	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A PUMP PLAN OF		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _		
		MHL041-857	B. WING		R-C 05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
FRESH ST	TART HOME FOR CHILDI	REN	RYHILL ROAD		
		GREENSB	ORO, NC 2740		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
V 109	on 5/2/18. The compl (intake #NC00137922 intake #NC00137958 intake #NC00138092 This facility is licensed category: 10A NCAC Treatment Staff Secu Adolescents.	w up survey was completed aints were substantiated 2, intake #NC00137934, , intake #NC00137959 and). Deficiencies were cited. d for the following service 27G .1700 Residential re for Children and	V 109		
	10A NCAC 27G .0203 QUALIFIED PROFES ASSOCIATE PROFE (a) There shall be no qualified professional (b) Qualified professionals (b) Qualified professionals shall de and abilities required (c) At such time as a employment system i then qualified profess professionals shall de (d) Competence shall exhibiting core skills i (1) technical knowled (2) cultural awarened (3) analytical skills; (4) decision-making; (5) interpersonal skill (6) communication s (7) clinical skills. (e) Qualified professi NCAC 27G .0104 (18)	SIONALS AND SSIONALS aprivileging requirements for sor associate professionals. It is in a specific to the competency-based so established by rulemaking, it is is in all sand associate emonstrate competence. If be demonstrated by including: dge; ss; it is is is is in all sand as specified in 10 A in all sand as specified in 10 A in are deemed to have of the competency-based			

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NI IMPED			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			D 0
		MHL041-857	B. WING			R-C 5/ 02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
EDECH 6.	TART HOME FOR CHILD	1929 MUF	RRYHILL ROAD			
FRESH S	TART HOME FOR CHILDI	GREENSI	BORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 109	develop and impleme for the initiation of an plan upon hiring each (g) The associate pro supervised by a quali	dy for each facility shall nt policies and procedures individualized supervision associate professional. ofessional shall be fied professional with the the period of time as	V 109			
	Qualified Professional Director/Qualified Professional 1 Associate Professional Manager/Owner/Associate Professional Manag	ews and interviews 1 of 1 I (Program I (PD/QP)) and 1 of Interviews 1 of 1 I (Program I (PD/QP)) and 1 of I (PD/QP) and 1 of I				
	Centered Planning Pr movement across all directly to the Adminis Review on 4/20/18 of Manager/Owner/Asso (PM/O/AP) employee -A hire date of 10/15/6 -Multiple job descripti positions including: -For the position of Ex	rocess, coordinating levels of care and will report strator the Program ociate Professional's record revealed:				

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Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
					R-C
		MHL041-857	B. WING		05/02/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
FRESH ST	TART HOME FOR CHILDI	REN	RYHILL ROAD		
	ART HOME FOR OTHER	GREENSE	BORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
V 109	Continued From page	2	V 109		
	This position develop organization's mission implement strategic a facilitates the implement and activities to ensure organization. Manage managers, coordinate efforts and ensures the execute the establish department objectives goals. Research, devinecessary funding to programs." -For an unspecified piece piec	s, directs and leads the and goals. Develop and and business plans and entation of the programs re the success of the and supervise division their cohesive managerial rey have the recourses to plans to attain the individual stowards the organization's relop and ascertains maintain operations and responsibilities: a) Purpose: to provide the services to designate elopment disability persons dualized treatments and/or Responsibilities: ay to day operations of the figure properties of the child or adolescent's injustion in service planning the con-one direct service persons, implementing interventions identified on ent/service planprovide client to community in the client's anparticipate in on-going			
	noting "responsibilitie	-			
	to maintain their healt consumer's symptom	th and safety, monitor each s and teach skills to assist creasing their ability to			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COIVIE	LETED
		MHL041-857	B. WING		I	R-C / 02/2018
NAME OF B	DOVIDED OD OUDDUIED		DDEGG OFFICE	TE 7/D 00DE	1 00	102/2010
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
FRESH S	TART HOME FOR CHILD	REN	RYHILL ROAD	12		
	OUR MAR BY OT		BORO, NC 2740		ODDECTION .	1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page 3		V 109			
	manage those sympt mentioning and roll p Administrator. It is also of the Hab Tech to re suspected abuse, nehis/her supervisor" -For the position of Ar PM/O/AP on 7/10/10, coordination and mor and termination of enpersonnel are fully tracompliance with rules coordinating care and will ensure that meglected, exploited e-For the position of Q on 9/1/14, noting "resinvolvement in the coplanning process, coall levels of care and Administrator"	oms through therapeutic lay, report directly to the so the duty and responsibility port all related incidents or glect and/or exploitation to dministrator, signed by the noting "responsibilities of nitoring of the agency, hiring aployees, ensuring all ained and qualified, and regulations, disupports for all consumers to consumer is abused, for mistreated." IP, signed by the PM/O/AP reponsibilities including insumer's Person Centered ordinating movement across will report directly to the				
	-An admission date of -Diagnoses of Post-T (PTSD); Major Depret Moderate; Attention II (ADHD), Predominant Conduct Disorder, Actorage 17 -An admission assession a history of sexual abbehaviors, running avout-of-home placemeter -A treatment plan datal refrain from non-verbing aggressive behaviors	raumatic Stress Disorder ssive Disorder, Recurrent, Deficit Hyperactivity Disorder at, Inattentive Type and dolescent Onset sment dated 10/4/16 noting buse, self-injurious way, property damage and				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED
			A. BOILDING.			
		MHL041-857	B. WING			R-C / 02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
			RYHILL ROAD			
FRESH ST	TART HOME FOR CHILDI	REN	BORO, NC 2740	3		
(VA) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	,	PROVIDER'S PLAN OF CO	ADDECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 109	Continued From page	2 4	V 109			
	refrain from making fa manipulation in all set -No documentation of for non-facility staff to client #1 during churc					
	-An admission date of -Diagnoses of Major I Recurrent, Severe with PTSD, Unspecified and Developmental Disord-Age 17 -An admission assess a history of self-harm, early age, auditory has attempts, self-injury be Without Leave (AWO) -A treatment plan date refrain from using very by avoiding yelling, curefrain from using self behaviors on a daily be ideations to trusted accurate thoughts and a harm upon self, will mules and regulations community by following complying with treatment authority, will work the intrusive and avoidan reduction from 4 days week of traumatic dreated.	Depressive Disorder, th Psychotic Symptoms; and Mild Intellectual der (IDD) sment dated 6/14/17 noting a sexual trauma from an allucinations, suicide by cutting, and Absent below behaviors. and 9/16/17 noting "will bal or physical aggression bal or physical aggre				
	history and feelings o -No documentation of for non-facility staff to					

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Division of Health Service Regulation

	OF DEFICIENCIES					
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		PLETED	
					F	R-C
		MHL041-857	B. WING		05	/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1929 MUF	RYHILL ROAD			
FRESH S	TART HOME FOR CHILD	REN GREENSE	3ORO, NC 2740	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RRECTION	(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)		COMPLETE DATE
V 109	Continued From page	2.5	V 109			
V 103	Continued From page	5 0	105			
	only one staff to supe the community.	ervise multiple clients while in				
		FC #4's record revealed:				
	-An admission date o					
	-Diagnoses of PTSD;					
	(MDD); Postural Orth	or Depressive Disorder				
		Syncope and Seizure-Like				
	Activity.	,				
	-Age 15					
		discharge date of 3/7/18				
		Syncope and Seizures.				
		sment dated 6/22/17 noting				
		nd sexual abuse, parental				
		d mental health issues, and				
	· · · · · · · · · · · · · · · · · · ·	B by maternal aunt/uncle. ed 6/27/17 noting "will				
		s of PTSD by significantly				
		e impact her trauma history				
		of her life, will reduce her				
	MDD symptoms by d	eveloping healthy cognitive				
	•	about herself and the world				
		n and help prevent the				
		n symptoms, will reduce				
	, , ,	abilizing her anxiety level				
	_	ability to function on a daily nily conflict by displaying				
		ation, coping and emotion				
		improve her role in the				
	_	address thoughts and				
		with her discharge/transition				
		es pertaining to the transition				
	into a lower level of c	are, will work on skills				
	·	ehavioral functioning within				
		ngagement in appropriate				
		n the community without any				
		r elopement attempts while				
	participating in facility					
	-No documentation o	f treatment team approval				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
			A. BOILDING	SULDING:	
		MHL041-857	B. WING		R-C 05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
EDE011 0		1929 MUR	RYHILL ROAD		
FRESH S	TART HOME FOR CHILD	GREENSE GREENSE	BORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 109	Continued From page	e 6	V 109		
	#4 during church eve	transport and supervise FC nts, or approval for only one tiple clients while in the			
	-An admission date o	IDD and ADHD, Unspecified			
	-An admission assessment noting a history of neglect, possible human trafficking, emotional abuse, sexual behaviors at school, verbal				
	mother was released	f lying, suicidal thoughts, from prison in 2017, and			
	<u> </u>	ed 7/10/17 noting "will			
	behaviors, verbal agg	haviors to include AWOL gression and manipulation			
		to manage her feelings by coping, problem solving and			
	emotional modulation	skills, will also be able to			
		conflicts alone and know ecessary, will have the ability			
		ith others while refraining cal violence or acting out			
	and will develop ratio will follow rules as we	nal problem solving skills, ell as listen and follow			
	instructions as they a	re given from adult authority			
	_	school and community, will ctful behaviors (use of			
	profanity, talking back	k, yelling, etc.) towards adult			
	, , ,	n given a directive and will n skills of independent living			
	-No documentation of	f treatment team approval transport and supervise FC			
	#5 during church eve	nts, or approval for only one tiple clients while in the			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7.1. 20125.110.		
		MHL041-857	B. WING		05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
FRESH ST	FART HOME FOR CHILDI	REN 1929 MUR	RYHILL ROAD		
TICLOTTO	TAKT HOME TOK OMEDI	GREENSB	ORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 109	Continued From page	e 7	V 109		
	-On a regular basis, the facility with clients -Facility staff were not hey went on outings Interview on 4/25/18 v -There was usually or shiftOn community outing staff as another staff the other clients.	t always with clients when to church. with client #2 revealed: hly one staff present on 3rd gs there was usually just one remained at the facility with			
	the other clients. -Facility clients were taken to church activities by the church van. -Facility staff were not always on the church van with clients.				
	Interview on 4/19/18 v -Only one staff worke because the clients w	- · ·			
	in the community, she placements to superv (supervision on the characteristics) fell the community) fell the "I asked [client #1] I asked her if she had unsupervised she said it was a half a dadropped off a little ear	ed: upervision at the facility and e stated "We trust our ise appropriatelythis nurch van, the facility and in			
	-Client #2 was transp	ith client #2's LG revealed: orted to the church via the AM to 2:00PM on Sundays			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-0	c
		MHL041-857	B. WING		1	2/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
FRESH ST	ART HOME FOR CHILDI	REN	RYHILL ROAD	•		
	CLIMMADY CT		ORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 109	Continued From page	e 8	V 109			
V 109	one night per week to youth events on Frida-" A lot of times they events because that of facility) could give the PD/QP] told me that asked about the church know there was no strass far as she knew, the church van. No client interview was to concerns about resexual abuse by the cand a non-staff, adult #1), and reported mer FC #4. Interview on 5/1/18 was told that the church to clean, but	o other church activities, and ay evenings. y were forced to go to these was the only time they (the eir staff a break [The In this whole year, I've ch 5 or 6 times As far as I aff on the van" there were no facility staff on the van Driver (CVD) as conducted with FC #4 due traumatization related to Church Van Driver (CVD) male in the community (M dical/emotional fragility of the girls sometimes went to but I thought staff was with them" as conducted on FC #5 due or her current emotional with FC #5's LG revealed: #5 had been placed in a	V 109			
	previous placement, 'there. I only saw one besides us. I was the moving [FC #5]'s pos-Due to FC #5's curre	with supervision at the 'I remember my second visit staff and one other client re for 15 or 20 minutes				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		MHL041-857	B. WING		R-C 05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
EDEOU O	FART HOME FOR CHILD	1929 MURI	RYHILL ROAD		
FRESH S	TART HOME FOR CHILDI	GREENSB	ORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 109	Continued From page	9	V 109		
V 109	Interview on 4/27/18 v -The PD/QP was resp scheduleOne staff leaves at 1 with all the clients unt 12:00amNo facility staff had b Interview on 4/27/18 v -Until recently, there is working when the clies to 12amThe PD/QP made the -On 3/5/18, staff #1 (v informed staff #4 that that he had been show #1 engaging in sexual -Staff #4 and #1 repor PM/O/AP and the PD -The PM/O/AP and the with clients #1, #2 and of the church (who wa PM/O/AP), staff #1 ar -"[Staff #1] had me on everything. I heard the mother) tell [FC #4] 'O lied."" -FC #4 told FS #9 "you been touching me inau Interview on 4/27/18 v -The PD/QP was resp staffs' schedules -The clients were trans from church activities	with staff #1 revealed: consible for the staff work Opm, leaving just one staff ill another staff came in at een on the church van. with staff #4 revealed: had only been one staff ents were present from 10pm e staff schedule. who is staff #4's daughter) a friend of staff #1 told her wn videos of the CVD and M I acts with FC #4. rted the allegations to the /QP. he PD/QP initiated interviews d FC #4, in which the pastor as the mother of the hd FS #9 participated. h speaker phone so I heard he pastor (the PM/O/AP's God up and told me you our husband (the CVD) has	V 109		
	the church van when	ne facility staff member on being transported to church. was a facility staff member			

