

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-639	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/29/2024
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NAME OF PROVIDER OR SUPPLIER C R E S T GROUP HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 1533 MINTZ DRIVE FAYETTEVILLE, NC 28303
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on August 29, 2024. 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 has a current census of 4. The survey sample consisted of audits of 3 current clients.</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> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (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; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to provide documentation that a completed admission assessment was completed prior to the delivery of services for 1 of 3 audited clients (#4). The findings are:</p> <p>Review on 8/27/24 of client #4's record revealed: -24 year old male. -Admission date: 5/3/21. -Diagnosis of Mild Intellectual Disability. -No documentation of an admission assessment.</p> <p>Interview on 8/27/24 client #4 stated: -He believed he lived at the facility for 2 years.</p> <p>Interview on 8/28/24 the Qualified Professional/Executive Director stated: -There was an admission assessment for client #4. -The facility's admission assessment was an application that gathered the history and background.</p> <p>A request was made for the admission assessment, at exit the documentation had not been provided.</p>	V 111		

Division of Health Service Regulation

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V 111	Continued From page 2 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 111		
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		

Division of Health Service Regulation

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to obtain written consent or agreement by the client or responsible party for the treatment plan for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 8/27/24 of client #1's record revealed: -60 year old male. -Admitted on 11/27/12. -Diagnoses of Other Bipolar Disorder, Adjustment Disorder with mixed anxiety and depressed mood and Mild Intellectual Disability. -Treatment plan dated 11/1/23 was not signed by the legal guardian, no facility strategies or staff responsible.</p> <p>Interview on 8/28/24 client #1 stated: -His aunt was his legal guardian. -His goals at the facility were to complete his chores.</p> <p>Interview on 8/28/24 client #1's legal guardian stated: -She did not recall meeting about client #1's treatment plan.</p> <p>Interview on 8/28/24 the Qualified Professional/Executive Director stated: -He did not have client #1's treatment plan.</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) Each facility shall develop a written fire plan</p>	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 4</p> <p>and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans 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 the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit 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 8/27/24 of the facility's records for fire and disaster drills revealed: -No documentation of fire or disaster drills held during the 3rd quarter of 2023 (July- September). -No documentation of fire or disaster drills held during the 4th quarter of 2023 (October - December). -No documentation of disaster drills held during the 1st quarter of 2024 (January - March).</p> <p>Interview on 8/28/24 client #1 stated:</p>	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 5</p> <p>-The facility held a fire drill last month. -They facility had disaster drills.</p> <p>Interview on 8/27/24 client #2 stated: -The facility held fire and disaster drills.</p> <p>Interview on 8/27/24 client #4 stated: -It had been a while since the facility held a fire or disaster drill.</p> <p>Interview on 8/28/24 the Qualified Professional/Executive Director stated: -The facility shifts were Sunday to Wednesday, Wednesday to Friday and Weekends. -Fire drills and disaster drills were held quarterly and documentation was kept at the facility.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 6</p> <p>(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 review and interview, the facility failed to administer medications on the written order of a person authorized by law to prescribe drugs and ensure MARs were kept current affecting 3 of 3 current clients (#1, #2, #4). The findings are:</p> <p>Finding #1 Review on 8/27/24 of client #1's record revealed: -60 year old male. -Admitted on 11/27/12. -Diagnoses of Other Bipolar Disorder, Adjustment Disorder with mixed anxiety and depressed mood and Mild Intellectual Disability.</p> <p>Review on 8/27/24 of client #1's signed physician orders revealed Order on 5/9/24 for Fluphenazine 5 milligram (mg) twice daily for Bipolar Disease.</p> <p>Review on 8/27/24 of client #1's MARs from 6/1/24 - 8/27/24 revealed the following blanks:</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 7</p> <p>-Fluphenazine 5 mg on 6/19/24, 6/28/24, and 8/26/24 at 6pm.</p> <p>Finding #2 Review on 8/27/24 of client #2's record revealed: -43 year old male. -Admitted on 9/14/11. -Diagnoses of Mild Intellectual Developmental Disability, Cerebral Palsy and Epilepsy.</p> <p>Review on 8/27/24 of client #2's signed physician order dated 6/6/24 revealed: -Levetiracetam 500 mg daily.</p> <p>Review on 8/27/24 of client #2's MARs from 6/1/24 - 8/27/24 revealed: -Levetiracetam 500 mg daily was given twice daily from 6/1/24-8/27/24.</p> <p>Interview on 8/28/24 client #2 stated: -He took his seizure medications twice daily.</p> <p>Finding #3 Review on 8/27/24 of client #4's record revealed: -24 year old male. -Admission date: 5/3/21. -Diagnosis of Mild Intellectual Disability. -Epinephrine 0.3 mg auto inject for allergic reaction with difficulty breathing.</p> <p>Review on 8/27/24 of client #4's signed physician order revealed: -Order dated 8/20/24 for Hydrocortisone 1% topical cream (rash) daily.</p> <p>Observation on 8/27/24 at 11:45am of client #4's medications revealed: -Hydrocortisone 1% topical cream was not available onsite. -Epinephrine 0.3 mg auto inject was not available</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 8</p> <p>onsite.</p> <p>Interview on 8/28/24 client #4 stated: -The doctor ordered 1 topical cream for his rash. -He had an Epipen but he did not carry it daily and it was kept at the facility. -He was allergic to peanuts.</p> <p>Interview on 8/28/24 the Assistant Director stated: -Client #2 was prescribed Levetiracetam 500 mg twice daily in August 2023 and the order had not changed. -Client #4's Hydrocortisone 1% topical cream was on back order. -The staff at the facility was new and did not know Hydrocortisone 1% topical cream was ordered for client #4. -Client #4 Epinephrine 0.3 mg auto inject was ordered.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
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		

Division of Health Service Regulation

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V 131	<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 the Health Care Personnel Registry (HCPR) was accessed prior to employment for 1 of 3 audited staff (#2). The findings are:</p> <p>Review on 8/28/24 of staff #2's personnel record revealed: -Unknown hire date. -Job: Paraprofessional -HCPR was accessed on 8/28/24.</p> <p>Interview on 8/28/24 staff #2 stated: -She worked at the facility since December 2022.</p> <p>Interview on 8/28/24 the Assistant Director stated: -She understood the HCPR was to be accessed prior to hire.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 131		