

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-822</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/26/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRESH START RESIDENTIAL FACILITY, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7866 ADRIAN DRIVE</b> <b>FAYETTEVILLE, NC 28314</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed January 26, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 120	<p><b>27G .0209 (E) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p>	V 120		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 120	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed ensure medications were securely locked for 1 of 4 current clients (#2) The findings are:</p> <p>Review on 01/25/23 of client #2 record revealed: -28 year old male. -Admission date of 11/15/13. -Diagnoses of Charge Syndrome, Moderate Intellectual Developmental Disability, and Deaf.</p> <p>Observation on 01/25/23 at approximately 10:00am revealed: -A staff desk in the kitchen area and Pataday Extra Strength eye drops and 3 boxes of Fluticasone Prop 50mcg nose spray were sitting on the desk not locked up in a secure area.</p> <p>During interview on 01/26/23 the Licensee revealed: -He would inform the House Manager to ensure all the medication was removed from the desk and stored in the locked medication cabinet.</p>	V 120		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>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</p>	V 121		

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V 121	<p>Continued From page 2</p> <p>corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 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 #4). The findings are:</p> <p>Finding #1 Review on 01/25/23 of client #1's record revealed: -26 year old male. -Admission date of 01/02/20. -Diagnoses of Attention Deficit Hyperactivity Disorder Combined Type, Severe Mental Retardation and Chromosome One Deletion. -The last drug regimen review completed was 03/30/22.</p> <p>Review on 01/25/23 of client #1's January 2023 Medication Administration Record (MAR) revealed the following medication regimen: -Vraylar 4.5mg -Cetirizine 10mg -Fanapt 12mg -Fluoxetine 40mg -Guanfacine ER 3mg -Topiramate 100mg -Vitamin D2 1.25mg -Vraylar 3mg</p> <p>Finding #2 Review on 01/25/23 of client #3's record revealed: -30 year old male.</p>	V 121		

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V 121	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-Admission date of 03/04/10.</li> <li>-Diagnoses of Moderate Intellectual Developmental Disorder, Unspecified Schizophrenia Spectrum.</li> <li>-The last drug regimen review completed was 03/30/22.</li> </ul> <p>Review on 01/25/23 of client #3's January 2023 Medication Administration Record (MAR) revealed the following medication regimen:</p> <ul style="list-style-type: none"> <li>-Aripiprazole 15mg</li> <li>-BENZTROPINE MES 1mg</li> <li>-Vitamin D3 50, 000 units</li> </ul> <p>Finding #3</p> <p>Review on 01/25/23 of client #4's record revealed;</p> <ul style="list-style-type: none"> <li>-49 year old male.</li> <li>-Admission date of 12/03/06.</li> <li>-Diagnoses of Schizoaffective Disorder, Bipolar Type.</li> <li>-The last drug regimen review completed was 03/30/22.</li> </ul> <p>Review on 01/25/23 of client #4's January 2023 Medication Administration Record (MAR) revealed the following medication regimen:</p> <ul style="list-style-type: none"> <li>-Chantix 1mg</li> <li>-Atorvastatin 20mg</li> <li>-Cetirizine 10mg</li> <li>-Diltiazem 24h 360mg</li> <li>-Ferrous Sulfate 325mg</li> <li>-Divalproex Sod Dr 500mg</li> <li>-Haloperidol 1mg</li> <li>-Losartan-Hydrochlorothiazide 50-12.5mg</li> <li>-Metoprolol Tartrate 25mg</li> <li>-Olanzapine 20mg</li> <li>-Xigduo XR 10mg</li> </ul> <p>Interview on 01/26/23 the Licensee revealed:</p>	V 121		

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V 121	Continued From page 4  -He would contact the pharmacy and ensure the drug regimen reviews were completed.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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 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	V 289		

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V 289	<p>Continued From page 5</p> <p>substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(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)&amp;(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).</p> <p>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 (#4) without a primary diagnosis of Developmental Disability. The findings are:</p> <p>Review on 01/25/23 of Division of Health Service</p>	V 289		

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V 289	<p>Continued From page 6</p> <p>Regulation (DHSR) records revealed the facility is licensed under 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>Review on 01/26/23 of DHSR records revealed the waiver had expired 12/31/2022 for client #4 to reside at the facility without a primary diagnosis of Developmental Disability.</p> <p>Review on 01/25/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- 49 year old male.</li> <li>- Admission date of 12/03/06.</li> <li>- Diagnoses of Schizoaffective Disorder-Bipolar Type and Diabetes.</li> <li>- No Developmental Disability diagnosis.</li> </ul> <p>Interview on 01/26/23 the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- He had applied for a waiver for client #4 to reside at the facility.</li> <li>-He completed the waiver at the beginning of 2022 and he thought the waiver was still good.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 289		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p>	V 736		

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V 736	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observations and interview the facility was not maintained in a safe, clean, and attractive manner. The findings are:</p> <p>Observation on 01/25/23 at approximately 10:00am revealed:</p> <ul style="list-style-type: none"> <li>-A bed frame was laying against the wall of client #4's bedroom.</li> <li>-A blind in the sitting TV area the slates of a blind were broken.</li> <li>-The bathroom in client #5's the top of the toilet was missing.</li> <li>-The bathroom mirror was discolored at the bottom of the mirror.</li> <li>-Client #1's bedroom had a hole in the wall and the ceiling fan did not have any blades and the light was flickering.</li> <li>-The hall bathroom the toilet was missing the top of the back of the toilet.</li> <li>-The bathtub was discolored.</li> </ul> <p>During interview on 01/25/23 the House Manager revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 had been having a lot of behaviors that included destroying property in the home.</li> <li>-The home would be repaired and he would destroy it again.</li> <li>-Client #1 had an appointment with his doctor that day to discuss medication to assist with his behaviors.</li> </ul>	V 736		