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL041-857	B. WING			R-C 5/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		1929 MI	JRRYHILL ROAD			
FRESH S	TART HOME FOR CHILI	OREN GREEN	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 109	the facility. Interview on 4/27/18 -The PD/QP made of At times, when the community, only 1 significants at the facility. Interview on 4/26/18 -There were two state only 1 or 2 clients at only 1 staff with their and a recently told be manager/Owner/Ass (PM/O/AP) there has when they attended 10 am to 2 pm -Staff would clock of Sunday while clients a transported the clients at the sunday while clients a transported the clients been providing trans 2017 until the begin linterview on 5/2/18 revealed: -Had worked at the sunday while the internal involves and Saturday and Sat	with staff #6 revealed: but the staff schedules clients had outings in the taff went with the 2 clients stayed behind with 1 or 2 with staff #8 revealed: ff on a shift "but if there was the facility, then we do have m." but the staff's schedule by the Program sociate Professional d to be staff with the clients church on Sundays from at between 10am to 2pm on sewere at church. at the church and supervise member of the church atts to church. [The CVD] had seportation since November aning of March 2018." with Former Staff #9 (FS #9) facility for 5 to 7 years m her job duties on 3/6/18 vestigation was completed and on 4/2/18 hift, from 12am to 7am, on	V 109			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY PLETED	
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		MHL041-857	B. WING		I	R-C / /02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
		1929 MUF	RRYHILL ROAD			
FRESH S	TART HOME FOR CHILD	REN	BORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 109	there were 2 staff on -The CVD was her he -"I told [the PD/QP] a ride on the van to sup Fridays, for Youth Gre unless there was and -Regarding Saturday van with the clients to -"There were 1 or 2 ti church van when the there. There was no It happened maybe 2 transporting the clien activities." Interview on 4/19/18 -FS #9 failed to supe church van, to and fro Further interview on a revealed: -She made out the fa with two staff on ever -When staff had eme their assigned shift, the and had to fill in -Clients attended Bib week from 6pm to 7p services every Sunda and on the first Friday had Youth Night at th -The church activities approved by the PM/ -The clients' Legal Greater made aware during of	its on the church van, then it also." Jisband. Ind [the PM/O/AP] I would bervise the clients. On coup, it was the same thing of the staff scheduled." Is, FS #9 rode on the church of clean the church. In the sweet transported of the facility staff with them. In the recommendation of the clients were transported of the facility staff with them. In the recommendation of the clients were transported of the facility staff with them. In the recommendation of the clients were transported of the recommendation of the clients were transported of the clients, on the clients, on the commendation of the clients, on the commendation of the clients were transported of the clients was	V 109	DE TOIENC	•,	
		t the actual permission given I mention it at the CFT (Child				

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DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		TED
				_		_
			R WING		R-0	
		MHL041-857	B. WING		05/0	2/2018
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			RYHILL ROAD			
FRESH ST	ART HOME FOR CHILD	REN				
		GREENSI	BORO, NC 2740	J3		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR L	230 IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	MAIL	DATE
				,		
V 109	Continued From page	e 12	V 109			
		eetings, but not at every one				
	of them."					
		ode on the church van with				
	• .	nsible for them and another				
		rvise once they arrived at				
		ing staff would clock out				
	during the outing."					
	-Regarding supervision					
	PM/O/AP was there e	every Sunday.				
	-"I cannot speak to su	pervision on Tuesdays and				
	the First Friday of eve	ery month."				
	-Her understanding w	vas that FS #9 was				
	_	vision of clients during all				
	the church activities.	S				
		sible for supervising the				
		and from church. When all of				
		ame out on 3/5/18, is when				
	we learned she was n					
	supervising them."	of of the charch vall				
	. •	6 #9 was sometimes not on				
	staff from sister faciliti	ne clients, "but there were				
	-The CVD was the hu					
		on at the church, the PD/QP				
		ould clock out from 10am to				
		and supervise the clients.				
		members were also willing				
		ts. I knew [FS #9] and [the				
		ays be at the church"				
		th sexualized behaviors last				
	school year.					
	-"She (FC #4) had rea	ached out to men on the				
	school computer for 's	sexual solicitation' and that				
		one time. It was hard for me				
	to wrap my head arou					
		t I think [FC #4] orchestrated				
	•	e tried to solicit people on				
	~	It would have looked very				
	•	man solicited from the				

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computer. But it was the church van driver."

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
7.1.12 1 2.1.1	5. GGTLGTGT.		A. BUILDING: _		00 22.25
		MHL041-857	B. WING		R-C 05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
EDEOU O	TART HOME FOR CHILD	1929 MUF	RYHILL ROAD		
FRESH S	TART HOME FOR CHILD	GREENSI	BORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 109		e 13 egations against staff at and got the other clients to	V 109		
	say they were also at -The PM/O/AP gave	_			
	the church even thou member, because he				
		ent of what all happened w he was arrested. [FC #4] is			
	negligence by [the C\	. I don't think it was gross VD]. She's (FC #4) very			
		nd I know she had some part k attention. She always			
		with the PM/O/AP revealed: consible for making the staff			
	-The clients participat	ted in church activities which rogram once a month as well			
	-During clients' CFT (meetings, their LGs v	child and family team) vere told they would			
	would only be one sta	activities and that there aff on the church van. rch every Sunday with the			
	them."	2pm or 3pm to supervise were also at the Sunday			
	services.	#6) would look out for the			
	church kept an eye o				
	facility with the clients	one staff working at the s. ng, the clients attended			
	church from 10am to	2pm or 3pm.			
		very month, the clients ces from 7pm to 8:30pm or			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL041-857	B. WING		R-C 05/02/2018	
	ROVIDER OR SUPPLIER	REN 1929 MURF	RESS, CITY, STA RYHILL ROAD ORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 109	and ended at 9pm on -Clients were transpo not by facility staff to a -Gave permission for to and from church by -The majority of the tichurch van when clies "but I can't say for sur-She was informed of has sexually abused I -She and the PD/QP investigation into the a -"I don't know what ha happened in 10 years We did our investigatidismissed." -After finding out about CVD, "we immediately -The Pastor of the Chemother. This deficiency is cross NCAC 27G .1701 Scott	dy was from 7:00 or 7:30pm Tuesdays. rted by the church van and the church activities. the clients to be transported of the CVD me FS #9 was on the nts were being transported, re." allegations that the CVD FC #4 on 3/5/18. immediately began an	V 109			
V 293	10A NCAC 27G .170 ² (a) A residential treat children or adolescen	ment staff secure facility for	V 293			
	intensive, active thera interventions within a shall not be the prima who is not a client of the (b) Staff secure mean	speutic treatment and system of care approach. It ry residence of an individual				

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Division C	of Health Service Regu	lation	_		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			_		
			D 14/11/0		R-C
		MHL041-857	B. WING		05/02/2018
	20,4050 00 011001150	070557.40	DD500 01TV 0T4	TE 710 0005	
NAME OF PI	ROVIDER OR SUPPLIER	STREETAL	DRESS, CITY, STA	I E, ZIP CODE	
EDECH CT	ADT HOME FOR CHILD	1929 MUF	RYHILL ROAD		
FRESH ST	ART HOME FOR CHILDI	GREENSI	BORO, NC 2740	03	
	CUMMADV CT	ATEMENT OF DEFICIENCIES		DDOV/DEDIC DI ANI OF CODDECTION	1
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(/
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
1710		,	1.10	DEFICIENCY)	
					
V 293	Continued From page	e 15	V 293		
	shall be continuous a	s set forth in Rule .1704 of			
	this Section.				
	(c) The population se	erved shall be children or			
		e a primary diagnosis of			
	mental illness, emotic				
		sorders; and may also have			
	•	s including developmental			
	disabilities. These ch	nildren or adolescents shall			
	not meet criteria for in	npatient psychiatric services.			
	(d) The children or ac	dolescents served shall			
	require the following:				
		m home to a			
	` '				
		sidential setting in order to			
	facilitate treatment; a				
	* *	a staff secure setting.			
	(e) Services shall be				
	(1) include indiv	vidualized supervision and			
	structure of daily living	g;			
		e occurrence of behaviors			
	related to functional d				
		ety and deescalate out of			
	control behaviors incl	-			
	•	without physical restraint;			
		hild or adolescent in the			
	acquisition of adaptive	e functioning in self-control,			
	communication, socia	al and recreational skills; and			
	(5) support the	child or adolescent in			
		ded to step-down to a less			
	intensive treatment se				
		eatment staff secure facility			
		_			
	shall coordinate with				
	•	hild or adolescent's system			
	of care.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL041-857	B. WING		R-C 05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
FRESH ST	TART HOME FOR CHILD	REN	RYHILL ROAD SORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
V 293	Continued From page	e 16	V 293		
	facility failed to design individualized supervoccurrence of behaving deficits, and ensure solients (#1, #2 and #3 (FC #4 and FC #5). The Cross Reference: 10. COMPETENCIES OF PROFESSIONALS APROFESSIONALS (PROFESSIONALS (Professional (Programal Professional (Programal Pr	ews and interviews, the n services to include ision and structure, minimize ors related to functional safety affecting 3 of 3 current 3) and 2 of 3 Former Clients The findings are: A NCAC 27G .0203 = QUALIFIED ND ASSOCIATE V109). Based on record vs 1 of 1 Qualified m Director/Qualified m Director/Qualified on and 1 of 1 Associate ogram ociate Professional demonstrate knowledge, quired by the population A NCAC 27G .1703			
		e planning affecting 1 of 1 nager/Owner/Associate AP).			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		ETED	
					R-	-C
		MHL041-857	B. WING		05/0)2/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
FRESH ST	TART HOME FOR CHILD	REN 1929 MUR	RYHILL ROAD			
TICLOTTO	IAKT HOME FOR CHIED	GREENSE	ORO, NC 2740	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 293	Continued From page	e 17	V 293			
V 293	Cross Reference: 10. MINIMUM STAFFING Based on record revifacility failed to ensurpresent at the facility supervision of adoles facility affecting 3 of 3 #3) and 2 of 3 Forme Review on 4/20/18 of 4/20/18 written by the -"What immediate ac ensure the safety of the Facility policy and pro- supervision of consular and the safety of the policy of the PD/QP) to review address group relates the safety of the policy and procedure as it relates to overal of the safety of the policy and procedure as it relates to overal of the policy of the policy and procedure as it relates to overal of the policy of the policy and procedure as it relates to overal of the policy of the policy and procedure as it relates to overal of the policy of the policy and procedure as it relates to overal of the policy and procedure as it relates to overal of the policy of the p	A NCAC 27G .1704 G REQUIREMENTS (V296). ews and interviews, the e two direct care staff were and failed to ensure scents while away from the 3 current clients (#1, #2 and r Clients (FC #4 and FC #5). If the Plan of Protection dated e PD/QP revealed: tion will the facility take to the consumers in your care? cedures regarding the mers has been reviewed with order to ensure ty management has n of facility staff members in ble scenarios that may arise, y problem solve in the best of all consumers. 1 monthly ed by the Program Director w policy and procedures and d concerns and identified eds. Licensed Staff will meet f 2x per month in both group sional development needs elivery. Program Director t with the Direct Staff 2x per dress administrative needs, ds, and individual review of s, roles and responsibilities I job performance and	V 293			
	Facility has increased surrounding reporting	d communication g of whereabouts of staff and				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			720		R-C
		MHL041-857	B. WING		05/02/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
FRESH ST	TART HOME FOR CHILDI	REN 1929 MUR	RYHILL ROAD		
		GREENSB	ORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 293	Continued From page	e 18	V 293		
	clients when in the cowill be scheduled in a staffing ratio is mainta PD/QP) will ensure the on the schedule to enlocation of the childre community. The progrand license staff (the will serve as an on-catemergency situation in needed." -Describe your plans happens: "Facility maplanned and random to ensure that proper met. Facility will be sufficient to ensure the proper met. Facility will be sufficient to ensure the proper will continue to review with staff members in and understanding. Fany lack of compliance procedures by staff methods with consumers daily routines, outings, etc. rapport and gathering surrounding their daily staff methods.	ommunity setting. Outings dvance to ensure that the ained. Program director (the lat adequate staff is placed issure coverage based on the n in the home and ram director (the PD/QP) Licensed Professional (LP)) all staff in the event of an n which coverage is to make sure that the above magement will institute both shadowing of staff in order staff to consumer ratios are ure to continue to properly incidents in a timely and cility will continue to e trainings for staff. Facility via policies and procedures order to sustain knowledge acility will strictly enforce are of policies and member. Facility will follow up regarding their daily as means of building any significant information y routine and safety.			
	dated 5/2/18 and writt revealed: -What immediate acti ensure the safety of ti "1. NCAC 27G .1701 Fresh Start Home for	of the Plan of Protection ten by the PM/O/AP on will the facility take to he consumers in you care? Scope: JMJ Enterprises, Children, is geared to help health or behavioral issues.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLE	TED
	,
R-C MHI 041.857 B. WING	
MHL041-857 B. WING 05/02	2/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
1929 MURRYHILL ROAD	
FRESH START HOME FOR CHILDREN GREENSBORO, NC 27403	
	0.450
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETE
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE	DATE
DEFICIENCY)	
V 293 Continued From page 19 V 293	
v 200 Continued i Tonii page 19	
Fresh Start provides a structured and safe	
environment for clients. In doing this we will be	
introducing them to positive and educational	
experiences in a safe and supervised setting. The	
goal is to help them to overcome whatever life	
has brought to them. We encourage being active	
in school and in the community. We are here to	
encourage and help them through whatever	
comes their way. Fresh Start exposes clients to	
the simple things, like riding a bike, playing jump	
role (rope), cooking, performing in a chorale or	
performing in a dance group. New and positive	
adventures to show them that life have some very	
good things in store for them. When you become	
a client at Fresh Start your past is your past.	
Fresh Start inspires our clients to look to a bright	
future with endless possibilities.	
2. Competencies of Qualified Professionals and	
Associate Professionals: The Program Director	
/QP will ensure that staff scheduling, is has	
appropriate staffing and supervision daily. The	
Program Director/QP will update the treatment	
plan during monthly CFT (child and family team)	
meetings. During the CFT the Program Manager/	
QP (the PD/QP) will address any supervision	
issues. Any changes will be inserted into the	
treatment plan. All treatment plans will be	
covered in detail with Fresh Start's staff. Updates	
and changes will also be covered with staff,	
Associate Professional will be a full-time staff that	
handles the day to day operations of the facility.	
The AP (the PM/O/AP) will also assist the QP (the	
PD/QP) with the daily supervision of staff and	
ensure that the client is in a safe and learning	
environment. At no time will the staff, QP (the	
PD/QP), AP (the PM/O/AP) or the Management	
Team is to place blame or allude to blame of a	
client. Only factual information needs to be	
presented.	

