

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-641</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/14/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>C R E S T GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>635 DASHLAND DRIVE</b> <b>FAYETTEVILLE, NC 28303</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on February 14, 2024. The complaint was unsubstantiated (intake #NC00212828). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</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 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></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"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <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,</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>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to 1.) ensure 2 of 3 staff (#1, #2) had training to meet the needs of the clients; 2). ensure training in infectious diseases and bloodborne pathogens for 2 of 3 staff and 3.)ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid for 2 of 3 staff. The findings are:</p> <p>Finding #1 Review on 2/14/24 of staff #1's personnel record revealed: -Hire date: 1/2/24. -No evidence of training to meet the needs of the clients. -No evidence of a certification in CPR/First Aid.</p> <p>Interview on 2/14/24 staff #1 stated: -She worked at the facility since 1/16/24. -She worked alone. -She completed client specific trainings with the Assistant Director. -She completed CPR/First Aid in January before she began working in the facility.</p> <p>Finding #2</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>Review on 2/14/24 of staff #2's personnel record revealed: -Hire date: 1/14/24. -No evidence of training to meet the needs of the clients. -No evidence of a certification in CPR/First Aid.</p> <p>Attempted interview on 2/14/24 with staff #2 revealed staff was not available by phone. A request to return call was made.</p> <p>Interview on 2/14/24 the Assistant Director stated: -Staff worked alone on their shift. -Staff #1 and staff #2 was scheduled for CPR/First Aid training on 3/9/24. -Staff would receive training in infectious disease and bloodborne pathogens as a component of CPR/First Aid. -She trained staff to meet the needs of the clients during their staff orientation.</p>	V 108		
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: (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</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to review the treatment plan annually for 1 of 3 audited clients (#3) and agreement by the legally responsible person for 1 of 3 audited clients (#2). The findings are:</p> <p>Finding #1 Review on 2/13/24 and 2/14/24 of client #2's record revealed: -36 year old female. -Admitted on 12/18/08. -Diagnoses of Bipolar Disorder, Mild Intellectual Developmental Disability and Epilepsy.</p> <p>Review on 2/14/24 of client #2's treatment plan dated 1/1/24 revealed treatment plan was not signed by client #2's guardian.</p> <p>Interview on 2/14/24 client #2 stated: -Staff helped her with her goals.</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>Finding #2 Review on 2/13/24 and 2/14/24 of client #3's record revealed: -42 year old female. -Admitted on 5/31/12. -Diagnosis of Mild Intellectual Developmental Disability. -No evidence of a current treatment plan.</p> <p>Review on 2/13/24 of client #1's treatment plan dated 11/10/22 revealed the "Target Date" was not to exceed 11/10/23.</p> <p>Interview on 2/14/24 of client #3 stated: -She had not had a treatment team meeting in a long time. -She does not remember what her goals are. -She would like to learn to cook, get a job and get her own place.</p> <p>Interview on 2/13/24 and 2/14/24 the Executive Director/Qualified Professional stated: -He was responsible for developing the client treatment plans. -Client #2's signed had not signed her treatment plan. -He believed he had updated the treatment plan for client #3 but he could not locate it.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local</p>	V 114		

