

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-822	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2018
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NAME OF PROVIDER OR SUPPLIER FRESH START RESIDENTIAL FACILITY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7866 ADRIAN DRIVE FAYETTEVILLE, NC 28314
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on December 21, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire affecting 1 of 1 audited staff who had been hired within the past 5 years (Staff #5). The findings are:</p> <p>Review on 12/21/18 of Staff #5's record revealed: -Paraprofessional hired 9/28/18. -HCPR check documented 11/24/18. -No documentation the HCPR was checked prior to her hire.</p> <p>Unable to interview Staff #5. Phone call made to Staff #5 on 12/20/18 at 3:03 pm; message left requesting a return call. No call received.</p>	V 131		

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

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V 131	Continued From page 1 Interview on 12/21/18 the Qualified Professional stated: -They changed their process of checking the HCPR prior to the start date, rather than prior to hire a couple of years ago. -This was because of a citation during a past survey that instructed them change this process. -Prior to the past survey findings, they checked the HCPR prior to hire. -After review of citation findings for survey dated 12/15/15 (failure to check the HCPR prior to hire), QP stated she would change the procedure to make sure the HCPR was checked prior to hire.	V 131		
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on observations and interview, the facility management failed to maintain minimum furnishings for client bedrooms. The findings are:	V 774		

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V 774	<p>Continued From page 2</p> <p>Observations on 12/20/18 at 10:07 am of client bedrooms revealed: -The facility had 4 clients. -None of the clients had a bedside table.</p> <p>Interview on 12/20/18 the Group Home Manager stated: -The bedside table was not safe for client #1 due to his behaviors. Example given, client #1's blinds had been replaced with roller shades after he broke his blinds; now he had broken the roller shades. This was not in client #1's treatment plan. -All clients had bedside tables prior to getting new bedroom furniture around May of this year. -He was not aware of the requirement for bedside tables. -He would follow up.</p>	V 774		