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3. 10A NCAC 27G .1704 Minimum Staffing

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SU COMPLE	
		7 20.25		R-0	_
	MHL041-857	B. WING		1	2/2018
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
EDECU STADT HOME FOR CHILDRI	1929 MURF	RYHILL ROAD			
FRESH START HOME FOR CHILDRI	GREENSB(ORO, NC 2740	3		
PREFIX (EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 293 Continued From page 2	20	V 293			
Requirements: Prograr that adequate staffing i to ensure coverage bacchildren in the home ar program director/QP, LAP (the PM/O/AP) will the event of an emerge coverage is neededDescribe your plans to happens: 1. The Director/ QP and Manager/AP/Owner (the that scope of our progration of the full time AP starts of	m director/QP will ensure is placed on the schedule sed on the location of the nd community. The License Professional and serve as an on-call staff in ency situation in which on make sure that the above of the PM/O/AP) will ensure that the end wisits within the original service of the program. The Licensed of the supervision on this until on May 7th. In session with clients to bowing our program. It will institute both planned of the program is the will institute both planned of staff to ensure that the er ratios are met. The continue to properly incidents in a timely and the original service of the procedures and the members in order to sustain standing. Inforce any lack of and procedures by staff of with consumers daily uttines, outings, etc. as nort and gathering any	V 293			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R-C	
		MHL041-857	B. WING		05/02/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
EDEQU 91	ART HOME FOR CHILD	1929 MUR	RYHILL ROAD			
FRESH S	ART HOWE FOR CHILD	GREENSB	ORO, NC 2740	13		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE	ETE
V 293	Continued From page	e 21	V 293			
V 293	ratio when clients are The QP will ensure that are followed under the Licensed Professional (the PM/O/AP) will ensure met and continue Licensed Professional Clients at the facility I diagnoses which includisorder; Major Deproprychotic Features; Obisorder; Conduct Disorder; Conduct	in community/facility lat all the above standards e supervision of the l. After May 7th the Owner lisure that these standards consultation with the l." Inad multiple psychiatric lided Post-Traumatic Stress essive Disorder, Severe with Generalized Anxiety sorder; Mild Intellectual	V 293			
	Disorder; Conduct Disorder; Mild Intellectual Developmental Disorder; Postural Orthostatic Tachycardia Syndrome; Syncope and seizure-like activity; had experienced past abuse and neglect, had intrusive trauma-related symptoms, and required intensive supervision due to behavioral issues (including self-injury, suicide attempts, running away, and aggression). The Program Director/Qualified Professional (PD/QP) was responsible for scheduling facility staff to provide supervision of clients in the home					
	fewer than two staff of were in the home and for multiple Church-retimes per week. Beca appropriate staffing a sexually abused and driver (CVD) and anothe community. The Fimplying that "[FC #4] thing" and that she wand I know she had seek attention. She at The Program Manage Professional (PM/O/F) the Associate Professional	e were multiple reports of in each shift while clients if while riding the Church van elated activities several inuse of the failure to provide and supervision, clients were exploited by the Church van ther non-staff adult male in PD/QP made comments orchestrated the whole as "very mature, very savvy ome part in it. She likes to liways wanted attention" Er/Owner/Associate AP) reported that she was sional for the facility but in rm the duties of a full-time				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MUI 044 957	B. WING		R-	
		MHL041-857	D. WIIVO		05/0	2/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
FRESH ST	ART HOME FOR CHILDI	REN	RYHILL ROAD			
		GREENSB	ORO, NC 2740	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 293	Continued From page	22	V 293			
	transported to the var Church van with one (Church van driver, Clesser staffing pattern Church members cousupervision during Su When made aware of abuse, the PM/O/AP allowed her mother w Church the clients has of sexual abuse by the were made and forme of the CVD, to particip This deficiency constitution for serious nucorrected within 23 days penalty of \$2,000.00 in not corrected within 2	tutes a Type A1 rule eglect and must be ays. An administrative is imposed. If the violation is 3 days, an additional v of \$500.00 per day will be v the facility is out of				
V 295	27G .1703 Residentia P	al Tx. Child/Adol - Req. for A	V 295			
	facility shall have at lest staff who meets or ex an associate professi NCAC 27G .0104(1). (b) The governing botacility shall develop a policies that specify the staff of the	ssionals qualified professional 2 of this Section, each east one full-time direct care ceeds the requirements of onal as set forth in 10 A dy responsible for each and implement written he responsibilities of its al(s). At a minimum these				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R-C
		MHL041-857	B. WING		05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	re, zip code	
EDECH C	TART HOME FOR CHILD	1929 MU	RRYHILL ROAD		
FRESH START HOME FOR CHILDREN GREENSBORO, NC 27403					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 295	(1) management day-to-day operations	nt of the day to day s of the facility;	V 295		
	regarding responsibili implementation of each treatment plan; and	of paraprofessionals ties related to the ch child or adolescent's n in service planning			
	facility failed to have a care staff who met the Associate Professional duties required by the responsibilities to impoperations of the facil	ews and interviews, the at least one full-time direct erequirements of the al (AP), and performed the AP's position related to element the day to day ity and provide supervision and participation in service of 1 AP (the Program ociate Professional			
	positions including: -For the position of Exthe PM/O/AP on 6/18 This position develop organization's mission implement strategic a facilitates the implement and activities to ensure	ociate Professional's record revealed: 05 ons were present for various executive Director, signed by /05, noted "Job Summary: s, directs and leads the n and goals. Develop and nd business plans and entation of the programs			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		SURVEY PLETED	
			A. BOILDING.			
		MHL041-857	B. WING		l	R-C / 02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
		1929 MUF	RRYHILL ROAD			
FRESH S	TART HOME FOR CHILD	REN GREENSI	BORO, NC 27403	3		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETE DATE
V 295	Continued From page	e 24	V 295			
V 295	managers, coordinate efforts and ensures the execute the establish department objective goals. Research, dev necessary funding to programs." -For an unspecified p PM/O/AP on 12/19/07 (Qualified Profession one-on-one treatmen mental health or deve according to an indiviservice plan. General Management of the defacility, supervision of regarding responsibil implementation of eatreatment plan, partice meetings, providing of delivery to assigned programments as indicated treatment/service plastaff training to enhart-For the position of a Technician), signed be noting "responsibilities supervision to consumer to maintain their healt consumer's symptom the consumer with incomanage those symptomes.	e their cohesive managerial ney have the recourses to plans to attain the individual s towards the organization's relop and ascertains maintain operations and residualized to provide to services to designate relopment disability persons related to the choild or adolescent's related to the choild or adolescent's reprovide to the choild or adolescent's reprovide to the choild or adolescent's related to the choild or adolescent's reprovide resons, implementing the reventions identified on rent/service planprovide client to community the client's non-going resident control of the choild or adolescent's related to the rent/service planprovide related to the choild or adolescent's reprovide resons, implementing the rent/service planprovide related to the client's non-going resident resident resident resonance skills"	V 295			
	Administrator. It is als	so the duty and responsibility port all related incidents of				
		glect and/or exploitation to				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R-C	
		MUI 044 057	B. WING			
		MHL041-857			05/02/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1929 MUF	RRYHILL ROAD			
FRESH ST	TART HOME FOR CHILD	REN	BORO, NC 2740	13		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		
				DEFICIENCY)		
V 295	Continued From page	e 25	V 295			
	-For the position of A	dministrator, signed by the				
	•	, noting "responsibilities of				
	-	nitoring of the agency, hiring				
		nployees, ensuring all				
	personnel are fully tra					
	compliance with rules					
		d supports for all consumers				
		no consumer is abused,				
	neglected, exploited of					
		P, signed by the PM/O/AP				
	,	sponsibilities including				
		nsumer's Person Centered				
		ordinating movement across				
		will report directly to the				
	Administrator"					
	-No clearly labeled jo	b description was present				
	for the role AP.					
	Intervious on 4/07/40)ith ata# #4 #2 #2 #4 #F				
		3 with staff #1, #2, #3, #4, #5,				
	#6, #7 and #8 revealed					
		sion with the Program				
		ofessional (PD/QP) and not				
	the PM/O/AP.					
	Interview on 4/27/10	with the PD/QP revealed:				
		esponsible for the AP role at				
		esponsible for the AF fole at				
	the facility.	witho day to day apparations				
		v the day-to-day operations				
		pervised paraprofessional				
	staff rather than the F	TWI/U/AP.				
	Interview 5 - 4/07/40	with the DMAOAD				
		with the PM/O/AP revealed:				
		the facility, but was not a				
	full-time AP.	en				
		es fill in as a direct care staff				
	on third shift at the fa					
		ments to be a QP, but did				
	not occupy that role.					
		ner, but I over-see our other				
	2 facilities (sister). I s	pend about 30 to 35 hours				

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		MHL041-857	B. WING		05/02/2018
			1		1 00/02/2010
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
FRESH ST	TART HOME FOR CHILDI	REN	RYHILL ROAD	_	
	ı	GREENSB	ORO, NC 2740	03	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 295	Continued From page 26		V 295		
	here (weekly hours at is doing both roles' -Did not receive supe because she (the PM facilityThe PD/QP provided paraprofessional staff the day-to-day operat specified in ruleStarting Saturday, 5/ time AP as she is grahas experience" This deficiency is cross NCAC 27G .1701 Scott	t the facility) [The PD/QP] rvision from the PD/QP, /O/AP) was the owner of the I supervision to the facility's f and was responsible for			
V 296	telephone or page. A able to reach the facil times. (b) The minimum nur required when childre present and awake is (1) two direct cone, two, three or fou (2) three direct for five, six, seven or adolescents; and (3) four direct conine, ten, eleven or twadolescents.	MINIMUM STAFFING sional shall be available by a direct care staff shall be lity within 30 minutes at all mber of direct care staff en or adolescents are as follows: are staff shall be present for r children or adolescents; care staff shall be present eight children or	V 296		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` ′	CONSTRUCTION	(X3) DATE S	
					R-	-C
		MHL041-857	B. WING		1	02/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
FRESH S1	TART HOME FOR CHILDI	REN	RYHILL ROAD			
		GREENSB	ORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
V 296	6 Continued From page 27		V 296			
	during child or adolest follows: (1) two direct coand one shall be awarchildren or adolescent (2) two direct coand both shall be awarchildren or adolescent (3) three direct of which two shall be asleep for nine, ten, eadolescents. (d) In addition to the care staff set forth in Rule, more direct care the facility based on to individual needs as splan. (e) Each facility shall supervision of childrene away from the face	cent sleep hours is as are staff shall be present ke for one through four ts; are staff shall be present ake for five through eight ts; and care staff shall be present awake and the third may be eleven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in the child or adolescent's pecified in the treatment be responsible for ensuring or adolescents when they cility in accordance with the individual strengths and				
	facility failed to ensur- present at the facility supervision of adoles facility affecting 3 of 3 #3) and 2 of 3 Former The findings are:	ews and interviews, the e two direct care staff were				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		MHL041-857	B. WING		R-C 05/02/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
EDEQU 91	ART HOME FOR CHILD	1929 MURF	RYHILL ROAD		
FRESH 31	ART HOWE FOR CHILD	GREENSB	ORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 296	Continued From page	28	V 296		
	Scheduling/Staffing re-"JMJ ENTERPRISE, ensure that there is a based on their ability activities with their melong as it is geared to interpersonal and inte	evealed: LLC (the Licensee) will dequate staffing for clients to participate in community entor or natural support as improving their social, eractional skills. During the each client, staff will be e safety and security of the ent may engage in his/or her thout the presence of staff, if idministrator and the Child it) that it will not present a e to the client and that client ervised time during his/or i or during a program may ensure that a competent in a volunteer capacity to ecurity for the clients." the facility's policy on revealed:			
	other organizations a	e client's school, church or s deemed necessary with care, for the improvement			
	and/or social integration transportation, without member, can only be community support or allowed to be transport as agreed to by the allowed to the contract of the contract	•			
	-An admission date of -Diagnoses of Post-T	raumatic Stress Disorder ssive Disorder (MDD),			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	ONSTRUCTION		E SURVEY PLETED	
						R-C
		MHL041-857	B. WING			5/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
EDECH C	FART HOME FOR CHILD	1929 ML	IRRYHILL ROAD			
FRESH S	TART HOME FOR CHILD	GREENS	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 296	Continued From pag	e 29	V 296			
	Inattentive Type, and Adolescent OnsetAge 17 -An admission asses "16 year old in the De (DSS)'s custody, No family, needs remind treatment of Acute Consideration of Acute Considera	sment dated 10/4/16 noting epartment of Social Service contact with biological ers for proper hygiene, past are, in a Psychiatric at Facility, history of sexual behaviors, running away and ng-standing pattern of risky nefit significantly from the defendant of the significantly from the defendant of the significant o				
	Review on 4/19/18 of client #2's record revealed: -An admission date of 6/14/17 -Diagnoses of MDD, Recurrent, Severe with Psychotic Symptoms; PTSD, Unspecified and					
	-Age 17 -An admission asses "has a history of self- learned in therapy, hidisrespectful when re to use coping skills, i stepped down from a	sment dated 6/14/17 noting charm, needs to utilize skills as poor hygiene, will become e-directed, needs reminders ssues with boundaries, behavioral center, history of an early age, engages in				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			1			
			B. WING		R-C	
		MHL041-857	D. WING		05/02/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		1929 MUR	RYHILL ROAD			
FRESH ST	ART HOME FOR CHILD	REN	ORO, NC 2740	13		
			T 2740			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		TE
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		
				DEFICIENCY)		
1/000			1,,,,,,			
V 296	Continued From page	2 30	V 296			
	unhealthy behaviors.	was raped by her brother at				
	•	auditory hallucinations, prior				
		elf, cuts her arms, attempted				
		herself and has a history of				
	Absent Without Leave					
		ed 9/16/17 noting "will				
		bal or physical aggression				
	_					
		ursing and hitting others, will				
		f-harming and suicidal				
	_	pasis and will report any				
		dults by avoiding disclosing				
	_	avoiding cutting or inflicting				
	•	naintain compliance with				
	_	in the home, school and				
		ng direction first time given,				
	complying with treatm					
	<u>-</u>	erapeutically to decrease				
		t trauma symptoms by a				
		s per week to 1 day per				
		eams, thoughts of trauma				
	history and feelings o					
		f treatment team approval				
	-	transport and supervise				
	client #2 during churc	h events, or approval for				
	only one staff to supe	rvise multiple clients while in				
	the community.					
	Review on 4/19/18 of	client #3's record revealed:				
	-An admission date of					
	-Diagnoses of Condu					
	Cannabis Use Disord	er, Moderate; MDD,				
	Moderate, Recurrent	and Poly-Substance Abuse.				
	-Age 15					
		sment dated 3/9/18 noting				
		crisis center, Full Scale IQ				
		cal, sexual and emotional				
		father being shot and killed				
		ent and her mom hostage in				
		drug related incidents such				

