

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-640	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2022
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NAME OF PROVIDER OR SUPPLIER C R E S T GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 323 SINCLAIR STREET 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>An annual and follow up survey was completed on September 9, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (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. <p>(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.</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid affecting 1 of 3 audited staff (Qualified Professional (QP)). The findings are:</p> <p>Review on 9/8/22 of the QP/Executive Director's personnel record revealed: -Hire date 4/23/18. -CPR/First Aid Certificate of Completion dated 4/6/20. -No current CPR/First Aid Training.</p> <p>Interview on 9/8/22 the Administrative Assistant stated: -She had recently started the position of administrative assistant. -All of the QP/Executive Director's current trainings were given to the surveyor for review.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 108		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p>	V 114		

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V 114	<p>Continued From page 2</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift under conditions that simulate fire emergencies. The findings are:</p> <p>Review on 9/8/22 and 9/9/22 of facility records from August 2021 thru August 2022 revealed: Fire Drills August 2021-August 2022 -No fire drills documented earlier than 4:15pm. -No fire drills documented later than 5:00pm -No documented fire drills for January 2022 thru April 2022</p> <p>Disaster Drills August 2021-August 2022 -No disaster drills documented earlier than 5:00pm -No disaster drills documented later than 6:00pm -No disaster drills documented for January 2022 thru August 2022.</p> <p>Interview on 9/9/22 client #2 stated:</p>	V 114		

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V 114	Continued From page 3 -She had lived at the facility since 2009. -Fire and disaster drills had not been completed in a "couple of months." Interview on 9/8/22 and 9/9/22 the group home manager stated: -Staff #1 usually completed the fire and disaster drills. -Facility shifts were 6:00am to 10pm. -Staff sleep shift was 10:00pm to 6:00am. -She had provided all documented fire and disaster drills to the surveyor for review. Interview on 9/9/22 the Qualified Professional/Executive Director stated: -He understood fire and disaster drills should be completed quarterly and repeated on each shift. -He would discuss the fire and disaster drill requirements with the group home manager.	V 114		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following:	V 117		

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V 117	<p>Continued From page 4</p> <p>(A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that medications for administration were labeled as required for 1 of 3 audited clients (client #3). The findings are:</p> <p>Review on 9/8/22 of client #3's record revealed: -38 year old female admitted 4/15/18. -Diagnoses included Autism and Intellectual Developmental Disability. -Physician's order dated 2/1/21 for Urea 10% lotion. Apply twice daily; Acne Medicine 10% gel. Apply at bedtime.</p> <p>Observation on 9/8/22 approximately 11:50am of client #2's medications on hand revealed: -A bottle of Urea 10% lotion approximately half full. -Tube of Acne Medicine 10% gel about 3/4 full. -No pharmacy label with the prescriber's name, pharmacy dispense date, directions for administration, or pharmacy information on either.</p>	V 117		

