Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-582	A. BUILDING: ______ B. WING ______	R 12/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VARSITY CREST #3	1503 CREST ROAD APT. 103 RALEIGH, NC 27606

(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	INITIAL COMMENTS An annual and follow up survey was completed on December 4, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

Division of Health Service Regulation

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

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure goals and strategies were developed and to implement to address one of two (#1) client's behaviors. The findings are: Cross Reference 10A NCAC 27G .5602 STAFF Based on record review and interviews the facility failed to ensure one of two (#1) clients were capable of remaining in the home or in the community for unsupervised times. Review on 11/26/19 of Plan of Protection dated 11/26/19 completed by the QP and Director revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care. Consumer will be provided a discharge notice, a discharge plan. Unsupervised time will be re-assessed and updated today 11/26/19. Care coordinator and ACT team will be notified of above actions on this date 11/26/19. Consumer will be provided with at least three referrals and every attempt to coordinate a transition to a higher level of care will be made. Discharge policy will be updated to more quickly respond to behavioral changes. Unsupervised time will be completed with more frequency at least every 90 days. Staff will receive more training in Treatment planning and goal setting in 14 days." -Describe your plans to make sure the above happens. Qualified Professional will complete the above and notify state Director today 11/26/19" Client #1 with diagnoses of Schizoaffective Disorder- Depression Type, Alcohol and Cannabis use Disorder was admitted to the	V 112		

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V 112	Continued From page 2	V 112		

facility in August of 2018. The facility is licensed for a 5600A Supervised Living home for Mentally Ill Adults, but received a waiver to reduce staffing and supervision requirements due to being an independent living apartment. Client #1 was initially assessed upon admission for eight hours of unsupervised time in the community. In the last few months, client #1 had multiple incidents of consuming alcohol, smoking marijuana and leaving at all times of the night calling 911 with suicidal ideations. Client #1 was seen in local hospital emergency department twice within a 24 hour period. Client #1 often missed evening medications due to being out of the apartment. The facility failed to implement any new strategies or goals to address the increased behaviors. This constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty in the amount of $1000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.

V 290 27G .5602 Supervised Living - Staff — V 290

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

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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 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.
(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:
(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
(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.

This Rule is not met as evidenced by:
Based on record review and interviews the facility failed to ensure one of two (#1) clients were capable of remaining in the home or in the community for unsupervised times. The findings

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are:

Review on 11/25/19 of client #1's record revealed:
-Admission date of 8/29/19.
-Diagnoses of Schizoaffective Disorder-Depression Type, Alcohol and Cannabis use Disorder.
-Treatment Plan dated 9/4/19.

Review on 11/25/19 of Incident reports regarding client #1,
-"9/6/19-...called 911 right before midnight on 9/5/19 and stated he was doing too much drinking and smoking marijuana. Police transported [client #1] to [local hospital]. [Client #1] reported to [local hospital] feeling stressed and noted paranoia but denied SI (suicidal ideation). Testing results positive for alcohol and cannabis. [Client #1] reported drinking alcohol and smoking marijuana at home. Resources for Human Development (RHD-Licensee) staff checked Varsity Crest premises for health and safety and removed cannabis debris, cigarette debris and empty beer can. [Client #1] was discharged from [local hospital] later that morning."
-"9/8/19- [Client #1] reported calling 911 for suicidal ideation while he was out in the community. [Client #1] reportedly called Varsity Crest and informed staff that he was at [local hospital] trying to be committed for SI at approximately 12:19 am on 9/8/19. He was discharged that morning."
-"9/8/19- [Client #1] called 911 again at approximately 9:40PM on 9/8/19 expressing SI and police came to transport him to [local hospital]. Staff reported that he was discharged from [local hospital] later that evening. [Local hospital] reported that [client #1] presented to emergency department two times within 24 hour period."