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V 114	<p>Continued From page 5</p> <p>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. The findings are:</p> <p>Review on 2/14/24 of facility records for January 2023 thru December 2023 revealed: -No disaster drills were held during the 1st quarter (January 2023 - March 2023). -No disaster drills were held during the 3rd quarter (July 2023 - September 2023). -No disaster drills were held during the 4th quarter (October 2023 - December 2023).</p> <p>Interview on 2/13/24 the Executive Director/Qualified Professional stated: -The facility was short staff and staff worked a 7 days on and 7 days off shift. -Staff had not completed drills as required.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>(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.</p> <p>This Rule is not met as evidenced by:                      Based on record reviews, observation and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>three of three clients (#1, #2, #3). The findings are:</p> <p>Finding #1 Review on 2/13/24 of client #1's record revealed: -36 year old male. -Admitted on 5/18/12. -Diagnoses of Major Depressive Disorder and Mild Intellectual Developmental Disability. -No physician order for Omeprazole 20 milligram (mg) daily. (heartburn)</p> <p>Review on 2/13/24 and 2/14/24 of client #1's signed physician orders revealed: -9/8/23 - Dairy Relief 3000 units, 3 tablets with first bite of dairy food/drink. (Lactose Intolerant) - Ezetimibe 10 mg daily. (Cholesterol) -12/15/23 - Famotidine 20 mg twice daily. (Gastroesophageal Reflux Disease)( GERD) -1/10/24 - Polyethylene Glycol 3350 17 gram daily in the morning for 3 days. (Stool) -1/24/24 - Docusate 100 mg daily. (Stool) - QC Natural Vegetable Powder 5 grams daily. (Fiber)</p> <p>Review on 2/13/24 of client #1's MARs between 12/1/23 - 2/13/24 revealed the following blanks: -Docusate 100 mg on 2/12/24 and 2/13/24. -Ezetimibe 10 mg on 12/9/23, 12/30/23 and 2/13/24. -Famotidine 20 mg on 12/9/23, 12/29/23 (PM), 12/30/23, 12/31/23 (PM), 1/21/24 (AM), 1/26/24 (PM), 2/12/24 (PM) and 2/13/24 (AM). -Omeprazole 20 mg on 12/9/23, 12/30/23, 2/12/24 and 2/13/24. -QC Natural Vegetable Powder 5 grams on 2/12/24 and 2/13/24. -Polyethylene Glycol 3350 not documented on January MAR.</p>	V 118		



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V 118	<p>Continued From page 8</p> <p>Observation on 2/13/24 between 11:00am - 11:15am of client #1's medications revealed: -Dairy Relief 3000 units was empty.</p> <p>Interview on 2/14/24 client #1 stated: -He received his medication daily. -He took medications in the morning and 1 medication are night.</p> <p>Finding #2 Review on 2/13/24 and 2/14/24 of client #2's record revealed: -36 year old female. -Admitted on 12/18/08. -Diagnoses of Bipolar Disorder, Mild Intellectual Developmental Disability and Epilepsy. -No physician order for Betamethasone Valer 0.1 % cream twice daily (Skin), Clotrimazole 1% cream twice daily (Skin), Eucrisa 2% Ointment twice daily (Skin), and Hibiclens 4% liquid daily (Antibacterial Cleaner).</p> <p>Review on 2/13/24 and 2/14/24 of client #2's signed physician orders revealed: -3/15/23 - Azelastine 0.1% Spray twice daily. (antihistamine) - Cetirizine HCL 10 mg every evening. (allergies) - Duloxetine HCL DR 60 mg daily. (Depression) -Famotidine 20 mg daily for GERD - Fluticasone Prop 50 mcg spray (allergies) - Gentamicin 0.1 % Ointment three times daily. (Skin) - Lithium Carbonate ER 300 daily. (Bipolar) - Montelukast SOD 10 mg daily for seasonal allergies. - Symbicort 160-4.5 mcg inhaler twice daily. (Asthma) - Topiramate 100 mg twice daily. (Seizure)</p>	V 118		

