Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-857		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-857	B. WING		_	C 10/21/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
FRESH S	START HOME FOR CH	III DREN	RRYHILL RO BORO, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APPROPRIES OF THE AP	ULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	ΓS	V 000			
	21, 2020. The com (intake #NC001687 This facility is licens category:	was completed on October plaint was substantiated (23). A deficiency was cited. Seed for the following service (G .1700: Residential cure for Children or				
V 296	Staffing 10A NCAC 27G .17 REQUIREMENTS (a) A qualified prof telephone or page. able to reach the fa times. (b) The minimum r required when child	essional shall be available by A direct care staff shall be cility within 30 minutes at all number of direct care staff lren or adolescents are	V 296	During COVID19 it has been very his staff. Since March the consumers we school. (all consumers are during very school) So six additional staff had to the weak throughout JMJ to work or the owner has put add on Indeed, and Craiglist. While we hire and trained additional Fresh Start.	ere out of irtual o be hired. staff vertime, Ziprecuriter,	10/22/2020
	one, two, three or for (2) three direction five, six, seven adolescents; and (3) four direction for ten, eleven or adolescents. (c) The minimum results for the content of	care staff shall be present for our children or adolescents; ct care staff shall be present or eight children or t care staff shall be present for		On Oct 22, have a Virtual Meeting vand Management team, and instruct that there should never be only one working. They are to call the PM to know immediately. The managers at they would be on call when they are Staff were told that in addition to be OT, we would be offering incentive who are willing to work extra shifts minimum staff are met	ted them staff let them agreed that e short staff. eing paid es to staff	10/22/20
	follows: (1) two direct and one shall be avechildren or adolesc (2) two direct and both shall be a	care staff shall be present vake for one through four		QP, would enlist the help of the other assist with staff when their is a short Director, PM will continue to hire an shifts until this matter is resolved	tage.	9 10/21/20
AB9RATORY		DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE
Vroci	Martin			owner/Director	12/15	/20
STATE FORM	w C		6899	6P8411	If continua	tion sheet 1 of 5

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
MHL041-857		B. WING		C 10/21/2020				
NAME OF I	PROVIDER OR SUPPLIER			DRESS CITY S	STATE, ZIP CODE			
				RRYHILL RO	•			
FRESH S	START HOME FOR CH		GREENSE	BORO, NC 2	7403			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 296	Continued From pa	ige 1		V 296				
	children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.							
	This Rule is not me Based on interview staff failed to ensur present, the minimu clients were presen three (client #1, clie clients. The findings are:	and record te two direct um number intand awake	review, the facility care staff were required, when e in the facility, for					
		aled: 20	s Disorder					

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- Assessed on 5-14-20:

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
				A. BUILDING:		COMP	LETED	
MHL041-857		B. WING			1/2020			
		INITIEUT 1-037				10/2	1/2020	
NAME OF I	PROVIDER OR SUPPLIER	Si	REET AD	DRESS, CITY, S	STATE, ZIP CODE			
EDECH C	TART HOME FOR CL	JII DDEN 19	929 MUR	RYHILL RO	AD			
FRESH 3	START HOME FOR CH	ILUKEN G	REENSE	BORO, NC 2	7403			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	NC	(X5)	
PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FUL		PREFIX	(EACH CORRECTIVE ACTION SHOUL	.D BE	COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATIO	N)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE	
					BEI IOIEITOT)			
V 296	Continued From pa	ige 2		V 296				
	- multinle ir	ncidences of assaulting	etaff					
	and peers	icidefices of assaulting	Stall					
	- easily dist	tracted						
	- intrudes	iradioa						
		reats of harm						
	- destroys							
		AWOL (absent without	leave).					
	stealing, lying and o		, ,					
	Steaming, lying and oppositional							
	Review on 10-9-20 and 10-13-20 of client #2 ' s							
	facility record revealed:							
	- admitted							
	- 15 years old							
	- diagnosed with							
	- Bipolar Disorder							
		Deficit Hyperactivity Dis	order					
	Combined Type							
		ed Anxiety Disorder						
	- assessed 4-2							
		multiple psychiatric						
	placements	f = 10 = = = = f = = = i = = = = = = = = = = =						
		feelings of anxiousness	and					
	depressed mood	.,						
	impulsivityphysically aggressive and destructive							
	- priysically	aggressive and destruc	Juve -					
	Review on 10-9-20	and 10-13-20 of client #	‡3 ' s					
	facility record revea							
	- admitted 8-12							
	- 16 years old							
	- diagnosed wit	:h:						
		nal Defiant Disorder						
	- Mood Dis	order						
		Deficit Hyperactivity Dis	order					
		nild Relational Disorder						
	- assessed 7-1	5-20:						
	- lying							
	 opposition 							
		d hyperactive						
	- sexually ir	nappropriate behaviors						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA					TE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
						•
MHL041-857		B. WING		1	1/2020	
		111112041-007			10/2	1/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EDEOU (TART HOME FOR O	5551 1929 MUI	RRYHILL RO	AD		
FRESH	START HOME FOR CH	IILDREN GREENS	BORO, NC 2	7403		
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX	_	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
V 296	Continued From pa	ide 3	V 296			
	•					
		bsent without (permission to)				
	leave)					
	- assaultive					
	- impulsive					
	- stealing					
	- truancy					
		20 with client #2 revealed:				
		nes when only one staff				
	worked					
	- most recently between Friday night 10-9-20					
		ng 10-12-20, a single staff				
	worked alone for a 12 hour shift.					
	- exact time not remembered by client #2					
	Interview on 10-19-20 with staff #3 revealed:					
		upposed to be two," staff on				
	duty at all times	nes when one staff worked				
	alone	les when one stail worked				
	- "There might be a time when someone is					
	running late. It shouldn't be more than a 5- or					
	15-minute span (of time working alone)."					
	To minute span (or	unto working dione).				
	Interview on 10-20-	20 with client #1 ' s legal				
	guardian revealed:					
	, •	y one staff at the facility when				
	she brought client #1 to the facility on June 2,					
	2020	, , ,				
		was there with client #1 for				
	about an hour					
	- the other staff	had taken all the clients out of	:			
	the facility alone, w	ith no other staff, as far as she				
	could tell	•				
	Interview on 10-19-	20 with the Associate				
	Professional (AP) r	evealed:				
	- there were, "supposed to always be two,"					
	staff on duty					
	- there had bee	n at least once when there				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILDING.		С	
		MHL041-857	B. WING			1/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
FRESH	START HOME FOR CH	HI DREN	RRYHILL RO BORO, NC 2			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 296	was a staff person - "There was a emergency and the about 10 or 15 min Interview on 10-21- Director/Qualified F - clients can be - staff have to be s issues - "Often it's cli see it and intervene - 2 staff are sup times - "I found out th one staff working. call me like she wa 7:00pm. I talked to Saturday, I think tw	working alone time when we had an ere was only one staff here for utes." 20 with the Executive Professional revealed: ecome angry or upset very fast oe present and aware of client ' ent to client and staff has to	V 296			

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