STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
JULIU I STAN STAN STAN STAN STAN STAN STAN STAN		A. BUILDING:				
MHL026-641		B. WING			-C I <b>7/2023</b>	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CRES	T GROUP HOME #3		ILAND DRIV VILLE, NC 2			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
V 000	V 000 INITIAL COMMENTS		V 000			
	A complaint and follow up survey was completed on March 17, 2023. The complaint was unsubstantiated (intake #NC00197220). Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
	This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 2 current clients.					
V 112	112 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan		V 112			

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

TITLE (X6) DATE

			E CONSTRUCTION	(X3) DATE COMP		
		B. WING		R-C <b>03/17/2023</b>		
		MHL026-641	D. WINO		03/1	7/2023
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CRES	Γ GROUP HOME #3		LAND DRIV			
()(1) ID	CLIMMA DV STA		/ILLE, NC 2		ON.	(VE)
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 112	Continued From pa		V 112			
	facility failed to ensure written consent or agreement by guardian for two of two audited clients (#1, #3). The findings are:					
	record revealed: -49 year old female -Admitted on 3/18/1 -Diagnosis of Mild I					
	dated 12/16/22 reversely -Plan signed by clied -Plan was not signed	of client #1's treatment plan ealed: ent #1 and dated 12/12/22. ed by legal guardian. nsent by the legal guardian.				
	Interview on 3/10/2: -She was never told -Her goals were all	d what her goals were.				
	Finding #2 Review on 3/9/23 a record revealed: -41 year old female -Admitted on 5/31/1					

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		A. BUILDING:		R-C		
MHL026-641		B. WING		03/17/2023		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CRES	Γ GROUP HOME #3		ILAND DRIV VILLE, NC 2			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 112	Continued From page 2		V 112			
	-Diagnoses of Psychotic Disorder, Mood Disorder, Borderline Intellectual Function, Dyslipidemia and Allergic Rhinitis. -Legal Guardian was her mother.					
	Review on 3/10/23 of client #3's treatment plan dated 11/10/22: -Client #3 signed as "Person Receiving Services"					
	and "Legally Responsible Person." -No evidence of consent by the legal guardian.					
	-She was unsure w	ner what her goals were.				
	plans.	Professional stated: e for developing the treatment client treatment plans should				
		been cited 3 times since the e 7, 2022 and must be days.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administere order of a person a drugs.  (2) Medications sha					

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
				R-C		
		MHL026-641	B. WING		03/1	7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
CRES	T GROUP HOME #3		LAND DRIV			
	OLIMANA DV. OTA		VILLE, NC 2			0.5
(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 SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	(3) Medications, including injections, shall be		V 118			
	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 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.					
	facility failed to adm written order of a pl were kept current fo	views and interviews the ninister medications on the nysician and ensure MARs or two of two audited clients				
	(#1, #3). The finding	gs are:				
	Review on 3/9/23 o -49 year old female -Admitted on 3/18/1	5.				
	-Diagnosis of Mild Intellectual DisabilityNo signed physician order for Knee Sleeve "put					

Division of Health Service Regulation

Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					R-	
		MHL026-641	B. WING			7/2023
		WITIL020-64 I			03/1	112023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		635 DASH	ILAND DRIV	E		
CRES	T GROUP HOME #3	FAYETTE	VILLE, NC 2	8303		
(VA) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX	-	/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIES		DATE
				DEFICIENCY)		
\/ 118	Continued From pa	ge 1	V 118			
V 110	Continued i Tom pa	ge 4	V 110			
	on in the morning a	nd remove at bedtime for				
	acute pain of right k	nee" transcribed on MARs.				
	Review on 3/9/23 a	nd 3/17/23 of client #1's				
	signed physician or	ders revealed:				
	6/8/22 - Montelukas	st 10 mg at bedtime for cough.				
	1/25/23 - Cetirizine	10 mg daily. (allergies)				
		mg daily. (indigestion)				
	-Omeprazole 20 mg daily. (acid reflux) -Ziprasidone 20 mg every morning with food and 2 capsules at bedtime with food. (mental/mood) -Furosemide 20 mg twice daily. (edema)					
		tended Release (ER) 500 mg				
	twice daily. (chest p	pain)				
	,					
	Review on 3/9/23 of client #1's MARs from					
		ch 9, 2023 revealed the				
	following blanks:	10 (7 )				
	-Cetirizine 10 mg 3/					
	-Famotidine 20 mg 3/9 (7am).					
	-Omeprazole 20 mg 3/9 (7am).					
	-Ziprasidone 20 mg 3/9 (7am), 2/12 (8pm) and					
	2/15 (8pm).  Panelazina EP 500 mg 2/15 (6pm) 3/1 (6pm)					
	-Ranolazine ER 500 mg 2/15 (6pm), 3/1 (6pm) and 3/9 (7am).					
		g 2/12 (8pm) and 2/15 (8pm).				
		ution, 1/1 (8pm), 2/12 (8pm),				
	12/15 (8pm) and 3/					
		not documented as used.				
	TATIOG GIOCYC WAS I	ot aboumented as abou.				
	Interview on 3/10/23	3 client #1 stated				
		cations every morning and				
	every night.	c.c., monning and				
		lications but did not know the				
	name of them.					
		edications yesterday (3/9/23)				
	morning.	, , (0, 0, 20)				
		er medications.				
	-She always took her medicationsShe had a knee sleeve 3 years ago but the					