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V 118	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>- Ziprasidone HCL 80 mg (Bipolar)</li> <li>7/20/23 - Ketaconzole 2% Shampoo three times weekly. (Skin)</li> <li>8/6/23 - Multivitamin tab daily. (Supplement)</li> <li>-8/18/23 - Low-Ogestrel 28 tablets every evening. (Birth Control)</li> <li>-9/7/23 - Clonidine HCL 0.1 mg three time daily. (Bipolar)</li> </ul> <p>Review on 2/13/24 of client #2's MARs from 12/1/23 - 2/13/24 revealed the following blanks</p> <ul style="list-style-type: none"> <li>-Azelastine 0.1% Spray on 12/9/23, 12/31/23, 1/4/24, 1/15/24, 1/16/24 (PM), 1/25/24 (PM), 1/26/24, 2/3/24, 2/4/24, 2/7/24, 2/12/24 and 2/13/24 (AM).</li> <li>-Betamethason Valer 0.1 % cream on 12/9/23, 12/31/23, 1/4/24, 1/14/24 (PM), 1/15/24, 1/16/24 (AM), 1/25/24 (PM), 1/27/24-1/28/24, 2/3/24, 2/4/24, 2/6/24 (PM), 2/7/24, 2/12/24 and 2/13/24 (AM).</li> <li>-Cetirizine HCL 10 mg on 12/9/23, 12/31/23, 1/4/24, 1/16/24, 1/31/24, 2/3/24, 2/4/24, 2/7/24 and 2/12/24.</li> <li>-Clonidine HCL 0.1 mg on 12/31/23, 1/4/24, 1/15/24, 1/16/24 (AM), 2/3/24, 2/4/24, 2/6/24 (PM), 2/7/24 and 2/12/24(PM) and 2/13/24 (AM).</li> <li>-Clotrimazole 1% cream on 12/9/23, 12/31/23, 1/4/24, 1/15/24, 1/16/24 (AM), 1/25/24 (PM), 2/3/24, 2/4/24, 2/6/24 (PM), 2/7/24, 2/12/24 (PM) and 2/13/24 (AM).</li> <li>-Duloxetine HCL DR 60 mg on 12/9/23, 12/31/23, 1/4/24, 1/15/24, 1/16/24, 2/3/24, 2/4/24, 2/7/24, 2/12/24 and 2/13/24.</li> <li>-Eucrisa 2% Ointment on 1/28/24, 2/3/24, 2/4/24 (AM), 2/6/24 (PM), 2/7/24, 2/12/24 (PM) and 2/13/24 (AM).</li> <li>-Famotidine 20 mg on 2/3/24, 2/4/24, 2/7/24 and 2/13/24.</li> <li>-Fluticasone Prop 50 mcg spray on 2/3/24, 2/4/24, 2/7/24 and 2/13/24.</li> </ul>	V 118		

