

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER CRESTVIEW GROUP HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 635 CRESTVIEW DRIVE BURLINGTON, NC 27217		
(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 survey was completed on June 17, 2025. 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 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>RECEIVED JUN 30 2025 DHSR-MH Licensure Sect</p>	
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) 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>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p>	V 109		

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

TITLE

(X6) DATE

STATE FORM

6899

PKC811

If continuation sheet 1 of 9

Candace E. Carter, M.Ed.

Chief Supervisor

6-25-25

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V 109	<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 an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interviews, the Qualified Professional (QP) did not meet the educational requirement for the MH/DD/SAS population served. The findings are:</p> <p>Review on 6/17/25 of the Group Home Coordinator/QP revealed: -Hire date of 5/20/86. -She was the Group Home Coordinator/QP. -There was documentation of a high school diploma. -There was no documentation of having a Bachelor's degree.</p> <p>Review on 6/17/25 of Client #1's record revealed: -Admission date of 3/13/10. -Diagnoses of Schizophrenia; Type II Diabetes Mellitus; Hypertension; Polycystic Ovarian Syndrome; Hyperlipidemia; Hypothyroidism; Chronic Back/Knee Pain. -Person Centered Plan was signed by the Group Home Coordinator/QP under Section 2. "PERSON RESPONSIBLE FOR THE PCP: The following signature confirms the responsibility of</p>	V 109	<p>This deficiency will be addressed by documenting with the Executive Assistant / HR Office the requirements for Competencies of Qualified Professionals (QP) and Associate Professionals (AP).</p> <p>Review of current QPs and APs will be conducted for compliance with this requirement.</p> <p>At the time of employment, the Executive Assistant will verify the requirements for QP / AP status.</p>	7-30-25

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V 109	<p>Continued From page 2</p> <p>the QP/LP for the development of this PCP. The signature indicates agreement with the services/supports to be provided." -Group Home Coordinator had the initials "QP" placed after her signature.</p> <p>Review on 6/17/25 of Client #2's record revealed: -Admission date of 4/1/20. -Diagnoses of Schizophrenia; Obesity; Sinus tachycardia (secondary to Clozapine); Chronic Constipation; Hypertriglyceridemia; Metrorrhagia; Vitamin Deficiency; High Blood Pressure; Overactive Bladder; Seasonal Allergies. -Person Centered Plan was signed by the Group Home Coordinator/QP under Section 2. "PERSON RESPONSIBLE FOR THE PCP: The following signature confirms the responsibility of the QP/LP for the development of this PCP. The signature indicates agreement with the services/supports to be provided." -Group Home Coordinator had the initials "QP" placed after her signature.</p> <p>Interview on 6/17/25 with the Group Home Coordinator/QP revealed: -She had worked for the agency for over 30 years. -She knew she did not have the credentials to acts as a QP. -She had been assigned the duties of the QP a few years ago. -She completed treatment plans and other documents for the clients. -The highest level of education she completed was high school.</p> <p>Interview on 6/17/25 with the Clinical Director revealed: -She had not been aware that the Group Home Manager was not able to be the QP due to her</p>	V 109			

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STATE FORM

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V 121	<p>Continued From page 4</p> <p>Hypothyroidism; Chronic Back/Knee Pain.</p> <p>-Physician's order dated 7/14/24: -Aripiprazole 30 milligrams (mg) (Schizophrenia)- Take one tablet daily.</p> <p>-Physician's order dated 3/11/25: -Clonazepam 1 mg- Take one tablet at night. Discontinued on 5/22/25.</p> <p>-Physician's order dated 5/21/25: -Olanzapine 10 mg (Schizophrenia)- Take one tablet at night.</p> <p>-Physician's order dated 5/22/25: -Clonazepam 1 mg (Anxiety)- Take 1/2 tablet at night (0.5 mg).</p> <p>-The last time a six month psychotropic drug review was conducted was 4/25/24.</p> <p>-There was no evidence of a current six month psychotropic drug review.</p> <p>Review on 6/17/25 of the April 1, 2025 through June 16, 2025 Medication Administration Record (MAR) revealed: -Staff documented Client #1 was administered the above medication from April 1, 2025 through June 16, 2025.</p> <p>Review on 6/17/25 of Client #2's record revealed: -Admission date of 4/1/20. -Diagnoses of Schizophrenia; Obesity; Sinus tachycardia (secondary to Clozapine); Chronic Constipation; Hypertriglyceridemia; Metrorrhagia; Vitamin Deficiency; High Blood Pressure; Overactive Bladder; Seasonal Allergies.</p> <p>-Physician's orders dated 5/29/25: -Clozapine 100 mg (Schizophrenia)- Take one tablet twice a day. -Lithium Carbonate 300 mg (Schizophrenia, Bipolar)- Take one tablet twice a day. -Haloperidol 10 mg (Schizophrenia)- Take two tablets at night. -Clozapine 25 mg- Take one tablet at night.</p>	V 121	<p>The amended update will be: Medications and Peer Review will be conducted every six months.</p> <p>An update reminder will be placed in the Master Notebook for the MARS.</p> <p>The medical staff of RTSA will schedule the medication / peer reviews in order to comply with the six month requirement.</p> <p>It should be noted the review for this facility was completed on 06-18-25.</p>	6-26-25

