

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/29/2025
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NAME OF PROVIDER OR SUPPLIER MYROVER-REESE FELLOWSHIP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 613 QUALITY ROAD FAYETTEVILLE, NC 28306
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on October 29, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 10 and has a current census of 3. The survey sample consisted of audits 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 review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and held on each shift. The</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>findings are:</p> <p>Review on 10/28/25 of the facility's records for fire and disaster drills revealed:</p> <ul style="list-style-type: none"> -No fire drill held on 3rd shift and no disaster drill held on any shift during the 1st quarter (January - March 2025). -No fire drill held on 3rd, Saturday or Sunday shifts and no disaster on 1st, Saturday or Sunday shift during the 2nd quarter (April - June 2025). -No fire drill held on 1st, 3rd, Saturday or Sunday shifts and no disaster drills held on any shift during the 3rd quarter (July - September 2025). <p>Interview on 10/28/25 client #1 stated:</p> <ul style="list-style-type: none"> -She was admitted 100 days ago. -She had not completed fire or disaster drills. <p>Interview on 10/28/25 client #2 stated:</p> <ul style="list-style-type: none"> -She was admitted 1 month ago. -She had not participated in any fire or disaster drills. <p>Interview on 10/28/25 client #3 stated:</p> <ul style="list-style-type: none"> -She was admitted 9/20/25. -She had not participated in any fire or disaster drills. <p>Interview on 10/28/25 staff #4 stated:</p> <ul style="list-style-type: none"> -She worked overnight as the "sleeping body." -She had conducted 1 fire drill on her shift. -She had not conducted any disaster drills. <p>Interview on 10/28/25 the Executive Director/Qualified Professional stated:</p> <ul style="list-style-type: none"> -The shifts at the facility were: 1st shift - 6am - 2pm, 2nd shift - 2pm - 11pm and 3rd shift 10pm - 6am. -Saturday shift was 7am - 11pm and Sunday 6am - 10pm. 	V 114		

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V 114	Continued From page 2 -Fire and Disaster drills were held one per shift per quarter. -He would make sure drills were completed. 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. (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 3</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure medications were self-administered by client only when authorized in writing by the client's physician for 1 of 3 client (#3). The findings are:</p> <p>Review on 10/28/25 client #3 record revealed: -Admitted on 9/25/25. -Diagnoses of Schizoaffective Disorder bipolar type, Posttraumatic Stress Disorder chronic, Cocaine Use Disorder severe, Hypertension, Atypical Chest Pain and Stimulant Use Disorder. -Physician order dated 9/18/25 for Nitroglycerin 0.4 mg 1 tablet every 5 minutes up to 3 doses as needed for acute stress pain.</p> <p>Observation on 10/28/25 at appropriately 11am of client #3's medications revealed: -Nitroglycerin 0.4 mg was not available for review.</p> <p>Interview on 10/28/25 and 10/29/25 client #3 stated: -She forgot her Nitroglycerin 0.4 mg medication at the facility on 10/28/25 and 10/29/25. -She kept the Nitroglycerin 0.4 mg on her nightstand. -The Nitroglycerin 0.4 mg was used for "my heart."</p> <p>Interview on 10/28/25 staff #3 stated: -Client #3 kept her Nitroglycerin 0.4 mg medication with her.</p>	V 118		

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V 118	Continued From page 4 -The clients received their medications as ordered. Interview on 10/29/25 the Executive Director/Qualified Professional stated: -He was unsure if client #3 had a self-administration order from a physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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.	V 120		