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V 118	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-Gentamicin 0.1 % Ointment on 1/26/24 (PM), 2/3/24, 2/4/24 (AM), 2/6/24 (PM), 2/7/24 and 2/13/24.</li> <li>- Hibiclens 4% liquid on 2/3/24, 2/4/24, 2/7/24 and 2/13/24.</li> <li>-Lithium Carbonate ER 300 on 2/3/24, 2/6/24, 2/7/24 and 2/12/24.</li> <li>-Low-Ogestrel 28 tablets on 1/16/24, 2/3/24, 2/6/24, 2/7/24 and 2/12/24.</li> <li>-Montelukast SOD 10 mg on 12/9/24, 2/3/24, 2/4/24, 2/7/24 and 2/13/24.</li> <li>-Multivitamin tab on 12/9/24, 2/3/24, 2/4/24, 2/7/24 and 2/13/24.</li> <li>-Symbicort 160-4.5 mcg inhaler on 12/9/24, 2/3/24, 2/4/24, 2/6/24, 2/7/24 and 2/13/24.</li> <li>-Topiramate 100 mg on 12/9/23, 1/6/24, 2/3/24, 2/4/24 (AM), 2/6/24 (PM), 2/7/24 and 2/13/24.</li> <li>-Ziprasidone HCL 80 mg on 12/9/23, 1/6/24, 2/3/24, 2/4/24 and 2/7/24.</li> </ul> <p>Observation on 2/13/24 between 11:45am - 1pm of client #2's medications revealed:</p> <ul style="list-style-type: none"> <li>-Ketoconazole 2% Shampoo was not available for review.</li> <li>-Low-Ogestrel 28 tablets was not available onsite for review. It was last filled 1/25/24 however the box was empty.</li> </ul> <p>Interview on 2/14/24 client #2 stated:</p> <ul style="list-style-type: none"> <li>-She received her medications daily.</li> </ul> <p>Finding #3</p> <p>Review on 2/13/24 and 2/14/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-42 year old female.</li> <li>-Admitted on 5/31/12.</li> <li>-Diagnosis of Mild Intellectual Developmental Disability.</li> </ul> <p>Review on 2/13/24 and 2/14/24 of client #3's</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>signed physician orders revealed: -2/21/23 - Allergy 10 mg daily. - Atorvastatin 20 mg at bedtime. (Cholesterol) - Fluoxetine HCL 10 mg daily. (Depression) - Fluticasone Prop 50 microgram (mcg) daily. - Pantoprazole 40 mg daily before breakfast (GERD). - Topiramate 100 mg 1 and 1/2 tablets twice daily. -9/15/23 - Lamotrigine 200 mg twice daily. (Bipolar) -7/21/23 - Methylphenidate 20 mg 1/2 tablet twice daily. (Attention Deficiet Hyperactivity Disorder) -12/1/23 - Quetiapine Fumarate 200 mg at bedtime. (Mood)</p> <p>Review on 2/13/24 of client #3's MARs from 12/1/23 - 2/13/24 revealed the following blanks: -Allergy 10 mg on 12/9/23, 1/7/24, 1/25/24-2/13/24. -Atorvastatin 20 mg on 12/9/23, 1/16/24-2/2/24. -Fluoxetine HCL 10 mg on 12/9/23, 1/24/24 and 2/13/24. -Fluticasone Prop 50 mcg 12/9/23, 1/21/24, 1/24/24, 2/1/24-2/2/24 and 2/13/24. -Lamotrigine 200 mg on 12/9/23, 12/14/23-12/16/23, 1/6/24 (PM), 2/1/24-2/2/24 (PM) and 2/13/24 (AM). -Methylphenidate 20 mg on 12/9/23, 12/14/23 (PM), 12/15/23-12/16/23, 1/6/24, 2/1/24-2/2/24 (PM) and 2/13/24 (AM). -Pantoprazole 40 mg on 12/9/23, 12/14/23, 12/15/23, 12/16/23, 2/2/24 and 2/13/24. -Quetiapine Fumarate 200 mg on 12/1/23-12/9/23, 2/1/24, 2/2/24, 2/13/24. -Topiramate 100 mg on 12/2/23-12/8/23, 2/1/24 (PM) and 2/13/24 (AM).</p> <p>Observation on 2/13/24 between 1:00pm -</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>1:15pm of client #3's medications revealed: -Allergy 10 mg was not available onsite for administration or review.</p> <p>Interview on 2/14/24 client #3 stated: -She received her medications daily. -She had not missed any of her medications.</p> <p>Interview on 2/14/24 staff #1 stated: -All clients received their medications as ordered. -She forgot to document on the clients MARs after administration on 2/12/24 and 2/13/24.</p> <p>Interview on 2/13/24 the Executive Director/Qualified Professional stated: -He was unsure why there were blanks on the clients MARs. -He had not reviewed the client medications in the past 3 months.</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 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the</p>	V 120		

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V 120	<p>Continued From page 13</p> <p>refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to ensure medications were stored in a locked container for three of three audited clients (#1, #2, #3). The findings are:</p> <p>Review on 2/13/24 of client #1's record revealed: -36 year old male. -Admitted on 5/18/12. -Diagnoses of Major Depressive Disorder and Mild Intellectual Developmental Disability.</p> <p>Review on 2/13/24 and 2/14/24 of client #2's record revealed: -36 year old female. -Admitted on 12/18/08. -Diagnoses of Bipolar Disorder, Mild Intellectual Developmental Disability and Epilepsy.</p> <p>Review on 2/13/24 and 2/14/24 of client #3's record revealed: -42 year old female.</p>	V 120		

