

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 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 14 and has a current census of 11. The survey sample consisted of audits of 3 current clients.</p>	V 000			
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 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> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills;</p> <p>(6) communication skills; and</p> <p>(7) clinical skills.</p>	V 110			

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 110	<p>Continued From page 1</p> <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> <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 #2's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date of 06/18/16. <p>Review on 10/09/24 of staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date of 10/05/15. 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 110	Continued From page 2 Review on 10/09/24 of staff #4's record revealed: - Hire date of 04/08/22. Review on 10/09/24 of the Lead House Manager's personnel record revealed: - Hire date of 09/04/23. Review on 10/09/24 and 10/10/24 of the Director's personnel record revealed: - 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. 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. Interview on 10/09/24 and 10/10/24 the Lead House Manager stated: - The Director was on vacation. - He understood all paraprofessionals had to be supervised by an AP or a QP. This deficiency has been cited 3 times since the original cite on February 23, 2022 and must be corrected within 30 days.	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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	V 111		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 111	<p>Continued From page 3</p> <p>be limited to:</p> <p>(1) the client's presenting problem;</p> <p>(2) the client's needs and strengths;</p> <p>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to provide documentation that a completed admission assessment was completed prior to the delivery of services for 3 of 3 audited clients (#1, #5, #6). The findings are:</p> <p>Finding #1 Review on 10/10/24 of client #1's record</p>	V 111		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 111	<p>Continued From page 4</p> <p>revealed:</p> <ul style="list-style-type: none"> - Admitted on 9/05/24. - Diagnoses Stimulant Use Disorder and Opioid Use Disorder - Admission assessment dated 09/05/24 revealed no client's needs, significant findings, family, social and medical history provided, admitting or diagnosis. <p>Interview on 10/10/24 client #1 stated:</p> <ul style="list-style-type: none"> - He had been at the facility 34 days. - His goals were to get "spiritually fit and learn a new way of life." - He had not reviewed his goals with anyone at the facility. <p>Finding #2</p> <p>Review on 10/10/24 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted on 09/23/24. - No diagnosis. - Admission assessment dated 09/23/24 revealed no client's needs, significant findings, family, social and medical history provided, admitting or diagnosis. <p>Interview on 10/10/24 client #5 stated:</p> <ul style="list-style-type: none"> - He had been at the facility for 2 weeks. - He needed "isolation." - He was "emotional and depressed." <p>Finding #3</p> <p>Review on 10/09/24 of client #6's record revealed:</p> <ul style="list-style-type: none"> - Admitted 06/28/24. - Diagnosis of Alcohol Use Disorder Severe. - Admission assessment dated 06/28/24 revealed no client's needs, significant findings, family, social and medical history provided, admitting or diagnosis. 	V 111		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 111	Continued From page 5 Interview on 10/09/24 client #6 stated: - He had been at the facility for 3 months. - The Director had reviewed his treatment plan with him and had asked what he could improve on. - He goals were to focus on his sobriety and gain employment. Interview on 10/10/24 the Lead House Manager stated: - The Director completed the admission assessments at the facility. Interview was not conducted on 10/09/24 with the Director as she was not available for interview due to being out of the office on leave.	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	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 112	<p>Continued From page 6</p> <p>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 have a Person-Centered Plan with 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 affecting 2 of 3 audited clients (#1, #6). The findings are:</p> <p>Finding #1 Review on 10/10/24 of client #1's record revealed: - Admitted on 9/05/24. - Diagnoses Stimulant Use Disorder and Opioid Use Disorder -Treatment plan dated 09/05/24 was not signed by the client.</p> <p>Interview on 10/10/24 client #1 stated: - He had been at the facility over 30 days. - His goals were to get "spiritually fit and learn a new way of life." - He had not reviewed his goals with anyone at the facility.</p>	V 112			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 112	Continued From page 7 Finding #2 Review on 10/09/24 of client #6's record revealed: - Admitted 06/28/24. - Diagnosis of Alcohol Use Disorder Severe. - Treatment plan dated 06/28/24 was not signed by the client. Interview on 10/09/24 client #6 stated: - He had been at the facility for 3 months. - The Director reviewed his treatment plan with him and asked what he could improve on. - He goals were to focus on his sobriety and gain employment. Interview on 10/10/24 the Lead House Manager stated: - The Director was responsible for the treatment plans. Interview was not conducted on 10/09/24 with the Director as she was not available for interview due to being out of the office on leave.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans 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	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 114	<p>Continued From page 8</p> <p>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. (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 10/10/24 of the facility's record for fire and disaster drills revealed: - No documentation of fire or disaster drills held on 2nd or 3rd shifts for the last 4 quarters (October 2023 - September 2024).