NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 11, 2019

Nick Hobbs, Director
Resources for Human Development, Inc.
10224 Durant Road, Ste 205
Raleigh, NC 27614

DHSR-Mental Health
DEC 27 2019
Lic. & Cert. Section

Re: Annual and Follow Up Survey completed 11/26/19
Varsity Crest #1, 1503 Crest Road Apt 101, Raleigh, NC 27606
MHL #092-580
E-mail Address: Nicholas.hobbs@rhd.org

Dear Mr. Hobbs:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 11/26/19.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be corrected within 60 days from the exit of the survey, which is 1/26/20.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski-Ames at 919-552-6847.

Sincerely,

Kimberly Thigpen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant

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
	MHL092-580	A. BUILDING: ______ B. WING ______	R 11/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VARSITY CREST #1	1503 CREST ROAD, APT #101 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 November 26, 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 736	27G .0303(c) Facility and Grounds Maintenance 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 interview and observation the facility failed to ensure the home was maintained in a safe and attractive manor. The findings are: Observation on 11/26/19 at 9:30 AM revealed the couch in the living area was sunken in the middle. During interview on 11/26/19 Staff #1 stated: -Client #1 who resided in the apartment liked to sleep on the couch. -Had prompted him many times to go to his bed to sleep. -The couch had recently sunk in due to his continued sleeping on it. During interview on 11/26/19 The Qualified Professional stated: -Client #1 had been refusing his medications and experiencing paranoia.	V 736	DHSR-Mental Health DEC 27 2019 Lic. & Cert. Section The cited couch in the living area will be removed by January 6, 2020. There remains another couch in the apartment for consumer use. Staff are to check apartments daily to ensure grounds are safe,clean, and attractive. QP will verify and document weekly, as well as ensure DSP's are documenting checks daily. Staff will continue to encourage consumer to sleep in his bedroom. Consumer was hospitalized and stabilized on his medications. Consumer is scheduled to return to his apartment 12/23/19.	

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

12/23/19

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V 736	Continued From page 1 -Felt like client #1 was sleeping on the couch because of his paranoia. -Client #1 was currently in the hospital due to non med compliance.	V 736		