

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-641	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/30/2022
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NAME OF PROVIDER OR SUPPLIER C R E S T GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 635 DASHLAND DRIVE FAYETTEVILLE, NC 28303
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on November 30, 2022. The complaint was unsubstantiated (intake #NC00193122). 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 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105		

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

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V 105	Continued From page 1 can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to implement written policy for staff safely transporting clients. The findings are:</p> <p>Review on 11/30/22 of the facility's transportation policy revealed: -"Purpose: Safe driving practices of employees are of great concerns to CREST. CREST employees with driving records containing accidents and serious traffic violations pose an increased threat to client safety and to the public...Policy:...Any employee who violates this policy or who is observed violating driving laws of the State and/or deliberately practicing unsafe driving habits will be subject to disciplinary action...:</p> <p>A request was made to the Director/Qualified Professional (QP) for the facility's van maintenance records on 11/30/22 was unsuccessful. No records were provided by the Director/QP.</p> <p>Observation on 11/29/22 at approximately 10:45am of the facility's van revealed: -The front windshield was cracked with about 3 lines. -The driver's seatbelt did not latch.</p> <p>Interview on 11/29/22 client #1 stated: -The facility's van was "really messed up." -The brakes on the van were messing up. -The driver's seatbelt did not buckle.</p>	V 105		

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V 105	<p>Continued From page 3</p> <ul style="list-style-type: none"> -They spoke with the Director/QP about the van being messed up. <p>Interview on 11/29/22 client #2 stated:</p> <ul style="list-style-type: none"> -The driver's seatbelt does not work. -Staff had to wrap the seatbelt around the arm rest. -They told the Director/QP about the seatbelt. <p>Interview on 11/29/22 staff #1 stated:</p> <ul style="list-style-type: none"> -The facility vehicle "runs bad when you get to a certain speed." -The driver's seatbelt would not stay buckled and staff had to keep pushing on it. <p>Interview on 11/30/22 the Group Home Manager stated:</p> <ul style="list-style-type: none"> -The driver's seatbelt "does not catch all the time when you try to put it in." -The van was in need of maintenance. -There were no maintenance logs. -Staff would inform management and management would let them know when to take it for repairs. <p>Interview on 11/30/22 the Director/QP stated:</p> <ul style="list-style-type: none"> -There were no routine concerns with the faciity's van. -The facility's van should be serviced once a month. -He had not kept track of the facility's van maintenance. -He recalled a seatbelt issue with the facility's van and it was sent to be serviced but the service provider could not repair it. -He told staff to take the facility's van to the dealership for repairs. -It was the staff's responsibility to ensure they reported concerns. -There was a monthly vehicle maintenance form 	V 105		

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V 105	Continued From page 4 for the Group Home Manager to submit.	V 105		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (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. (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. (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.	V 108		

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V 108	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid affecting 3 of 3 audited staff (#1, Residential Manager and Qualified Professional (QP)). The findings are:</p> <p>Review on 11/30/22 of staff #1's personnel record revealed: -Hire date 10/15/18. -CPR/First Aid certificate, Date completed 10/16/20, Validity Period: 2 years.</p> <p>Interview on 11/30/22 staff #1 stated: -She worked at the facility for 5 years. -She worked alone. -She took CPR/First Aid training in August 2022.</p> <p>Review on 11/30/22 of the Group Home Manager's (GHM) personnel record revealed: -Hire date 7/22/20. -CPR/First Aid certificate, Date completed 5/28/20, Validity Period: 2 years.</p> <p>Interview on 11/30/22 the GHM stated: -She worked at the facility for 2 years. -She worked her shift alone. -She took CPR/First Aid Training 3 or 4 months ago. -The facility did not provide a copy of their CPR/First Aid certification.</p> <p>Review on 11/30/22 of the Director/Qualified Professional's (QP) personnel record revealed: -Hire date 4/23/18. -CPR/First Aid certificate, Date completed 5/18/18, Validity Period: 2 Years.</p>	V 108		

