Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-070	A. BUILDING: _____ B. WING _____	06/10/2025

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CRESTVIEW GROUP HOME	631 CRESTVIEW DRIVE BURLINGTON, NC 27217

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on June 10, 2025. The complaint was substantiated (intake #NC00230760). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000	RECEIVED JUN 24 2025 DMSR-MH Licensure Sect	
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or	V 107	RTSA will update the Policy and Procedure Manual (Policy Number: II.8) pre-employment requirements to include clear documentation requirements for staff education, such as a high school diploma, GED, or college degree along with any certifications and/or licenses. This update will be added to the Human Resources checklist for equirements for Pre-Employment. The Executive Assistant/HR will monitor for compliance of this update by completing the checklist at the time of employment.	6/24/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Carolyn E. Carter, M.Ed Clinical Supervisor 6-18-25

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V 107	Continued From page 1 neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a complete personnel record affecting one of three audited staff (#6). The findings are: Review on 6/10/25 of Staff #6's personnel record revealed: -Hire date of 10/9/23. -She was hired as a Direct Care Staff. -No documentation of educational verification. Interview on 6/10/25 with the Executive Director revealed:	V 107		

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V 107	Continued From page 2 -Staff #6 had been re-hired. -He was sure that Staff #6's proof of education may had been with her old personnel record. -He acknowledged that Staff #6's educational documentation was not in her current personnel record.	V 107		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on records reviews and interview, the facility failed to obtain drug regimen reviews every six months for 2 of 3 clients (#2 and #3) who received psychotropic drugs. The findings are: Review on 6/10/25 of Client #2's record revealed: -Admission date of 9/25/24. -Diagnoses of Schizophrenia; Tardive Dyskinesia; Hyperlipidemia; Dysarthria; Anemia; Osteoarthritis.	V 121	To address this deficiency, RTSA will update the Policy and Procedure Manual: Medical Policies and Procedures Policy Number III.2 Medication Reviews. The amended update will be: Medications and Peer Reviews will be conducted every six months. An update reminder will be placed in the master notebook for the MARs. The medical staff of RTSA will schedule the medication/peer reviews in order to comply with the six-month requirement.	6/26/25

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V 121	Continued From page 3 -Physician's orders dated 1/10/25: -Clozapine 100 milligrams (mg) (Schizophrenia)- Take 3 ½ tablets at night. -Gabapentin 300 mg (Anxiety)- Take 2 capsules at night. -Lorazepam 1 mg (Anxiety)- Take 1 tablet every 6 hours as needed. -There was no evidence of a current six month psychotropic drug review. Review on 6/10/25 of the April 1, 2025 through June 10, 2025 Medication Administration Record (MAR) revealed: -Staff documented Client #2 was administered the above medication from April 1, 2025 through June 10, 2025. Review on 6/10/25 of Client #3's record revealed: -Admission date of 12/3/99. -Diagnoses of Schizophrenia; Personality Disorder; Diabetes Mellitus. -Physician order dated 2/21/25 for Aripiprazole 5 mg (Schizophrenia)- Take one tablet at night. -The last time a six month psychotropic drug review was conducted was 5/2/24. -There was no evidence of a current six month psychotropic drug review. Review on 6/10/25 of the April 1, 2025 through June 10, 2025 Medication Administration Record (MAR) revealed: -Staff documented Client #3 was administered the above medication from April 1, 2025 through June 10, 2025. Interview on 6/10/25 with Staff #5 revealed: -Facility was awaiting for the pharmacy to conduct the psychotropic drug reviews. -She was under the impression that the psychotropic drug reviews were to be conducted	V 121		

