

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-822	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/26/2023
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NAME OF PROVIDER OR SUPPLIER FRESH START RESIDENTIAL FACILITY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7866 ADRIAN DRIVE FAYETTEVILLE, NC 28314
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V 000	<p>INITIAL COMMENTS</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>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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	<p>DHSR - Mental Health</p> <p>FEB 21 2023</p> <p>Lic. & Cert. Section</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Darmonday Mumford* TITLE: _____ (X6) DATE: *2-16-23*

STATE FORM 6899 S51T11

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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 Detection. -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	<p>V 121</p> <p>House Managers will confirm Drug Regimens are scheduled and conducted on a bi-annual basis. QP will follow up with House Managers to confirm Regimens are completed and review findings of Regimens after completion. House Manager will confirm regimens are stored in client's records after review.</p> <p>Drug Regimens were conducted on 09/26/2022 with no corrective actions needed. It was determined these regimens were not filed in clients records and were maintained in a binder stored in the facility. Upcoming Drug Regimen scheduled to be conducted 03/2023.</p> <p>House Managers will confirm physicians are informed of the result of the review when medical intervention is indicated. Findings of the review will be recorded in the client's MARs along with corrective action, if applicable.</p> <p>QA/QI team will review Drug Regime findings quarterly to assure proper procedure was followed in ensuring the results had been shared with the prescribers of clients' medications.</p>	<p>02/15/23 ongoing</p> <p>02/15/23 ongoing</p> <p>02/15/23 ongoing</p>

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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	<p>V 120 QP and Director met with House Manager to review proper storage of medications.</p> <p>All medications are locked in a secure area in the medication cabinet. Over the counter medications are stored in a lock box in the medication cabinet.</p> <p>House Manager will complete weekly check to confirm all medications are stored properly in the locked medication cabinet.</p> <p>QA/QI team will conduct random house checks to confirm medications are stored properly and securely locked in the medication cabinet.</p>	<p>02/15/23</p> <p>02/15/23 ongoing</p> <p>02/17/23 ongoing</p> <p>ongoing</p>
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 3</p> <ul style="list-style-type: none"> -Admission date of 03/04/10. -Diagnoses of Moderate Intellectual Developmental Disorder, Unspecified Schizophrenia Spectrum. -The last drug regimen review completed was 03/30/22. <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"> -Aripiprazole 15mg -Benzotropine MES 1mg -Vitamin D3 50, 000 units <p>Finding #3</p> <p>Review on 01/25/23 of client #4's record revealed;</p> <ul style="list-style-type: none"> -49 year old male. -Admission date of 12/03/06. -Diagnoses of Schizoaffective Disorder, Bipolar Type. -The last drug regimen review completed was 03/30/22. <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"> -Chantix 1mg -Atorvastatin 20mg -Cetirizine 10mg -Diltiazem 24h 360mg -Ferrous Sulfate 325mg -Divalproex Sod Dr 500mg -Haloperidol 1mg -Losartan-Hydrochlorothiazide 50-12.5mg -Metoprolol Tartrate 25mg -Olanzapine 20mg -Xigduo XR 10mg <p>Interview on 01/26/23 the Licensee revealed:</p>	V 121	<p>Any deficiencies identified will be resolved and reported to the Director</p> <p>The results of the monitoring activities will be reviewed on a quarterly basis by QP to identify and patterns or repeated barriers to the timely administration of medications or treatment.</p>	ongoing

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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	V 289 The Director will apply for a waiver for client #4 to be served in a facility for supervision of developmentally disabled clients. The Director will request a waiver each year with licensure review. Quality Assurance Committee will review licensure application and waiver request yearly to ensure compliancy.	02/17/23 ongoing ongoing ongoing

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V 289	Continued From page 5 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). 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: Review on 01/25/23 of Division of Health Service	V 289		

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V 289	Continued From page 6 Regulation (DHSR) records revealed the facility is licensed under 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. 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. Review on 01/25/23 of client #4's record revealed: - 49 year old male. - Admission date of 12/03/06. - Diagnoses of Schizoaffective Disorder-Bipolar Type and Diabetes. - No Developmental Disability diagnosis. Interview on 01/26/23 the Licensee revealed: - He had applied for a waiver for client #4 to reside at the facility. -He completed the waiver at the beginning of 2022 and he thought the waiver was still good. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 289		
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.	V 736		

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V 736	Continued From page 7 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: Observation on 01/25/23 at approximately 10:00am revealed: -A bed frame was laying against the wall of client #4's bedroom. -A blind in the sitting TV area the slates of a blind were broken. -The bathroom in client #5's the top of the toilet was missing. -The bathroom mirror was discolored at the bottom of the mirror. -Client #1's bedroom had a hole in the wall and the ceiling fan did not have any blades and the light was flickering. -The hall bathroom the toilet was missing the top of the back of the toilet. -The bathtub was discolored. During interview on 01/25/23 the House Manager revealed: -Client #1 had been having a lot of behaviors that included destroying property in the home. -The home would be repaired and he would destroy it again. -Client #1 had an appointment with his doctor that day to discuss medication to assist with his behaviors.	V 736	V736 QP and Director met with House Manager and residential staff to discuss housekeeping rules. The following actions have been taken: 1. Bed frame has been removed from client's 4 bedroom 2. Blinds have been replaced in the living room. 3. Toilet lids have been replaced in bathrooms. 4. Ceiling fan has will be repaired and light bulbs replaced. 5. Bathroom mirror has been repaired 6. Hold in the wall in client 1's bedroom has been repaired. 7. Bathtub will be replaced. House Manager has assigned weekly housekeeping duties to staff. House Manager will follow up with staff to confirm assignments are complete on a daily basis. Staff were reminded to monitor client 1's behaviors and intervene to prevent further damage to home if possible. Staff were reminded to contact House Manager, if not present, regarding any incidents relating to property damage. Staff were reminded to inform House Manager and/or Director of any damage or repairs needed. Director will conduct monthly walk-thrus of home. QA/QI team will conduct random walk-thrus to confirm house is being maintained in a safe, clean and attractive manner.	02/15/23 02/15/23 02/15/23 02/16/23 02/20/23 02/20/23 02/20/23 02/16/23 ongoing 02/16/23 ongoing ongoing