STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-070	A. BUILDING: _____ B. WING _____	R 03/06/2020

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CRESTVIEW GROUP HOME	631 CRESTVIEW DRIVE BURLINGTON, NC 27217

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V 000	INITIAL COMMENTS An annual and follow-up survey was completed on March 6, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600 A Supervised Living for Adults with Mental Illness.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious	V 108		

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V 108	Continued From page 1 and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to assure that all staff who work alone with clients are trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation (CPR) and trained in the Heimlich maneuver or other first aid techniques affecting 2 of 3 audited direct care staff (#1 #2). The findings are: Review on 3/6/20 of Staff #1's personnel file revealed the following information; -- Date of hire 11/1/19. -- Position of paraprofessional. -- Working schedule: 3rd shift (alone in the facility). -- No documentation of CPR or First Aid training. Review on 3/6/20 of Staff #2's personnel file revealed the following information; -- Date of hire 10/26/19. -- Position of paraprofessional. -- Working schedule: 2nd shift (alone in the facility). -- CPR and First Aid training that expired in October of 2019. Interview on 3/6/20 with the Human Resources staff revealed the following information; -- Staff #1 was "a new staff." -- Staff #1 had not yet been scheduled for the required CPR and First Aid training due to being	V 108		

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V 108	Continued From page 2 "a new staff." -- She was not aware that there must be a staff on duty at all times trained in CPR and First Aid. -- She was unaware that Staff #2's CPR and First Aid training was expired. Review on 3/5/20 of all 6 of the current client's records revealed Clients #1, #2, #3 and 2 additional unaudited clients to have a diagnoses of Hypertension (high blood pressure). -- Client #1 is prescribed and administered 3 separate medications to control elevated blood pressure and heart disease. -- Client #2 and Client #3 are each prescribed and administered 1 medication to control elevated blood pressure and heart disease. -- One of the unaudited clients has a history of a Cerebral Aneurysm in March 2015. -- A second unaudited client has a history of a Myocardial Infarction.	V 108		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.	V 121		

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V 121	Continued From page 3	V 121		

This Rule is not met as evidenced by:
Based on interview and record review, the facility failed to assure that a 6 month medication regimen review was conducted every 6 months for clients being prescribed psychotropic medications affecting 3 of 3 audited current clients (#1 #2 #3). The findings are:

A. Review on 3/5/20 of Client #1's record revealed the following information;
-- 33 year old male.
-- Admitted to the facility on 8/23/11.
-- Diagnoses include Schizoaffective Disorder - Bipolar Type, Autism Spectrum Disorder, Diabetes Mellitus Type II, Hypertension, Obesity, High Cholesterol, Sleep Apnea and Mild Constipation.
-- Psychotropic medications being administered to Client #1 include Seroquel (for Psychosis), Celexa (for Depression), Depakote (for mood disorders), Welbutrin (for mood disorders) and Klonopin (for Anxiety).
-- The last 6 month medication regimen review was completed on 1/30/19.

B. Review on 3/5/20 of Client #2's record revealed the following information;
-- 49 year old male.
-- Admitted to the facility on 12/3/99.
-- Diagnoses include Schizophrenia, Personality Disorder - Not Otherwise Specified, Diabetes Mellitus Type II, Hypertension, High Cholesterol and Back Pain.
-- Psychotropic medications being administered to Client #2 include Clozaril (for Psychosis), Rexulti (for Psychosis) and Klonopin (for Anxiety).
-- The last 6 month medication regimen review was completed on 1/30/19.

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V 121	Continued From page 4 C. Review on 3/6/20 of Client #3's record revealed the following information; -- 75 year old male. -- Admitted to the facility on 12/3/99. -- Diagnoses include Schizophrenia Undifferentiated Type, Alcohol Dependence - In Remission, Diabetes Mellitus, Hypertension, High Cholesterol, Gastroesophageal Disease, Allergies and Back Pain. -- Psychotropic medications being administered to Client #3 include Seroquel (for Psychosis). -- The last 6 month medication regimen review was completed on 1/30/19. Interview on 3/6/20 with the Group Home Manager revealed that the Pharmacy had been backed up on providing this service due to a death at the Pharmacy. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 121		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be	V 291		

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V 291	Continued From page 5 provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure that coordination was maintained between the facility operator and the Qualified Professionals responsible for prescription medications and therapeutic diets affecting 3 of 3 current audited clients (#1 #2 #3). The findings are: A. Review on 3/5/20 of Client #1's record revealed the following information; -- 33 year old male. -- Admitted to the facility on 8/23/11. -- Diagnoses include Schizoaffective Disorder - Bipolar Type, Autism Spectrum Disorder, Diabetes Mellitus Type II, Hypertension, Obesity, High Cholesterol, Sleep Apnea and Mild Constipation. -- An FL-2 dated 1/21/20 and the previous FL-2 dated 1/16/19, both with Physician's orders for a Diabetic therapeutic diet.	V 291		

