


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-580	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2022
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NAME OF PROVIDER OR SUPPLIER VARSITY CREST #1	STREET ADDRESS, CITY, STATE, ZIP CODE 1503 CREST ROAD, APT #101 RALEIGH, NC 27606
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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 survey was completed on 11/2/22. Deficiencies were 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>This facility is licensed for two and has a current census of two. The survey sample consisted of audits of two current clients.</p>	V 000	<p><i>Please see attached.</i></p> <p>RECEIVED NOV 22 2022 DHSR-MH Licensure Sect</p>	
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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Director

(X6) DATE

11/22/22

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER Varsity Crest #1	STREET ADDRESS, CITY, STATE, ZIP CODE 1503 CREST ROAD, APT #101 RALEIGH, NC 27606
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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 interview the facility failed to ensure one of two clients (#1) treatment plan was completed annually. The findings are:</p> <p>Review on 10/25/22 of client #1's record revealed: -Date of admission- 4/28/20 -Diagnoses of Schizoaffective Disorder and Bi-polar type -No current treatment plan</p> <p>Interview on 10/25/22 staff #1 stated: -The Qualified Professional (QP) had abruptly quit a month ago and not sure if she ha completed plans that were due. -The treatment plan was to be uploaded into their electronic record. -Did not see a treatment plan in client #1's electronic record. -Would reach out to the QP who is now covering to see if she had a current treatment plan for client #1.</p>	V 112		
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</p>	V 736		

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V 736	<p>Continued From page 2</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the home in a clean, attractive manner free from odor.</p> <p>Observation on 10/25/22 at 10:30 AM revealed: -Strong smell of cigarette smoke throughout the apartment. -Carpet throughout the apartment had cigarette ashes. -Cigarette ashes were found on the coffee table in the living area and on client #2's night stand. -Black mildew was found in client #2's bathroom floor along the baseboard and in the bathtub. -Client #1's bathroom sink was covered with hair. -Client #1's bathroom had dirt on the bathroom floor.</p> <p>Interview on 10/25/22 client #2 stated: -Did not smoke in the apartment. -The smoke smell is from his clothing. -Tried to keep the apartment clean and staff assisted.</p> <p>Interview on 10/25/22 staff #1 stated: -They assist the clients on cleaning their apartments. -Will do weekly walk throughs to check to see what needed to be cleaned. -Suspects client #2 smoked in his apartment, but not caught him.</p>	V 736	<p><i>Please see Attached.</i></p>	
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MHL 092-580

1503 Crest Road, APT #101
Raleigh, NC 27606
Varsity Crest #1

V112:

- Client #1 does have a treatment plan in his current episode tab, but the employee showed a previous 'episode' in the EHR, in error. Regardless, it expires 11/30/22, so it will need renewed anyway.
- We have hired a new Director who will oversee the program and ensure this does not occur again. There will be extensive training on treatment plans both procedurally and clinically.
- The new employee will be responsible for and required to keep an updated collaborative spreadsheet with expiration dates available to State Director as well as Regional Director who will be available for additional oversight.
- This will be monitored on a monthly basis during individual supervision.

V736:

- Staff will ensure the apartment is up to cleanliness standards today/immediately.
- Staff will continue to meet with clients multiple times per day to coach, teach, and/or assist with cleaning and hygiene as required.
- Staff will provide Client #2 smoking cessation offerings, reminder of smoking in the apartments being a violation of the lease and review the client handbook, again.
- Page 5, bullet 10 states, "I will not smoke, use tobacco or vaping products inside the property."
- Staff will monitor the situation on daily basis and hold client accountable.