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V 121	<p>Continued From page 5</p> <ul style="list-style-type: none"> -The last time a six month psychotropic drug review was conducted was 4/25/24. -There was no evidence of a current six month psychotropic drug review. <p>Review on 6/17/25 of the April 1, 2025 through June 16, 2025 Medication Administration Record (MAR) revealed:</p> <ul style="list-style-type: none"> -Staff documented Client #2 was administered the above medication from April 1, 2025 through June 16, 2025. <p>Review on 6/17/25 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 9/10/24. -Diagnoses of Schizophrenia, Unspecified; Major Depressive Disorder, Recurrent, Moderate. -Physician's order dated 10/1/24: <ul style="list-style-type: none"> -Aripiprazole 400 mg (Schizophrenia)- Inject 2 milliliters (ml) every 28 days. -Physician's order dated 5/8/25: <ul style="list-style-type: none"> -Mirtazapine 30 mg (Depression)- Take one tablet at night. -Lorazepam 1 mg (anxiety)- Take one tablet twice a day. -Physician's orders dated 5/20/25: <ul style="list-style-type: none"> -Aripiprazole 20 mg- Take 1/2 tablet twice a day. -Haloperidol Decanoate 100 ml injection (Schizophrenia)- Inject every four weeks. -There was no evidence of a current six month psychotropic drug review. <p>Review on 6/17/25 of the April 1, 2025 through June 16, 2025 Medication Administration Record (MAR) revealed:</p> <ul style="list-style-type: none"> -Staff documented Client #3 was administered the above medication from April 1, 2025 through June 16, 2025. <p>Interview on 6/17/25 with the Group Home</p>	V 121		

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V 121	Continued From page 6 Coordinator/Qualified Professional 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 only once a year. -She acknowledged the psychotropic drug reviews for Clients #1, #2 and #3 had not been conducted every six months. Interview on 6/10/25 with the Clinical Director revealed: -She was aware that the drug reviews for the facility had not been completed. -Drug reviews were scheduled for tomorrow (6/18/25). -She was not aware the drug psychotropic drug reviews needed to be conducted every six months until surveyor visited sister facility last week. -She acknowledged the psychotropic drug reviews for Clients #1, #2 and #3 had not been conducted every six months.	V 121		
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 interview, the facility was not maintained in a clean, attractive, orderly manner. The findings are: Observation on 6/17/25 at approximately 1:00 pm	V 736	This deficiency will be addressed by the development of a Bathroom Cleaning Log to be monitored by the Group Home Manager and first shift staff on a weekly basis. This log will provide a checklist for cleaning of the bathrooms to include shower, tub, toilets, floors, caulking and grout. Group Home staff will be responsible for cleaning the bathrooms and signing and dating the bathroom log. The logs will be maintained in a folder in the Group Home Manager's office.	7-30-25

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V 736	<p>Continued From page 7</p> <p>revealed:</p> <ul style="list-style-type: none"> -Bathroom between bedrooms #1 and #2 (Bathroom with Shower): <ul style="list-style-type: none"> -The shower seat had organic matter growing all along the edges of the shower seat. -Organic matter was growing on the left back corner inside the shower. -Black stains between the tiles inside the shower. -Bathroom between bedrooms #3 and #4 (Bathroom with tub): <ul style="list-style-type: none"> -There were black stains on the caulk separating the tub and the walls inside the shower/tub area. -There were black stains on the grout between the tiles on the floor outside the tub. -Bathroom between bedrooms #5 and #6 (Bathroom with tub): <ul style="list-style-type: none"> -There were black stains on the caulk separating the tub and the walls inside the shower/tub area. -There were black stains on the grout between the tiles on the floor outside the tub. -There were rust spots on top of the door frame separating room #6 and the bathroom. <p>Interview on 6/17/25 with the Group Home Coordinator/Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Clients were supposed to let staff know when the bathrooms needed to have a deep cleaning. -Clients were not able to clean/scrub the showers due to their physical conditions. -She was not aware that the showers/tubs were in need of a deep cleaning. -Clients had not informed her. -When needed, staff used bleach products to clean the showers/tubs and everything cleared up well afterwards. -She would let staff know about the bathroom situations. 	V 736			

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V 736	Continued From page 8 Interview on 6/17/25 with the Clinical Director revealed: -She was not aware about the shower/tubs conditions. -"Staff would get the bathrooms cleaned."	V 736			