</p> <p>Interview on 10/10/24 client #1 stated: - He had not participated in a fire or disaster drill.</p> <p>Interview on 10/10/24 client #5 stated: - He had not participated in a fire or disaster drill.</p> <p>Interview on 10/10/24 client #6 stated: - He had not participated in a fire or disaster drill.</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. - He held fire drill and disaster drills on 1st shift.</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 114	Continued From page 9 - Fire and Disaster drills were completed monthly but he was "unsure" if drills were repeated on each shift.	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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. 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 4 audited staff (#3 and the Lead House Manager). The findings are: Finding #1: Review on 10/09/24 of staff #4's record revealed: - Hire date of 04/08/22. - HCPR accessed on 01/31/24. Finding #2: Review on 10/09/24 of the Lead House Manager's personnel record revealed: - Date of re-hire: 09/04/23. - HCPR accessed on 03/15/22. - No documentation of HCPR was accessed at	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 131	Continued From page 10 re-hire. 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.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (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. (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	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 133	Continued From page 11 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 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	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 133	<p>Continued From page 12</p> <p>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> <p>(1) The level and seriousness of the crime.</p> <p>(2) The date of the crime.</p> <p>(3) The age of the person at the time of the conviction.</p> <p>(4) The circumstances surrounding the 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</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 133	Continued From page 13 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. (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 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	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 133	<p>Continued From page 14</p> <p>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.</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</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 133	Continued From page 15 check was requested within five business days of making the conditional offer of employment affecting three of four audited staff (#3, Lead House Manager and Director). The findings are: Finding #1: Review on 10/09/24 of staff #3's record revealed: - Date of hire: 04/08/22. - Criminal background check 01/31/24. Finding #2: Review on 10/09/24 of the Lead House Manager's personnel record revealed: - 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 on 09/04/23. Finding #3: Review on 10/09/24 and 10/10/24 of the Director's personnel record revealed: - 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. 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.	V 133		
V 752	27G .0304(b)(4) Hot Water Temperatures	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 752	<p>Continued From page 16</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 failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 10/09/24 between 12:45 pm - 1:30 pm during a tour of the facility revealed:</p> <ul style="list-style-type: none"> - Hot water temperature at the sink in the right hallway bathroom was 140 degrees Fahrenheit. - Hot water temperature at the shower in the right hallway bathroom was 140 degrees Fahrenheit. <p>Interview on 10/09/24 client #5 stated:</p> <ul style="list-style-type: none"> - The water at the facility was "hot, take your skin off hot." - He used the right hallway bathroom. - He "joking" around with staff and told him the water was "scalding." - He was able to regulate the water temperature himself. <p>Interview on 10/10/24 staff #4 stated:</p> <ul style="list-style-type: none"> - He was not aware of the water temperature issue at the facility. - He had not checked the water temperature. <p>Interview on 10/09/24 the Lead House Manager stated:</p>	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 752	<p>Continued From page 17</p> <ul style="list-style-type: none"> - The water was a "little hot." - He learned about 3 weeks ago the water was "extremely hot." - The facility had not kept logs of the hot water temperatures. - He asked staff #4 to check the hot water heater. - The facility had a plumber they contracted with but he had not contacted the plumber. <p>Review on 10/10/24 of a Plan of Protection completed by the Board Chair dated 10/10/24 revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? Effective immediately the (Lead) house manager has contacted a plumber. He is scheduled to come 10-11-24. The hot water has been shut off until the plumber has adjusted the temperature. Once adjusted, the house manager will monitor and document the water temperature on a weekly basis. - Describe your plans to make sure the above happens. The hot water has been shut down. The plumber has been contacted and scheduled. (The hot water has only been shut down in half of the home) Residents have access to hot water in the other half of the home." <p>The facility served clients with diagnoses to include various substance use disorders. The clients were exposed to hot water temperature levels of 140 degrees Fahrenheit at the sink and shower at a bathroom located to the right entrance of the facility. The Lead House Manager had not contacted a plumber or followed up on the maintenance request to ensure the facility's hot water was maintained within the required temperature range of 100-116 degrees Fahrenheit. This deficiency constitutes a Type A2 violation for substantial risk of serious harm and</p>	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/11/2024
NAME OF PROVIDER OR SUPPLIER PAT REESE FELLOWSHIP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 554 WILKES ROAD FAYETTEVILLE, NC 28306		
(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 752	Continued From page 18 must be corrected within 23 days.	V 752			