Division of Health Service Regulation

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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  (X4) ID PROVIDER'S PLAN OF CORRECTION		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  635 DASHLAND DRIVE FAYETTEVILLE, NC 28303  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  COntinued From page 5 doctor discontinued it.  Finding #2 Review on 3/9/23 and 3/10/23 of client #2's record revealed: -41 year old femaleAdmitted on 5/31/12Diagnoses of Psychotic Disorder, Mood Disorder, Borderline Intellectual Function, Dyslipidemia and Allergic RhinitisNo physician order or discontinue order for Azelastine 137 microgram (mcg) administered in January and February 2023 (allergies).  Review on 3/9/23 and 3/17/23 of client #3's signed physician orders revealed:		
C R E S T GROUP HOME #3  635 DASHLAND DRIVE FAYETTEVILLE, NC 28303  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 5 doctor discontinued it.  Finding #2 Review on 3/9/23 and 3/10/23 of client #2's record revealed: -41 year old femaleAdmitted on 5/31/12Diagnoses of Psychotic Disorder, Mood Disorder, Borderline Intellectual Function, Dyslipidemia and Allergic RhinitisNo physician order or discontinue order for Azelastine 137 microgram (mcg) administered in January and February 2023 (allergies).  Review on 3/9/23 and 3/17/23 of client #3's signed physician orders revealed:	R-C <b>03/17/2023</b>	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 5  doctor discontinued it.  Finding #2 Review on 3/9/23 and 3/10/23 of client #2's record revealed:  -41 year old femaleAdmitted on 5/31/12Diagnoses of Psychotic Disorder, Mood Disorder, Borderline Intellectual Function, Dyslipidemia and Allergic RhinitisNo physician order or discontinue order for Azelastine 137 microgram (mcg) administered in January and February 2023 (allergies).  Review on 3/9/23 and 3/17/23 of client #3's signed physician orders revealed:		
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 5  doctor discontinued it.  Finding #2 Review on 3/9/23 and 3/10/23 of client #2's record revealed:  -41 year old femaleAdmitted on 5/31/12Diagnoses of Psychotic Disorder, Mood Disorder, Borderline Intellectual Function, Dyslipidemia and Allergic RhinitisNo physician order or discontinue order for Azelastine 137 microgram (mcg) administered in January and February 2023 (allergies).  Review on 3/9/23 and 3/17/23 of client #3's signed physician orders revealed:		
doctor discontinued it.  Finding #2 Review on 3/9/23 and 3/10/23 of client #2's record revealed: -41 year old femaleAdmitted on 5/31/12Diagnoses of Psychotic Disorder, Mood Disorder, Borderline Intellectual Function, Dyslipidemia and Allergic RhinitisNo physician order or discontinue order for Azelastine 137 microgram (mcg) administered in January and February 2023 (allergies).  Review on 3/9/23 and 3/17/23 of client #3's signed physician orders revealed:	(X5) COMPLETE DATE	
Finding #2 Review on 3/9/23 and 3/10/23 of client #2's record revealed: -41 year old femaleAdmitted on 5/31/12Diagnoses of Psychotic Disorder, Mood Disorder, Borderline Intellectual Function, Dyslipidemia and Allergic RhinitisNo physician order or discontinue order for Azelastine 137 microgram (mcg) administered in January and February 2023 (allergies).  Review on 3/9/23 and 3/17/23 of client #3's signed physician orders revealed:		
tablets daily. (seizure) - Topiramate 100 mg 1 1/2 tablets twice daily. (seizure) -2/21/23 - Fluticasone 50 mcg daily. (allergy) - Methylphenidate 10 mg twice daily in the morning and afternoon. (Attention Deficit Hyperactivity Disorder)  Review on 3/9/23 of client #3's MARs from January 2023 - March 9, 2023 revealed the following blanks: -Lamotrigine 100 mg 2/12 (6pm)Fluticasone 50 mcg 2/25-2/28Topiramate 100 mg 1/8 (6pm)Methylphenidate 10 mg 2/28, 3/9 (2pm)Azelastine 137 mcg 2/12 (6pm)  Interview on 3/10/23 client #2 revealed: -She took her medications 3 times a dailyShe took her 2pm medication at the group home.		

Observation on 3/9/23 between 4:15 pm - 5pm of

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL026-641		B. WING			.C <b>7/2023</b>	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 00/1	112020
			ILAND DRIV	•		
CRES	T GROUP HOME #3	FAYETTE	VILLE, NC 2	8303		
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From page 6		V 118			
	the client's medicat -Client #1's knee slareviewClient #3's Methylp Azelastine 137 mcg Interview on 3/9/23 stated: -All clients received -Client #1 received morning but did had due to her vision be -Client #3 received the group homeClient #3 had not r because the facility -Client #3 last took medication this more -She was unsure al mcg order it was port hospitalizationShe was unsure al Interview on 3/9/23 -He was responsible medications and Ma -The pharmacy visi medications.  This deficiency has	ions revealed: eeve was not available for chenidate 10 mg and g were not available for review.  the Group Home Manager I their medications daily. her morning medications this d not documented the MAR eing off. Methylphenidate 2 pm dose at ecceived her 2pm dose is waiting on the refill. her Methylphenidate rning. cout client #3's Azelastine 137 cossibly discontinued after her cout the blanks on the MARs. the Executive Director stated: e for reviewing the ARs. ted monthly to review the  been cited 3 times since the e 7, 2022 and must be				

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