

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/12/2019
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NAME OF PROVIDER OR SUPPLIER MYROVER-REESE FELLOWSHIP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 613 QUALITY ROAD FAYETTEVILLE, NC 28306
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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 9/12/2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 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 interview the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are: Review on 9/9/19 of facility records for August 2019 to September 2019 revealed: 2018 - No third shift fire drill for the third quarter. - No third shift fire drill for the fourth quarter.	V 114	Staff was retrained in current policy and instructed to document all fire and disaster drills on every shift.	09/19/2019

RECEIVED

By DHSR-MH Licensure Section at 4:40 pm, Oct 11, 2019

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

TITLE

(X6) DATE

STATE FORM

6899

Z00Q11

If continuation sheet 1 of 16

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V 114	Continued From page 1 - No third shift disaster drill for the fourth quarter. 2019 - No third shift fire drill for the first quarter. - No third shift fire drill for the second quarter. - No third shift disaster drill for the first quarter. Interview on 9/9/19 with Client #6 stated she had lived there since 9/4/19 and had not participated in any drills Interview on 9/9/19 with Staff #1 stated their shifts were: -First shift 8a-2p - Second shift 2p-10p - Third shift 10p-6a Interview on 9/9/19 with the Director stated: - They would do it. - She understood fire and disaster drills are to be done quarterly and repeated on each shift.	V 114			
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.	V 118	Staff has received MARS training again and has been reminded by the Director to make sure clients take thier medication as directed and that is documented correctly.		09/19/2019

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V 118	<p>Continued From page 2</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three audited clients (#1, #3 and #6). The findings are:</p> <p>Review on 9/9/19 of Client #1's record revealed: - 30 year old female. - Admission date of 5/31/19. - Diagnoses of: Opioid Use Disorder and Depression.</p> <p>Review on 9/9/19 of signed physician orders revealed: 7/24/19 - Mavyret Daily Pack (used to treat chronic hepatitis C virus) 1 pack daily. 8/8/19 - Naltrexone (treats drug and alcohol</p>	V 118			

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V 118	<p>Continued From page 3</p> <p>dependence) 50 milligrams (mg) - 1 tablet daily. 8/29/19</p> <ul style="list-style-type: none"> - Bupropion HCL (used to treat major depressive disorder) 150mg - 1 tablet twice daily. - Cholecalciferol (treats vitamin D deficiency) 1000 units - 2 tablets daily. <p>Review on 9/9/19 of Client # 1's August 2019 and September 2019 MAR's revealed the following blanks: August 2019</p> <ul style="list-style-type: none"> - Bupropion - 8/11/19, 8/16/19, and 8/25/19 at 2pm. <p>September 2019</p> <ul style="list-style-type: none"> - Bupropion - 9/2/19 and 9/6/19 at 6am and 2pm. - Mavyret - 9/2/19 and 9/6/19 at 6am. - Naltrexone - 9/2/19 and 9/6/19 at 6am. - Cholecalciferol - 9/2/19 and 9/6/19 at 6am. <p>Review on 9/9/19 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - 51 year old female. -Admission date of 7/17/19. -Diagnoses of: Alcohol Use Disorder-Severe, Generalized Anxiety Disorder, Neuropathy. <p>Review on 9/9/19 of signed physician orders revealed: 8/12/19</p> <p>Gabapentin (used to treat nerve pain) 300mg - 1 capsule (cap) three times daily and 2 caps at bedtime.</p> <p>8/18/19</p> <p>Buspirone (used to treat anxiety) 10mg - tablet twice daily.</p> <p>8/19/19</p> <p>Duloxetine (used to treat general anxiety disorder) 20mg - 2 caps twice daily.</p> <p>Review on 9/9/19 of Client # 3's August 2019 and</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>September 2019 MAR's revealed the following blanks: August 2019 - Buspirone - 8/28/19 at 6am. September 2019 - Gabapentin - 9/6/19 at 6am. - Buspirone - 9/6/19 and 9/7/19 at 6am. - Duloxetine - 9/6/19 and 9/7/19 at 6am.</p> <p>Review on 9/9/19 of Client #6's record revealed: - 40 year old female. - Admission date of 9/4/19. - Diagnoses of: Cocaine use Disorder- Severe, Opioid use Disorder- Severe.</p> <p>Review on 9/9/19 of signed physician orders revealed: 9/4/19 Lamictal (used to treat seizures and bipolar disorder) 150mg - 1 tablet twice daily.</p> <p>Review on 9/9/19 of Client # 6's September 2019 MAR's revealed the following blank: - Lamictal - 9/6/19 at 6am.</p> <p>Interview on 9/9/19 Client # 1 stated she had received her medication everyday as ordered.</p> <p>Interview on 9/9/19 Client #3 stated: - Staff had forgotten to administer her medications to her. - They had forgotten to give her the scheduled medications to take offsite. - Staff don't remind her to take her medications. - Sometimes she missed a medication if staff had to go somewhere. - She had never refused to take her medications.</p> <p>Interview on 9/9/19 Client # 6 stated she gets her medications as prescribed.</p>	V 118			

