

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mh1026-005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/26/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MYROVER-REESE FELLOWSHIP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>613 QUALITY ROAD</b> <b>FAYETTEVILLE, NC 28306</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on May 26, 2022. Deficiencies were cited</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 10 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol>	V 110		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 110	<p>Continued From page 1</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the governing body failed to develop and implement policies and procedures for individualized supervision plans of paraprofessionals by a Qualified or Associate Professional (QP or AP) affecting three of three audited paraprofessional staff (#1, #2 and #5). The findings are:</p> <p>Review on 05/24/22 of the facility's plan of correction for the survey dated 02/23/22 and signed by the Executive Director on 03/18/22 revealed: - "...QP supervise all paraprofessional staff." - "Will get QP supervision plan together for staff."</p> <p>Review on 05/26/22 of the QP's job description revealed: - QP was responsible for supervision of all paraprofessional staff.</p> <p>Review on 05/24/22 of staff #1's personnel record revealed: -Hire date of 1/17/22.</p> <p>Review on 05/24/22 of staff #2's personnel records revealed: -Hire date of 10/15/21.</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>Review on 05/24/22 of staff #5's personnel records revealed: -Hire date of 12/10/20.</p> <p>Review on 05/24/22 of personnel records for the paraprofessional staff listed above revealed no documentation of an individualized supervision plan by a QP or AP.</p> <p>Interview on 05/24/22 the QP stated: - She had served as the QP for approximately 1 year. - She worked primarily at a sister facility. - She did not provide supervision for the paraprofessional staff.</p> <p>Interview on 05/25/22 and 05/26/22 the Executive Director stated: - The QP was supposed to supervise the paraprofessional staff. - A supervision plan had been created but had not been implemented. - She understood an AP or QP was required to supervise the paraprofessional staff at the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 110		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p>	V 736		

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V 736	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 05/24/22 at approximately 9:25am revealed:</p> <ul style="list-style-type: none"> <li>- The kitchen had a tear in the linoleum on the floor.</li> <li>- The living room carpet had dark stains.</li> <li>- The hallway carpet had dark spots.</li> <li>- The storage area had no globe on the light fixture.</li> <li>- Client #1's bedroom revealed dark areas and bleach type spots on the carpet. The ceiling fan had 1 of 4 lights that did not work.</li> <li>- Client #2's bedroom had bits of debris scattered on the carpet surface..</li> <li>- Client #3's bedroom had 1 of 4 light bulbs in the ceiling fixture that did not work.</li> <li>- The upstairs bathroom had water damage at the base of the shower. The paint near the vanity lights was peeled away from the surface. The sink surface had a crack.</li> <li>- Client #4's bedroom did not have a light fixture did not have a bulb or globe.</li> <li>- The empty room upstairs had an iron mark on the carpet.</li> </ul> <p>Interview on 05/26/22 the Executive Director stated:</p> <ul style="list-style-type: none"> <li>- She understood the repair items reviewed.</li> <li>- She had no questions regarding facility items discussed at exit of the survey.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		