

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/21/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>CRESTVIEW GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 CRESTVIEW DRIVE</b> <b>BURLINGTON, NC 27217</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on April 21, 2022. Deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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.</p> <p>(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 the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(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</p> <p>(2) children or adolescents with</p>	V 290	<p>To ensure all clients are assessed and documented regarding their capability of having unsupervised time in the home and community, a checklist of 20 skills/competencies has been developed to include in the treatment plan to determine the client's eligibility for unsupervised time in the home and community. The assessment will be placed in the clients' Medical Record. As a result of this survey, treatment plans for all clients will be reviewed by the CCJ committee.</p> <p style="text-align: center;"><b>RECEIVED</b> <b>MAY 06 2022</b> <b>DHSR-MH Licensure Sect</b></p>	May 15, 2022

*Carolyn E. Carter, M.Ed.*  
*CIS, CAS*

*Clinical Director*  
*May 3, 2022*

PRINTED: 04/24/2022  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-070</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/21/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>CRESTVIEW GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 CRESTVIEW DRIVE</b> <b>BURLINGTON, NC 27217</b>		
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V 290	<p>Continued From page 1</p> <p>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.</p> <p>(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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess and document client's capability of having unsupervised time in the home and community in the treatment plan affecting of one of three audited clients (#1). The findings are:</p> <p>Review on 4/19/22 of Client #1's record revealed: -Admission date of 12/3/99. -Diagnoses of Schizophrenia, High Cholesterol, GERD, Vitamin D Deficiency. -Treatment Plan completed 6/1/21. -There was no evidence documenting unsupervised time in the home or community.</p> <p>Interview on 4/19/22 with the Group Home Coordinator revealed: -Confirmed client #1 had unsupervised time in the home and community.</p>	V 290		
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Division of Health Service Regulation

STATE FORM <sup>6899</sup>NWF711 If continuation sheet 2 of 3

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V 290	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Client #1 had a personal car and drove to work and the day program.</li> <li>-Reported the unsupervised time should have been documented in current treatment plan.</li> </ul>	V 290		

# Residential Treatment Services of Alamance, Inc.

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To: Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, N.C. 27699-2718

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MAY 16 2022

DHSR-MH Licensure Sect

From: Carolyn E. Carter, M.Ed, CCS, LCAS  
Clinical Director

Re: Plan Of Correction: Crestview Group Home MHL#001-070

This is the Plan of Correction for Annual Survey for Crestview Group Home MHL#001-070 which was conducted on April 21, 2022.

Thanking You In Advance.

*Carolyn E. Carter, M.Ed.  
CCS, LCAS  
Clinical Director*