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V 108	Continued From page 6 Interview on 11/30/22 the Director/QP stated: -He could not say for sure if all staff had current CPR/First Aid training. -He was not currently certified in CPR/First Aid. -His CPR/First Aid training had to be rescheduled. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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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V 112	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure client treatment plans were completed annually for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 11/30/22 of client #1's record revealed: -41 year old female. -Admitted on 5/31/12. -Diagnoses of Psychotic Disorder, Mood Disorder, Borderline Intellectual Functioning, Dyslipidemia and Allergic Rhinitis.</p> <p>Review on 11/30/22 of client #1's treatment plan revealed: -Effective 11/10/21. -Target Date (Not to exceed 12 months) 11/9/21. -Signed by guardian on 11/5/21.</p> <p>Interview on 11/29/22 client #1 stated: -She lived at the group home since 2010. -Her mother was her guardian. -She met with the Director/Qualified Professional (QP) last year about her treatment plan. -She did not know what her goals were.</p> <p>Interview on 11/30/22 the Director/QP stated: -Client #1's treatment plan was not current. -Client #1's treatment plan was last updated in May. -He planned to schedule a treatment team meeting with client #1's guardian. -He understood treatment plans should be</p>	V 112		

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V 112	Continued From page 8 completed annually. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
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 9</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered as ordered by the physician and MARs were kept current for 3 of 3 audited clients (#1,#2,#3). The findings are:</p> <p>Finding #1 Review on 11/29/22 and 11/30/22 of client #1's record revealed: -41 year old female. -Admitted on 5/31/12. -Diagnoses of Psychotic Disorder, Mood Disorder, Borderline Intellectual Functioning, Dyslipidemia and Allergic Rhinitis.</p> <p>Review on 11/29/22 and 11/30/22 of signed physician orders for client #1 revealed: Orders dated 1/13/22 - Flintstone's Complete daily. (multivitamin) Orders dated 3/31/22 - Fluticasone 50 microgram (mcg) 2 sprays daily. (allergy) - Cetirizine 10 milligram (mg) as needed for allergies. (allergy) Orders dated 6/7/22 - Pantoprazole 40 mg daily. (heartburn) Orders dated 6/29/22 - Cetirizine 10 mg daily. - Simvastatin 20 mg at bedtime. (cholesterol) Orders dated 8/8/22 - Montelukast 10 mg at bedtime as needed for allergies. Orders dated 8/26/22 - Methylphenidate 10 mg daily. (Attention Deficient Hyperactivity Disorder (ADHD)) - Topiramate 100 mg 1 and 1/2 tablet</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>twice daily. (seizure)</p> <ul style="list-style-type: none"> - Fluoxetine 40mg daily with 10 mg capsule for 50 mg for mood. (Depression) - Fluoxetine 10 mg daily with 40 mg capsule for mood. - Lamotrigine 200 mg twice daily for mood. (seizure) - Quetiapine ER 400mg 2 tablets at bedtime for mood. <p>Review on 11/29/22 and 11/30/22 of client #1's MARs from 9/1/22 - 11/29/22 revealed:</p> <ul style="list-style-type: none"> -Simvastatin 20 mg was documented as given from 11/1/22 - 11/28/22. -Quetiapine ER 400mg 2 tablets (800mg) at bedtime was documented as given from 11/1/22 - 11/28/22. -Azelastine 137 mcg spray twice daily was documented as given from 11/1/22 - 11/28/22. -No evidence of MARs completed for October 2022. <p>Observation on 11/29/22 at approximately 1:05pm a review of client #1's medications revealed:</p> <ul style="list-style-type: none"> -Simvastatin 20 mg at bedtime and Simvastatin 40 mg every evening both available. -Quetiapine ER 400mg 2 tabs at bedtime for mood and Quetiapine ER 400mg tablet at bedtime. -Azelastine 137 mcg spray was not available onsite for review. <p>Interview on 11/29/22 client #1 stated:</p> <ul style="list-style-type: none"> -She went home every holiday and every 2 weeks. -She received her medications daily from staff. -She was unsure what medications she took. <p>Finding #2</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>Review on 11/30/22 of client #2's record revealed: -35 year old female. -Admitted on 12/18/08. -Diagnoses of Bipolar I Disorder severe with psychotic features, Mild Intellectual Disability and Epilepsy. -No signed physician orders for Topiramate 100mg twice daily, Aripiprazole 5 mg daily (mood), Clobetasol 0.05% Ointment twice daily (skin conditions), Clotrimazole 1% Cream twice daily (skin condition), Ketoconazole 2% Shampoo three times a week (skin condition), Betamethasone Valer 0.1% twice daily (skin condition), Triamcinolone 0.1 % Ointment twice daily as needed for itching and once daily, Urea 40 % Cream to callous daily, Epipen 0.3 mg as needed (allergy).