

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
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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 and follow up survey was completed on October 11, 2024. 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 7. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</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, the American Heart Association or their</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>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 reviews and interviews, the facility failed to ensure 2 of 4 audited staff (#1 and #2) had current first aid/cardiopulmonary resuscitation (CPR) training and received training to meet the MH/DD/SA needs of the clients. The findings are:</p> <p>Finding #1: Review on 10/09/24 of staff #1's personnel record revealed: - No record associated with staff #1. - No documentation of current first aid/CPR training or training to meet the MH/DD/SA needs of the clients.</p> <p>Interview on 10/09/24 staff #1 stated: - She had previously been a client of the facility for 6 months. - She was now the "sleeping body" staff. - She worked during the overnight hours to assist clients as needed. - She did not have first aid/CPR training. - She did not have formal training in substance abuse treatment to meet the client's needs. - She was the only staff at night 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 10/09/24 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - Date of hire: 04/11/24. - No documentation of current first aid/CPR training or training to meet the MH/DD/SA needs of the clients. <p>Interview on 10/09/24 staff #2 stated:</p> <ul style="list-style-type: none"> - She worked at the facility for 5 months. - She was trained in first aid/CPR. - She worked on 2nd shift and sometimes worked alone. <p>Interview on 10/09/24 the Office Manager stated:</p> <ul style="list-style-type: none"> - She was unable to locate staff #2's first aid/CPR certification. - She understood all relevant trainings and documentation should be completed before staff worked with clients. - She would ensure all trainings and staff records were corrected. <p>Interview on 10/09/24 the Lead House Manager stated:</p> <ul style="list-style-type: none"> - All staff should have first aid/CPR. - Staff should have been trained to meet the substance use needs of the clients. 	V 108		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate</p>	V 110		

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V 110	<p>Continued From page 3</p> <p>knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the governing body failed to develop and implement policies and procedures for individualized supervision plans of paraprofessionals by a Qualified or Associate Professional (QP or AP) affecting four of four audited paraprofessional staff (#1, #2, Lead House Manager and Director). The findings are:</p> <p>Review on 10/09/24 of the facility's plan of correction for the survey dated 02/23/22 and signed by the Executive Director on 03/18/22 revealed:</p>	V 110		

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V 110	<p>Continued From page 4</p> <ul style="list-style-type: none"> - "...QP supervise all paraprofessional staff." - "Will get QP supervision plan together for staff." <p>Review on 10/09/24 of facility records revealed:</p> <ul style="list-style-type: none"> - No QP or AP identified on the staff roster at the facility. - No QP or AP job description. <p>Review on 10/09/24 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - No date of hire identified. <p>Review on 10/09/24 of staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date of 04/11/24. <p>Review on 10/09/24 of the Lead House Manager's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date of 09/04/23. <p>Review on 10/09/24 and 10/10/24 of the Director's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of hire: House Manager 01/17/22. - Date of hire: Counselor 05/01/23. - Registration as a Certified Alcohol and Drug Counselor 04/17/23. <p>Review on 10/09/24 and 10/10/24 of personnel records for the paraprofessional staff listed above revealed no documentation of an individualized supervision plan by a QP or AP.</p> <p>Interview on 10/09/24 and 10/10/24 the Lead House Manager stated:</p> <ul style="list-style-type: none"> - The Director was on vacation. - He understood all paraprofessional had to be supervised by an AP or a QP. 	V 110		

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V 112 V 112	Continued From page 5 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have a Person-Centered Plan with written consent or agreement by the client or	V 112 V 112		

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V 112	<p>Continued From page 6</p> <p>responsible party or a written statement by the provider stating why such consent could not be obtained affecting three of three audited clients (#1, #2, #4). The findings are:</p> <p>Finding #1: Review on 10/09/24 of client #1's record revealed: - Admitted 09/04/24. - Diagnoses of Alcohol Use Disorder and Stimulant Use Disorder. - She was own guardian. - Treatment plan dated 09/4/24 not signed by the client.</p> <p>Interview on 10/09/24 client #1 stated: - She had been in the program for 30 days. - She reviewed goals with the Director. - She had planned to stay in program for 6 months.</p> <p>Finding #2: Review on 10/09/24 of client #2's record revealed: - Admitted 07/24/24. - Diagnoses Stimulant Disorder and Opioid Use Disorder. - She was own guardian. - Treatment plan dated 07/24/24 not signed by the client.</p> <p>Interview on 10/09/24 client #2's stated: - She resided at the facility for 54 days. - The facility staff had helped her. - She received outpatient therapy. - She had goals at the facility and worked at the thrift store.</p> <p>Finding #3: Review on 10/09/24 of client #4's record</p>	V 112		