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as seizures, mini strokes, panic attacks and

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			E SURVEY PLETED			
			A. BOILDING.			5 .0
		MHL041-857	B. WING			R-C 5/ 02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	= ZIP CODE		
TO WILL OF T	NOVIDEN ON OUT FREIN		RRYHILL ROAD	-, ZII 00DE		
FRESH ST	TART HOME FOR CHILD	REN	BORO, NC 27403			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE
V 296	Continued From page	e 31	V 296			
	prior inpatient and ou altercations, issues w not following rules, do of Xanax and overdoo cleaning products, Al placements, poly-sub alcohol, methamphet drugs, crack/cocaine, barbiturates and inhat -No documentation of for non-facility staff to client #3 during church	stance abuse (marijuana, amines, over the counter opiates, hallucinogens,				
	-An admission date of -Diagnoses of PTSD; Disorder (GAD); MDD Tachycardia Syndrom Seizure-Like ActivityAge 15 -A medically planned due to trauma related -An admission assess "14 year old female in contact with biological manipulative issues with difficulty with authority multiple placements of family, relative placer hospitals), victim of notice by maternal aunt/unce-A treatment plan data reduce her symptoms	Generalized Anxiety D; Postural Orthostatic The (POTS); Syncope and discharge date of 3/7/18 I Syncope and Seizures. Is sment dated 6/22/17 noting The custody of the DSS, I family must be supervised, With Anxiety and Depression, Ty and following rules, Since 11/12/15 (adoptive The ments and psychiatric The eglect and sexual abuse, I substance abuse and The and was adopted at age 8 The ed 6/27/17 noting "will The sof PTSD by significantly				
	reducing the negative	e impact her trauma history of her life, will reduce her				

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDING.			
		MHL041-857	B. WING		R-C 05/02	; :/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
FRESH ST	TART HOME FOR CHILDI	REN 1929 MURI	RYHILL ROAD			
I IXEOII O	ART HOME TOR OTHER	GREENSB	ORO, NC 2740	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 296	V 296 Continued From page 32		V 296			
	MDD symptoms by do patterns and beliefs at that lead to alleviation relapse of depression GAD symptoms by st while increasing her a basis, will reduce famincreased communicate regulations skills that family dynamics, will emotions associated plan and any anxietie into a lower level of carelated to adaptive bethe community and elebehavioral skills within negative behaviors or participating in facility -No documentation of for non-facility staff to #4 during church ever	eveloping healthy cognitive about herself and the world in and help prevent the a symptoms, will reduce abilizing her anxiety level ability to function on a daily billy conflict by displaying ation, coping and emotion improve her role in the address thoughts and with her discharge/transition is pertaining to the transition are, will work on skills ehavioral functioning within ingagement in appropriate in the community without any relopement attempts while				
	-An admission date o	IDD and ADHD, Unspecified				
	-An admission assess curses, easily frustrat from school due to be	sment noting "threatens, led, impulsive, suspended Phaviors, inappropriately				
	emotional abuse, three led to hospitalizations school, verbally aggresuicidal thoughts, mo prison in 2017, was p	nan trafficking, victim of eatens to kill herself which s twice, sexual behaviors at essive, history of lying, ther was released from				

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DIVISION	n nealth Service Regu	ilation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			1		5.0	
			P WING		R-C	
		MHL041-857	B. WING		05/02/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			RYHILL ROAD	•		
FRESH ST	ART HOME FOR CHILDI	REN	BORO, NC 2740	12		
		GREENSE	URU, NC 2740	J3		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		
IAG		200.022	IAG	DEFICIENCY)		
V 296	Continued From page	e 33	V 296			
	has had 2 or 3 prior s	eoizuros "				
		ed 7/10/17 noting "will				
	•	haviors to include AWOL				
		gression and manipulation				
		to manage her feelings by				
		coping, problem solving and				
		skills, will also be able to				
	•	conflicts alone and know				
		ecessary, will have the ability				
	to resolve conflicts wi	ith others while refraining				
	from the use of physic	cal violence or acting out				
	and will develop ratio	nal problem solving skills,				
	will follow rules as we	ell as listen and follow				
	instructions as they a	re given from adult authority				
	figures in the home, s	school and community, will				
	refrain from disrespec	ctful behaviors (use of				
	profanity, talking back	k, yelling, etc.) towards adult				
		n given a directive and will				
		skills of independent living				
	daily"	g				
	•	f treatment team approval				
		transport and supervise FC				
		nts, or approval for only one				
		Itiple clients while in the				
	community.	rupic cherits write in the				
	community.					
	Review on 4/26/18 of	the facility's incident				
		and completed by the				
		alified Professional (PD/QP)				
	revealed:					
		Church Van Driver (CVD), on				
	•	ad sexually abused clients				
		d video-taped sexual acts				
		he CVD and a non-staff,				
		munity (M #1) were reported				
	on 3/5/18.					
	_	conducted by the facility,				
		Former Staff (FS) #9 was				
	the wife of the CVD a	ind she had not ridden the				

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church van during the times that the sexual abuse

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STATEMEN [*]	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING		
		MHL041-857	B. WING		R-C 05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
FRESH S	TART HOME FOR CHILD	REN	RYHILL ROAD		
		GREENSE	BORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	BE COMPLETE
V 296	Continued From page	e 34	V 296		
	occurred.				
	Interview on 4/20/18 in Department's Detective had in the CVD and M #1 had offenses against clier. The alleged incidents #1, #2 and FC #4 occ church van, and an area. The Police Forensic sexually-explicit video cell phone belonging CVD and M #1 engage #4. -"[FC #4] was coerced there was digital pensioned with [the CVD]. #2] remained in the variable with [the CVD]. #2] remained in the variable with no supersuper the CVD], 'either you tell my wife (FS #9) to the Detective was on and M#1 for offences clients #1 and #2 were legal age of consent. Interview on 4/19/18 in Had been at the facility During the day, there working. During third shift (12 at midnight "because")	ve revealed: nvestigated allegations that ad committed multiple sexual ats #1, #2 and FC #4. s of sexual abuse of clients curred in the church, the partment in the community. Department found 5 as in the deleted cache of a to the CVD showing the ging in sexual acts with FC d into oral sex and in the van etration for cigarettes and C #4] stated she thought ten at one of the ent. Apparently all three an's apartment, [FC #4] went to while [client #1] and [client ehicle." [the CVD] to take the girls to vision. [FC #4] was told by do this (sexual acts) or I will of put you on restriction." nly able to charge the CVD against FC #4 because the over the North Carolina with client #1 revealed: lity since 10/2016. the were always 2 staff am to 8am) one staff leaves			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVE COMPLETED	
					R-C	
		MHL041-857	B. WING		05/02/20	18
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
FRESH ST	ART HOME FOR CHILD	REN	RYHILL ROAD			
		GREENSB	ORO, NC 2740	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE CO	(X5) DMPLETE DATE
V 296	Continued From page	e 35	V 296			
	-This occurred on a re	egular basis.				
	in the community, she placements to supervision on the cl the community) fell th -" I asked [client #1] I asked her if she hunsupervised she said it was a half a dadropped off a little ear the staff that was sup there yet She was a other girls because of she said she got to the the front steps, [the P	ed: upervision at the facility and e stated "We trust our rise appropriatelythis nurch van, the facility and in				
	-Had been at the facil -When asked about s when she got home for staff present -On third shift, there w present"Sometimes on third there is only one staff -On community outing	taffing, client #2 stated rom school there were 2 was usually only one staff shift on the weekends,				
	-As far as she knew, the church van.	ith client #2's LG revealed: there were no facility staff on ng would happen (without urch van)"				

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	R-C
MHL041-857 B. WING	05/02/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD FRESH START HOME FOR CHILDREN	·
GREENSBORO, NC 27403	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO TOTAL TAG CROSS-REFERENCED TO TOTAL TAG DEFICIENCIES	ON SHOULD BE COMPLETE HE APPROPRIATE DATE
V 296 Continued From page 36 V 296	
Interview on 4/19/18 with client #3 revealed: -Had been at the facility since March of last year (2017) -There was only one staff at night (third shift), "but during the day there are 2 staff." -The reason for only one staff at night was because the clients were "good." No client interview was conducted with FC #4 due to concerns about re-traumatization related to sexual abuse by the CVD and M #1, and reported medical/emotional fragility of FC #4. Interview on 5/1/18 with FC #4's LG revealed: -"When all this came out, [the PM/O/AP] called me because she was taken back too, that this happenedShe said that it was the church van and other people rode itI was told that the girls sometimes went to the church to clean, but I thought staff was with themI assumed staff was with themI assumed staff was with themI was told that the girls sometimes went to the church to clean, but I thought staff was with themI assumed staff was of 4/17/2018, FC #5 had been placed in a new level III facilityHad spoken with FC #5 on 4/24/18 -Regarding concerns with supervision at the previous placement, "I remember my second visit there. I only saw one staff and one other client besides us. I was there for 15 or 20 minutes moving [FC #5]'s possessions." -Due to FC #5's current emotional state she felt it would be better if she was not interviewed at this point and time.	