</p> <p>Review on 11/29/22 - 11/30/22 of client #2's signed physician orders revealed: -Order dated 12/30/21 - Eucrisa 2 % Ointment. (skin conditions) -Order dated 1/17/22 - Famotidine 20 mg daily for GERD. - Montelukast 10 mg daily for seasonal allergic rhinitis. - Cetirizine 10 mg every evening for seasonal allergic rhinitis. - Calcium Antacid Chew Tab every evening as needed for heartburn. -Order dated 2/18/22 - Azelastine HCL 0.1% Nasal twice daily for season allergic rhinitis. - Calcium Antacid Chew Tab every morning. -Order dated 3/26/22 - Mupirocin 2% Ointment twice daily for recurring cold and excoriation disorder. -Order dated 6/21/22 - Fluticasone Prop 50 mcg daily. - Cryselle - 28 tab Low Ogestrel every</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>evening. (birth control)</p> <ul style="list-style-type: none"> - Terbinafine 250 mg daily for Tinea Unguim. - Tegaderm 2 3/8 '' x 2 2/3 '' twice daily for excoriation disorder - Ventolin HFA 90 mcg as needed for moderate persistent asthma. -Order dated 6/27/22 - Symbicort 160/4.5 mcg twice daily for moderate persistent asthma. -Order dated 7/6/22 - Doxycycline Hyclate 100 mg twice daily. (bacterial infections) -Order dated 7/25/22 - Lithium ER 300 mg 2 tablets daily with supper. (Bipolar) - Hydroxyzine 50 mg as needed for Bipolar II/itch. -Order dated 8/31/22 - Ibuprofen 800 mg 3 times daily as need for pain in left wrist. -Order dated 9/8/22 - Gentamicin 0.1% Ointment and discontinued 11/11/22. (Inflammation) -Order dated 9/19/22 - Clonidine 0.1mg three times daily. (hypertension) -Order dated 10/17/22 - Ziprasidone 60 mg daily. (Bipolar) - Duloxetine DR 60 mg daily. (Depression) -Order dated 11/11/22 - Hibiclens 4 % Liquid wash and rinse for atopic dermatitis. - Vitamin DC 1000 daily at lunch. (supplement) - Zinc sulfate 50 mg daily. (supplement) - Vitamin C 500 mg daily. (supplement) - Therems -M tab daily. (supplement) <p>Review on 11/29/22 and 11/30/22 of client #2's MARs from 9/1/22 - 11/29/22 revealed:</p> <ul style="list-style-type: none"> -Gentamicin 0.1% Ointment was documented as administered until 11/29/22 after it was discontinued 11/11/22. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-641	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/30/2022
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NAME OF PROVIDER OR SUPPLIER C R E S T GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 635 DASHLAND DRIVE FAYETTEVILLE, NC 28303
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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 118	<p>Continued From page 13</p> <ul style="list-style-type: none"> -Topiramate 100mg twice daily, Terbinafine 250 mg, Doxycycline Hyc 100 mg, Eucrisa 2 % Ointment, Ketoconazole 2% Shampoo, Betamethasone Valer 0.1% were documented as administered for November 2022. -Aripiprazole 5 mg was documented as discontinued in September 2022 and administered November 2022. -No evidence of MARs completed for October 2022. <p>Observation on 11/29/22 at approximately 11:00am a review of client #2's medications revealed:</p> <ul style="list-style-type: none"> -Topiramate 100mg twice daily and Symbicort 160/4.5 mcg were available onsite for review. -Terbinafine 250 mg, Aripiprazole 5 mg, Clobetasol 0.05% Ointment, Eucrisa 2 % Ointment, Ketoconazole 2% Shampoo and Betamethasone Valer 0.1% were not available for review. <p>Interview on 11/29/22 client #2 stated:</p> <ul style="list-style-type: none"> -She received her medications daily. -She had eczema around her breast area. -Some of her medication were 1 prescribed cream daily, a body wash, inhaler, and had to get shots at the clinic. -She took all of her medications daily. -She took her noon time medications at the day program. <p>Finding #3 Review on 11/30/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> -55 year old male. -Admitted on 8/12/19. -Diagnosis of Severe Intellectual Disability. <p>Review on 11/29/22 - 11/30/22 of client #3's signed physician orders revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-641	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/30/2022