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-"10/5/19- Myself and another staff came outside to discover a strong odor believed to be marijuana. After walking around the complex to find where the smell was coming from, I noticed [client #1] and another clients standing under the back stairway. [Client #1] looked to have something in his hand smoking it when I approached him. I asked [client #1] why was he smoking marijuana on the premises. [Client #1] denied smoking or smelling marijuana. I prompted him and the other resident to leave the area..."
-"11/2/19- Consumer left offside during the afternoon around 3:30 PM and did not return back to site for the remainder of the shift and did not receive his evening medications."
-"11/6/19-Consumer was offsite and did not return for evening medication."
-"11/13/19-....[Client #1] came into the office and told staff he was leaving would not be back to take his 8 pm medication because he would not get off of work until 4:00 am."

Review on 11/25/19 of client #1's treatment plan dated 9/4/19 revealed the following goals:
-"I want to get back in school' as evidenced by developing vocational skills in order to pick program in school and maintain his current employment."
-"I need help shopping' as evidenced by developed independent living skill and maintaining his housing through RHD."

During interview on 11/25/19 the Qualified Professional (QP) stated:
-Client #1 was admitted over a year ago from a provider who stated he was ready for independent living in their supervised apartments.
-Client #1 was referred to them from another group home and his Assertive Community

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Treatment (ACT) team.
-Client #1's ACT team completed the treatment plan for clients they serve in their apartments.
-He had a history of alcohol and marijuana use.
-Did not have issues with him being non compliant until a few months after admission.
-Assessed him upon admission for unsupervised time in the home and community based on the way their program is set up and the clients going to work.
-Staff had observed him in the courtyard with a beer in the past and smelled marijuana coming from the area he was smoking from.
-They had found beer cans and marijuana residue in his apartment.
-He was attending a day program but quit and went out and got his own job.
Did not know client #1's work hours.
-Had requested client #1 to provide them with a schedule but he never did.
-Staff started noticing he was not signing in and out when he was leaving.
-They would go looking for him and could not find him.
-Had spoke with his ACT team about this and they scheduled meetings with him at which he would leave before the meeting and not show.
-He refused psychiatric appointments and therapy.
-Client #1 is his own guardian.
-Had recommended him for a higher level of care.
-Not given him a discharge notice as she was giving his ACT team time to look for something else.
-Had issues with making contact with ACT team as they may not return her call for days or up to a week.
-Had met with him lots of times, almost weekly to discuss rules and expectations.
-"He keeps telling us he is not going to follow the

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V 290	Continued From page 7 rules." -Met with client #1 last week and told him they were planning to discharge him. -Client #1 had a "blank face" and stated he would just go to the homeless shelter. -Had not had a meeting to update his goals to address his ongoing behaviors with alcohol and drugs. -Had spoken to their director about moving forward with discharge within the last few days. -Had not assessed him again or taken his unsupervised time away due to the independent living apartments do not have staff in them. During interview on 11/26/19 The Director stated: -He was aware of ongoing issues with client #1's non compliance and behaviors. -They had reached out to his ACT team to discuss issues and let them know he needed a higher level of care. -They had attempted to meet with client #1 to address the rules and expectations but he refused to follow them. -Had discussed discharging client #1 but wanted to give the ACT team time to find him placement. -Not aware if any goals or strategies had been put in place for client #1 since his behaviors had increased. Attempted to contact client #1's ACT team with no return calls on 11/26/19 and 12/4/19. This deficiency is cross referenced into: 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN for a Type A1 rule violation.	V 290		
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736		

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V 736	Continued From page 8 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a clean, safe and attractive manner. The findings are: Observation on 11/26/19 at 11:45 AM revealed: -Bed frame in client #1's room was broken and leaning on the wall. -Blinds in client #1's room was broke in several spots. -Smoke detector chirping in the living area. -Bath tub knob in client #1's bathroom was broken off. -Floor throughout the home was dirty. During interview on 11/26/19 Staff #1 stated: -Client #1 was extremely paranoid and looks out the window all the time which is why the blinds are broken. -Not aware of client #1's bed being broken. -Not aware of the bathtub know being broken. -The vacuum from the home had been broken for a few weeks. -Will make a list for maintenance to get repairs.	V 736		