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STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SUI	
		A. BUILDING		D.0		
		MHL041-857	B. WING		R-C 05/02	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
FRESH ST	TART HOME FOR CHILDI	REN	RYHILL ROAD			
			ORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 296	Continued From page	e 37	V 296			
	Interview on 4/27/18 and Been working at the months -Worked Monday through (second shift) -Worked Saturdays and every other weekend and another the PD/QP was respectedThere were two staff and another the clients and the clients are the clients and the clients and the clients are the clients are the clients and the clients are the clients	with staff #1 revealed: facility for approximately 6 ough Friday from 4pm-12am and Sundays from 7am-7pm consible for the work on each shift at the facility ther, staff #1 stated one leaving just one staff with all er staff came in at 12:00am. with staff #4 revealed: the facility since 2014 hift, Monday through ther 3:15pm to 10pm or midnight, but I have little toped working until midnight tago. So, from 10pm to one staff working when the It has been like this since I midnight. If there are two ott, then it just started gency with her children, clients with her and leave 2				
	-Had worked at the fa -Worked full time on b -The clients participat	with staff #5 revealed: acility for almost 4 years both 2nd and 3rd shifts add in church activities which Youth Groups, church and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL041-857	B. WING		R-C 05/02/2018	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
FRESH START HOME FOR CHILD	REN	RYHILL ROAD ORO, NC 2740	03		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
-The clients were tranchurch activities by the There was always on the church van whened -Was not sure if there on the church van what the facility. -Was not sure of the control the CVD started transforms on 4/27/18 and previously work stroke in 2015 and responding to the CVD started transforms on the church of the community, only 1 start while the other staff socients at the facility and volunteer to saturdays. -Most of the time, shown the church van with the church of the church. Interview on 4/26/18 and primarily worked from 7am to 7pm. -There were two staff only 1 or 2 clients at the facility only 1 or 2 clients at the facility only 1 staff with them. -The PD/QP made oultwas recently told by the staff with the client church on Sundays from the church on Sund	the church on Saturdays. Insported and returned to the CVD. The facility staff member on being transported. It was a facility staff member the clients returned to dates or timeframes of when sporting the clients alone. With staff #6 revealed: The dat the facility prior to her turned in 2017 The "the bed time shift" from lients had outings in the aff went with the 2 clients trayed behind with 1 or 2 church, youth groups, Bible to clean the church on The was the only staff present the the clients when they went with staff #8 revealed: The clients when they went with staff #8 revealed: The clients when they went with staff #8 revealed: The clients when they went with staff #8 revealed: The clients when they went with staff #8 revealed: The clients when they went with staff schedule the PM/O/AP there had to the the PM/O/AP there had to the when they attended the church and supervise	V 296			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		7. BOILBING.		R-C		
		MHL041-857	B. WING		05/02/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
FRESH ST	TART HOME FOR CHILDI	?FN	RYHILL ROAD ORO, NC 2740	12		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 296	Continued From page	2 39	V 296			
		s to church. [The CVD] had ortation since November f March 2018."				
	revealed:	ith Former Staff #9 (FS #9)				
	 -Had worked at the fa -Was suspended from 	cility for 5 to 7 years in her job duties on 3/6/18				
	while the internal inve	stigation was completed				
	related to allegations CVD) had sexually at	that FS #9's husband (the				
	-Was then terminated					
		ft, from 12am to 7am, on				
	Fridays and Saturday -The PD/QP was resu	s consible for making out the				
	staffs' schedules	yenenene ner manning ear ane				
		nd [the PM/O/AP] I would				
	ride on the van to sup	pervise the clients. On oup, it was the same thing				
	unless there was ano					
		mes when I was not on the				
		clients were transported				
		other facility staff with them.				
		or 3 times. [The CVD] was s alone to and from church				
		fication for each month she				
	was not on the church					
		, FS #9 stated "December				
		ruary and March (2018),				
	clients were unsuper	re one or two times the				
	-	the church and clean up				
	after both Bible study	•				
	Tuesdays) and the Yo	outh Group (8:45pm to 9pm				
		every month). Had I not				
		none of this (the abuse)				
	would have happened	J				

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Interview on 4/19/18 with the PD/QP revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: _		COMPLETED)	
					R-C	
		MHL041-857	B. WING		05/02/20	018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
EDEOU 03	ARTHOME FOR CHILD	1929 MURF	RYHILL ROAD			
FRESH S	ART HOME FOR CHILDI	GREENSB(ORO, NC 2740	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CO	(X5) OMPLETE DATE
V 296	Continued From page	e 40	V 296			
	-FS #9 was terminated due to lack of supervision of the clients and her termination date was 4/2/18 -FS #9 failed to supervise the clients, on the church van, to and from their activities.					
	revealed:	I/27/18 with the PD/QP				
	-She made out the factivith two staff on ever	cility staffs' work schedules y shift.				
	-The church activities approved by the PM/0	for the clients was				
		once or twice a week from				
	6pm to 7pm on Tueso					
		ry Sunday from 11:00am to				
	1:30pm.					
	_	ery month, the clients had				
	youth group activities					
		ode on the church van with				
		nsible for them and another rvise once they arrived at				
		ing staff would clock out				
	during the outing."	ing stail would clock out				
	-Regarding supervision	on at the church, the				
	PM/O/AP was there e					
	-"I cannot speak to su	pervision on Tuesdays and				
	the first Friday of ever	•				
	-FS #9 was responsib					
		ponsible for supervising				
	them.	sible for supervising the				
		and from church. When all of				
		ame out on 3/5/18, is when				
	we learned she was r	·				
	supervising them."					
	-Regarding supervision					
	_	stated facility staff would				
		to 2pm and go to church				
	and supervise the clie					
		members were also willing ts. I knew [FS #9] and [the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED	
			A. BOILDING.			_
		MHL041-857	B. WING	 	l l	R-C 5/ 02/2018
NAME OF B	ROVIDER OR SUPPLIER	etdeet A	DDRESS, CITY, STATE	ZIR CODE	•	
NAIVIE OF P	ROVIDER OR SUPPLIER		RRYHILL ROAD	E, ZIP CODE		
FRESH ST	TART HOME FOR CHILD	REN	BORO, NC 27403			
0/0.15	CLIMMADV CT			PROVIDER'S PLAN OF CORR	PECTION	0/5)
(X4) ID PREFIX TAG			ID PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 296	Continued From page	e 41	V 296			
	PM/O/AP] would always be at the church" -Was made aware FS #9 was sometimes not on the church van with the clients, "but there were staff from sister facilities on the van."					
	-She would fill in on the sometimes -"I was always at chuclients from 10am to them." -Stated staff #2 and sometimes." -They would look outhe clock. Everyone in them." -Denied having only of facility with the clients"I don't know why yo staff on shift). Either its	with the PM/O/AP revealed: hird shift at the facility rch every Sunday with the 2pm or 3pm to supervise staff #6 were also at the t for the clients but were off in the church kept an eye on one staff working at the s. u are hearing that (only one me or [the PD/QP] would be were unable to work on their				
	scheduleThe clients participat included the youth gras well as Bible study -"If one client was on on the outings but no client was on restriction them at the facility an with one staff. I didn't because I was not cochanged it a while ag-Every Sunday mornichurch from 10am to	restriction, they can now go t participate. Before if one on, one staff had to stay with d the other clients would be like the staff doing that mfortable with that. We o." ng, the clients attended 2pm or 3pm.				
	attended youth group 8:30pm or 9:00pm an	ery month, the clients activities from 7pm to d Bible study was from 7:00 I at 9pm on Tuesdays.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL041-857	B. WING		R-C 05/02/2018	
	ROVIDER OR SUPPLIER	STREET ADD	L RESS, CITY, STA RYHILL ROAD	TE, ZIP CODE	, 00.02,20.10	
FRESHSI	ART HOME FOR CHILDI	GREENSB(ORO, NC 2740	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 296	Continued From page	e 42	V 296			
	Continued From page 42 -Clients were transported by the church van and not by facility staff to the church activities. -The new CVD took over at the end of December 2017 or early January 2018. -"He (the CVD) said he wanted to help and offered to pick the clients up for all the church activities. [FS #9] was supposed to be on the van supervising the clients. If the girls were going to volunteer at the church, I told [FS #9] she would have to stay with them. It was just to protect [the CVD] and the clients so it wouldn't be just them (the church van driver and the clients)." -The majority of the time FS #9 was on the van, "but I can't say for sure." -During the clients' CFT meetings, their LGs were told they would participate in church activities and that there would only be one staff on the church van. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.					
V 512	27D .0304 Client Righ	nts - Harm, Abuse, Neglect	V 512			
	V 512 27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10 A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and					

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		A. BOILDING.		R-C	
		MHL041-857	B. WING		05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
FRESH ST	TART HOME FOR CHILDI	REN 1929 MURI	RYHILL ROAD		
	AKT HOME TOK OMEDI	GREENSB	ORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPER DEFICIENCY)	BE COMPLETE
V 512	aggressive client and governing body policy is necessary depends characteristics of the and physical and mer of aggressiveness disintervention procedur Subchapter 10A NCA (e) Any violation by a (a) through (d) of this dismissal of the employed of the emp	which is permitted by The degree of force that supon the individual client (such as age, size hal health) and the degree splayed by the client. Use of es shall be compliance with C 27E of this Chapter. In employee of Paragraphs Rule shall be grounds for oyee. as evidenced by: ews and interviews, 1 of 8 1 of 1 Former Staff (FS) d failed to protect 2 of 3 22) and 1 of 3 Former from harm, abuse and ngs are: ents used various titles for (Qualified Professional in Manager/Owner/Associate AP) and the Licensed arification of position titles elevant). Is staff #2's employee record AP Paraprofessional oitation training on 10/4/13 FS #9's employee record	V 512	DETICIENCY)	
	-A termination date of -Abuse/Neglect/Explo	4/2/18 oitation training on 5/1/14			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING		D.O.	
		MHL041-857	B. WING		R-C 05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
FRESH ST	TART HOME FOR CHILDI	REN	RYHILL ROAD ORO, NC 2740	13	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 512	Continued From page	e 44	V 512		
	-No documentation specifying that FS #9 would be the only facility staff responsible for transportation and supervision of clients when they attended church events. Review on 4/19/18 of client #1's record revealed: -An admission date of 10/4/16 -Diagnoses of Post-Traumatic Stress Disorder (PTSD); Major Depressive Disorder (MDD), Recurrent, Moderate; Attention Deficit Hyperactivity Disorder (ADHD), Predominant, Inattentive Type and Conduct Disorder, Adolescent Onset -Age 17 -An admission assessment dated 10/4/16 noting "16 year old in the Department of Social Services' (DSS) custody, No contact with biological family, needs reminders for proper hygiene, past treatment of Acute Care, in a Psychiatric Residential Treatment Facility, history of sexual abuse, self-injurious behaviors, running away and property damage. Long-standing pattern of risky behaviors, would benefit significantly from				
	refrain from non-verbaggressive behaviors settings, will increase				
	-An admission date o -Diagnoses of MDD, I Psychotic Symptoms; Mild Intellectual Deve -Age 17 -An admission assess	Recurrent, Severe with ; PTSD, Unspecified and			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY		
and Plan of Correction Identification number:		A. BUILDING: _		COMPLETED	
					R-C
		MHL041-857	B. WING		05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		1929 MUR	RYHILL ROAD		
FRESH ST	TART HOME FOR CHILD	REN	3ORO, NC 2740	03	
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF CORRECTI	ON (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
V 512	Continued From page	e 45	V 512		
		as poor hygiene, will become			
	=	e-directed, needs reminders			
		ssues with boundaries, behavioral center, history of			
		n early age, engages in			
		was raped by her brother at			
	-	auditory hallucinations, prior			
		elf, cuts her arms, attempted			
		e herself and has a history of			
	•	e (AWOL) behaviors."			
		ed 9/16/17 noting "will			
	-	bal or physical aggression			
	by avoiding yelling, co	ursing and hitting others, will			
		f-harming and suicidal			
	behaviors on a daily b	basis and will report any			
	ideations to trusted a	dults by avoiding disclosing			
	_	avoiding cutting or inflicting			
	-	naintain compliance with			
	_	in the home, school and			
		ng direction first time given,			
	complying with treatm	. •			
		erapeutically to decrease			
		t trauma symptoms by a			
	•	s per week to 1 day per			
		eams, thoughts of trauma			
	history and feelings o	n uespali.			
	Review on 4/20/18 of	FC #4's record revealed:			
	-An admission date o				
	-Diagnoses of PTSD;				
	=	D; Postural Orthostatic			
		ne (POTS); Syncope and			
	Seizure-Like Activity.	· · · · · · · · · · · · · · · · · · ·			
	-Age 15				
	•	discharge date of 3/7/18			
		Syncope and SeizuresAn			
		nt dated 6/22/17 noting "14			
		custody of the Department			
		ontact with biological family			
		manipulative issues with			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			
	P WING		
MHL041-857	B. WING		R-C 05/02/2018
NAME OF PROVIDER OR SUPPLIER STREET.	ADDRESS, CITY, STAT	E, ZIP CODE	
EDECLIOTARY HOME FOR CHILDREN	JRRYHILL ROAD		
FRESH START HOME FOR CHILDREN GREEN	SBORO, NC 27403	3	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 512 Continued From page 46	V 512		
Anxiety and Depression, difficulty with authority and following rules, multiple placements since 11/12/15 (adoptive family, relative placements and psychiatric hospitals), victim of neglect and sexual abuse, biological mother had substance abuse and mental health issues and was adopted at age 8 by maternal aunt/uncle." -A treatment plan dated 6/27/17 noting "will reduce her symptoms of PTSD by significantly reducing the negative impact her trauma history has on many aspects of her life, will reduce her MDD symptoms by developing healthy cognitive patterns and beliefs about herself and the world that lead to alleviation and help prevent the relapse of depression symptoms, will reduce GAD symptoms by stabilizing her anxiety level while increasing her ability to function on a daily basis, will reduce family conflict by displaying increased communication, coping and emotion regulation skills that improve her role in the family dynamics, will address thoughts and emotions associated with her discharge/transition plan and any anxieties pertaining to the transition into a lower level of care, will work on skills related to adaptive behavioral functioning within the community and engagement in appropriate behavioral skills within the community without any negative behaviors or elopement attempts while participating in facility outings" Interview on 4/27/18 with the Program Manager/Owner/Associate Professional (PM/O/AP) revealed: -Every Sunday morning, the clients attended church from 10am to 2pm or 3pmClients attended Bible Study every Tuesday from 7:00 or 7:30pm until it ended at 9pmThe first Friday of every month, the clients attended Youth Services from 7pm to 8:30pm or	V 512		

