

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/19/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KRYSTAL'S HOUSE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>83 WHITE HORSE RD</b> <b>PIKEVILLE, NC 27863</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on August 19, 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 3 and currently has a census of 1. The survey sample consisted of an audit of 1 current client.</p>	V 000		
V 111	<p><b>27G .0205 (A-B)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(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 be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(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;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <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>	V 111		

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

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an assessment was completed for 1 of 1 clients (#1) prior to the delivery of services. The findings are:</p> <p>Review on 8/19/25 of client #1's record revealed: -Admission date of 7/30/25. -Diagnoses: Major Depressive Disorder, Anxiety Disorder, Dysthymic Disorder, Chronic Back Pain, Hyperlipidemia, Type 2 Diabetes and Constipation. - No evidence that an admission assessment was completed prior to delivery of services to include: presenting problems, needs, strengths, strategies or pertinent social, family and medical history.</p> <p>Interview on 8/19/25 client #1 stated: -She had been at the facility for a few weeks.</p> <p>Interview on 8/19/25 with the Licensee/Qualified Professional revealed: -He was responsible for completing the admission assessment. -He had not completed an admission assessment for client #1. -He had completed a "nursing assessment" on client #1.</p>	V 111		

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V 111	Continued From page 2  -The "nursing assessment" did not include presenting problems, needs, strengths, strategies or pertinent social, family and medical history. -He would complete an admission assessment and include it in client #1's record.	V 111		
V 113	27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification	V 113		

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V 113	<p>Continued From page 3</p> <p>of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure records were complete for 1 of 1 clients (#1). The findings are:</p> <p>Review on 8/19/25 of client #1's record revealed: -Admission date of 7/30/25. -Diagnoses: Major Depressive Disorder, Anxiety Disorder, Dysthymic Disorder, Chronic Back Pain, Hyperlipidemia, Type 2 Diabetes and Constipation. -No signed statement from the legally responsible person granting permission to seek emergency care from a hospital or physician.</p> <p>Interview on 8/19/25 the Director/Qualified Professional stated: -He was responsible for "keeping the client's record current." -"I was not aware of that the guardian was to sign (grant permission) to seek for emergency care for the client." -He did not have a signed statement for the legally responsible person granting permission to</p>	V 113		

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V 113	Continued From page 4  seek emergency care for client #1. -"I will send a request to the guardian for her to sign giving us permission (to seek emergency care for client #1)."	V 113		
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. (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.	V 118		

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V 118	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 1 of 1 clients (#1). The findings are:</p> <p>Review on 8/19/25 of client #1's record revealed: -Admission date of 7/30/25. -Diagnoses: Major Depressive Disorder, Anxiety Disorder, Dysthymic Disorder, Chronic Back Pain, Hyperlipidemia, Type 2 Diabetes and Constipation. -A signed physician order dated 7/30/25 for Dry Mouth Moisture Gel one application by mouth three times a day for dry mouth.</p> <p>Review on 8/19/25 of client #1's August 2025 MARs revealed: -No entry or staff initials were present to indicate that Dry Mouth Moisture Gel was administered as ordered.</p> <p>Observation on 8/19/25 at 11:15 am of client #1's medications revealed: -No Dry Mouth Moisture Gel was present in the facility for client #1.</p> <p>Interview on 8/19/25 client #1 stated: -She had been at the facility for a few weeks. -She took Dry Mouth Moisture Gel at the last facility she resided at. -She had not received or been offered Dry Mouth Moisture Gel since being admitted at the current facility.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Interview on 8/19/25 staff #2 stated: -Client #1 took her medication daily. -She was not aware that client #1 was prescribed Dry Mouth Moisture Gel. -She had not seen the Dry Mouth Moisture Gel in the facility.</p> <p>Interview on 8/19/25 staff #3 stated: -Client #1 took her medication daily. -"I am not aware of it (Dry Mouth Moisture Gel). I only give her the medications that are on the MARs."</p> <p>Interview on 8/19/25 the Director/Qualified Professional stated: -"I am responsible for getting the medication to the facility." - "It was an oversight with not having the Dry Mouth Moisture Gel for [client #1]. It is not in the facility and she had not received it. - "I will check with the pharmacy about getting it (Dry Mouth Moisture Gel) delivered to the facility."</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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.</p>	V 131		

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V 131	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to the date of hire for two of three audited staff (#2, #3). The findings are:</p> <p>Review on 8/19/25 staff #2's record revealed: -Date of hire: 8/11/25. -No documentation the HCPR was accessed prior to hire.</p> <p>Review on 8/19/25 staff #3's record revealed: -Date of hire: 8/11/25. -No documentation the HCPR was accessed prior to hire.</p> <p>Interview on 8/19/25 the Director/Qualified Professional stated: -He was responsible for accessing HCPR for staff. -He had not accessed HCPR for staff #2 or staff #3. -"I am working on getting the HCPR checks done."</p>	V 131		