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NAME OF PROVIDER OR SUPPLIER C R E S T GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 635 DASHLAND DRIVE FAYETTEVILLE, NC 28303
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V 118	<p>Continued From page 14</p> <ul style="list-style-type: none"> -Order dated 10/19/21 - Omeprazole 20 mg daily for GERD without Esophagitis. <ul style="list-style-type: none"> - Fenofibrate 160 mg daily. (cholesterol) - Nifedipine ER 60 mg daily and discontinued 11/1/22. (chest pain) - Fish Oil 1000 Cap twice daily. (supplement) -Order dated 5/24/22 - Lorazepam 1 mg daily. (Anxiety) -Order dated 7/8/22 - Magnesium Oxide 250 mg daily. (supplement) <ul style="list-style-type: none"> - Quetiapine ER 300 mg twice daily. (mental/mood) - Carbamazepine 200 mg twice daily. (seizure) Order dated 8/10/22 - Dextroamphetamine-Amphetamine 20 mg twice daily. (ADHD) Order dated 11/1/22 - Olmesartan Hydrochlorothiazide 20 daily. (hypertension) <p>Review on 11/29/22 and 11/30/22 of client #3's MARs from 9/1/22 - 11/29/22 revealed:</p> <ul style="list-style-type: none"> -Nifedipine ER 60 mg daily was documented as administered daily from 11/1/22 - 11/29/22 after it was discontinued. -No evidence of MARs completed for October 2022. <p>Observation on 11/29/22 at approximately 2:05pm a review of client #3's medications revealed:</p> <ul style="list-style-type: none"> -Nifedipine ER 60 mg was not available onsite for review. <p>Interview on 11/29/22 client #3 stated:</p> <ul style="list-style-type: none"> -The staff administered his medications to him daily. -He had not missed any of this medications. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-641	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/30/2022
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NAME OF PROVIDER OR SUPPLIER C R E S T GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 635 DASHLAND DRIVE FAYETTEVILLE, NC 28303
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V 118	<p>Continued From page 15</p> <p>-He went home for a week for the Thanksgiving holiday.</p> <p>Interview on 11/29/22 staff #1 stated: -The clients received there 12pm medications at the day program. -Staff would document "O" if the client was on a home visit or if the medication was unavailable. -Client #2 went to the doctor often and her medications would change. -Some of the ointments and creams that client #2 was prescribed were discontinued or not a the facility. -She was unable to locate October MARs. -She had requested all current orders from the pharmacy.</p> <p>Interview on 11/30/22 the Group Home Manager stated: -Staff #1 was responsible for filing away MARs. -She was unable to locate the October MARs. -Staff #1 would document all medications as administered to complete the MARs. -She felt certain clients received their medications as prescribed. -She had requested all current orders from the pharmacy.</p> <p>Interview on 11/30/22 the Director/Qualified Professional stated: -The clients were given their noon time medications at the day program. -He was responsible for reviewing the medications and MARs. -He visited the group home monthly to review medications. -Staff recently completed a medication training. -Client #1 like to "pick" her skin and had "skin lesions." -Client #1 had several ointments and creams</p>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-641	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/30/2022
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NAME OF PROVIDER OR SUPPLIER C R E S T GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 635 DASHLAND DRIVE FAYETTEVILLE, NC 28303
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V 118	<p>Continued From page 16</p> <p>prescribed but he was not sure what she currently took.</p> <p>-The pharmacy had not faxed all the clients current orders.</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 physicians.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		