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V 112	<p>Continued From page 7</p> <p>revealed:</p> <ul style="list-style-type: none"> - Admitted 08/20/24. - Diagnoses of Opioid Use Disorder and Cannabis Use Disorder. - She was own guardian. - Treatment plan dated 08/19/24 was not signed by the client. <p>Interview on 10/09/24 client #4 stated:</p> <ul style="list-style-type: none"> - She resided at the facility since 08/22/24. - Staff ensured she got to appointments. - She was not able to state specific goals. - Staff worked well with the clients to ensure needs were met. <p>Interview on 10/09/24 the Lead House Manager stated:</p> <ul style="list-style-type: none"> - The Director was responsible for client treatment plans. -The Director was on vacation. 	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan 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.</p> <p>Drills shall be conducted under conditions that</p>	V 114		

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V 114	<p>Continued From page 8</p> <p>simulate the facility's response to fire emergencies. (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 10/09/24 of the facility's record for fire and disaster drills revealed: -No documentation fire or disaster drills were held on 1st shift during the 4th quarter of 2023 (October - December). -No documentation fire drills were held on 2nd or 3rd shifts for the last 4 quarters (October 2023 - September 2024). -No documentation disaster drills were held on 2nd and 3rd shift during the 1st quarter of 2024 (January - March). -No documentation disaster drills were held on 1st and 3rd shift during the 2nd quarter of 2024 (April - June). -No documentation disaster drills were held on 1st, 2nd or 3rd shift during the 3rd quarter of 2024 (July - September).</p> <p>Interview on 10/09/24 client #1 stated: -She had resided at the facility for 30 days. -She had not participated in fire or disaster drills.</p> <p>Interview on 10/09/24 client #2 stated: -She had resided at the facility for 54 days.</p>	V 114		

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V 114	<p>Continued From page 9</p> <p>-She had completed fire and disaster drills at the facility.</p> <p>Interview on 10/09/24 client #4 stated: -She was admitted on 08/22/24. --She had been provided with the information on exits and emergency procedures at the facility.</p> <p>Interview on 10/09/24 staff #2 stated: -Fire and disaster drills were held monthly on each shift.</p> <p>Interview on 10/09/24 the Lead House Manager stated: -The shifts for the facility were: 1st shift 6am - 2pm, 2nd shift 2pm - 10pm and 3rd shift 10pm - 6am. -Fire and Disaster drills were completed monthly but he was unsure if drills were repeated on each shift.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>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> <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.</p> <p>(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 and interviews, the facility failed to ensure unlicensed persons were trained in medication administration by a legally qualified person to prepare and administer medications affecting 2 of 4 audited staff (#1 and #2) and failed to ensure medications were administered on the written order of a person authorized by law to prescribe medications affecting 1 of 3 audited clients (#3). The findings are:</p> <p>Finding #1: Review on 10/09/24 of staff #1's personnel record revealed: - No record associated with staff #1. - No documentation of medication administration training.</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>Interview on 10/09/24 staff #1 stated:</p> <ul style="list-style-type: none"> - She had previously been a client of the facility for 6 months. - She was now the "sleeping body" staff. - She worked during the overnight hours to assist clients as needed. - She was not trained in medication administration. - She assisted with medications as needed or if 1st shift staff was late. - She was the only staff at night in the facility. <p>Finding #2:</p> <p>Review on 10/09/24 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - Date of hire: 04/11/24. - No documentation of medication administration training. <p>Interview on 10/09/24 staff #2 stated:</p> <ul style="list-style-type: none"> - She had medication training. - She just handed client the clients the medication and staff monitored administration. <p>Interview on 10/09/24 the Office Manager stated:</p> <ul style="list-style-type: none"> - She understood all relevant trainings and documentation should be completed before staff work with clients. - She would ensure all trainings and staff records were corrected. <p>Interview on 10/09/24 and 10/11/24 the Lead House Manager stated:</p> <ul style="list-style-type: none"> - Staff that administer medication were required to have training. - He was setting up relevant training. <p>Finding #3:</p> <p>Record Review on 10/09/24 of client #3's revealed:</p> <ul style="list-style-type: none"> - Admission date 07/24/24. 	V 118		