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V 121	Continued From page 4 only once a year. -She acknowledged the psychotropic drug reviews for Clients #2 and #3 had not been conducted every six months. Interview on 6/10/25 with the Clinical Director revealed: -She was under the impression that the psychotropic drug reviews were to be conducted only once a year. -Facility would contact the pharmacy to have the psychotropic drug reviews conducted this month. -She confirmed the psychotropic drug reviews for Clients #2 and #3 had not been conducted every six months.	V 121		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a	V 291	To address this deficiency, a Care Coordination Form will be developed to ensure coordination between the facility operator and the qualified professionals who are responsible for treatment/rehabilitation or case management. The form will be completed at the time of the client's admission and updated as necessary. The form will be placed in the front of the client's medical record for easy access. The form will include the names and contact information appropriately identified for that client. The names and contact information documented in the client's Crisis Plan (PCP) will be included as well as the supervisors for legal guardians and probation officer.	7/31/25

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V 291	Continued From page 5 conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination of care between the facility operator and the professionals who are responsible for the clients' treatment, affecting 1 of 3 clients (#1). The findings are: Review on 6/10/25 of Client #1's record revealed: -Admission date of 5/7/24. -Diagnoses of Schizoaffective Disorder. -Admission assessment dated 5/7/24 indicating: "The client has had two psychiatric hospitalizations within the past year as a result of non-compliance with his medication. The client has been living with his uncle that resides next door to his grandparents. The client is currently on probation as a violation to a domestic violence order petitioned by his grandmother." -He had a legal guardian. -He was still on probation and had a probation officer assigned. -Incident reports dating from 5/8/24 to 6/9/25 categorized as "Level I:" -Reports completed daily. Client #1 had decline medications from 5/8/24 to 6/9/25.	V 291	RTSA's Clinical Management Team will provide staff a document with instructions and guidelines for completion and implementation of the Care Coordination Form. Staff will sign and date acknowledgment and understanding of receipt of this document. All new staff will review the instructional document at the time of their employment. An annual review of the Care Coordination Form will be reviewed at RTSA's annual retreat. The Group Home Manager will be responsible for placement of the Care Coordination Form in the client's medical record.	

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V 291	Continued From page 6 Interview on 6/10/25 with Client #1 revealed: -He did not feel safe at the facility or outside. -Reported "Technology and our DNA is being manipulated." -Was told that a 30 days notice was given to his guardian for him to leave the facility. -He was "trying to stay well and move on." -He was not taking medications, but was taking his vitamins. -Informed that he did not pull out a knife on anyone at the facility and that people were making it up. -He did not talk to other clients. -Facility was unsafe because "there was a film placed on top of the carpet." Interview on 6/10/25 with Client #2 revealed: -He had been at the facility since September of last year. -He did not feel safe when Client #1 was in the facility. Interview on 6/10/25 with Client #3 revealed: -He had been residing at the facility for over 20 years. -Client #1 liked to start fights with him. -Client #1 had accused him of doing things that he had not. -Client #1 would sometimes stare at him and say: "Do you want to start something?" -He felt threaten by Client #1. Interview with Staff #5 revealed: -Client #1 had been acting up. -Client #1 had been hospitalized twice since being at the facility. -Client #1 had been harassing the other clients and staff. Has also been aggressive. -A 30 notice to vacate had been given to his guardian.	V 291		

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V 291	Continued From page 7 -Client #1 had not been complying to the facility rules. -Client #1 was "very scary." -She felt that Client #1 needed to go to a place that would help him better. -She felt that it had been "a slow process to get him out." -"Anytime that he is here, everyone is hiding. He walks around yelling and cursing. He does this every day." -She did not know what he supervisor thought about the situation with Client #1. -Supervisor knew about Client #1's behavior, but nothing had been done. -The 30 days notice was supposed to take effect on 6/5/25. -A certified letter had to be sent because his legal guardian had not been able to be located. -"All the staff that works at the home feel the same. There is pages and pages of documentation." -She felt "very stressed." -"He changes the whole dynamic of the home." -"There are paper signs everywhere. He likes to make the house dark." -Client #1 had been acting out. Curses, Threatens people. -Client #1 knows what to do and what not to do to get him hospitalized. -Client #1 may not physically attack anyone, but violates their personal space. -"One day, he pulled a butter knife on her. -Client #1 does not like people going inside his room. "He tells other to not go in his room. Tells others in the home to walk away." -"When he's in the kitchen, he does not want people in there. He does not belong here. Environment is chaotic." -"New staff that started has been terrified every day she's been here."	V 291		

