STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-857	A. BUILDING: _____ B. WING _____	06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRESH START HOME FOR CHILDREN	1929 MURRYHILL ROAD GREENSBORO, NC 27403

(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	INITIAL COMMENTS An annual survey was completed on 6/19/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.1700 Residential Treatment Staff Secure for Children and Adolescents.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118		

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V 118	Continued From page 1 with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the MAR's of all medications administered to each client were kept current and medications were administered as ordered affecting 2 of 3 clients (client #1 and client #2). The findings are: Review on 6-18-19 of client #1's record revealed: -An admission date of 12-4-18; -17 years old; -Diagnoses included Post-Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, Attention Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder, Bipolar I Disorder severe mixed with psychotic features, diabetes, high blood pressure, and obesity. Review on 6-18-19 of client #2's record revealed: -An admission date of 6-12-19; -17 years old; -Diagnoses included Bipolar Disorder, Mild Intellectual Developmental Disability, Oppositional Defiant Disorder, Delusional Disorder, and Herpes. Finding #1: The facility failed to document on the MAR that they had administered a medication to client #1 as ordered by the physician. Review on 6-18-19 of client #1's record revealed an order dated 5-26-19 for Buspirone 5 milligrams (mg), three tablets by mouth twice per day.	V 118		

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V 118	Continued From page 2 Review on 6-18-19 of client #1's MAR for the month of May 2019 revealed no documentation that Buspirone was administered from 5-26-19 pm through 5-29-19 am. Interviews with the Associate Professional (AP) on 6-18-19 and 6-19-19 revealed: - She had mistakenly blocked Buspirone off for the dates of 5/26/19 through 5/29/19 on the MAR; - She thought the medication was administered as ordered; - "We don't miss meds." Interview with the Qualified Professional (QP) on 6-18-19 revealed: -It was the responsibility of her and/or the AP to ensure the accuracy of the MARs; -"[The AP] did this one." Due to failure to accurately document medication administration it could not be determined if the client received their medication as ordered by the physician. Finding #2: The facility administered a medication to client #2 without an order. Review on 6-18-19 of client #2's record revealed a discontinue order dated 6-12-19 for Valacyclovir (used to treat outbreaks) 500 mg, take 1 tablet by mouth daily. Review on 6-18-19 of client #2's MAR for the month of June 2019 revealed Valacyclovir was still being administered. Interview on 6-18-19 with the QP revealed: -Client #2's Guardian had transported all of the clients medications and the MAR to the facility	V 118		

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V 118	Continued From page 3 when the client was admitted on 6-12-19; -The QP failed to compare the medication orders for client #2 to the MAR and assumed the MAR was correct; -It was her responsibility to ensure the accuracy of client MAR's when they were admitted to the facility; -"I didn't catch that."	V 118		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding.	V 367		

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V 367	Continued From page 4 (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident;	V 367		

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V 367	Continued From page 5 (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure Level II incidents were reported to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident affecting 1 of 3 clients (#1). The findings are: Review on 6-18-19 of incident reports from 3-1-19 to 6-18-19 revealed: -A level I incident report was completed 6-3-19; -Client #1 cut her ankle while getting into the facility van on 6-2-19; -The client was transported to a local hospital and diagnosed with an external laceration which required sutures. Interviews on 6-18-19 and 6-19-19 with the Qualified Professional (QP) revealed: -She was responsible for determining the level for incidents; -"We have a guide that we go by to determine the level;"	V 367		

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V 367	Continued From page 6 -She thought since the incident wasn't related to a behavior , she didn't have to report it to the LME/MCO. Review on 6-18-19 of the guide the QP used to determine the level of incidents revealed: -Resident injuries that required first aid only were level I incidents; -Resident injuries that required treatment by a licensed health professional beyond first aid were level II incidents.	V 367		