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V 118	<p>Continued From page 12</p> <ul style="list-style-type: none"> - Diagnoses Stimulant Disorder and Opioid Use Disorder. - No documentation of a signed Physician's order for Aripiprazole 5mg daily (mood) or Hydroxyzine 50mg as needed (anxiety). - No documentation of a discontinue order for Wellbutrin 150mg daily (depression). <p>Review on 10/09/24 of client #3's MAR's from 08/01/24 through 10/09/24 revealed:</p> <ul style="list-style-type: none"> - Aripiprazole 5mg was administered once daily. - Hydroxyzine 50mg was administered twice daily. - Wellbutrin 150mg daily discontinued on 09/08/24. <p>Interview on 10/09/24 the Lead House Manager stated:</p> <ul style="list-style-type: none"> -The Physician orders were suppose to be placed in the client record. - He was unable to locate the physician orders for client #3. <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		

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V 131	<p>Continued From page 13</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 3 of 4 audited staff (#1, #2 and the Lead House Manager). The findings are:</p> <p>Finding #1: Review on 10/09/24 of staff #1's personnel record revealed: - No record associated with staff #1. - No documentation of HCPR was accessed prior to hire.</p> <p>Finding #2: Review on 10/09/24 of staff #2's record revealed: - Date of hire: 04/11/24. - No documentation of HCPR was accessed prior to hire.</p> <p>Finding #3: Review on 10/09/24 of the Lead House Manager's personnel record revealed: - Date of re-hire: 09/04/23. - HCPR accessed 03/15/22. - No documentation of HCPR was accessed at re-hire.</p> <p>Interview on 10/09/24 the Office Manager stated: - She understood all relevant trainings and documentation should be completed before staff work with clients. - She would ensure all staff records were corrected.</p>	V 131		

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V 133	Continued From page 14	V 133		
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> <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</p>	V 133		

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V 133	<p>Continued From page 15</p> <p>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 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>	V 133		

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V 133	<p>Continued From page 16</p> <p>(1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (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. (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</p>	V 133		

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V 133	Continued From page 17 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 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.	V 133		

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V 133	<p>Continued From page 18</p> <p>(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 shall be guilty of a Class A1 misdemeanor.</p> <p>(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:</p> <p>(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.</p> <p>(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 reviews and interviews, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting four of four audited staff (#1, #2, Lead House Manager and Director). The findings are:</p> <p>Finding #1: Review on 10/09/24 of staff #1's personnel record revealed: - No record associated with staff #1.</p>	V 133		
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V 133	<p>Continued From page 19</p> <ul style="list-style-type: none"> - No documentation of a criminal history check completed. <p>Finding #2: Review on 10/09/24 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - Date of hire: 04/11/24. - No documentation of a criminal history check completed <p>Finding #3: Review on 10/09/24 of the Lead House Manager's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of re-hire: 09/04/23. - Criminal history check completed 01/14/20. - No documentation of a criminal history check completed after re-hire 09/04/23. <p>Finding #4: Review on 10/09/24 and 10/10/24 of the Director's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of hire: House Manager 01/17/22. - Date of hire: Counselor 05/01/23. - Registration as a Certified Alcohol and Drug Counselor 04/17/23. - Criminal background check labeled as mailed on 04/19/21. - No documentation of a criminal history check completed <p>Interview on 10/09/24 the Office Manager stated:</p> <ul style="list-style-type: none"> - She understood all relevant trainings and documentation should be completed before staff work with clients. - She would ensure all staff records were corrected. 	V 133		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p>	V 290		

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V 290	<p>Continued From page 20</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other</p>	V 290		