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V 291	Continued From page 8 -Client #1 was without a psychiatrist. -"He first cursed the psychiatrist out. Stormed out and then missed his next appointments. He was dropped from services." -"When [Client #1] declines his medications, we do an incident report. We have been doing incident reports twice a day. We have a whole book completed." -She felt that Client #1's guardian was ignoring everything that they had been saying about him. -When Client #1 first started, "he was good. He then switched. His personality and person came out." -She felt that she was not getting enough support from administration. -"Client #1 has been here over a year. Not taking meds. Not compliant." -She was not getting straight answers from administration. -She did not know why he was still at the facility. "He should be getting services somewhere else." -Anytime she reached out to Client #1's guardian explained his behaviors, she would never hear back from her. -Client #1 was still on probation. -She had tried calling the probation officer, but was never able to get a hold of him or even leave a message. -Probation officer had been to the facility, but she was never there the times that he had been there. -She had been working at the facilty for 15 years. She had never had the need to involuntarily commit anyone. -"Everyone has been happy and peaceful up until Client #1 came to the home." -She had also contacted the Clinical Director and the only thing she received was an email with an emoji of two hands praying. Interview on 6/10/25 with Staff #4 revealed:	V 291		

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V 291	Continued From page 9 -"Client #1 has been a handful since being here." -Client #1 had not been taking his medications. Was hearing voices and responding to them. -Client #1 had been locking the house. -"Client #1 does not allow people to open the windows. He curses, slams the door. Creates havoc here. Last incident, he threaten someone." -A 30 days notice was given to his guardian. -Staff at the facility did not feel safe. -Client #1 was involuntarily committed last year. -Whenever they had to call the police, he would be calmed when they came to the facility and did not warrant to go to the hospital. -"Nowadays, you really have to prove there's a problem for him to be committed." -They have not heard back from Client #1's guardian. She does not respond when they try to contact her. -They had never dealt with a situation like this. They had never done a 30 days notice for any clients at this facility. -She felt that upper management was just trying to fill all the beds. -The Clinical Director did not really pass by the facility. -She did not know when Client #1's probation officer would come to the facility. -More than one 30 days notice had been sent to Client #1's guardian. -2nd notice was sent on 6/6/25 via certified mail. -"1st notice was sent on 4/15/25. Seemed that he did not receive it." Interview on 6/10/25 with the Clinical Director revealed: -Client #1 had a history of non compliance with his medications and they could not force the medications on him. -She was not aware that Client #1's psychiatrist had terminated services with him.	V 291		

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V 291	Continued From page 10 "-Client #1 used to have an ACT team." -Client #1 was not receiving any mental health services. -Last Thursday, she received a call from house staff informing Client #1 and another client had gotten into an argument. Client #1 had threaten Client #3. -They had called the police to go to the facility about possibly committing Client #1, but when they get there, "he is calmed and non confrontational, so the police are not able to take him to be evaluated." -Regarding the incident with the butter knife, she was not aware that it occurred until some time afterwards. -If she would have known, "it would have been basis for an emergency discharge and he would have been out of the facility by now." -A 30 days notice was given to Client #1's guardian. She believed the guardian had not received the notice until last week (6/5/25). -A first 30 day notice was previously sent, but Client #1's guardian never responded. -They would be mailing the next notice via certified mail in order to get a receipt that they had received it. -At first, Client #1's guardian was very cooperative and they had no difficulty locating her; however, it had been very difficult to locate her lately. -She did not know if facility staff had made any attempts to contact Client #1's guardian's supervisor. -She did not know if facility staff had made attempts to contact Client #1's probation officer to inform that he was not taking his medications. -She had not reached out to Client #1's guardian's or probation officer's supervisor. -She acknowledged there had been a lack of coordination of care between: 1) facility staff and	V 291		

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V 291	Continued From page 11 Client #1's guardian, 2) facility staff and Client #1's probation officer, 3) facility staff and the Clinical Director.	V 291		