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` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING: _		00 22.25	
			D WING		R-C
		MHL041-857	B. WING		05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
EDECH CI	TART HOME FOR CHILDI	1929 MURF	RYHILL ROAD		
FRESH S	IART HOWE FOR CHILD	GREENSB(ORO, NC 2740	13	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 512	Continued From page	e 47	V 512		
V 312	-Clients were transponot by facility staff to a The new Church Var the end of December -"He said he wanted the clients up for all the was supposed to be clients. If the girls were church, I told [FS #9] them. It was just to proclients so it wouldn't to the clients." -The majority of the time but I can't say for sure. On Saturdays, client had volunteered to cleen the clients was for social in CVD] wanted the clients had become too much control to the control to the clients and the CVD and the CVD and the clients was for social in CVD] wanted the clients and the CVD and the CVD and the clients was for social in CVD and the clients was for social in CVD, and the CVD and the clients was for social in CVD, and the CVD and the CVD and the CVD and the CVD and the clients was for social in CVD, and the CVD and the CVD and the clients was for social in CVD, and the CVD and the clients was for social in CVD, and the CVD and the clients was for social in CVD, and the CVD and the CVD and the clients was for social in CVD, and the CVD and the clients was for social in CVD, and the CVD and the clients was for social in CVD, and the CVD and the clients was for social in CVD.	rted by the church van and the church activities. In Driver (CVD) took over at 2017 or early January 2018. It has been been been been been been been bee	V 312		
	(FS#9 and the CVD are husband and wife)." Review on 4/26/18 of the facility's incident reports, dated 3/7/18 and completed by the Program Director/Qualified Professional (PD/QP) revealed: -Staff #1 was approached on 3/5/18 by a member of the community alleging they had been shown an "inappropriate" video of a young female that looked like one of the clients (FC #4) in the facilityThe PM/O/AP was notified on 3/5/18 of the allegation"Staff (not specified) proceeded to question [FC #4] if she had done anything inappropriate when she would be out in the community. At that point [FC #4] alleged that [the Church Van Driver (CVD)] had touched her and two of her peers (clients #1 & #2). [FC #4] alleged these acts took place several times while taking part in church events. At the church events there is an assigned				

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	or realth Service Negu		0.00 1.00 1.00 5	CONCERNATION	L ((a) B 1 T F (a)	IDV(E) (
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COWIFEE	ILED
					R-0	?
		MHL041-857	B. WING		I	2/2018
		WITIE041-037			1 05/02	2/2010
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		1929 MUR	RYHILL ROAD			
FRESH ST	TART HOME FOR CHILD	REN	ORO, NC 2740	13		
			1010, 110 2740			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		DATE
IAG		,	1/40	DEFICIENCY)		
			+			
V 512	Continued From page	e 48	V 512			
	,	. She is also a member of				
		f the CVD. When [FS #9]				
		church event other group				
	home staff would fill in	n to provide supervision.				
	The details around the	e incident are not all the way				
	clear. [FC #4] has sta	ted several changes of				
	events that lead to the	e alleged accusation. [FC				
		anted to do it (sexual acts) at				
		her point, she alleges that				
		ngs. Once the alleged				
	incident was reported	-				
	· -	Management contacted the				
	I	Licensed Professional (LP))				
		client was interviewed				
		ne PM/O/AP) and director				
		and then therapist (the LP).				
	_	nts have been place on hold				
		outcomes. [FS #9] is placed				
		ng investigating outcomes				
	on supervision."					
		eports were completed by				
		for clients #1 and #2, which				
	included identical info					
	allegations of the CVI	O inappropriately touching				
	clients and the facility	's response, with the				
	following client-specif	ic information:				
		at "she was touched one				
	· ·	[the CVD] Stated that				
		one point and at another				
		her and the other two				
	-	pact to let [the CVD] touch				
	them so she could sa					
	together for a bond					
		nat " she was touched one				
		[the CVD] she wanted to				
		nat her an her peers could				
		another point she alleges				
	she did it to get cigare	ettes"				

Division of Health Service Regulation

Review on 4/26/18 of the facility's Internal

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Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		MHL041-857	B. WING		R-C 05/02/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
EDEOU 07	ADT HOME FOR CHILD	1929 MUR	RYHILL ROAD		
FRESH 5	TART HOME FOR CHILD	GREENSE GREENSE	3ORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 512	Continued From page	e 49	V 512		
V 0.12	Follow-Up Incident For 3/7/18 and written by -"Date staff was informed presented by clients in towards group home community (the CVD community (M #1)). For Behalf of the Facility: incidents, management therapist (the LP) immincident. Each client in interviewed separated [the PD/QP] in order and the incident (s) that the local authorities were encourated to the incidents. Econtacted and informed misconduct. Clients the conducted by the the events. Involvement, contact with the attent events, where the allewas involved, have befurther investigation.	orms, dated 3/6/18 and the PD/QP, revealed: med of the incident: 3/5/18; on of Form: Accusations involving sexual misconduct clients by an adult in the and a non-staff male in the follow Up Completed on Following the report of ent contacted the family inediately for processing of in the group home was by by both the [PM/O/AP] and to gather further information. In the group to get to notate their accounts have occurred. DSS and were contacted in order to each clients' guardian was ged about the alleged sexual and follow up sessions rapist in order to process attendance and any other ding church and all related ged perpetrator (the CVD) geen suspended pending Appropriate staff (FS #9) suspension pending further	V 0.12		
	of the incident, undat -"Mr. [The Church Va and we let him. It star	client #2's written accounts ed, revealed: n Driver (CVD)] touched us ted with [FC #4], talking bulls up her shift to fix her			
	pants and [the CVD] stomach. Let me touc [the CVD] touches he caused me to let him [client #1] kept saying	says you have a sexy ch it. [FC #4] say no, but Mr. er anyway. Peer pressure touch me. [FC #4] and g 'come on and do it. Nobody red right?' I said 'I am not			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A DUBLING.	(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION IDENTIFICATION NUMBER. A. BUILDING:	
D WING	R-C
MHL041-857 B. WING	05/02/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
1929 MURRYHILL ROAD	
FRESH START HOME FOR CHILDREN GREENSBORO, NC 27403	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVI	IDER'S PLAN OF CORRECTION (X5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CO	ORRECTIVE ACTION SHOULD BE COMPLETE FERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DATE
V 512 Continued From page 50 V 512	
scared' and let him touch me. We ALL agreed to keep it a secret and what happens in the van stays in the van. I knew it was WRONG. I was scared to say no. I didn't know if he would get mad at me, us(Sorry for not telling sooner)."	
Review on 3/6/18 of Former Client #4 (FC #4)'s written accounts of the incident dated 3/6/18, revealed:	
-"So it all started near the first of December	
(2017). Maybe end of November. But one day	
Mrs. [Former Staff #9 (FS #9)], a staff member	
that worked with the group home asked me 'do	
you want to help clean because Ms. [the Program	
Manager/Owner/Associate Professional	
(PM/O/AP)] said we need some volunteers. I said	
sure I'll help because I like cleaning. She also asked the other girls but they said no. So the	
Saturdays we would clean, Mr. [CVD] would	
touch me in inappropriate places like my vagina,	
breast and butt and would kiss me and tell me he	
loved me. I told him that I didn't want to do the	
stuff he was doing and I told him no several times	
but he wouldn't listen. I would try to keep my	
distance but somehow he always ended up near	
me or picking us up for bible study or some event	
the next day or in the next few days. He would	
make me have oral sex with him and swallow the	
sperm that came out and I would tell him I don't	
want to do it and he would say 'Well, I can get	
Ms. [FS #9] to say something to Ms. [PM/O/AP]	
about you misbehavior or put you on the board for	
full restriction if you don't do what I tell you to do.	
Then, that was going for about 2 months and then	
one of the girls at the group home got banned	
from coming to church because of how she acted	
and Mr. [CVD] is the driver of the van and he	
would never take us straight home like he was	
supposed to. But after the girl got banned he said well now you can have more fun. And one day I	

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		MHL041-857	B. WING		05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
			RYHILL ROAD		
FRESH ST	TART HOME FOR CHILD	REN	ORO, NC 2740		
(VA) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ON (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP	D BE COMPLETE
V 512	Continued From page	e 51	V 512		
		somebody on the phone			
		ma set it up and how much			
		nd I will bring her over there			
		nt he said [FC #4], if you			
	_	do what you're supposed to			
		out you on full restriction for and not following directions.			
	•	as true, but I just didn't want			
		use his wife works with us			
		n it. But the boy's name is			
	•	he lives on [a local city's			
	=	ments. The apartments are			
		rs], one of those I thinkand			
		are stairs to your right and			
	=	playpen and then a couch			
	_	ue and in front of that there			
		ing there is a kitchen, a store			
		re is a dryer and washer."			
	Review on 3/6/18 of o	client #1's written accounts			
	of the incident dated				
	-"I was in the van and				
		ng me junk cause I have a			
		irls asked in what order he			
		ith us and it just kept going			
		/e were letting him touch us			
		have a cigarette. Me and			
		promised that we wouldn't			
		day when he was done			
	_	nat I wasn't going to do it made me feel uncomfortable.			
	•	C #4] would go into his			
		ould be in there for about a			
		e me and [client #2] was in			
	_	what went on in the house.			
		#9] was at church, Mr. [the			
		t the girls to walk away from			
		S #9]. So that he could touch			
		9] knowing about it. He only			
		under my clothes on my			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _	A. BUILDING:	
		MHL041-857	B. WING		R-C 05/02/2018
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	1 03/02/2010
NAME OF T	NOVIDER OR SOLT EIER			TE, 211 CODE	
FRESH ST	TART HOME FOR CHILD	REN	RYHILL ROAD ORO, NC 2740	12	
			JRO, NC 2740		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 512	Continued From page	e 52	V 512		
	private part. I told him	to stop and he didn't. Some doing it just so that he			
	#1, #2 and FC #4 occ church van, and an a -The Police Forensic in the deleted cache of the CVD. -The date stamps of the 2/1/18, (Monday) 2/5/(Saturday) 2/24/18 ar -The date stamps mightly were recorded. -The videos showed: vaginal penetration as [FC #4] and [M #1]. [In into the anus of [FC #4]]	ve revealed: s of sexual abuse of clients curred in the church, the partment in the community. Department found 5 videos of a cell phone belonging to the videos were (Thursday) 18, (Sunday) 2/18/18,			
	-One of the perpetrate #9Due to the video evic proceed with charges not schedule client in Interviewer. Howeve with all three clients be "[FC #4] was coerced there was digital peneicell phone usage. [FC there were videos take perpetrator's apartment clients went to the main inside with the CVD], #2] remained in the vere repetrators in a photograph of the perpetrators in a photograph with charges and the perpetrators in a photograph with the perpetrators in a photograph with the perpetrators in a perpetrator in the	dence being sufficient to the Police Department did terviews with a Forensic tr, interviews were completed by the Detective. In into oral sex and in the van estration for cigarettes and completed shad to the sex and the se			

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	or riealth Service Regu		1			
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:		ETED
					R-	-C
		MHL041-857	B. WING		1)2/2018
		2011 001			1 00/0	<u> </u>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
EDEOU O	FART HOME FOR CHILD	1929 MUF	RYHILL ROAD			
FRESH 5	TART HOME FOR CHILD	GREENSI	3ORO, NC 2740	03		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	<u> </u>	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
V 512	Continued From page	2.53	V 512		•	
V 012	Continued From page	= 33	1012			
	the body of one of the	e perpetrators				
	-FC #4 had a seizure	at school on 3/6/18 and				
	disclosed the inappro	priate sexual contact after				
	she was taken to a lo	cal hospital for evaluation.				
	-FC #4 was currently	admitted to a medical				
	hospital in a neighbor	ring state.				
	-"It sounded like the o	owner (the PM/O/AP) of the				
	facility's mother was t	the minister at the church."				
	-"The facility allowed	[the CVD] to take the girls to				
	church with no super-	vision. [FC #4] was told by				
		do this (sexual acts) or I will				
		o put you on restriction."				
		she (FS #9) did not know				
		is a 20 minute drive from				
		rch. They were gone several				
		ised it did not pique her				
	interest (why they we					
		cts occurred on Saturdays				
		take FC #4 to clean up the				
	church.					
		or the church requested				
		ground checks on either of				
	_	both were convicted felons.				
		sted the 2 perpetrators and				
		under 16 ½ million dollar				
	bonds each.	aa , 2				
		inst the CVD and M #1 were				
		#4 as she was the youngest				
	victim (age 15).	n rad end was and youngest				
		ed on behalf of client #1 and				
	_	e 17, which was over the				
	legal age of consent i					
		ony charges and M #1 had				
		ated to the sexual offences.				
		to the videos: 3 counts of				
	Statutory Rape, 4 cou					
	Offense, 3 counts of I					1
		ts of Indecent Liberties, 22				
		ges related to offences				
	committee on the var	n: 1 count of Statutory Sex				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		MU 044 057	B. WING		I	R-C
		MHL041-857	B. WING	· · · · · · · · · · · · · · · · · · ·	05	5/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
FRESH ST	TART HOME FOR CHILD	REN	IRRYHILL ROAD			
		GREENS	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 512	Continued From page	e 54	V 512			
	Offense and 1 Indece	ent Liberties.				
	revealed: -The time stamps on been obtained: -Sunday, 2/18/18, frogrammers, 2/24/18 standay, 3/4/18 police Detective because there was in maintenance man had approached her about did not want to get the A search of FS #9's progress, but the fore been reportedThe Police Detective	ting at 5:45pm and "it lasted ninutes." 4/20/18 with the Police the had spoken to staff #1 information that the facility's ad seen the video. Inchurch member had be ut seeing the video, but she will be used in the personal computer was in the ensic results had not yet.				
	knowing about the vi	r the facility and he denied deo or watching it.				
	regarding specifics o with the CVD were no concerns about re-tra interviews about the	with clients #1 and #2 f the alleged sexual activity ot conducted due to aumatization and reported same by multiple other Police Detective, DSS,				
	-She went on outings church -Stated the PM/O/AF	with client #1 revealed: s which including attending was usually at the church when driving to the church				

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DIVISION	of Health Service Regu	lation	_		
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			D WING		R-C
		MHL041-857	B. WING		05/02/2018
NAME OF D	ROVIDER OR SUPPLIER	STDEET AI	DDRESS, CITY, STA	TE ZID CODE	
NAIVIE OF FI	ROVIDER OR SUFFLIER			ie, zir code	
FRESH ST	TART HOME FOR CHILD	REN 1929 MU	RRYHILL ROAD		
		GREENS	BORO, NC 2740	03	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	(- /
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE DATE
				DEFICIENCY)	
V 512	Continued From page	. EE	V 512		
V 312	Continued From page	: 55	V 512		
	"only one staff is pres	ent"			
	-Currently felt safe at				
		•			
	Interview on 4/25/18	with client #2 revealed:			
	-Had been at the facil				
		rch to volunteer by cleaning			
	on one occasion.	on to volunteer by eleaning			
		time of the church cleaning			
	were FC #4 and clien	_			
		#4] and [client #1] drove			
		where [the CVD] had a			
		went into the apartment			
		client #1] and me stayed in			
	the van for like over a				
		ut of the apartment she was			
	crying.				
	-"[The CVD] told us the				
	sadness, but tears of	joy."			
		onger transported by the			
	CVD.				
	-FS # 9 was the wife	of the CVD.			
	-"She (FS #9) told us	that (the CVD) was her			
	husband and he was	not going to do anything to			
	us. But low and beho	ld, he did. He touched me,			
	[FC #4] and [client #1] inappropriately."			
	-She had not felt safe	when the CVD had			
		urch, "but I do now (feel			
	safe) because he is n	•			
		or around arrymore.			
	No client interview wa	as conducted with FC #4 due			
		traumatization and reported			
	medical/emotional fra	•			
	medical/emotional ha	giity 011 0 11 1 .			
	Intonvious on 4/27/49	with staff #1 royested:			
		with staff #1 revealed:			
	_	facility for approximately 6			
	months.	1.5:1. (
	-	ough Friday from 4pm-12am			
	(second shift).				
	-Worked Saturdays a	nd Sundays from 7am-7pm			

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every other weekend.