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V 120	<p>Continued From page 14</p> <p>-Admitted on 5/31/12. -Diagnosis of Mild Intellectual Developmental Disability.</p> <p>Observation on 2/13/24 between 11am - 1:15pm of the client medication cabinet revealed the medication cabinet used to store client medications were not locked.</p> <p>Interview on 2/14/24 staff #1 stated: -There was no key for the medication cabinet. -She had asked the Group Home Manager for the medication cabinet key but it was never provided. -The medication cabinet was left unlocked.</p> <p>Interview on 2/13/24 and 2/14/24 the Executive Director/Qualified Professional stated: -He had not realized the medication cabinet was not locked and secured. -He was sure there was a key for the medication cabinet staff would need to locate it.</p>	V 120		
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 of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 15</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 2 of 3 audited staff (#1, #2). The findings are:</p> <p>Finding #1 Review on 2/14/24 of staff #1's personnel record revealed: -Hire date: 1/2/24. -No documentation HCPR was accessed prior to hire. HCPR was accessed on 2/13/24.</p> <p>Interview on 2/14/24 staff #1 stated: -She worked at the facility since 1/16/24.</p> <p>Finding #2 Review on 2/14/24 of staff #2's personnel record revealed: -Hire date: 1/14/24. -No documentation HCPR was accessed prior to hire. HCPR was accessed on 2/13/24.</p> <p>Attempted interview on 2/14/24 with staff #2 revealed staff was not available by phone. A request to return call was made.</p> <p>Interview on 2/14/24 the Assistant Director stated: -The information in the staff's personnel record was accurate. -She understood the HCPR should be accessed prior to hire.</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 APPLICANTS FOR EMPLOYMENT.</p>	V 133		



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V 133	<p>Continued From page 16</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, Criminal Records Check Unit. Within five</p>	V 133		

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V 133	<p>Continued From page 17</p> <p>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"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the</li> </ol>	V 133		

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V 133	<p>Continued From page 18</p> <p>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 crimes include the criminal offenses set forth in</p>	V 133		

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V 133	Continued From page 19  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.  (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 criminal history record check under this section	V 133		

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V 133	<p>Continued From page 20</p> <p>shall be guilty of a Class A1 misdemeanor. (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: (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. (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 (#1). The findings are:</p> <p>Finding #1 Review on 2/14/24 of staff #1's personnel record revealed: -Hire date: 1/2/24. -Criminal record check 4/7/23. -No documentation of a criminal background check.</p> <p>Interview on 2/14/24 staff #1 stated: -She had started the application process with the facility before but never worked.</p>	V 133		

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V 133	Continued From page 21  -She worked at the facility since 1/16/24.  Interview on 2/14/24 the Assistant Director stated: -A criminal record check was completed during staff #1's initial application. -There was no evidence background check was completed at hire for staff #1's most recent employment with the facility.	V 133		
V 366	27G .0603 Incident Response Requirements  10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-641</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/14/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>C R E S T GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>635 DASHLAND DRIVE</b> <b>FAYETTEVILLE, NC 28303</b>
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V 366	<p>Continued From page 22</p> <p>regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The</p>	V 366		

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NAME OF PROVIDER OR SUPPLIER  <b>C R E S T GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>635 DASHLAND DRIVE</b> <b>FAYETTEVILLE, NC 28303</b>
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V 366	<p>Continued From page 23</p> <p>final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to incidents as required. The findings are:</p> <p>Finding #1</p>	V 366		
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Division of Health Service Regulation

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V 366	<p>Continued From page 24</p> <p>Review on 2/13/24 of client #1's record revealed: -36 year old male. -Admitted on 5/18/12. -Diagnoses of Major Depressive Disorder and Mild Intellectual Developmental Disability.</p> <p>Finding #2 Review on 2/13/24 and 2/14/24 of client #2's record revealed: -36 year old female. -Admitted on 12/18/08. -Diagnoses of Bipolar Disorder, Mild Intellectual Developmental Disability and Epilepsy.</p> <p>Finding #3 Review on 2/13/24 and 2/14/24 of client #3's record revealed: -42 year old female. -Admitted on 5/31/12. -Diagnosis of Mild Intellectual Developmental Disability.</p> <p>Refer to V118 regarding blanks on clients Medication Administration Records (MAR). -Client #1, Client #2 and Client #3 had several blanks on their MAR between 12/1/23 - 2/13/24.</p> <p>Interview on 2/13/24 the Executive Director/Qualified Professional stated: -There were no level I incident reports for the facility. -Staff were supposed to complete level I incident reports for missed medications.</p>	V 366		