

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-641	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/21/2025
NAME OF PROVIDER OR SUPPLIER C R E S T GROUP HOME #3		STREET ADDRESS, CITY, STATE, ZIP CODE 635 DASHLAND DRIVE FAYETTEVILLE, NC 28303		
(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 August 21, 2025. The complaints were unsubstantiated (Intake #NC00232943 and #NC00232937). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living with Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and has a current census of 5. The survey sample consisted of 3 current clients.</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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were</p>	V 114		

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

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>held quarterly and repeated on each shift. The findings are:</p> <p>Review on 08/20/25 of the facility's records of fire and disaster drills from September 2024 to August 2025 revealed:</p> <ul style="list-style-type: none"> -No documentation of a fire or disaster drill for the 1st quarter of 2025 (January-March). -No documentation of a fire or disaster drill for the 2nd quarter of 2025 (April-June). -No documentation of a disaster drill for the 3rd quarter of 2024/2025 (August 2025-October 2024). -Only two fire drills were documented on 08/15/25 at 4:00pm and 08/12/25 at 3:00pm 2nd shift for the 3rd quarter of 2024/2025). -No documentation of a fire or disaster drill for the 4th quarter of 2024 (October-December). <p>During interview on 08/20/25 client #3 revealed:</p> <ul style="list-style-type: none"> -She had not done a fire or disaster drill "lately." <p>During interview on 08/20/25 client #4 revealed:</p> <ul style="list-style-type: none"> -They do not do fire and disaster drills "that often." <p>During interview on 08/20/25 client #5 revealed:</p> <ul style="list-style-type: none"> -She was unsure how often fire and disaster drills were completed. <p>During interview on 08/21/25 staff #1 revealed:</p> <ul style="list-style-type: none"> -Fire and disaster drills were supposed to be completed every month. <p>During interview on 08/21/25 staff #3 revealed:</p> <ul style="list-style-type: none"> -She started working at the facility April 2025. -She was unsure how often fire and disaster drills were to be completed. -She had not done a fire or disaster drill since she had worked at the facility. 	V 114		

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V 114	Continued From page 2 During interview on 08/21/25 the Residential Director revealed: -Firedrills and Disaster drills are done throughout the month. -He had a schedule and he would call thee staff and inform them to run the drill. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114			
V 118	27G .0209 (C) Medication Requirements 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 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: (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.	V 118			

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V 118	<p>Continued From page 3</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 keep the MARs current for 1 of 4 audited clients (#4). The findings are:</p> <p>Review on 08/20/25 of client 4's record revealed -Admission date of 05/31/12. -Diagnoses of Psychotic Disorder, Mood Disorder, Mild Intellectual Developmental Disability.</p> <p>Review on 08/20/25 of client #4's physician orders revealed: 04/28/25 -Amlodipine Besylate 5mg-Take 1 tablet by mouth every day. 05/23/25 -Atorvastatin 20mg-Take 1 tablet by mouth at bedtime. 03/27/25 -Cetirizine 10mg-Take 1 tablet by mouth every morning. 05/23/25 -Fluoxetine 20mg-Take 2 capsules by mouth every day. -Lamotrigine 200mg-Take 1 tablet twice daily. -Quetiapine 400mg-Take 1 tablet by mouth every evening. -Quetiapine 50mg-Take 1 tablet by mouth every</p>	V 118			

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V 118	<p>Continued From page 4</p> <p>day.</p> <p>-Topiramate 100mg-Take 1 and 1/2 tablet twice a daily.</p> <p>-03/11/25</p> <p>Methylphenidate 20mg-Take 1/2 tablet twice daily.</p> <p>Review on 08/20/25 and 08/21/25 of client #4's August 2025 MAR revealed the following dates with no initials to indicate the medication had been administered:</p> <p>-Amlodipine Besylate (high blood pressure) 5mg-08/02/25-08/3/25.</p> <p>-Atorvastatin (high cholesterol) 20mg-08/01/25-08/3/25 at 8pm.</p> <p>-Cetirizine (allergies) 10mg-08/02/25-08/03/25.</p> <p>-Fluoxetine (depression) 20mg-08/02/25-08/03/25.</p> <p>-Lamotrigine (bipolar disorder) 200mg-08/01/25 at 6pm, 08/2/25-08/03/25 at 7am.</p> <p>-Quetiapine (antipsychotic) 400mg-08/01/25-08/03/25 at 8pm.</p> <p>-Quetiapine 50mg-08/2/25-08/03/25.</p> <p>-Methylphenidate (Attention Deficit Hyperactivity Disorder) 20mg-08/02/25-08/03/25.</p> <p>-Topiramate (epilepsy) 100mg-08/02/25-08/03/25 and 08/14/25 at 6pm.</p> <p>During interview on 08/20/25 client #4 revealed:</p> <p>-She received her medication every day.</p> <p>-She was not aware if she had missed any medications.</p> <p>During interview on 08/20/25 the Qualified Professional revealed:</p> <p>-Client #4 had gone on a home visit on the dates of 08/01/25-08/03/25.</p> <p>-The staff had been trained to indicate on the MAR if any of the clients go on home visits.</p> <p>-The MAR should never have any areas without staff initials.</p>	V 118		

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V 118	Continued From page 5 -She would ensure the staff document on the MAR when a client goes on a home visit.	V 118			
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure all medications were kept in a locked compartment or container for 1 of 4 audited clients (#2). The findings are: Review on 08/20/25 of client #2's record revealed:	V 120			

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V 120	Continued From page 6 -Admission date of 08/02/91. -Diagnoses of Severe Intellectual Developmental Disability, Bipolar Disorder, Seizure Disorder, High Blood Pressure, Constipation and Depression. Observation on 08/20/25 at approximately 12:30pm of the facility pantry revealed: -The refrigerator in the pantry contained 3 boxes of client #2's Ozempic 2 milligram (mg) along with foods and condiments. During interview on 08/20/25 client #2 revealed: -Staff administered his medications. -He was unaware of where his medication was stored. During interview on 08/21/25 the Qualified Professional revealed: -She thought the medication had been locked up since the last survey completed. -She would ensure the medication was locked up.	V 120			
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	V 536			

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V 536	Continued From page 7 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, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (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. (g) Staff shall demonstrate competence in the following core areas: (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	V 536			

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V 536	Continued From page 8 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). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the	V 536		

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V 536	Continued From page 9 course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (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 review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

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STATE FORM

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V 736	<p>Continued From page 11</p> <p>safe, clean, attractive manner. The findings are:</p> <p>Observation on 08/20/25 at approximately 10:30am of the facility revealed:</p> <ul style="list-style-type: none"> -The handicap bathroom the toilet would not flush and was full of urine and feces and had a foul odor. -The 2nd bathroom the sink was full of water and was clogged. -Client #5's dresser was missing the bottom drawer and the drawer was propped up next to the dresser. <p>During interview on 08/21/25 the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She was unaware the facility needed repairs. -The agency had a maintenance staff and the facility staff should have completed a maintenance report. 	V 736		