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DIVISION	of Health Service Regu	lation	_			
STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			-		_	_
					R-	C
		MHL041-857	B. WING		05/0	2/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ALE, ZIP CODE		
EDEQU 9	TART HOME FOR CHILDI	DEN 1929 MUI	RRYHILL ROAD			
INLOH	IAKT HOWL TOK CHILD	GREENS	BORO, NC 2740	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
V 540	0 " 15	50	V 540			
V 512	Continued From page	9 56	V 512			
	- Staff #4 was staff #1	I's mother				
		(allegations of the CVD				
		ity clients) back around				
	, , ,	,				
	, ,	a phone call from a friend				
	· ·	and from work. He asked				
	· -	FC #4]. He said 'I've seen a				
	video with one of you	r clients.' I guess [the CVD]				
	was showing the vide	o around to others. I told				
	my mom, [staff #4], a	nd we talked to [FC #4].				
	Then we called [the F	PM/O/AP] And she (the				
		her (FC #4) and [CVD]				
		urse?' She (FC #4) said yes				
	_	en she talked about it. I				
	never knew about it					
		e had sex with M #1 and it				
	had occurred several					
	-"She (FC #4) stated					
		n [the CVD] picked her up				
		Programs at the church				
	and also volunteering					
		at clients #1 and #2 also				
	were involved.					
	-"The other two client	s (#1 and #2) made a pact				
	with [FC #4] to keep i	t a secret. I also learned [FC				
	#4] went into [M #1]'s	home where some sexual				
	acts were recorded a	nd involved [the CVD] and				
	[M #1]."	-				
	-Staff #1 notified the I	PM/O/AP on 3/5/18 about				
	the video with FC #4					
	Interview on 4/27/18	with staff #2 revealed:				
	-Had worked at the fa					
		per week on third shift				
	(12am to 8:30am) and					
	weekends (7pm-7am)					
		e, Neglect and Exploitation				
	and was able to give					
	-Had training on Sexu					
		e had heard clients #1 and				
	#2 talking about the C	CVD "touching" them.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-857	B. WING		R-0	C 2/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•		
FRESH ST	TART HOME FOR CHILD	REN	RYHILL ROAD				
			ORO, NC 2740		. 1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 512	Continued From page	e 57	V 512				
	months ago. They we touching them. I kinda They said not to tell a if they were going to I -She did not notify the about the sexual abus -"When [FC #4] told not him, I kept it to my told other staff." -Staff #2 was unable #4 told her about the -Did not know the spe between the clients a -The CVD had been papproximately 5 or 6 -"I attend that church me about any of it. [T to Bible study, youth a volunteering (to clean	e PD/QP or the PM/O/AP se of clients #1 and #2. ne she was sexually abused self. She told me she had to specify the date that FC CVD sexually abusing her. ecific dates that the incidents nd the CVD occurred. providing transportation for months. and the members never told he CVD] transported them activities, Church and					
	-Had been working fo approximately 5 mon -Worked second shift	or the facility for ths. from 4pm to 12am. ekends from 7am to 7pm.					
	sexually abused by the "I only know the major sexually abused in the The clients were transtudy (on Tuesday night)	ne CVD pority of the clients had been e past (history)." esported by the CVD to Bible ghts), volunteering at the esponential of the properties of the proper					
		with staff #4 revealed: time at the facility since hift, Monday through					

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Wednesday, from either 3:15pm to 10pm or

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
					R-C
		MHL041-857	B. WING		05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
FRESH ST	ART HOME FOR CHILD	REN	RYHILL ROAD		
		GREENSB	ORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 512	Continued From page	e 58	V 512		
	4:00pm to 10:00pm.				
	-The clients attended	church every Sunday.			
		ight, the clients attended			
	Bible study starting at	•			
		nsported by [the CVD]. He			
		van driver from November He also picked them up on			
		h programs, but I did not			
	, ,	cked them up for church (on			
	Sundays)."	oned arem up to charen (en			
	• .	ts did not return to the			
	facility until 9:30pm o	r 10:00pm on Tuesday			
	nights.				
	-"We would wonder w not back yet."	hy they (the clients) were			
		e on 3/5/18 of the sexual			
	_	her daughter (staff #1).			
	, ,	me and said her friend that			
	of the clients was vide	, asked her if she knew one			
		by the CVD, who showed			
	the video to her daug				
		I #1 performing sex acts with			
	FC #4.				
] asked [FC #4] if anyone			
		and she said yes, [the CVD].			
		r (FC #2) performing oral			
		she said she performed			
		since December 2017. She			
	home and had sex wi	was taken over to [M #1]'s			
		t #1 and client #2 were also			
		ven cigarettes by the CVD to			
		facility staff about what was			
	occurring.	-			
		aled that the CVD had tried			
	to "hook" her up with	other people in the			
	community.				

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Interview on 4/27/18 with staff #5 revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R-C
		MHL041-857	B. WING		05/02/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
EDECH CI	TART HOME FOR CHILDI	1929 MUI	RRYHILL ROAD		
FRESH S	AKT HOWE FOR CHILD	GREENS	BORO, NC 2740	03	
()(4) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	15	PROVIDER'S PLAN OF CORRECTION	l (VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(-)
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
V 512	Continued From page	e 59	V 512		
	Had worked at the fa	wility for almost 4 years			
		icility for almost 4 years			
		ooth 2nd and 3rd shifts			
		ed in church activities which			
		on Tuesdays, Youth Groups			
	on Fridays, Church or	n Sundays and volunteering			
	to clean the church or	n Saturdays.			
		sported and returned to			
	church activities by th				
	_	ne facility staff member on			
	the church van when				
		- ·			
		was a facility staff member			
		en the clients returned to			
	the facility.				
		dates or timeframes of when			
	the CVD started trans	sporting the clients.			
	-Stated she, the PM/0	D/AP, staff #2 and staff #6			
	attended the church.				
	-Had not heard any in	nformation regarding the			
	clients being sexually				
	chemic somig condamy	abacca 2, a.e. c. 2.			
	Interview on 4/27/18	with staff #6 revealed:			
		ed at the facility prior to her			
	stroke in 2015 and re				
		on "the bed time shift" from			
	10pm to 8am				
		lients had outings in the			
	community, only 1 sta	aff went with the 2 clients			
	while the other staff s	tayed behind with 1 or 2			
	clients at the facility				
		church on Sundays, Youth			
		ible study on Tuesdays and			
		church on Saturdays			
		ago, staff #2 had provided			
	transportation to all th				
		was on the church van with			
		went to church prior to			
		hen there was a change in			
	the CVD.				
	-"When the clients roo	de on the van, they had to			

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be in the back of the van and never in the

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	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		MHL041-857	B. WING		05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE	
EDECH C	FART HOME FOR CHILD	1929 MUR	RYHILL ROAD		
FRESH S	TART HOME FOR CHILD	GREENSE GREENSE	BORO, NC 2740	03	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF	
TAG	REGULATORTORT	LGC IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	ROFRIATE BATE
V 512	Continued From page	e 60	V 512		
	passenger seat."				
		y statements by the clients			
	regarding sexual abu				
	-Had never heard the	ere was a video of FC #4 and			
	the CVD showing sex	rual acts between the two.			
		ith [FC #4] and in dealing			
		you could not trust her. We			
		has been exposed to. She'd			
	, , ,	one her age should not be			
	coming out of her mo	uth."			
	Interview on 4/26/18	with staff #8 revealed:			
		he facility since September			
	2017 and primarily w				
	Sundays from 7am to				
	-Was recently told by	the PM/O/AP there had to			
	be staff with the clien	ts when they attended			
	church on Sundays fr				
		t between 10am to 2pm on			
	Sundays while clients				
		at the church and supervise			
	them. Sometimes a n				
	-	s to church. [The CVD] had portation since November			
	2017 until the being of				
	_	n staff #6 regarding FC #4			
	· •	comfort" behaviors with the			
	CVD on an unknown				
	-"[FC #4] was always	riding with him (the CVD) to			
	clean up the church.	This was on Saturdays. I			
	don't know the exact	dates though. She would			
		and return between 6pm			
		[FS #9] took her. If the CVD			
		on, [FC #4] would arrive			
		een 9pm and 10pmI			
	asked her about anyt				
		CVD], but she would never			
	answer me."	over figure out why the CVD			
	returned FC #4 so lat	ever figure out why the CVD e from church.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SI		
			A. BUILDING: _	A. BUILDING:		
		MHL041-857 B. WING		R-0	C 2/2018	
NAME OF D	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZID CODE	1 00/0/	2,2010
NAME OF T	NOVIDER OR SOLT EIER			TE, ZII CODE		
FRESH ST	TART HOME FOR CHILD	REN	RRYHILL ROAD	22		
			BORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 512	Continued From page	e 61	V 512			
	while the internal inve-Was then terminated -Had worked third shi Fridays and Saturday -Had training on Abus -Had training in Sexu-There was a transpowhether the clients we church activities by the inthe facility's van -There were facility stimes on Sunday mor -"If there were 4 clien there were 2 staff on -The CVD was her hu-On Tuesdays, for Bit with the clients"I told [the PD/QP] aride on the van to sup Fridays, for Youth Grounless there was ano -Regarding Saturdays van with the clients to -"There were 1 or 2 tichurch van when the there. There was no of thappened maybe 2 transporting the client activities." -"All of this was a total started providing tran rode in the church van month of November."	acility for 5 to 7 years in her job duties on 3/6/18 estigation was completed I on 4/2/18 ift, from 12am to 7am, on is se/Neglect/Exploitation al Abuse irtation schedule with ere transported to the ine church van or transported taff on the church van at all inings its on the church van, then it also." usband. it estudy, there were 2 staff and [the PM/O/AP] I would bervise the clients. On inpup, it was the same thing other staff scheduled." is, FS #9 rode on the church inclients were transported other facility staff with them. in 3 times. [The CVD] was its alone to and from church all shock to me! [The CVD] sportation around 11/1/17. I in with the clients during the infication for each month she				

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providing supervision, FS #9 stated December

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	T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER.		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL041-857	B. WING			R-C 02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
FRESH S	TART HOME FOR CHILD	REN	RRYHILL ROAD BORO, NC 2740:	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
V 512	(2017), January, Feberach month there we clients were unsupern-"I would stay back at after both Bible Study Youth Group (8:45pm back to clean, none chave happened" -Was not aware there various sex acts invoruments am pretty much number was not aware there was not involved. Interview on 5/1/18 was not involved in shiftsThe LP was not involved in shiftsThe LP was not involved in shifts.	ruary and March (2018), re one or two times the vised. It the church and clean up (8:45pm to 9pm) and the to 9pm). Had I not stayed if this (the abuse) would It were several videos of living FC #4. It was another adult male (March and trainings for staff. It is as a group and on the way to meall the clients had and either [the PD/QP] or coordinate services" It was another adult male in the report training, policy and buse, non-verbal responses and exploitation. Iter the allegations. Prior to build talk about what abuse is, how to actively look for it attended" It raining addressed in behavior, and changes in behavior, and changes is.	V 512			

