STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-822	A. BUILDING: _____ B. WING _____	R 09/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRESH START RESIDENTIAL FACILITY, INC	7866 ADRIAN DRIVE FAYETTEVILLE, NC 28314

(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, complaint and follow up survey was completed on September 23, 2021. The complaint was substantiated (intake #NC00181241). Deficencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

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V 118	Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to administer medications as ordered by a physician affecting one of three audited clients (#3). The findings are: Review on 09/22/21 of client #3's record revealed: - 25 year old male. - Admission date of 07/01/17. - Diagnoses of Autism, Unspecified Mood Disorder, Attention Deficit Hyperactivity Disorder (ADHD) - Unspecified Type, Severe Intellectual Developmental Disability and Chromosome One Deletion. Review on 09/22/21 of a signed physician order for client #3 dated 09/07/21 revealed: - Increase Guanfacine (lowers blood pressure and treats ADHD) from 1 milligrams (mg) to 2mg - once daily. Review on 09/22/21 of client #1's September 2021 MAR revealed: - Guanfacine 1mg and staff initials to indicate the medication was administered daily from 09/01/21 thru 09/20/21. - Guanfacine 2mg and staff initials to indicate the medication was administered once daily on 09/20/21 and 09/21/21.	V 118		

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V 118	Continued From page 2 Observation on 09/22/21 at approximately 10:15am of client #3's medications revealed: - Prepackaged medication packets from the local pharmacy. - The prepackaged medications included Guanfacine 1mg daily. - No Guanfacine 2mg was available for administration for client #3. Interview on 09/22/21 the House Manager stated: - The facility obtained medications from a local pharmacy. - The medications come in individual packets. - If a medications changed the pharmacy would send a bubble pack. - He missed the medication change for client #3. - The pharmacy had not sent the correct Guanfacine dosage based on the 09/07/21 physician order. - He would follow up on the medication for client #3.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.	V 121		

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V 121	Continued From page 3	V 121		

This Rule is not met as evidenced by:
Based on record reviews and interview, the facility failed to perform six-month reviews of the drug regimens of clients receiving psychotropic medications, affecting three of three audited clients (#1, #3 and #5). The findings are:

Finding #1:
Review on 09/22/21 of client #1's record revealed:
- 48 year old male.
- Admission date of 12/03/06.
- Diagnoses of Schizoaffective Disorder-Bipolar Type and Diabetes.
- No drug regimen review completed in the past 6 months.

Review on 09/22/21 of client #1's September 2021 Medication Administration Record (MAR) revealed the following medication regimen:
- Chantix (quit smoking aid) - 1 milligrams (mg).
- Divalproex (treats seizures) - 500mg.
- Zyrtec (treats allergies) - 10mg.
- Haloperidol (anti-psychotic) - 1mg.
- Metformin (treats Diabetes) - 1000mg.
- Olanzapine (anti-psychotic) - 20mg.
- Aspirin (prevents heart issues) - 81mg.
- Atorvastatin (treats cholesterol) 20mg.
- Diltiazem/Hydrochloride (treats high blood pressure) - 360mg.
- Ferrous Sulfate (iron) - 325mg.
- Losartan Potassium (treats blood pressure) 100mg.
- Metoprolol (treats blood pressure) - 25mg.
- Hydrochlorothiazide (treats fluid retention) - 25mg.

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	MHL026-822	A. BUILDING: _____ B. WING _____	R 09/23/2021

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V 121	Continued From page 4 Finding #2: Review on 09/22/21 of client #3's record revealed: - 25 year old male. - Admission date of 07/01/17. - Diagnoses of Autism, Unspecified Mood Disorder, Attention Deficit Hyperactivity Disorder (ADHD) - Unspecified Type, Severe Intellectual Developmental Disability and Chromosome One Deletion. - No drug regimen review completed in the past 6 months. Review on 09/22/21 of client #3's September 2021 MAR revealed the following daily drug regimen: - Guanfacine (Treats ADHD) - 1mg. - Zyrtec (treats allergies) - 10mg. - Fanapt (treats Schizophrenia) - 6mg. - Olanza/Fluoxetine (treats Depression) 12-25mg. - Topamax (treats seizures) 50mg. - Vitamin D (treats Vitamin D deficiency) 50,000 units every week. Finding #3: Review on 09/22/21 of client #5's record revealed: - 29 year old male. - Admission date of 04/14/20. - Diagnoses of Cerebral Palsy, Autistic Disorder, Anxiety Disorder Not Otherwise Specified and Mild Intellectual Developmental Disability. - No drug regimen review completed in the past 6 months. Review on 09/22/21 of client #5's September 2021 MAR revealed the following daily drug regimen: - Aripiprazole (anti-psychotic) - 30mg.	V 121		

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V 121	Continued From page 5 - Benztropine (treats Parkinson's Disease type symptoms) - 1mg. - Clonidine (treats blood pressure) - 0.1mg. - Divalproex - 500mg. - Latuda (anti-psychotic) - 40mg. - Lithium Carbonate (anti-psychotic) - 300mg. - Propranolol (treats blood pressure) - 10mg. - Trazodone (treats Depression) - 50mg. Interview on 09/22/21 the House Manager stated: - The clients have not had a 6 month drug regimen review since Covid. - The pharmacy was scheduled to do a medication review on 09/29/21. - He was aware a 6 month drug regimen review was required for clients that received psychotropic mediations.	V 121		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which	V 289		

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V 289	Continued From page 6 serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).	V 289		

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	MHL026-822	A. BUILDING: _____ B. WING _____	R 09/23/2021

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V 289	Continued From page 7	V 289		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to operate within the scope of licensure by serving one of three audited clients (#1) without a primary diagnosis of Developmental Disability. The findings are:

Review on 09/22/21 of Division of Health Service Regulation (DHSR) records revealed the facility is licensed under 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

Review on 09/22/21 of DHSR records revealed no waiver had been requested nor granted for client #1 to reside at the facility without a primary diagnosis of Developmental Disability.

Review on 09/22/21 of client #1's record revealed:
- 48 year old male.
- Admission date of 12/03/06.
- Diagnoses of Schizoaffective Disorder-Bipolar Type and Diabetes.
- No Developmental Disability diagnosis.

Interview on 09/22/21 the House Manager stated:
- The Licensee had applied for a waiver for client #1 in the past.
- He would follow up with the waiver for client #1 to remain at the facility.

Interview on 09/22/21 the Licensee stated:
- He had applied for a waiver for client #1 to reside at the facility.

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	MHL026-822	A. BUILDING: _____ B. WING _____	R 09/23/2021

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V 289	Continued From page 8 - He had not received a waiver for client #1 to reside at the facility. - He would send a copy of the waiver request by 09/23/21. No additional information regarding a waiver for client #1 was received by 09/23/21.	V 289		