

527

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-889	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/14/2019
NAME OF PROVIDER OR SUPPLIER FRESH START RESIDENTIAL FACILITY, INC #3			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on November 14, 2019. A deficiency was 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			

DHSR-Mental Health

DEC 02 2019

Lic. & Cert. Section

De Montay Munford 11/25/19

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

Z2H811

If continuation sheet 1 of 2

PRINTED: 11/21/2019
FORM APPROVED

Division of Health Service Regulation

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V 112 Continued From page 1

V 112

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.