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
	MHL026-639	A. BUILDING: ______ B. WING ______	01/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R E S T GROUP HOME #1	**1533 MINTZ DRIVE FAYETTEVILLE, NC 28303**

(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 survey was completed on January 9, 2020. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	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 reviews, observation and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three audited clients (#1). The findings are: Review on 01/08/20 of client #1's record revealed: - 56 year old male. - Admission date of 11/19/12. - Diagnoses of Severe Mental Retardation, Hypertension and Arthritis. - Person-Center Plan dated 11/30/19. - No strategies to address client #1's use of Continuous Positive Airway Pressure (CPAP) device and associated oxygen. Review on 01/08/20 and 01/09/20 of signed physician orders revealed: 03/29/19 - Oxygen at 2 liters into the CPAP every evening. 07/01/19 - Continue nightly CPAP usage. Observation on 01/08/20 at approximately 9:30am of client #1's bedroom revealed: - A CPAP device on the bedside table next to his bed. - An oxygen concentrator next to the bedside table. Interview on 01/09/20 client #1 stated: - He was unsure of how long he had resided at the facility. - He used his CPAP every night. Interview on 01/08/20 and 01/09/20 the Qualified	V 112		

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V 112	Continued From page 2 Professional stated: - Client #1 used his CPAP at bedtime. - Client #1 had oxygen connected to his CPAP. - She understood the treatment plan needed to contain strategies to address client #1's CPAP usage and the connected oxygen.	V 112		