

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-581	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/10/2024
NAME OF PROVIDER OR SUPPLIER VARSITY CREST #2		STREET ADDRESS, CITY, STATE, ZIP CODE 1503 CREST DRIVE, APT #102 RALEIGH, NC 27606		
(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, complaint and follow up survey was completed on 12/10/24. The complaint was substantiated Intake #NC00223976. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 2 and has a current census of 1. The survey sample consisted of audits of 1 current client.</p>	V 000		
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. 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>	V 114		

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1/14/25

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

TITLE

(X6) DATE

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V 114	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were completed on each shift. The findings are: Review on 12/6/24 of the facility's fire and disaster drill revealed: - 1 fire and 2 disaster drills completed this 2024 year During interview on 12/6/24 the Program Director reported: - staff work shifts: 8am - 4pm, 4pm - 12am & 12am - 8am During interview on 12/6/24 staff #1 reported: - staff practiced fire and disaster drills with each individual client - clients went to the dumpster for fire drills - tornado drills were practiced in the bathroom During interview on 12/6/24 staff #2 reported: - clients were given handouts regarding fire and disaster drills - clients did not practice fire and disaster drills During interview on 12/6/24 the Program Director reported: - he was responsible for ensuring fire and disaster drills were completed - will ensure fire and disaster drills were completed	V 114	Each facility will have a detailed written fire plan and a disaster plan, which will include evacuation routes and procedures near the closest exits and copies will be made available to county emergency services upon request. All staff will have access to all evacuation procedures and routes and all evacuation procedures and routes will be posted and stored in the staff office. Fire and disaster drills will be conducted monthly per shift. Drill information will include detailed physical simulated actions of what to do and where to go during a fire and disaster. Each facility will have First Aid Kits accessible for use. Provider will report all level II incidents that occur during the provision of billable services or while consumer is on providers premises within 72 hours of becoming aware of the incident. An IRIS report will be completed upon being made aware of the incident.	
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS	V 118		

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V 118	<p>Continued From page 2</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> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(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 review and interview the facility failed to administer medications on the written order of a physician for 1 of 1 client (#1). The findings are:</p>	V 118		

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V 118	Continued From page 3 Review on 12/5/24 of client #1's record revealed: - admitted 6/1/24 - diagnoses: Post Traumatic Stress Disorder, Bipolar, Major Depression, and Borderline Personality Disorder - a FL2 dated 10/1/24: - Abilify 10mg (milligram) bedtime - Gabapentin 300mg three times a day Review on 12/5/24 of client #1's October 2024 - December 2024 MARs revealed - the medications above were not listed on the MARs Observation on 12/5/24 at 3:26pm of client #1's medications revealed: - the Abilify was in the medication bin but the Gabapentin was not present at the facility During interview on 12/5/24 the facility's nurse reported: - the Gabapentin was for pain - she checked the clients' MARs weekly and the beginning of each month - the medications listed on the FL2 was an oversight - would reach out to the pharmacy regarding the Abilify	V 118	Prescription or non-prescription medications will only be administered to the client on the written order of the person authorized by law to prescribe medications by 02/28/2025. All medications administered will be recorded immediately after administration daily. All client medication request and changes will be recorded and stored in the MAR and a follow up appointment will be scheduled with prescribing physician by 02/28/2025.	
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III	V 367		

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V 367	Continued From page 4 incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy	V 367		

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V 367	Continued From page 5 of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.	V 367		

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V 367	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Level II incident reports were sent to the LME/MCO (Local Management Entity/Managed Care Organization within 72 hours. The findings are:</p> <p>Review on 12/4/24 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - no incident reports this last year (2024) <p>Review on 12/5/24 of the facility's internal incident reports for former client (FC#2) revealed:</p> <ul style="list-style-type: none"> - "10/22/24: [FC#2] came up to the office to ask to be let into his unit. Staff got up to get the keys and [FC#2] busted through the door and asked "are you coming or not" Staff redirected [FC#2] to give staff a second to assist and to be polite instead of demanding ...became aggressively vulgar with staff during this time...police was contacted." - "11/18/24: police was called on [FC#2] member ...was discharged last month for assaulting a staff member ...has been asked to remove himself from the property on 11/16/24, 11/17/24..." - "11/20/24: [FC#2] became agitated with management and staff member after being informed that staff could not provide him with former roommate phone number. [FC#2] asked staff to contact the former roommate as he was waiting at the end of the parking lot. Staff also declined. [FS#2] stated to staff that he was going to come back and "f**k staff and management up" and once he goes to court he would plead not guilty ...[local police] was contacted and a report was filed for communicating threats." 	V 367	<p>Type text here</p> <p>Provider will report all level II incidents that occur during the provision of billable services or while consumer is on providers premises within 72 hours of becoming aware of the incident. An IRIS report will be completed upon being made aware of the incident.</p>	

