SCT

PRINTED: 03/14/2022 FORM APPROVED

Division of Health Service Regulation

	NT OF DEFICIENCIES AND CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		E SURVEY PLETED
			A. BUILDING	3:	COM	FLETED
						R
		MHL026-889	B. WING		03/	/14/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
EDECII	CTART REGIRENTIAL	2639 DUN	BARTON	ROAD		
FRESH	START RESIDENTIAL		VIII E NO	0000		
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	VILLE, NC			
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR LS	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
10. 76.76				DEFICIENCY)		
V 000			V 000			
				<u>V114</u>		
				00 10		03/15/2022
	INITIAL COMMENT			QP and Group Home Manager met		03/13/2022
	INITIAL COMMENT	S		discussed the requirement for fire a disaster drills which are conducted		
	An annual and follow	w up survey was completed		quarterly and repeated on each shi		
	on March 14, 2022.	Deficiencies were cited.		quantity and repeated on each sin	π.	
				Group Home Manager will schedule	e drills	03/15/2022
	This facility is licens	ed for the following service		on monthly shift schedules and con	firm	03/13/2022
	category: 10A NCAC	27G .5600C Supervised		drills are completed when reviewing		Ongoing
	Living for Adults with	Developmental Disabilities.		schedules weekly.		
	This facility is license	ed for 4 and currently has a		05 :::		
	census of 4. The sur	vey sample consisted of		QP will confirm drills are conducted		Ongoing
	audits of 3 current cl	ients.		scheduled (monthly and on each shi	ft) by	Oligoling
				reviewing files in which drills are stormonthly.	red	
				monthly.		
				Director and QA/QI team will review	file in	
				which drills are stored quarterly to co		Ongoing
				compliance.		- Ingoing

Demontary Munford Owner 3/21/2022

Mental Health

MAR 2 5 2022

a. & Cart. Section

PRINTED: 03/14/2022 FORM APPROVED

Divisio	on of Health Service	Regulation			FORM APPROVE
V 11	27G .0207 Emerg	gency Plans and Supplies	V 114		
	AND SUPPLIES (a) A written f area-wide disaste shall be approved authority. (b) The plans staff and evacuatibe posted in the factor of the control of the	lisaster drills in a 24-hour facili ast quarterly and shall be shift. Drills shall be conducted that simulate fire emergencies. Tall have basic first aid supplie	all ity		
	Based on record re facility failed to enswere held quarterly The findings are:	net as evidenced by: eview and interviews, the sure fire and disaster drills y and repeated on each shift.			
ivision of I	Health Service Regulation				
ABORATOR	LY DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE	TITLE	(X6) DATE
		Demontria M	IIIM long	J Owner 3/21	12000
TATE FOR	RM	Deligation II	6899	U07C11	If continuation about 4 of
		V	· · · · · ·		If continuation sheet 1 of 6
	NT OF DEFICIENCIES AND CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:	A (X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL026-889	D WING		R 03/14/2022
NAME OF	PROVIDER OR SUPPLIER		DDRESS CITY	STATE, ZIP CODE	03/14/2022
of the state of the second			MBARTON F		
FRESH S	START RESIDENTIAL	FACILITY, INC #3	EVILLE, NC		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	N (VE)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	D BE COMPLETE

	The state of the s	,		
V 114	oonanada i form page i	V 114		
V 114	revealed: No fire drills documented on 2nd shift for the 1st and 2nd quarter of 2021. No disaster drills documented for 2nd shift during for the 1st quarter of 2021. No disaster drill documented for 1st shift during the 2nd quarter of 2021. Interview on 03/10/22 staff #1 stated: 1st shift is from 8am to 4pm. 2nd shift is from 4pm to 12 midnight. 3rd shift is from 12 midnight to 8am. The hours for the shifts may fluctuate at times. Interview on 03/10/22 the Qualified Professional stated: 1st shift is from 8am to 4pm. 2nd shift is from 4pm to 12 midnight. 3rd shift is from 4pm to 12 midnight. 3rd shift is from 12 midnight to 8am- She understood the fire and disaster drills should be completed quarterly and repeated on each shift. She would follow up on the drills at the facility.	V 114	V 118 QP and House Manager reviewed all clients' medical records and confirmed that	03/17/2022
	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,		clients' medical records and confirmed that the proper orders were in place and all medications were received and entered correctly in the Therap system. All medications administered during the previous week until current date (03/17) were confirmed as administered and documented in the Therap system. House Manager will review physician service orders immediately following consumers' appointments. House Manager will follow up with prescribing physicians any questions or concerns regarding medications. House Manager will follow up with pharmacy immediately to confirm delivery of medications.	Ongoing Ongoing

PRINTED: 03/14/2022 FORM APPROVED

Divisio	n of Health Service F	Regulation				
				Nurse will review Medication Administration profiles quarterly to proper procedure has been condu regarding medication administration	cted	Ongoing
				The results of the monitoring activities be reported to the quality assurance committee on a quarterly basis by Director.	ce	Ongoing
	NT OF DEFICIENCIES AND CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 (712) 111021111	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		***************************************			F	2
		MHL026-889	B. WING		03/1	4/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			BARTON R	OAD		
FRESHS	START RESIDENTIAL		/// I E NO 4	2000		
(VA) ID	CUBBBBBCCTA		VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE

