

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-822</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/14/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRESH START RESIDENTIAL FACILITY, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7866 ADRIAN DRIVE</b> <b>FAYETTEVILLE, NC 28314</b>
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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 and follow up survey was completed on November 14, 2019. 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 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to complete an admission assessment and strategies to address the client's presenting problems prior to the delivery of services for 2 of 3 clients audited (client #2 and #3). The findings are:</p> <p>Review on 11/13/19 of client #2's record revealed: -26 year old male and no date of admission to the facility. -Diagnoses included schizophrenia disorder, attention deficit hyperactivity disorder and moderate intellectual disabilities. -No documentation of an admission assessment completed. -ISP (Individual Service Plan) dated 02/01/19. -No documentation of strategies to address client #2's presenting problems prior to the delivery of services in the facility.</p> <p>Review on 11/13/19 of client #3's record revealed: -22 year old male and no date of admission to the facility. -Diagnoses included autistic disorder, unspecified mood disorder, attention deficit hyperactivity disorder, chromonone 1 deletion syndrome and severe intellectual disabilities. -No documentation of an admission assessment completed. -ISP (Individual Service Plan) dated 02/01/19. -No documentation of strategies to address the client #3's presenting problems prior to the delivery of services in the facility.</p>	V 111		

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V 111	Continued From page 2  Interview on 11/13/19 the Director/Licensee stated: -Client #2 and client #3 were residents in a sister facility and were transferred into the current facility owned/operated by the Director/Licensee. -It was not understood to complete admission assessments for clients who were discharged from one sister facility and admitted to another sister facility. -There was no admission assessments done prior to client #2 and client #3's admissions to the group home. -He would develop new procedures and new admission forms for all new admissions and completed admission assessments. -He would complete the documentation of strategies to address the client's presenting problems prior to the delivery of services as required.	V 111		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on interview and observations, the facility failed to maintain the facility and its grounds in a safe, clean, attractive and orderly manner. The findings are:	V 736		

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V 736	<p>Continued From page 3</p> <p>Observations on 11/13/19 of the facility at 10:35 am revealed:</p> <ul style="list-style-type: none"> <li>-Client #3's bedroom curtain was tacked to the frame of the window and was partially hanging away from the window.</li> <li>-Hallway bathroom contained a buildup and stain on sink and facet and dark colored splatters in the commode and the tub was soiled with dark buildup and the trash can was filled with trash.</li> <li>- Client #1's hamper was filled and stacked up to the wall with soiled laundry.</li> <li>-Client #4's bedroom shared with client #3 had build up of dark stain in the master bathtub.</li> <li>-Soiled laundry baskets were full.</li> <li>-Client #4 has a strob light near his bed for deaf/hearing impaired for emergency notification and the strob light was observed unplugged.</li> </ul> <p>Interview on 11/13/19 the Group Home Manager stated:</p> <ul style="list-style-type: none"> <li>-The clients sometimes helped clean the facility along with staff.</li> <li>-Client #4 would sometimes unplug his emergency strob light.</li> <li>-</li> </ul>	V 736		