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V 291	Continued From page 6 1. Review on 3/6/20 of Client #1's record and medication administration records (MARs) revealed the following information; -- He was started on a new blood pressure medication, (Amlodipine) on 12/19/19 due to continued increased blood pressures. -- He began to refuse this medication and reported a skin rash. -- A Physician's order dated 1/21/20 to check the client's blood pressure daily for 1 month. -- He was seen by his Cardiologist on 2/26/20 who documented the following: Blood pressure still elevated. Will continue Hydrochlorothiazide (for blood pressure) and add Losartan 50 mg. every day. "Bring BP (blood pressure) readings from home to next visit." Interview on 3/5/20 with the Assistant Group Home Manager revealed the following information; -- Client #1's blood pressures were not checked every day per the Physician's order of 1/21/20 because the client was refusing to let staff check them. -- She did not know the reason for Client #1 not allowing staff to check these readings. -- No readings were given to the client's Cardiologist because none were taken. -- The Cardiologist was not informed that these blood pressure readings were not obtained. Interview on 3/6/20 with Client #1 revealed the following information; -- He was refusing the blood pressure checks because of his weight (335 pounds) and because of his large arm he needed an oversized blood pressure cuff to obtain an accurate reading. 2. Review on 3/5/20 of Client #1's record and	V 291		

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V 291	Continued From page 7	V 291		

MARs revealed the following information;
-- An FL-2 dated 1/16/19 with a Physician's order for Omeprazole 40 mg. every day.
-- A subsequent FL-2 (current) dated 1/21/20 with a Physician's order for Omeprazole 40 mg. every day.
-- A Physician's order dated 4/9/19 to discontinue the client's Omeprazole.
-- January, February and March 2020 MARs with no transcription for or documentation that the client was administered Omeprazole.

3. Review on 3/5/20 of Client #1's record and MARs revealed the following information;
-- An FL-2 dated 1/16/19 with a Physician's order for Seroquel 100 mg. every night.
-- A subsequent FL-2 (current) dated 1/21/20 with a Physician's order for Seroquel 300 mg. every night.
-- All 2019 and 2020 MARs with transcriptions for and documentation that the client was administered Seroquel 100 mg. every night.

B. Review on 3/5/20 of Client #2's record revealed the following information;
-- 49 year old male.
-- Admitted to the facility on 12/3/99.
-- Diagnoses include Schizophrenia, Personality Disorder - Not Otherwise Specified, Diabetes Mellitus Type II, Hypertension, High Cholesterol and Back Pain.
-- An FL-2 dated 2/19/20 with a Physician's order for a Diabetic therapeutic diet.

Review on 3/5/20 of Client #1's record and MARs revealed the following information;
-- An FL-2 dated 2/19/20 with a Physician's order for Colace 2 tablets every night.
-- January, February and March 2020 MARs with transcriptions for and documentation that the

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V 291	Continued From page 8 client was administered Colace 100 mg. 2 tablets every night. Interview on 3/5/20 with the Assistant Group Home Manager revealed that she had written the medication order on the above FL-2 and did not realize that it was an incomplete medication order because there was no dosage (mgs.) indicated in the order. C. Review on 3/6/20 of Client #3's record revealed the following information; -- 75 year old male. -- Admitted to the facility on 12/3/99. -- Diagnoses include Schizophrenia Undifferentiated Type, Alcohol Dependence - In Remission, Diabetes Mellitus, Hypertension, High Cholesterol, Gastroesophageal Disease, Allergies and Back Pain. -- A letter to the client from his Physian dated 10/24/19 regarding his recent lab work results with the following documented "Your thyroid was checked recently. Your TSH was 2.970. Your thyroid is in the proper range. Please continue the same dose of your thyroid medication." Interview on 3/6/20 with both the Assistant Group Home Manager and the Group Home Manager revealed the following information; -- Client #3 has never been on thyroid medication. -- Neither of them has noticed the above documentation on this letter, so consequently his Physician had not been notified for clarification. Interview on 3/6/20 with the Group Home Manager revealed the following information; -- The client's Physicians do not like to fill out the FL-2 forms so staff fill them out and take them to the Physicians during a client appointment and have them signed by the Physician.	V 291		

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V 291	Continued From page 9 -- The FL-2s above with incorrect medication orders were completed by staff, however there was no system in place to assure the accuracy of them. Interview on 3/6/20 with the Group Home Manager revealed the following information; -- The facility does not serve Client #1 or Client #2 the Physician ordered therapeutic diet. -- No one had advised the client's Physicians that the orders for a specific therapeutic diet could not be accommodated. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 291		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based,	V 536		

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V 536	Continued From page 10 include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain	V 536		

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V 536	Continued From page 11 documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive	V 536		

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V 536	Continued From page 12 interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to assure that all staff had current training on Alternatives to Restrictive	V 536		

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V 536	Continued From page 13 Interventions affecting 1 of 3 audited direct care staff (#1). The findings are: Review on 3/6/20 of Staff #1's personnel file revealed the following information; -- Date of hire 11/1/19. -- Position of paraprofessional. -- Working schedule: 3rd shift (alone in the facility). -- No documentation of any Alternatives to Restrictive Intervention training. Interview on 3/6/20 with the Human Resources staff revealed the following information; -- Staff #1 was "a new staff." -- Staff #1 had not yet been scheduled for the required training on Alternatives to Restrictive Interventions due to being "a new staff." -- She was not aware that all staff must have current training on Alternatives to Restrictive Interventions.	V 536		