	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL026-889	B. WING		12/21/2018	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	STREET ADDRESS, CITY, STATE, ZIP CODE			
RESHS	TART RESIDENTIAL	FACILITY INC #3	MBARTON RO EVILLE, NC 28			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
	An annual survey w 21, 2018. Deficienc	vas completed on December cies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised th Developmental Disabilities.				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation proposted in the facility (c) Fire and disaster shall be held at lease repeated for each se under conditions the	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	Based on record re facility failed to ens	et as evidenced by: eviews and interviews, the ure fire and disaster drills were repeated on each shift. The	•			
		18 the Qualified Professional hifts were 8 am - 4 pm (1st); 4 12 am - 8am (3rd).				
	Review on 12/21/18	8 of facility records				

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STATEMEN	of Health Service Realth Service Rea	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		MHL026-889	B. WING		12/21/2018		
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	12/	12/21/2010	
FRESHS	START RESIDENTIAL	FACILITY INC #3	MBARTON RO				
(X4) ID	SUMMARY STA		ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLET DATE	
V 114	Continued From pa	age 1	V 114				
	through 9/30/18 rev -Quarter 10/1/17 - documented for the -Quarter 1/1/18 - 3/ documented for the -Quarter 4/1/18 - 6/ documented for the documented for the -Quarter 7/1/18 -9/3 documented for the Interview on 12/21/ stated: -She thought fire an each shift each qua -She would follow u	12/31/17: No disaster drill e 3rd shift. /31/18: No fire or disaster drills e 2nd shift. /30/18: No fire drill e 3rd shift. No disaster drill e 2nd shift. 30/18: No disaster drill e 2nd shift. (18 the Group Home Manager nd disaster drills were done on					
V 118	 10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or ronly be administered order of a person adrugs. (2) Medications shaclient's physician. (3) Medications, indradministered only builticensed persons pharmacist or othe privileged to prepare (4) A Medication Advisored advisor						

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
		MHL026-889	B. WING		12/	21/2018
		2639 DU	DDRESS, CITY, S MBARTON RC			
RESH S	TART RESIDENTIAL	FACILITY, INC #3 FAYETT	EVILLE, NC 28	8306		
(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 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From pa	age 2	V 118			
	recorded immediate MAR is to include to (A) client's name; (B) name, strength (C) instructions for (D) date and time to (E) name or initials drug. (5) Client requests checks shall be reco	is administered shall be ely after administration. The he following: , and quantity of the drug; administering the drug; he drug is administered; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation				
	Based on record re interviews. the facil medications as ord	et as evidenced by: eviews, observations, and ity failed to administer ered by the physician and te MAR for 2 of 3 audited he findings are:				
	revealed: -41 year old female -Diagnoses include Impairment; Chroni Retardation, Seven Deformity -Order dated 8/23/2	8 of client #2's record e admitted 10/25/09. ed Cerebral Palsy with ic Kidney Disease; Mental e; Hypercholestrolemia; Joint 18 for Lorazepam 0.5 mg ry morning and 1 in the ed for anxiety.				
		8 of client #2's MARs for r, and December 2018				