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V 117	Continued From page 5 During interview on 9/8/22 the Group Home Manager stated she did not know why there was no pharmacy label for client #3's Urea Lotion and Acne Medicine. She understood the requirement to maintain the pharmacy label for client medications.	V 117		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician, failed to keep the MARs current affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>Finding #1: Review on 9/08/22 of client #1's record revealed: -63 year old female. -Admission date of 7/16/06. -Diagnoses of Moderate Intellectual Developmental Disability, Anxiety, Elevated Blood Pressure, Pre-Diabetes and Seasonal Allergies.</p> <p>Review on 9/08/22 of client #1's signed FL2 dated 9/12/21 revealed: -Clonazepam 1mg (anxiety) - take one every morning. -Clonazepam 2mg (anxiety) - take two at bedtime. -Vitamin D3 400Units (supplement) - take one daily. -Fexofenadine 180mg (allergies) - take one daily. -Calcium Carbonate 600mg (supplement) - take one twice daily. -Miralax Powder (constipation) - mix 17grams in 8 ounces water daily. -Erythromycin 0.5% (infection)- apply 1/2 ribbon at bedtime.</p> <p>Review on 9/08/22 of client #1's July 2022 and August 2022 MARs revealed the following blanks:</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>July 2022 -Miralax Powder - 7/1/22.</p> <p>August 2022 -Clonazepam 1mg -7/1/22-7/3/22 -Clonazepam 2mg- 7/1/22-7/3/22 -Vitamin D3- 7/1/22-7/3/22 -Fexofenadine- 7/1/22-7/3/22 -Calcium Carbonate- 7/1/22-7/3/22 -Miralax Powder- 7/1/22-7/3/22 -Erythromycin- 7/1/22-7/3/22</p> <p>Interview on 9/08/22 client #1 stated she received her medications daily as ordered.</p> <p>Finding #2: Review on 9/08/22 of client #2's record revealed: -31 year old female. -Admission date of 10/18/12. -Diagnoses of Bipolar, Oppositional Deficient Disorder, Attention Deficit Hyperactivity and Moderate Intellectual Development Disorder.</p> <p>Review on 9/08/22 of client #2's signed FL2 dated 9/13/21 revealed: -No physician order for Estradiol (hormone) 0.1mg patch- apply 1 patch transdermal route once a week.</p> <p>Review on 9/08/22 of client #2's June 2022 - September 2022 MARs revealed the following: -No documentation of administration of Estradiol for June 2022 - September 2022.</p> <p>Interview on 9/08/22 client #2 stated she received her medications daily as ordered.</p> <p>Finding #3: Review on 9/08/22 of client #3's record revealed: -38 year old female admitted 4/15/18.</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>-Diagnoses included Autism and Intellectual Developmental Disability.</p> <p>Review on 9/08/22 of client #3's FL2 dated 9/15/21 revealed:</p> <p>-Vitamin D3 50,000 Units (supplement) - take 1 every fourteen days.</p> <p>-Clonazepam 1mg (anxiety) - take one twice daily.</p> <p>-No order for Acne Medication 10% gel (acne) - apply at bedtime.</p> <p>Review on 9/08/22 of client #3's June - September 2022 MARs revealed the following blanks:</p> <p>June 2022 -Acne Medication - 6/1/22- 6/30/22 at 8:00pm.</p> <p>July 2022 Vitamin D3- 7/25/22 at 8:00am.</p> <p>August 2022 -Clonazepam 8/31/22 at 6:00pm</p> <p>September 2022 -Acne Medication 9/1/22 - 9/8/22 at 8:00pm</p> <p>Interview on 9/08/22 client #3 stated she received her medications daily as ordered.</p> <p>Interview on 9/08/22 the Group Home Manager stated:</p> <p>-She had recently became the Group Home Manager.</p> <p>-She was certified to administer medications.</p> <p>-She had not seen blanks in the MAR</p> <p>-Client #2 did not have a Estradiol patch that she wore weekly.</p> <p>-She would contact the pharmacy and physician about the Estradiol patch about client #2.</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>Interview on 9/08/22 the Qualified Professional/Director: -The Estradiol patch for client #2 may have been discontinued. -He would provide the surveyor with the current physician's order for client #2's Estradiol. -He understood the requirement to keep the MARs current. -He would discuss the findings with the group home manager.</p> <p>No physician's order for client #2's Estradiol was provided to the surveyor for review prior to the survey exit.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal</p>	V 119		

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V 119	<p>Continued From page 10</p> <p>date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion. The findings are:</p> <p>Observation on 9/8/22 at approximately 11:50am during a review of client #3's medications revealed: -Panoxyl Acne Cream Wash, expired 12/10/21. -Urea 10 Lotion, expired 5/6/22. -Acne Medicine 10% gel, expired 11/2021.</p> <p>During interview on 9/8/22 the group home manager stated she did not know the medications were expired. She would ensure the expired medications were disposed of properly.</p>	V 119		

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V 123 V 123	<p>Continued From page 11</p> <p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physician or pharmacist immediately of medication errors affecting one of three clients (#1). The findings are:</p> <p>Review on 9/08/22 of client #1's record revealed: -63 year old female. -Admission date of 7/19/06. -Diagnoses of Moderate Intellectual Developmental Disability, Anxiety, Pre-Diabetes, Elevated Blood Pressure and Seasonal Allergies.. -No documentation the physician or pharmacist was notified immediately of medication errors for client #1.</p> <p>Refer to V118 regarding medication requirements.</p> <p>Review on 9/8/22 of client #1's August 2022 MARs revealed she was not administered the</p>	V 123 V 123		

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V 123	<p>Continued From page 12</p> <p>following medications: -Vitamin D3 400Units from 8/1/22-8/3/22. -Clonazepam 1 milligram (mg) from 8/1/22-8/3/22. -Fexofenadine 180mg from 8/1/22-8/3/22. -Calcium Carbonate 600mg from 8/1/22-8/3/22. -Miralax Powder 17 grams with 8 ounces water from 8/1/22-8/3/22. -Clonazepam 2mg from 8/1/22-8/3/22. -Erythromycin 0.5% from 8/1/22-8/2/22.</p> <p>During interview on 9/8/22 the Group Home Manager stated: -She had been certified to administer medications. -She had not seen a blank in the MAR. -Client #1 had not been administered her medication 8/1/22-8/3/22 because her medication had not been delivered and was unavailable. -She had not contacted the physician or pharmacist regarding client #1's medications not being administered.</p> <p>Interview on 9/9/22 the Qualified Professional/Director acknowledged the physician or pharmacist had not been contacted regarding client #1's missed medication and he understood a physician or pharmacist was required to be contacted for each medication error.</p>	V 123		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident</p>	V 131		

