

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/14/2020
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NAME OF PROVIDER OR SUPPLIER C R E S T GROUP HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 224 RANDOLPH AVENUE FAYETTEVILLE, NC 28311
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(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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on July 14, 2020. The complaint was unsubstantiated (intake #NC00166156). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop and implement strategies based on assessment affecting 1 of 1 audited client (former client #1). The findings are:</p> <p>Review on 7/08/20 of former client #1's (FC #1) record revealed:</p> <ul style="list-style-type: none"> - 66 year old male admitted 12/31/19 and discharged 6/15/20. - Diagnoses included Obsessive Compulsive Disorder, Intellectual Disability, severe, Encopresis, Chronic Obstructive Pulmonary Disease, Hyperlipidemia, Hypertension, Osteopenia, and Benign prostatic hyperplasia. - "Psychological Testing Report" dated 10/15/19 included " Chief Complaint/Reason for Referral: . . . needs testing for placement in a facility that can better assist with his needs. . . . he reportedly is always going to the bathroom . . . will have feces under his nails and wipe fecal matter all over the house, including on the floor. He will also smear it all over the bathroom. . . . Integrated Summary: . . . will wipe feces all over the bathroom as well as other household surfaces, including refrigerator items. . . meets diagnostic criteria for Encopresis at this time, and for which behavioral intervention is strongly suggested . . . Recommendations . . . If there is no medical etiology to account for [FC #1]'s fecal-smearing behaviors, behavioral interventions are suggested to address the issue . . . " - Undated "Screening Application" included ". . . What is consumer's targeted behavior? Smearing feces in the past but sister in law stated he has 	V 112		

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V 112	<p>Continued From page 2</p> <p>improved over time and doesn't do it with supervision . . . "</p> <ul style="list-style-type: none"> - "Person Centered Profile" dated 12/30/19 with no strategies to address fecal smearing behaviors. <p>During interview on 7/10/20 a family member of FC #1 stated:</p> <ul style="list-style-type: none"> - FC #1 was smearing feces before admission to the facility, "It was a constant thing." - She had FC #1 "tested" at the request of the Licensee. - She told the Qualified Professional/Director of Residential services about the behavior "and it was in the report." <p>During interview on 7/10/20 the Group Home Manager stated:</p> <ul style="list-style-type: none"> - FC #1's goals included washing his hands and eating slowly to prevent choking. - FC #1 did not have a behavior intervention plan. <p>During interview on 7/10/20 staff #2 stated:</p> <ul style="list-style-type: none"> - FC #1 smeared feces "a lot." - FC #1 could not assist with meal preparations because of the behavior; she tried to keep FC #1 "settled" and out of the kitchen while she was preparing meals. <p>During interviews on 7/08/20 and 7/14/20 the Qualified Professional/Director of Residential Services stated:</p> <ul style="list-style-type: none"> - FC #1 did not have a behavior intervention plan. - The goals and strategies in his Person Centered Profile were based on his needs as identified in collaboration with FC #1's family member. - She understood the requirement to develop and implement strategies based on client needs as identified in assessments. 	V 112		