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL026-889	B. WING		12/	21/2018
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
RESH	START RESIDENTIAL	FACILITY INC #3	MBARTON RO EVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From pa	ge 3	V 118			
	0.5 mg, 1 every mo as needed for anxie printed by 1 entry e time printed by the -On the October 20 had been hand writ without a pre-printe -Lorazepam 0.5 mg given twice (once o entry) at 8 am from Finding #2: Review on 12/21/18 revealed: -23 year old female -Diagnoses include Learning Disability; Moderate; Mood dis Schizoaffective disc -Order dated 12/26 0.01% Scalp oil (Sa Oil), apply to scalp low to medium stre used to treat scalp -FL-2 dated 2/22/18 Scalp Oil as needed included in order. N FL-2 order. -Order dated 12/20 Shampoo 2%, latt minutes, and rinse (Dandruff) Review on 12/21/18 October, November revealed: -Order transcribed	 18 MAR a dosing time of 8 an ten by the Lorazepam entry d dosing time. g had been documented as f each Lorazepam printed 10/1/18 - 10/31/18. 3 of Client #3's record admitted 8/7/08. d acne, Bipolar Disorder; Mental Retardation, sorder; Seborrheic Dermatitis; order. /17 for Fluocin Acetate Oil ame as Derma-Smoothe Scalp at bedtime for 2 weeks. (A ngth corticosteroid medication 				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		MHL026-889	B. WING		12/	21/2018	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	S, CITY, STATE, ZIP CODE			
RESHS	TART RESIDENTIAL	FACILITY INC #3	IMBARTON RO EVILLE, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pa	ige 4	V 118				
	documented as adr 11/23/18 - 12/5/18. -Order transcribed 2%, lather to scalp, repeat once every v and 8 pm hand writ -Ketoconazole Sha administered on 3 of 10/22/18 at 8 pm, 1 -Ketoconazole Sha administered 2 time November: 11/24/1 at 8 pm. -Ketoconazole Sha administered on 12 times the next day, Observations on 12 #3's medications of medication labeled Apply to scalp at be date was 6/22/18. Interview on 12/21/ stated: -She thought it was client #2's October -She would follow u	ministered daily at 8 pm from for Ketoconazole Shampoo leave for 5 minutes, rinse; week. Dosing times of 8 am ten on each MAR. mpoo 2% documented as consecutive days in October: l0/23/18 and 10/24/18 at 8 am mpoo 2% documented as es during the last week of 8 at 8 am, and again on 11/27 mpoo 2% documented as 2/9/18 at 8 pm, followed by 2 12/10/18, at 8 am and 8 pm. 2/21/18 at 11:35 am of client n hand revealed a topical Fluocin Acetate Oil 0.01%, edtime for 2 weeks. Dispense 18 the Group Home Manager a documentation error on	,				
	Due to the failure to medication adminis	o accurately document stration it could not be s received their medications					
V 121	27G .0209 (F) Med	ication Requirements	V 121				
	10A NCAC 27G .02 REQUIREMENTS	209 MEDICATION					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL026-889	B. WING		12/	21/2018
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	•	
RESH S	TART RESIDENTIAL	FACILITY INC #3	MBARTON RO			
			EVILLE, NC 28	PROVIDER'S PLAN OF	CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 121	Continued From pa	ige 5	V 121			
	governing body or of for obtaining a revie regimen at least ev shall be to be perfo physician. The on-se the client's physician the review when me (2) The findings of	eives psychotropic drugs, the operator shall be responsible ew of each client's drug ery six months. The review rmed by a pharmacist or site manager shall assure that in is informed of the results of edical intervention is indicated the drug regimen review shall client record along with				
	facility failed to ass were informed of th	et as evidenced by: views and interviews, the ure that the client's physicians he results of their drug regimer ical intervention was indicated.	1			
	revealed: -41 year old female -Diagnoses include Impairment; Chroni Retardation, Sever Deformity. -Orders for psychol follows: Lorazepan morning and 1 in th anxiety (ordered 8/2 (ordered 10/18/18); morning and 1.5 m	8 of client #2's record e admitted 10/25/09. d Cerebral Palsy with ic Kidney Disease; Mental e; Hypercholestrolemia; Joint tropic medications were as n 0.5 mg (milligrams), 1 every le afternoon as needed for 23/18); Citalopram 30 mg daily ; Risperidone 0.5 mg in the g at bedtime (ordered 8/2/18); wice daily (ordered 8/2/18).	/			
	Daview en 10/01/1	8 of client #2's drug regimen				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SU ND PLAN OF CORRECTION IDENTIFICATIO			CONSTRUCTION		E SURVEY PLETED			
		MHL026-889	B. WING		12/21/2018				
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE					
FRESH	START RESIDENTIAL	FACILITY INC #3	MBARTON RO EVILLE, NC 28						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETI DATE			
V 121	Continued From pa	ige 6	V 121						
	-Drug regimen revie pharmacist. -6/7/18 drug regime recommendation for client #2's Lipids ar glucose levels). -12/13/18 drug regi recommendation to getting changed to PRN (as needed) d Review on 12/21/18 Administration Rec revealed Lorazepar documented as giv - 10/31/18. (Refer t information.) Finding #2: Review on 12/21/18 revealed: -23 year old female -Diagnoses include Learning Disability; Moderate; Mood dis Schizoaffective disc -Orders for psychol follows: Quetiapine 2/7/18); Perphenaz 5/2/18); Divalproex (ER) at bedtime (or Review on 12/21/18 review dated 6/7/18 -Drug regimen revie pharmacist. Recom	3 of client #2's Medication ords (MARs) for October 2018 m 0.5 mg had been en twice at 8 am from 10/1/18 o V118 for additional 3 of client #3's record e admitted 8/7/08. d acne, Bipolar Disorder; Mental Retardation, sorder; Seborrheic Dermatitis; order. tropic medications were as e 200 mg at bedtime (ordered ine 16 mg twice daily (ordered 750 mg extended release dered 5/2/18, 8/1/18). 3 of client #3's drug regimen							

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED			
		MHL026-889	B. WING		12/	21/2018		
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	12/21/2010			
RESHS	START RESIDENTIAL	FACILITY INC #3	IBARTON RO VILLE, NC 28					
(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 DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE		
V 121	Continued From pa	age 7	V 121					
	stated: -There was no prod sure recommendat reviews were sent if -She could not find testing recommend had been done for Interview on 12/21/ stated: -She would have se December pharma December monthly been completed at -She looked to see testing had been do recommendations, the record. -She could not ider	documentation that laboratory led by the pharmacist reviewer the clients. 18 the Qualified Professional een recommendations of the cy reviews during her review, but these had not the time of the survey. if labs for A1C and Lipid one for the clients with these but could not find results on ntify any documentation the regimen reviews had been						

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