Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
MHL041-857		B. WING		09/09/2021		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
FRESH ST	TART HOME FOR CHILD	REN	RYHILL ROAD ORO, NC 2740	03		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	An annual, complaint, and follow up survey was completed on 09/09/2021. The complaints were unsubstantiated (Intake #NC00180513 and #NC00180330). Deficiencies were cited. This facility is licensed for the following service category:10A NCAC 27G .1700 Residential		V 000			
Treatment Staff Secure for Children or Adolescents.						
V 736	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 record reviews, observations, and interviews, the facility was not maintained in a safe manner. The findings are:		V 736			
	Review on 09/02/2021 of Client #1's record revealed: -Admission date of 03/10/2021 -Diagnoses of Post-Traumatic Stress Disorder (PTSD), Disruptive mood disorder, Attention Deficit/Hyperactivity Disorder (ADHD), Conduct Disorder (Adolescent Onset type) -Age 17					
	Review on 09/02/2021 of Client #2's record revealed:					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.				
MHL041-857		B. WING		09/09/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
FRESH ST	TART HOME FOR CHILD	REN	RYHILL ROAD BORO, NC 2740	13		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 736	V 736 Continued From page 1		V 736			
	-Admission date of 06/20/2020 -Diagnoses of Adjustment Disorder, Oppositional Defiant Disorder (ODD) and Moderate Depression -Age 15 Review on 09/02/2021 of Client #4's record revealed: -Admission date of 03/22/2021 -Diagnoses of Major Depressive Disorder, ADHD by history, History of Self Injurious Behaviors (SIB) -Age 15 Observation of the facility on 08/31/2021, from 04:30 PM through 04:43 PM of Client #1, 2 and 3's bedroom windows revealed: -Client #1's bedroom had 1 window. Window had a flat head screw in the frame, which prevented it from openingClient #2's bedroom had 2 windows. Window #1 opened partially; approximately an inch and a half and window #2 had a flat head screw in the frame, preventing it from openingClient #3's bedroom had 1 window. Window opened partial; approximately 1-2 inches.					
	Interview on 08/31/2021 with Client #1 revealed: -She didn't know about the screws in the other residents' windows.					
	Interview on 08/31/2021 with Client #2 revealed: -She didn't know they (the screws) were there. Interview on 08/31/2021 with Client #3 revealed: -Never noticed the screws in the windows.					
Interview on 08/31/2021 with Client #4 revealed: -Client #4 resided in Client #1's bedroom when						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL041-857	B. WING		09	9/09/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE			
FRESH ST	TART HOME FOR CHILI	DREN	JRRYHILL ROAD				
	T	GREEN	SBORO, NC 27403				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE	
V 736	she (Client#4) first e (Client#4) later mov Client#1 now reside -Noticed the screw i 03/22/2021She was told it was from escapingHeard that people he windows before. Interview on 09/03/2 - "The girls mentione me, but I did not me Professional (QP)]." Interview on 08/31/2 Professional (AP) re-"I had no idea screw Interview on 08/31/2 -"I had no idea they windows. I do not kn in there. We passed construction so I'm repent there. Maintencity] to remove screw Review on 08/31/2021 at revealed: -What immediate ac ensure the safety of "Group Home maint [nearby city] to come -Describe your plans happens. "Group Home at the Group Home	entered the program. She yed out of the room, where is. In the window around a done to keep them (clients) and broken in and out of the entered it (screws in the window) to intion to the [Qualified] 2021 with the Associate evealed: Every way were in the windows." 2021 with the QP revealed: Every way were in the into who could have put them into the fire inspection and into sure how long they have ance can come from [nearby]	V 736				
	The facility client's d	liagnoses included; Major					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL041-857		B. WING		09/09/2021		
NAME OF PROVIDER OR SUPPLIER STREET ADDR 1929 MURR			DRESS, CITY, STA RYHILL ROAD ORO, NC 2740			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET	
V 736	Depressive Disorder, ADHD by history, History of SIB, Adjustment Disorder, ODD, PTSD, Disruptive Mood Disorder, and Conduct Disorder (Adolescent Onset). Observation of the facility revealed Client # 1 and #2 bedroom windows would not open due to flat head screws in the frame. In addition, Client#3's bedroom window was able to open partially. As a result, immediate evacuation or exit of the facility during a fire or any other emergency through the bedroom windows would have been prevented, which placed all clients at substantial risk of serious harm. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$500.00 is imposed. If the violation is not corrected within 23 days, an administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.		V 736			
V 752	V 752 27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to maintain safe water temperatures between 100-116 degrees		V 752			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED	
MHL041-857		B. WING		09/0	09/09/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
FRESH ST	TART HOME FOR CHILD	REN	RRYHILL ROAD				
	I		BORO, NC 2740				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDER OF THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 752	Continued From page 4		V 752				
	Fahrenheit (°F). The	findings are:					
	approximately 04:20						
Review on 08/31/2021 of facility temperature I from August 1, 2021- August 31, 2021 reveale -120 °F on 08/05/2021 -120 °F on 08/11/2021 -121 °F on 08/16/2021 -120 °F on 08/23/2021 -121 °F on 08/25/2021		August 31, 2021 revealed: 1 1 1 1 1					
	Interview on 09/03/2021 with Client #1 revealed: -"It's (water) ok, never been burnt. I can adjust it"						
	Interview on 08/31/20 -Never been burned burned burned burned burned burned burned burned burner						
	Interview on 08/31/2021 with Client #3 revealed: -"The water is not too hot for me. It is to my liking"						
	-Never been burned a temperature was app -"If it's too hot, I turn t						
	Interview on 08/31/2021 with Client #4 revealed: -Always noticed the water was hot and just added more cold water -Never been burned Interview with the Associate Professional (AP) on						

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09/02/2021 revealed:

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MHL041-857		B. WING		09	/09/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
FRESH S	TART HOME FOR CHILD	REN	RYHILL ROAD BORO, NC 2740	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 752	-"No one said anythin do a daily water temphigh (128)." Interviews with the Quality of the Article of the Arti	g about water too hot. We check and it was never that ualified Professional (QP) on 1, and 09/02/2021 revealed: nything about the water a water temp check daily. I sat high (128). The gauge is staff have access to it. I e messed with it or not. Staff asement. I don't recall it	V 752			

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