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V 120	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were stored in a locked container for 1 of 3 current client (#3). The findings are:</p> <p>Review on 10/28/25 client #3 record revealed: -Admitted on 9/25/25. -Diagnoses of Schizoaffective Disorder bipolar type, Posttraumatic Stress Disorder chronic, Cocaine Use Disorder severe, Hypertension, Atypical Chest Pain and Stimulant Use Disorder. -Physician order dated 9/18/25 for Nitroglycerin 0.4 mg 1 tablet every 5 minutes up to 3 doses as needed for acute stress pain.</p> <p>Observation on 10/28/25 at appropriately 11am of client #3's medications revealed: -Nitroglycerin 0.4 mg was not available for review.</p> <p>Interview on 10/28/25 and 10/29/25 client #3 stated: -She forgot her Nitroglycerin 0.4 mg medication at the facility on 10/28/25 and 10/29/25. -She kept the Nitroglycerin 0.4 mg on her nightstand. -The Nitroglycerin 0.4 mg was used for "my heart."</p> <p>Interview on 10/28/25 staff #3 stated: -Client #3 kept her Nitroglycerin 0.4 mg medication with her. -The clients received their medications as ordered.</p> <p>Interview on 10/29/25 the Executive Director/Qualified Professional stated: -He had no knowledge of client #3's Nitroglycerin 0.4 mg. -He would ensure medications were kept locked</p>	V 120		

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V 120	Continued From page 6 and secure.	V 120		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record	V 133		

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V 133	Continued From page 7 check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all	V 133		

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V 133	<p>Continued From page 8</p> <p>of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or</p>	V 133		

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V 133	Continued From page 9 federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while	V 133		

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V 133	<p>Continued From page 10</p> <p>impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to request state criminal back ground checks within five business days of employment for one of three staff (#4). The findings are:</p> <p>Review on 10/28/25 of staff #4's record revealed: -Date of hire: 07/08/25. -Finger print sheet dated 09/30/25. -No criminal back ground check completed.</p>	V 133		

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V 133	Continued From page 11 Interview on 10/28/25 the Administrative Staff stated: -The fingerprints were obtained from the local sheriff department. -The criminal back ground check had not been returned. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which	V 289		

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V 289	<p>Continued From page 12</p> <p>serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/29/2025
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NAME OF PROVIDER OR SUPPLIER MYROVER-REESE FELLOWSHIP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 613 QUALITY ROAD FAYETTEVILLE, NC 28306
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(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 289	<p>Continued From page 13</p> <p>facility failed to operate within the scope of licensure and served as the private residence of 1 of 3 direct care staff (#4). The findings are:</p> <p>Review on 10/28/25 of staff #4's personnel record revealed: -Date of hire: 07/08/25.</p> <p>Interview on 10/28/25 staff #4 stated: -She worked as the "sleeping body" at the facility. -She lived at the facility since July 2025. -She did not have a separate residence from the facility.</p> <p>Interview on 10/28/25 and 10/29/25 the Executive Director/Qualified Professional stated: -Staff #4 worked as the "sleeping body." -Staff #4 lived at the facility about 4 months. -The facility was staff #4's primary residence and she did not have another residence.</p>	V 289		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 10/28/25 at approximately 10:51am revealed: -The living room had glue trap with several dead insects on the surface. The ceiling light had one</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/29/2025
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NAME OF PROVIDER OR SUPPLIER MYROVER-REESE FELLOWSHIP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 613 QUALITY ROAD FAYETTEVILLE, NC 28306
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V 736	<p>Continued From page 14</p> <p>of four light bulbs missing.</p> <ul style="list-style-type: none"> -The kitchen had two glue traps with dead insects on the surface. -The threshold between the dining room and the hallway had an approximately 13 inch tear in the carpet. -The carpeted areas throughout the entire facility had dark spots and appeared soiled. -The second hallway bathroom had one of five light bulbs missing. -The exercise room had one of three light bulbs missing. -The first bedroom on the right had one of four light bulbs that did not work. -The upstairs sink had an approximately 12 inch crack in the surface. <p>Interview on 10/28/25 the Executive Director stated:</p> <ul style="list-style-type: none"> -He understood the identified items for repair. -A new facility was to be built on the agency campus. <p>This deficiency has been cited 5 times since the original cite on February 23, 2022 and must be corrected within 30 days.</p>	V 736		