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V 290	<p>Continued From page 21</p> <p>drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure (1) that at least one staff member on duty was trained in alcohol and other drug withdrawal symptoms for 2 of 4 audited paraprofessional staff (#1 and #2). The findings are:</p> <p>Finding #1: Review on 10/09/24 of staff #1's personnel record revealed: - No record associated with staff #1. - No documentation training in alcohol and other drug withdrawal symptoms.</p> <p>Interview on 10/09/24 staff #1 stated: - She had previously been a client of the facility for 6 months. - She was now the "sleeping body" staff. - She worked during the overnight hours to assist clients as needed. - She did not have formal training in substance abuse treatment to meet the client's needs. - She was the only staff at night in the facility.</p> <p>Finding #2: Review on 10/09/24 of staff #2's record revealed: - Date of hire: 04/11/24. - No documentation of training in alcohol and other drug withdrawal symptoms.</p>	V 290		

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V 290	Continued From page 22 Interview on 10/09/24 staff #2 stated she had training in peer support. Interview on 10/09/24 the Office Manager stated: - She understood all relevant trainings and documentation should be completed before staff work with clients. - She would ensure all trainings and staff records corrected. Interview on 10/09/24 the Lead House Manager stated: - Staff should have training to meet the substance use needs of the clients.	V 290		
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. (d) The training shall be competency-based, include measurable learning objectives,	V 536		

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V 536	<p>Continued From page 23</p> <p>measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (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). <p>(h) Service providers shall maintain documentation of initial and refresher training for</p>	V 536		

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V 536	<p>Continued From page 24</p> <p>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 they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive</p>	V 536		

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V 536	<p>Continued From page 25</p> <p>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> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 4 audited staff (#1, and #2) received initial training in alternatives to</p>	V 536		

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 10/11/2024
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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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(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	<p>Continued From page 26</p> <p>restrictive interventions. The findings are:</p> <p>Finding #1: Review on 10/09/24 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - No record associated with staff #1. - No documentation of training in alternatives to restrictive interventions. <p>Interview on 10/09/24 staff #1 stated:</p> <ul style="list-style-type: none"> - She had previously been a client of the facility for 6 months. - She was now the "sleeping body" staff. - She worked during the overnight hours to assist clients as needed. - She did not have training in alternatives to restrictive interventions. - She was the only staff at night in the facility. <p>Finding #2: Review on 10/09/24 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - Date of hire: 04/11/24. - No documentation of training in alternatives to restrictive interventions. <p>Interview on 10/09/24 staff #2 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility on 2nd shift for approximately 5 months. - She did not have training in alternatives to restrictive interventions. <p>Interview on 10/09/24 the Office Manager stated:</p> <ul style="list-style-type: none"> - She understood all relevant trainings and documentation should be completed before staff work with clients. - She would ensure all trainings and staff records corrected. <p>Interview on 10/09/24 and 10/10/24 the Lead House Manager stated:</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
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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 536	Continued From page 27 - The facility used Non-violent Crisis Intervention (NCI) for training in alternatives to restrictive interventions. - All staff should have NCI training. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a clean and attractive manner. The findings are: Observation on 10/09/24 at approximately 9:20am revealed: - Client #2's bedroom had a torn carpet and one of four lights in the ceiling worked. - Client #3's bedroom had a receptacle cover on the floor. The brown colored carpet had several black spots of various sizes. 2 handles were missing off the dresser. One of four ceiling lights worked. - The dining room tile floor had severe scuff marks for the dining room chairs. Three dining room chairs had frayed and strings of fabric on the backs. - The dining room ceiling fan globe was broken and one of two lights bulbs worked. - 1st floor hallway bathroom #1 one of four lights worked over the sink.	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
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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 736	<p>Continued From page 28</p> <ul style="list-style-type: none"> - 1st floor storage area near back door, the fluorescent light bulb was blown in light fixture. - 1st floor carpet at the entrance of home was stained. - The first stair and second stair at the top of staircase, there was an uneven 2 inch drop from the rest of the stairs. - The 2nd first floor bathroom had an approximately 12 inch by 4 inch section of torn flooring. One of five lights worked above the sink. - The upstairs bathroom had two of six lights that worked. <p>Interview on 10/09/24 the Lead House Manager stated:</p> <ul style="list-style-type: none"> - He would ensure maintenance concerns were addressed. <p>This deficiency has been cited 4 times since the original cite on February 23, 2022 and must be corrected within 30 days.</p>	V 736		