Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-889	A. BUILDING: ______ B. WING ______	R **11/14/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRESH START RESIDENTIAL FACILITY, INC #3	**2639 DUMBARTON ROAD** **FAYETTEVILLE, NC 28306**

(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 and follow up survey was completed on November 14, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

Division of Health Service Regulation

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

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three clients (#3). The findings are: Review on 11/14/19 of client #3's record revealed: - 35 year old female. - Admission date of 05/03/10. - Diagnoses included Depressive Disorder, Schizoaffective Disorder, Impulse Control Disorder, Moderate Intellectual Developmental Development, Anemia, Obesity and Diabetes. - Individual Support plan (ISP) dated 01/01/19. - No strategies to address client #3's diabetes management. Review on 11/14/19 of the FL-2 (Prior approval - Utilization Review - On-Site Review Form) dated 01/04/19 for client #3 revealed: - Included Diagnosis of Diabetes. Interview on 11/14/19 client #3 stated: -Staff assisted her with her blood glucose checks each morning. Interview on 01/14/19 the Qualified Professional (QP) stated: -She would revise client #3's treatment plan/individual support plan to include goals/strategies to address her diabetes diagnosis with the treatment team at the next planning meeting.	V 112		