

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1026-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/12/2023
NAME OF PROVIDER OR SUPPLIER MYROVER-REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 613 QUALITY ROAD FAYETTEVILLE, NC 28306		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on April 12, 2023. The complaints were unsubstantiated (Intake #NC00200094 and NC00200035). 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 and 1 former client.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <p>(1) the client's presenting problem;</p> <p>(2) the client's needs and strengths;</p> <p>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <p>(b) When services are provided prior to the establishment and implementation of the</p>	V 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 111	<p>Continued From page 1</p> <p>treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure an admission assessment was completed for one of three (#3) clients. The findings are:</p> <p>Review on 04/11/23 of client #3's record revealed: -43 year old female. -Admission date of 04/03/23. -Diagnoses of Amphetamine, Cocaine, Methamphetamine, Marijuana, Fentanyl substance abuse. -No admission assessment.</p> <p>During interview on 04/11/23 client #3 revealed: -She was admitted to the facility approximately a week ago. -This was second time at the facility. -She was not ready the first time.</p> <p>During interview on 04/11/23 the Program Director revealed: -She was aware that client #3 needed an admission assessment. -She would complete the admission assessment</p>	V 111			

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V 111	Continued From page 2 immediately.	V 111		
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 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have physician's orders for one of three audited clients (#2). The findings are:</p> <p>Review on 04/11/23 of client #2's record revealed: -Admission date of 12/2/22. -Diagnoses of Alcohol Dependence, Cocaine Dependence and Marijuana Dependence.</p> <p>Review on 04/11/23 of client #2's record revealed no Physician orders for the following medications: -Sertraline HCL 100mg Take 1 tablet by mouth once daily for anxiety associated with depression for mood. -Naltrexone 50mg Take 2 tablets by mouth once daily for alcohol cravings. -Gabapentin 300mg Take 1 capsule by mouth 3 times daily for neuropathic pain. -Buspirone HCL 15mg Take 1 tablet by mouth twice daily for repeated episodes of anxiety. -Cholecalcif 50mcg Take 1 tablet by mouth twice daily. -Lidocaine 5% Apply 1 patch to skin once daily for pain. -Hydroxyzine Pamoate 50mg Take 1 capsule by mouth every 6 hours as needed for sleep. -Sulindac 200mg Take 1 tablet by mouth twice daily as needed with food for pain. -Docusate 100mg Take 1 capsule by mouth once daily as needed. -Melatonin 5mg Take 1 capsule by mouth at bedtime for insomnia. -Prazosin HCL 2mg Take 1 capsule by mouth at bedtime for post traumatic stress syndrome.</p> <p>During interview on 04/11/23 client #2 revealed: -She had been at the facility for approximately 4</p>	V 118		

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V 118	Continued From page 4 months. -She takes her medication every day by the staff. -She received her medications through the VA hospital. During interview on 04/11/23 the Program Director revealed: -Client #2 was the Veteran in the home. -She received her medications through the VA hospital. -It was very difficult to get prescriptions through the VA for a client. -She would have the doctor sign the print off of the medications that the clients bring back with them to the facility after they are seen at the VA hospital.	V 118		
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.	V 536		

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

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V 536	Continued From page 6 (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing,	V 536		

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V 536	<p>Continued From page 7</p> <p>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 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>This Rule is not met as evidenced by: Based on record reviews and interview the facility</p>	V 536			

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V 536	<p>Continued From page 8</p> <p>failed to ensure four of four audited staff (House Manager, Qualified Professional (QP), Program Director, Counselor) received annual training updates in alternatives to restrictive interventions. The findings are:</p> <p>Review on 04/11/23 of House Managers record revealed:</p> <ul style="list-style-type: none"> - Hire date unknown. - Non-Violent Crisis Intervention (NCI) expired 2/1/23. - No current training in alternatives to restrictive interventions. <p>Review on 04/11/23 of the Program Directors record revealed:</p> <ul style="list-style-type: none"> -Hire date of 12/15/19. -Non-Violent Crisis Intervention (NCI) expired 06/26/22. - No current training in alternatives to restrictive interventions. <p>Review on 04/11/23 of the QP's record revealed:</p> <ul style="list-style-type: none"> -Hire date of 03/13/23. -No current training in alternatives to restrictive interventions. <p>Review on 04/12/23 of the Counselors record revealed:</p> <ul style="list-style-type: none"> -Hire date unknown. -No current training in alternatives to restrictive interventions. <p>During interview on 04/11/23 the Program Director revealed:</p> <ul style="list-style-type: none"> -She was aware the training was expired or some of the staff had not been trained. -A class was already set up and all the staff would be trained. 	V 536		

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V 736	Continued From page 9	V 736		
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> <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 04/11/23 at approximately 12:45pm revealed:</p> <ul style="list-style-type: none"> - The living room carpet had dark stains. - The hallway carpet had dark spots. - Client #1's bedroom revealed dark areas and bleach type spots on the carpet. - 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. - The bedroom upstairs had an iron mark on the carpet. <p>Interview on 05/26/22 the Program Director stated:</p> <ul style="list-style-type: none"> - She understood the repair items reviewed. - She had no questions regarding facility items discussed at exit of the survey. <p>This deficiency constitutes a re-cited deficiency</p>	V 736		

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V 736	Continued From page 10 and must be corrected within 30 days.	V 736			