Division of Health Service Regulation
STATE FORM

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V 736	<p>Continued From page 8</p> <p>Review on 12/10/24 of a exterminator receipt dated 12/10/24 submitted to the Division of Health Service Regulation from the Program Director revealed:</p> <ul style="list-style-type: none"> - "target pest - German cockroach" - "...tons of dead roaches in the kitchen that need to to be cleaned up." <p>During interview on 12/5/24 client #1 reported:</p> <ul style="list-style-type: none"> - lived at the facility 3 - 4 months - the window was cracked when he moved in - his former roommate did not keep the facility clean <p>During interview on 12/5/24 staff #1 and staff #2 reported:</p> <ul style="list-style-type: none"> - windows were not observed during the facility's check - they were not aware client #1's window was cracked <p>During interview on 12/4/24 the PM reported:</p> <ul style="list-style-type: none"> - staff checked the facility at least 4 times throughout the day - the facility checks consisted of: cleanliness of the facility, checked the bathrooms and kitchen areas - the clients were responsible for the cleanliness of the facility - staff taught the clients independent living skills - "not long ago" a neighbor exchanged words amongst themselves and a rock was thrown - the rock hit client #1's window and cracked it - the facility's rental company, informed them the window was costly and "was not an urgent fix" - the painters started to paint on Monday, they removed the wall socket covers - the painters had not returned to paint the 	V 736		

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V 736	Continued From page 9 empty bedroom	V 736		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to keep the facility free from insects. The findings are: Observation on 12/4/24 at 1:08pm of the facility revealed: - a roach crawled across the kitchen's floor in which the Program Manager (PM) stepped on - a roach crawled across client #1's bathroom sink - a roach trap behind client #1's bedroom door Review on 12/10/24 of an exterminator receipt dated 12/10/24 submitted to the Division of Health Service Regulation from the Program Director revealed: - "target pest - German cockroach" - "today I treated the entire unit for German roaches. Only 2 seen this visit. Killed those right away..." - no other documentation submitted the facility had been previously exterminated During interview on 12/5/24 client #1 reported: - the housing management "bomb" the facility	V 738	The facility will be kept free from insects and rodents as evidenced by having monthly extermination checks and quarterly insect spraying. Extermination records will be stored on provider's local drives every three months.	

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V 738	<p>Continued From page 10</p> <p>3 weeks ago</p> <ul style="list-style-type: none"> - he still saw 3 to 4 roaches a day <p>During interview on 12/5/24 staff #1 reported:</p> <ul style="list-style-type: none"> - client #1 had complained about roaches - exterminator came and sprayed - the exterminator sprayed on an as needed basis <p>During interview on 12/5/24 staff #2 reported:</p> <ul style="list-style-type: none"> - if the clients complained about bugs, staff reached out to the exterminator - had not seen any roaches at the facility <p>During interview on 12/5/24 the Program Manager reported:</p> <ul style="list-style-type: none"> - was aware the roaches were in client #1's facility - the clients were homeless and sometimes brought bugs in their items when admitted - the facility was sprayed monthly <p>During interview on 12/5/24 the Assistant Director reported:</p> <ul style="list-style-type: none"> - she had not noticed any bugs in the facility - was in the facility yesterday - the exterminator sprayed every couple of months <p>During interview on 12/5/24 the Program Director reported:</p> <ul style="list-style-type: none"> - the exterminator sprayed the facility every 3 months 	V 738	<p><i>Andrae Turner</i></p> <p>01/07/2025</p>	