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DIVISION	of Health Service Regu	liation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		ETED
					_	_
			5		R-	
		MHL041-857	B. WING		05/0	2/2018
	20,4250 02 01 02 150	070557.4	22222	TE 710 0005		
NAME OF PI	ROVIDER OR SUPPLIER	STREETAL	DDRESS, CITY, STA	I E, ZIP CODE		
EDEQU 91	ART HOME FOR CHILD	1929 MU	RRYHILL ROAD			
I INLOIT O	ART HOWLET OR CHILD	GREENS	BORO, NC 2740	03		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	J	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
\/ 540	0 :		V/540			
V 512	Continued From page	9 63	V 512			
	-When the allegations	s against the CVD were				
		e was informed immediately				
		followed up with the clients.				
		or 6th of March (2018). I				
	_	irls on the 6th which was a				
	Tuesday. I checked in	n with them for their safety.				
	To ensure there were	no Suicidal or Homicidal				
	Ideations, signs of tra	auma, non-verbal (cues) or				
	_	s visibly shaking, more than				
	normal"	3, 11,				
		present, he met initially with				
		check in with each of them.				
		peak about the allegations.				
	-	to support them in these				
		stigate. Just to be supportive				
	no one went into ar	-				
	_	informed, by the PD/QP,				
	that one of the allege	d perpetrators (the CVD)				
	was involved with the	church.				
	-Was not aware of an	ny videos.				
	Interview on 4/27/18	with the PD/QP revealed:				
	-All facility staff had th					
		itation training during their				
	orientation.	itation training daring tries				
		of their clients had a sexual				
		or their clients had a sexual				
	abuse history.	1				
		ch activities for the clients				
	were approved by the					
		le study from 6pm to 7pm on				
	Tuesdays.					
		ırch every Sunday from				
	11:00am to 1:30pm.					
	-The first Friday of ev	ery month, the clients had				
	Youth Night at the ch					
		ode on the church van with				
		nsible for them and another				
		rvise once they arrived at				
		ing staff would clock out				
		ing stail would clock out				
	during the outing."					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _	A. BUILDING:		
MHL041-857 B. WING			R-C 05/02/2018			
NAME OF B	POVIDED OD SLIDDLIED		DRESS, CITY, STA	TE ZIR CODE	1 00:02:20:0	\neg
NAIVIE OF P	ROVIDER OR SUPPLIER			ile, ZIP CODE		
FRESH ST	TART HOME FOR CHILD	REN	RRYHILL ROAD BORO, NC 2740	12		
			J 2740			\dashv
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	i.
V 512	Continued From page	e 64	V 512			
	the first Friday of eve -FS #9 was responsiball of the church's act -"[FS #9] was respon	upervision on Tuesdays and ry month." ble for supervising clients at ivities they attended. sible for supervising the				
		and from church. When all of ame out on 3/5/18, is when				
	supervising them."	of of the charen van				
		the sexual abuse by two				
	staff members on 3/5	-				
	-"[Staff #1] and [staff	#4] called [the PM/O/AP]				
		1] told us one of her friends				
		the person (FC #4) in the				
		to him. We called the police,				
	DSS and all of the Le					
	-	d about other clients, just				
	[FC #4]." - earned client #1 an	d client #2 were also being				
		ely on the church van.				
		I the PM/O/AP) talked with				
	,	rately, the next morning				
		iven different time frames for				
	_	"December-ish", while client				
	#1 and client #2 state	ed it had been occurring for				
	"about a month."					
		nded church for Easter				
		d the outpatient therapist				
		ased church would help the				
	This is a shock to all	entation from that therapist.				
		th sexualized behaviors last				
	school year.	a. condained beliaviors last				
	_	ached out to men on the				
		2017) for 'sexual solicitation'				

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and that happened more than one time. It was

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	AND DI AN OF CORRECTION IDENTIFICATION NUMBER		(X3) DATE SURVEY COMPLETED		
ANDILAN	SI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:	
		MHL041-857	B. WING		R-C 05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
EDECH C	FART HOME FOR CHILD	1929 MURI	RYHILL ROAD		
FRESH S	TART HOME FOR CHILD	GREENSB	ORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 512	Continued From page	e 65	V 512		
	him that way. I had to out his real name" -Regarding supervision stated facility staff wo 2pm and go to church resonant of the church to supervise the clien PM/O/AP] would alway have never had an issigust floored" -Was made aware FS the church van with the staff from sister facilit religious floored the inappronent of the church van with the staff from sister facilit religious floored the inappronent had known." -The clients' LGs had orientation the clients van and attending accident religious floored the comment of the LGs, but we didn't document by the LGs, but we didn't document stated the staff floored the clients was and attending accident the clients of the LGs, but we didn't document by the LGs, but we didn't document the clients of the LGs, but we didn't document the clients of the LGs, but we didn't document the clients of the LGs, but we didn't document the clients of the LGs, but we didn't document the LGS, but we didn't docu	pand of FS #9. Sout him. I didn't interact with a call [the PM/O/AP] to find on at the church, the PD/QP ould clock out from 10am to an and supervise the clients. members were also willing ts. I knew [FS #9] and [the ays be at the church. We sue as far gone as this. I am 6 #9 was sometimes not on the clients, "but there were ies on the van." If #4] had not confronted [FC priate touching, we would been made aware during a would be riding the church			
	-"We have had a lot of sexual abuse. I would every 10 clients. Som promiscuous and we	with the PM/O/AP revealed: of clients with a history of d say the baseline is 6 out of ne of them were had to get them in therapy. to be very watchful of			
	them." -Stated the facility stated Abuse/Neglect/Exploi-"It is encompassed to say it in a way that of the staff are colleger	aff also had training in itation. during Orientation. We have staff understands it. Not all			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
				R-C
	MHL041-857	B. WING		05/02/2018
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
FRESH START HOME FOR CHILD	1929 MUR	RYHILL ROAD		
FRESH START HOME FOR CHIED	GREENSE	ORO, NC 2740	03	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 512 Continued From page	e 66	V 512		
church from 10am to -"I was always at chu clients from 10am to them." -Staff #2 and staff #6 church services"They (staff #2 & #6) clients but were off th church kept an eye o -Clients attended Bib 7:00 or 7:30pm until i -The first Friday of ev attended Youth Service 9:00pmClients were transpon not by facility staff to -The new CVD took of 2017 or early January -"He said he wanted of the clients up for all th was supposed to be of clients. If the girls we church, I told [FS #9] them. It was just to proclients so it wouldn't to the clients)." -The majority of the ti "but I can't say for sur -On Saturdays, client had volunteered to clients was for social in CVD] wanted the client had become too muc -On 3/5/2018, "[Staff what [FC #4] had said activities immediately #1]'s had seen a vide morning, [the PD/QP]	2pm or 3pm. rch every Sunday with the 2pm or 3pm to supervise were also at the Sunday would look out for the e clock. Everyone in the n them." le Study every Tuesday from t ended at 9pm. rery month, the clients ces from 7pm to 8:30pm or red by the church van and the church activities. over at the end of December y 2018. to help and offered to pick ne church activities. [FS #9] on the van supervising the re going to volunteer at the she would have to stay with rotect [the CVD] and the be just them (the CVD and me FS #9 was on the van, re." #1, client #2, and FC #4	V 512		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	ETED
			D WING	B. WING		С
MHL041-857			B. WING		05/0	2/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
FRESH ST	ART HOME FOR CHILD	REN 1929 MURF	RYHILL ROAD			
	74KT TIOME TO K OTHER	GREENSBO	ORO, NC 2740	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 512	Continued From page	e 67	V 512			
	-When asked, the PMCVD was a convicted The PM/O/AP pulled recently and saw the At the clients' CFT methey would participate there would only be or a long there would not see the leave of the long th	felon. the CVD's police report current charges against him. feetings, their LGs were told in church activities and that the staff on the church van. feppened. This has never for [FS #9] failed in her duties. In place specific times the fand return to the facility for for the church van and for scould not return to church, for the church van and for scould not return to church, for the church van and for could not return to church, for the church van and for could not return to church, for the church van and for could not return to church, for the church van and for could not return to church, for the church van and for could not return to church, for the church van and for could not return to church, for the church van and for could not return to church, for the church van and for the church for				
	Further interview on 5	5/2/18 with the PM/O/AP				

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- She had talked to staff # 2 about not reporting

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
			B 14/11/0		R-C
		MHL041-857	B. WING		05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
EDE011 0		1929 MU	RRYHILL ROAD		
FRESH S	TART HOME FOR CHILD	GREENS	BORO, NC 2740	03	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP	OULD BE COMPLETE
17.0		,	1,70	DEFICIENCY)	
V 512	Continued From page	e 68	V 512		
	_	r about the CVD touching			
	them inappropriately				
	- Staπ #2 nad a stroke understand sometime	e in the past, and "doesn't			
		PM/O/AP that she was not			
		opriate touching until after			
		were reported on 3/5/2018.			
		•			
	Review on 5/2/18 of t				
		the PM/O/AP and dated			
	5/2/18, revealed:				
		on will the facility take to			
		he consumers in you care?			
		ocedures regarding the			
	· · · ·	mers has been reviewed with ensure understanding.			
		has increased supervision			
	of facility staff member	- '			
	•	rise, and how to effectively			
	-	best interest of the safety of			
	· ·	thly staff meeting facilitated			
	by Program Director/	QP (the PD/QP) to review			
	policy and procedures	s and address group related			
		ed staff development needs.			
		Direct Care Staff 2x per			
		and individual settings in			
	order to address indiv				
		and clinical service delivery. will meet with the Direct			
	_	ion of the LP 2x per month			
		ative needs, corrective action			
	needs, and individual				
		d responsibilities as it relates			
		ance and adhering to DHSR			
	, .	ervice Regulation) and			
	Medicaid standards. I				
		for safety to determine any			
		issues. Facility has taken			
		ncident reporting procedures s. Facility has increased			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					D 0
			B. WING		R-C
		MHL041-857	B. WING		05/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE	
NAME OF T	NOVIDEN ON OUT FIEN		, ,	,	
FRESH ST	TART HOME FOR CHILD	REN	RRYHILL ROAD		
		GREENS	BORO, NC 2740	03	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE
				DEFICIENCY)	
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	Continued From page	3 00			
	communication surro	unding reporting of			
	whereabouts of staff	and clients when in the			
	community setting. O	utings will be scheduled in			
	advance to ensure the				
		director/QP will ensure that			
	_	ed on the schedule to			
		ed on the location of the			
	children in the home				
		•			
	_	and Licensed Professional			
		all staff in the event of an			
		n which coverage is needed.			
	_	ram Director/QP or Program			
	manager/AP/Owner (•			
		atment team to update the			
	client's current treatm	-			
	•	sporting the clients while			
		events, schools, extra			
	curriculum activities.	ie: school, school dances,			
	afterschool activities,	social programs outside of			
	church. Staff would u	se Fresh Start's van to			
	transport clients to so	ocial activities, this would			
	also be included in th	e client's treatment plan.			
	The Management Co	mpany has put check and			
	balances in place. Fre	esh Start's van is equipped			
	with a tracking device	so that management staff			
	can track the whereal	bouts of all clients riding the			
		an activity staff would have			
	_	ositioning system-based			
		rack departure and arrival			
		be schedule weekly and			
		he owner for approval.			
		ated daily; all updated			
		to management. When a			
		client legal guardian show			
		ke the client out to a planned			
		group home, a signed			
	I	p must be forwarded to the			
		by the legal guardian. On			
	the day of the activity	the group home staff must			

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make a copy of that person's driver's license and

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUF A. BUILDING: COMPLET			
			A. BUILDING	A. BOILDING.		
		MHL041-857	B. WING			R-C 5/02/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	-	
		1929 MUF	RYHILL ROAD			
FRESH ST	TART HOME FOR CHILDI	REN	3ORO, NC 2740	03		
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	ORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	COMPLETE DATE
V 512	Continued From page	2 70	V 512			
	attach it to the permis	sion slip. Employees are to				
	-	t and document any rumors				
		pitation, mistreatment or				
	neglectful treatment of					
		to make sure that the above				
		ed professional would have				
		gram Director/QP to ensure				
	_	and ratios are met. The LP				
		ment plans for updates and				
		m Director/QP will provide				
	supervision to the AP	(Associate Professional) to				
	make sure that all sta	ffing ratios and supervision				
	is done daily under th	e direction of the LP. The				
		y to day operation of the				
		I have a Fulltime AP starting				
	the 6th of May."					
	Client #1 had a histor	y of sexual abuse and a				
		of risky behaviors. Client #2				
		al trauma from an early age				
	and engaged in unhe	althy behaviors. FC #4 was				
	a victim of both negle	ct and sexual abuse and				
	had a history of attem	pting to solicit males for sex				
	on the school comput	er. All three clients were in				
	·	sion. Staff #2 and FS #9				
	_	neglect and exploitation				
		e clients' supervision needs.				
		n to church activities on				
		evenings as well as Saturday				
	and Sunday mornings					
		t #1, client #2 and FC #4				
		nn with just the Church Van				
		no facility staff. During this				
		nd FC #4 were sexually The sexual abuse included				
	-	touching, oral sex and in				
		xual intercourse with the				
	CVD. FC #4 was also					
		l acts with a non-staff, adult				
	male in the communit					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MUI 044 957			R-C	
NAME OF BROWNER OR GURBLUER	MHL041-857			05/02/2018	
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, STATE RRYHILL ROAD	ILE, ZIP CODE		
FRESH START HOME FOR CHILDR	REN	BORO, NC 2740	03		
PREFIX (EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
to other people. FS #9 not have occurred if sl the clients while they we Staff #1 had knowledg did not report this to the prior to the incidents of #2, and FS #9 neglect clients #1, #2 and FC abuse and exploitation constitutes a Type A1 harm, abuse, neglect a be corrected within 23 penalty of \$2,000.00 is not corrected within 23	a video recorded and shown admitted the abuse would he had been supervising were transported to church. Ge of the sexual abuse and he PD/QP or the PM/O/AP coming to light later. Staff ted and failed to protect #4 from serious harm, h. This deficiency rule violation for serious and exploitation and must a days. An administrative imposed. If the violation is 3 days, an additional of \$500.00 per day will be the facility is out of	V 512	DETICIENCY		

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