

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-580	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/19/2026
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NAME OF PROVIDER OR SUPPLIER Varsity Crest #1	STREET ADDRESS, CITY, STATE, ZIP CODE 1503 CREST ROAD, APT #101 RALEIGH, NC 27606
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 3/19/26. The complaints were unsubstantiated (Intake NC#00236118 and NC#00236010). 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 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>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</p>	V 113		

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

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V 113	<p>Continued From page 1</p> <p>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 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 record review and interview the facility failed to ensure 2 of 2 clients (#1 and #2) records were maintained. The findings are:</p> <p>Review on 3/18/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/9/25 - Diagnosis: Major Depressive Disorder - No documentation of the following: <ul style="list-style-type: none"> - Documentation of services provided - Copies of lab tests <p>Review on 3/18/26 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2/28/24 - Diagnosis: Schizoaffective Disorder - No documentation of the following: <ul style="list-style-type: none"> - Documentation of services provided 	V 113		

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V 113	Continued From page 2 - Copies of lab tests During interview on 3/19/26 the Assisted Director/Qualified Professional (ADQP) reported: - Staff do not attend the clients' appointments - Clients with medical appointments were given a facility's form for their physician to complete - It was the client's responsibility to return the facility's form to staff along with any physician's summaries - Client #2's Community Based Behavioral Health (CBBH) team kept all his physician medical documentation - She will reach out to the CBBH team for copies of the medical documentation - The facility's nurse used to ensure the physician's medical documentation was in the clients' records but she left in February 2026 - She (ADQP) was responsible for the physician's medical documentation being in the clients' records	V 113		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including	V 537		

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V 537	<p>Continued From page 3</p> <p>service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and 	V 537		

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V 537	<p>Continued From page 4</p> <p>psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) 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.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant</p>	V 537		

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V 537	<p>Continued From page 5</p> <p>to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three</p>	V 537		

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V 537	<p>Continued From page 6</p> <p>times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 8 audited staff (#1 and the Assisted Director/Qualified Professional (ADQP) were trained in physical restraints. The findings are:</p> <p>Review on 3/19/26 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - Date of Hire (DOH): 7/14/23 - A restrictive intervention certificate dated 6/11/25: North Carolina Intervention+ Prevention and Defensive <p>Review on 3/19/26 of the ADQP's record revealed:</p> <ul style="list-style-type: none"> - DOH: 7/24/23 - A restrictive intervention certificate dated 6/11/25: North Carolina Intervention+ Prevention and Defensive <p>During interview on 3/19/26 staff #1 reported:</p> <ul style="list-style-type: none"> - The restrictive intervention training was completed online - The online training consisted of videos to watch <p>During interview on 3/19/26 the ADQP reported:</p> <ul style="list-style-type: none"> - The restrictive intervention training was 	V 537		

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V 537	Continued From page 7 completed online - The training informed staff how to deescalate or redirect clients behaviors - There was an in person training for the Defensive part of the training this year (2026), she did not attend because her restrictive intervention certificate had not expired	V 537		
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 and orderly manner. The findings are: Observation on 3/13/26 at 12:47pm of client #1 and #2's apartment revealed: - Client #1 played a video game as staff #1 entered the facility - He immediately jumped up from the game and began to clean the apartment - 2 empty bags of snacks were near client #1 and he immediately threw the bags in the trash - The kitchen floor, bedroom floors, the sitting area floor consisted of food and dirt crumbs - Dried food stains were on the dishes piled in the sink - Client #1's bedroom: - Clothes piled under the bed - Bed spread balled up on top of his bed - Blinds were bent or broken - The bathroom sink had a slow drainage	V 736		

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V 736	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Client #2's bedroom - Clothes piled in his tub and on the bathroom floor <p>During interview on 3/13/26 client #1 reported:</p> <ul style="list-style-type: none"> - planned to wash the dishes and vacuum today - Staff encouraged him to clean the apartment - No certain days to clean the apartment - He cleans the apartment throughout the week - He slept "wild" and bent or broke the blinds <p>During interview on 3/13/26 staff #1 reported:</p> <ul style="list-style-type: none"> - He encouraged client #1 and #2 to keep their apartment clean during his daily rounds - Staff onsite visits consisted of: to look for the cleanliness of the apartments, redirection if a lack of cleanliness <p>During interview on 3/19/26 staff #2 reported:</p> <ul style="list-style-type: none"> - He completed sporadic onsite visits to the clients' apartments - Checked for cleanliness and assisted client #1 with his hygiene - He consistently encouraged clients to keep their apartment clean <p>During interview on 3/19/26 the Assisted Director/Qualified Professional reported:</p> <ul style="list-style-type: none"> - Staff were to encourage the clients to clean their apartments - Staff "cannot make them (clients) clean their apartment" - Staff assist client #1 with the cleanliness of his apartment 	V 736		