PRINTED: 03/14/2022 FORM APPROVED

Division of Health Service Regulation

V 118	Continued From page 2 pharmaciet or other	1/440	T
, , ,	page = pridiritation of other	V 118	
	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		
	file followed up by appointment or consultation		
	with a physician.		
	This Rule is not met as evidenced by: Based on		
	record reviews and interviews, the facility failed		
	to keep the MARs current affecting three of three	1	
	audited clients (#1, #2 and #3). The findings are:		
1	(a), iii ain an		
	Finding #1:		
	Review on 03/10/22 of client #1's record		
	revealed:		
	- 47 year old female.		13
	- Admission date of 05/03/10.		
	- Diagnoses of Mild to Moderate Intellectual		
	Developmental Disability (IDD), Depressive		
	Disorder, Schizoaffective Disorder and Diabetes		
	Mellitus.		
	No. 20 (20 (20 (20 (20 (20 (20 (20 (20 (20		

	NT OF DEFICIENCIES AND CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:	(* 12)	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL026-889	B. WING		03/1	₹ 4/2022
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
FRESH S	START RESIDENTIAL		IBARTON R	OAD		
		FAYETTE	VILLE, NC 2	28306		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE

6899

V 118	Continued From page 3	V 118	
	Review on 03/10/22 and 03/14/22 of client #1's signed medication orders revealed: - 11/05/21 - Benztropine (treats Parkinson's Disease symptoms) 0.5 milligrams (mg) - take one tablet twice daily. - 10/25/21 - Buspar (anti anxiety) 15mg - take one tablet three times daily. - 02/14/22 - Olanzapine (antipsychotic) 10mg - take one tablet twice daily. - 12/21/21 - Zolpidem (sleep aid) 10mg - take 1 and 1/2 tablets every day.		
	Review on 03/10/22 of client #1's January 2022 thru March 2022 revealed the following blanks: January 2022 Zoldipem - 1/01/22 thru 01/31/22.		
	February 2022 - Zoldipem - 02/01/22 thru 02/28/22.		
	March 2022 - Zoldipem - 03/01/22 thru 03/09/22 Benztropine - 03/05/22 at 8pm Buspar - 03/05/22 and 03/09/22 at 8pm Olanzapine - 03/05/22 and 03/09/22 at 8pm.		
	Interview on 03/10/22 client #1 stated she received her medications daily as ordered.		
	Finding #2: Review on 03/10/22 of client #2's record revealed: - 37 year old female Admission date of 07/31/17 Diagnoses of Impulsive Control Disorder, Severe IDD and Intermittent Explosive Disorder.		
	Review on 03/10/22 and 03/14/22 of client #2's signed medication orders revealed: -10/25/21 - Divalproex (Depakote) (treats		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL026-889	D. WING	R 03/14/2022
NAME OF PROVIDER OR SUPPLIER		B. WING DRESS, CITY, STATE, ZIP CODE	03/14/2022
FRESH START RESIDENTIAL		BARTON ROAD	
The state of the s	100 1 (100 100 100 100 100 100 100 100 1	VILLE, NC 28306	

21110101	TOT TOURT OCTATOR TROUBLEST			
(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 118	Continued From page 4 seizures) 500mg -	V 118		
	take 3 tablets at bedtime 11/24/21 -			
	Prevident (used to prevent cavities and tooth			
	decay) use twice daily.			
	- 01/26/22 - Quetiapine (antipsychotic)			
	200mg - take 4 tablets total daily.			
	- 02/04/22 - Topiramate (Topamax) (treats			
	seizures) - take 3 tablets daily.			
	Review on 03/10/22 of client #2's March 2022 MAR revealed the following blanks: Divalproex - 03/09/22 at 8pm. Prevident - 03/09/22 at 8pm. Quetiapine - 03/09/22 at 8pm. Topiramate - 03/09/22 at 8pm.			
	Interview on 03/10/22 client #2 stated she			
	received her medications daily as ordered.			
	Finding #3:			
	Review on 03/10/22 of client #3's record			
	revealed:			
	27 year old female.Admission date of 08/07/08.			
	- Diagnoses of Moderate IDD,			
	Schizoaffective Disorder, Learning Disability and			
	Mood Disorder.			
+	Review on 03/10/22 and 03/14/22 of client #3's			
	signed physician orders revealed: - 11/23/21 - Divalproex 750mg - once			
	daily 04/05/21 - Ferrous Sulfate (iron) 325mg -			
	once daily and Loratadine (treats allergies) 10mg			
	- once daily.			
	- 11/22/21 - Perphenazine (antipsychotic)			1
	16mg - take twice daily.			
	- 09/08/21 - Quetiapine 150mg - take once			
	daily.			
	Review on 03/10/22 of client #3's March 2022			
	revealed the following blanks:			
	Divalproex - 03/05/22 and 03/09/22.			1
	Ferrous Sulfate - 03/05/22 and 03/09/22.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL026-889	B. WING	R 03/14/2022

NAME OF	PROVIDER OR SUPPLIER STREET	ADDRESS, CITY,	STATE, ZIP CODE	
	2639 D	UMBARTON F		
FRESH S	START RESIDENTIAL FACILITY, INC #3		****	
(VA) ID		TEVILLE, NC		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 5	V 118		
	 Loratadine - 03/05/22 and 03/09/22. Quetiapine - 03/05/22 and 03/09/22. 			
	Interview on 03/10/22 client #3 stated she received her medications daily as ordered.			
	Interview on 03/10/22 the Qualified professional stated:			
	 All clients had received their medications as ordered. She checked the MARs every week Sh 			
	would ensure staff documented administration o medications as required.			