continued From page 2 Abuse or Seizures. During an interview on 10/18/18, the Director of Operations reported: - he had a training in Seizure Management scheduled already - they had not done any training in substance abuse but would arrange one as soon as possible - there had not been any incidences of any clients having seizures or using alcohol or illegal drugs in the past year - many clients were connected to ACTTs (Assertive Community Treatment Teams) and they had Substance Abuse Specialists	V 108		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which	V 289		

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V 289	<p>Continued From page 3</p> <p>serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 24 hour services were provided as their license are indicated. The findings are:</p> <p>Review on 10/16/18 of the facility's current license revealed:</p> <ul style="list-style-type: none"> - a license for 10A NCAC 27G .5600A Supervised Living for Mentally Ill Adults - a Waiver approval ending 12/31/17 for "Rule 10A NCAC 27G.5601 (a) Staff-client ratios above the minimum numbers and Rule 10A NCAC 27G .5602 Scope and "....In accordance with 10A NCAC 27G.0813, the waiver cannot exceed the expiration date of the license, which is December 13, 2017 and, therefore, shall be subject to renewal consideration upon the request of the licensee." - no documentation of a request or approval of a waiver for 2018 <p>Observation on 10/16/18 at 10:00 am revealed the apartment was independent living with staff located up stairs in a separate apartment. The staff also supervised two other apartments (also licensed as for 10A NCAC 27G .5600A Supervised Living for Mentally Ill Adults.</p> <p>During an interview on 10/17/18, staff #2 reported:</p> <ul style="list-style-type: none"> - there are two staff on duty who monitor the three independent apartments - they do rounds every hour or so to check on the clients - staff are not assigned to an individual apartment <p>During an interview on 10/16/18, the Qualified Professional was not sure if they waiver request</p>	V 289		

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V 289	Continued From page 5 had been submitted. During an interview on 10/18/18, the Director of Operations reported he thought the request had been sent it but they had not received an approval yet as far as he knew.	V 289		