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V 118	Continued From page 5 Interview on 9/9/19 Staff #1 stated: - Residents always take their medications. - She checks their mouth to make sure they swallowed the medications. - All staff had training to ensure medications were administered. Due to the failure to accurately document medication administration it could not be determined if client #'s 1, 3 and 6 received their medications as ordered by the physician.	V 118			
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record	V 133	Director will make sure all state background checks for new hires are conducted prior to employment	09/12/2019	

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V 133	Continued From page 6 check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider.	V 133			

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V 133	<p>Continued From page 7</p> <p>All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <p>(1) The level and seriousness of the crime.</p> <p>(2) The date of the crime.</p> <p>(3) The age of the person at the time of the conviction.</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith,</p>	V 133	<p>Director will make sure all state background checks for new hires are conducted prior to employment</p>	<p>09/12/2019</p> <p>Type text here</p>

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V 133	Continued From page 8 complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public	V 133		

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V 133	Continued From page 9 Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)	V 133		

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V 133	Continued From page 10 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to request state criminal background checks within five business days of employment for one of three audited staff (#1). The findings are: Review on 9/9/19 of staff #1's personnel record revealed: - Date of hire: 3/28/19. - A countywide criminal background check dated 3/25/19 - No statewide criminal background check. Interview on 9/9/19 staff #1 stated she had worked at the facility since April 1, 2019. Interview on 9/12/19 the former director stated he was aware state criminal background checks were required and that they normally do State Bureau of Investigation (SBI) checks for their employees.	V 133		
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	V 289	Staff has been instructed to follow current policy and procedures related to licensed bed Director will follow up quarterly to make sure all policy and procedures are being implemented correctly.	Type text here 09/12/2019

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V 289	Continued From page 11 (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 serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (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	V 289			

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V 289	<p>Continued From page 12</p> <p>(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> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to ensure it operated within the scope for which it was licensed. The findings are:</p> <p>Review on 9/9/19 of the facility's license showed it is licensed as a .5600E facility for supervised living for adults, with a capacity of 11, whose primary diagnosis is substance abuse dependency.</p> <p>Review on 9/09/19 of the facility's client roster revealed: - FC #1 was not listed as a current client.</p> <p>Review on 9/09/19 of the facility's staff roster revealed: - Former Client (FC) #1 was a current as needed staff (PRN) with a hire date of 5/16/19.</p> <p>Observation on 9/09/19 at approximately 9:55am of FC #1's bedroom #4 revealed: - The client bedroom was identified as a single occupancy room at time of observation.</p> <p>Interview on 9/09/19 with the First Shift Group Home Manager stated:</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/12/2019
NAME OF PROVIDER OR SUPPLIER MYROVER-REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 613 QUALITY ROAD FAYETTEVILLE, NC 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
V 289	Continued From page 13 - FC #1 had completed the program and was extended stay. Interview on 9/12/19 with the Director stated FC#1 is extended stay with the facility and she understood that only clients receiving treatment can remain in a licensed bed.	V 289		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients	V 290		009

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/12/2019
NAME OF PROVIDER OR SUPPLIER MYROVER-REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 613 QUALITY ROAD FAYETTEVILLE, NC 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
V 290	<p>Continued From page 14</p> <p>present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that at least one staff member on duty was trained in alcohol and other drug withdrawal symptoms for 1 of 3 audited staff (#1). The findings are:</p> <p>Review on 9/9/19 Staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date of 3/29/19. - No documentation of training on alcohol and drug withdrawal symptoms. <p>Interview on 9/9/19 with Staff #1 stated:</p> <ul style="list-style-type: none"> - She had not received any formal training on alcohol and drug withdrawal symptoms. <p>Interview on 9/9/19 with the Former Director stated:</p> <ul style="list-style-type: none"> - He is aware Staff #1 had not received any formal training on alcohol and drug withdrawal 	V 290	<p>Alcohol and other drug withdrawal training has been conducted as of 9/26/2019 with all current staff.</p>	09/26/2019

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 09/12/2019
NAME OF PROVIDER OR SUPPLIER MYROVER-REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 613 QUALITY ROAD FAYETTEVILLE, NC 28306			
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V 290	Continued From page 15 symptoms. - They have planned a training to educate staff on alcohol and drug withdrawal symptoms.	V 290			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER mhl026-005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/12/2019
NAME OF FACILITY MYROVER-REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 613 QUALITY 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 V0108	Correction	ID Prefix V0536	Correction	ID Prefix V0537	Correction
Reg. # 27G .0202 (F-I)	Completed	Reg. # 27E .0107	Completed	Reg. # 27E .0108	Completed
LSC	09/12/2019	LSC	09/12/2019	LSC	09/12/2019
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	
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 <i>Ratish Hunt</i>	DATE 9-12-19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE <i>Summa Mary</i>	DATE 10/2/19
FOLLOWUP TO SURVEY COMPLETED ON 8/23/2018		<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		