

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-642</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/03/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>C R E S T GROUP HOME #4</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>224 RANDOLPH AVENUE FAYETTEVILLE, NC 28311</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on June 3, 2024. The complaint was substantiated (intake #NC00216585). 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 6 and has a current census of 4. 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>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</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> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <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 ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid for 2 of 6 audited staff. The findings are:</p> <p>Finding #1 Review on 5/30/24 of staff #1's personnel record revealed: -Hire date: 1/10/24. -No evidence of a current certification in CPR/First Aid.</p> <p>Interview on 5/31/24 unsuccessful. Message left to return call to surveyor.</p> <p>Interview on 5/31/24 and 6/3/24 the Assistant Director stated: -She would locate the CPR/first Aid Certificate for staff #1 and forward a copy to surveyor by 5:00 pm on 5/31/24. -As of 6/3/24 she was unable to locate the CPR/First Aid certificate for staff #1. -She understood the requirement to ensure staff were currently trained in CPR/First Aid.</p>	V 108		

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V 112	Continued From page 2	V 112		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain written consent or</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>agreement by the client or responsible party or a written statement by the provider stating why such consent could not be obtained for 2 of 3 audited clients (#1, #3). The findings are:</p> <p><b>Finding #1</b> Review on 5/30/24 of client #1's record revealed: -34 year old male admitted on 9/8/16. -Diagnoses of Autism Spectrum Disorder; Borderline Intellectual Functioning. -Treatment plan dated 9/1/23 was not signed by the responsible party.</p> <p>Interview on 5/30/24 client #1 stated she had lived at the facility since 2015.</p> <p><b>Finding #2</b> Review on 5/30/24 of client #3's record revealed: -48 year old male. -Diagnoses of Moderate Intellectual Developmental Disability and Autism -Treatment plan dated 9/4/23 was not signed by the responsible party.</p> <p>Client #3 declined to interview with surveyor.</p> <p>Interview on 5/31/24 the Assistant Director stated that the Executive Director usually obtained signatures for the treatment plans.</p> <p>Interview on 5/31/23 the Executive Director stated the signatures had been obtained but he did not know why the signature pages were not filed. He did not know why the signatures were not on the signature pages that accompanied the clients treatment plan. He understood the requirement of written consent or agreement by the client or responsible party for the treatment plan.</p>	V 112		

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V 113	Continued From page 4	V 113		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information</p>	V 113		

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V 113	<p>Continued From page 5</p> <p>relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain complete client records including a completed face sheet, screening and admission assessments, signed treatment plans, and consent to treatment and seek emergency care for 1 of 3 audited clients (#1, #3). The findings are:</p> <p>Review on 5/30/24 of client #1's record revealed: -34 year old male. -Diagnoses of Autism Spectrum Disorder; Borderline Intellectual Functioning -Treatment plan dated 9/1/23 was not signed by the responsible party.</p> <p>Interview on 5/30/24 client #1 stated she had lived at the facility since 2015.</p> <p>Finding #2 Review on 5/30/24 of client #3's record revealed: -48 year old male admitted 3/12/06. -Diagnoses of Moderate Intellectual Developmental Disability and Autism. -Treatment plan dated 9/4/23 was not signed by the responsible party. -No documented screening or admission assessment. -No admission date listed. -No signed consent for services or to seek</p>	V 113		

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V 113	Continued From page 6  emergency care. -No documentation of legal guardianship.  Client #3 declined an interview with the surveyor.  Interview on 5/31/23 the Executive Director stated the signatures had been obtained but he did not know why the signature pages were not filed. He did not know why the signatures were not on the signature pages that accompanied the clients treatment plan. The facility had endured some recordkeeping issues. A residential services director had been hired and some responsibilities are currently being shifted to assist with the issues. He understood the requirement of maintaining a complete record for each client.	V 113		
V 114	27G .0207 Emergency Plans and Supplies  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 authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.	V 114		

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V 114	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 5/30/24 of facility records from May 2023 - April 2024 revealed: -No fire and disaster drills were documented for the months of May 2023 - April 2024.</p> <p>During interview on 5/30/24 and 5/31/24 clients #1 and #2 stated they had completed fire and disaster drills at the facility monthly. Client #3 declined the interview.</p> <p>During interview on 5/30/24 the Residential Services Director stated fire and disaster drills were documented monthly and all documented drills had been provided to the surveyor for review.</p> <p>During interview on 5/31/24 the Director stated: -There was difficulty locating the drills but some were done. There had been some issues with record keeping and high employee turnover. The facility is in the process of switching to electronic records. The facility recently hired a residential services director and is currently shifting responsibilities.</p> <p>[This deficiency constitutes a recited deficiency and must be corrected within 30 days.]</p>	V 114		
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</p>	V 736		

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V 736	<p>Continued From page 8</p> <p>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 interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 5/31/24 at approximately 10:26 am revealed:</p> <ul style="list-style-type: none"> <li>-2 three bulb ceiling fans in the dining room. 1 had 1 bulb not working and 1 had 2 bulbs not working.</li> <li>-The handicap bathroom's (#3) shower had caulking around the bottom of the shower that had black residue on it and dark spots on the wall at the top of the shower.</li> <li>-Client #2 had a 5 drawer dresser that had the first drawer on the left side and third drawer on the bottom right corner broken; the nightstand bottom drawer had a broken track; window blind had 2 broken slats.</li> <li>-Client #4 had black residue and spots on the ceiling vent above the window.</li> <li>-The bathroom at the rear of the facility had caulking around the tub that was discolored black and brown.</li> </ul> <p>Interview on 5/31/24 the Residential Services Director stated:</p> <ul style="list-style-type: none"> <li>-He had completed and submitted a maintenance report detailing mold in the bathroom to building owners.</li> <li>-Staff would attempt to clean the bathrooms, while awaiting a response from the building owners.</li> </ul> <p>Interview on 5/31/24 the Executive Director stated</p>	V 736		

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V 736	Continued From page 9  he was unaware of the issues with the bathrooms, but a maintenance report had been submitted.	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observation on 5/31/24 at approximately 10:26am revealed: -The hot water temperature in the kitchen, handicap bathroom and the bathroom at the rear door was 120 degrees Fahrenheit. -The hot water temperature in the half bathroom at the front of the facility was 119 degrees Fahrenheit.</p> <p>Interview on 5/31/24 staff #2 stated there had not been any complaints from any clients of the water being to hot.</p> <p>Interview on 5/31/24 Executive Director stated:</p>	V 752		

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V 752	Continued From page 10  -The facility maintenance staff had arrived at the facility to adjust the water temperature.  [This deficiency constitutes a recited deficiency and must be corrected within 30 days.]	V 752		