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V 131	<p>Continued From page 13 of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment for 1 of 3 audited (staff #2). The findings are:</p> <p>Review on 9/8/22 of staff #3's personnel record revealed: -Hire date 6/15/21. -No documentation HCPR was accessed prior to hire.</p> <p>During interview on 9/9/22 staff #3 revealed: -She had worked at the facility from 2001 thru 2013 and was employed by the facility again in June 2021.</p> <p>During interview on 9/8/22 and 9/9/22 the Administrative Assistant stated that a HCPR check had not been completed for staff #3.</p> <p>During interview on 9/9/22 the Qualified Professional/Director stated he understood the requirement of accessing the HCPR prior to employing a staff.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN</p>	V 133		

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V 133	<p>Continued From page 14</p> <p>APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services,</p>	V 133		

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V 133	<p>Continued From page 15</p> <p>Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. 	V 133		
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V 133	<p>Continued From page 16</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These</p>	V 133		

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V 133	<p>Continued From page 17</p> <p>crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a</p>	V 133		

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V 133	<p>Continued From page 18</p> <p>criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to request state criminal background check within five business days of employment for 1 of 3 audited staff (#3). The findings are:</p> <p>Review on 9/8/22 of staff #3's personnel record revealed: -Hire date of 6/15/21. -No documented evidence of a statewide criminal record check being requested.</p> <p>During interview on 9/9/22 staff #3 revealed: -She had worked at the facility from 2001 thru 2013 and was employed by the facility again in June 2021.</p>	V 133		

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V 133	Continued From page 19 During interview on 9/8/22 and 9/9/22 the Administrative Assistant stated that a statewide criminal record check had not been requested for staff #3. During interview on 9/9/22 the Qualified Professional/Director stated he understood the requirement of a criminal background check being completed within 5 business days of employment.	V 133		
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, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the	V 536		

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V 536	<p>Continued From page 20</p> <p>course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the</p>	V 536		

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V 536	<p>Continued From page 21</p> <p>outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the</p>	V 536		

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V 536	<p>Continued From page 22</p> <p>need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 1 of 3 audited staff (#3) received annual training updates in alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 9/8/22 of staff #3's personnel record revealed:</p>	V 536		

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V 536	<p>Continued From page 23</p> <p>-Date of Hire: 6/15/21. -Training in alternatives to restrictive interventions expired 5/24/22.</p> <p>During interview on 9/9/22 staff #3 revealed: -She had worked at the facility from 2001 thru 2013 and was employed by the facility again in June 2021. -She "had not really attended any trainings" since returning to the facility in June 2021.</p> <p>During interview on 9/8/22 and 9/9/22 the Administrative Assistant stated that she had provided all of staff #3's current trainings to the surveyor for review.</p> <p>During interview on 9/9/22 the Qualified Professional/Director stated he would ensure the staff received the training.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan</p>	V 537		

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V 537	<p>Continued From page 24</p> <p>includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) 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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous 	V 537		

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V 537	<p>Continued From page 25</p> <p>assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) 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.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-640	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2022
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NAME OF PROVIDER OR SUPPLIER C R E S T GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 323 SINCLAIR STREET 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 537	<p>Continued From page 26</p> <p>approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p>	V 537		

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NAME OF PROVIDER OR SUPPLIER C R E S T GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 323 SINCLAIR STREET FAYETTEVILLE, NC 28311
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V 537	<p>Continued From page 27</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (#3) received training in seclusion, physical restraint and isolation time-out. The findings are:</p> <p>Review on 9/8/22 of staff #3's personnel record revealed: -Hire date 6/15/21. -Training in seclusion, physical restraint and isolation time-out expired 5/24/22.</p> <p>During interview on 9/9/22 staff #3 revealed: -She had worked at the facility from 2001 thru 2013 and was employed by the facility again in June 2021. -She "had not really attended any trainings" since returning to the facility in June 2021.</p> <p>During interview on 9/8/22 and 9/9/22 the Administrative Assistant stated that she had provided all of staff #3's current trainings to the surveyor for review.</p> <p>During interview on 9/9/22 the Qualified Professional/Director stated he would ensure the staff received the training.</p>	V 537		

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V 537	Continued From page 28 [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 537		