

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
NAME OF PROVIDER OR SUPPLIER FRESH START RESIDENTIAL FACILITY, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7866 ADRIAN DRIVE FAYETTEVILLE, NC 28314	
(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)
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	<p>DHSR - Mental Health</p> <p>JAN 23 2019</p> <p>Lic. & Cert. Section</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Domontay Mumford

TITLE

Director

(X6) DATE

1/17/2019

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<p>V 774</p>	<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>	<p>V 774</p>	<p><u>V744</u></p> <p>Bedside tables have been placed in all bedrooms in the home.</p> <p>Director and QP will review rules and regulations manual and attend trainings as provided to ensure facility compliance.</p> <p>QA/QI team will continue to meet and work towards ensuring facility is compliance of all rules and regulations for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services manual.</p>	<p>02/18/19</p> <p>Ongoing</p> <p>Ongoing</p>
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