

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-889</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/07/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRESH START RESIDENTIAL FACILITY, INC #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2639 DUMBARTON ROAD</b> <b>FAYETTEVILLE, NC 28306</b>
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(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on March 7, 2024. 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 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

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

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation, and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 2 of 3 audited clients (#1 and #2). The findings are:</p> <p>Finding #1 Review on 3/7/24 of client #1's record revealed: -29 year old female. -Admitted on 8/13/08. -Diagnoses of Mood Disorder, Bipolar Disorder, Mild Intellectual Disability and Learning Disorder.</p> <p>Review on 3/7/24 of client #1's signed physician order dated 1/12/24 revealed: -Debrox 6.5% Ear Drops, 5 drops into affected ear twice daily.</p> <p>Review on 3/7/24 of client #1's MARs from 12/1/24 - 3/7/24 revealed: -Debrox 6.5% Ear Drops was started on 2/6/24.</p> <p>Interview on 3/7/24 client #1 stated: -She received her medications daily.</p> <p>Finding #2 Review on 3/7/24 of client #2's record revealed: -46 year old female.</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER  <b>FRESH START RESIDENTIAL FACILITY, INC #3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2639 DUMBARTON ROAD FAYETTEVILLE, NC 28306</b>		
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V 118	Continued From page 2  -Admitted on 7/9/10. -Diagnoses of Severe Intellectual Developmental Disabilities, Cerebral Palsy, Allergy to Seafood and Allergy to Insect Bites. -No evidence of a physician order for Epinephrine Injection, inject subcutaneously as directed into outer thigh.(allergic reaction)  Observation on 3/7/24 between 2:00 pm - 2:30 pm of client #2's medications revealed: -Epinephrine Inject was last dispensed on 10/2/22. The expiration on the medication was 8/2023.  Interview on 3/7/24 client #2's stated: She received her medications twice a day.  Interview on 3/7/24 the Group Home Manager stated: -Client #1 was seen by the doctor on 1/12/24. -The doctor did not inform the staff who attended client #1's appointment he had prescribed the Debrox 6.5 % Ear Drops. -The pharmacy contacted her and asked about the Debrox 6.5% prescription. -Staff learned during a follow up appointment for client #1 the medication was prescribed. -Client #2 did not have a need for the Epinephrine Injection. -She would request a refill for client #2's Epinephrine Injection.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS	V 736		

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V 736	<p>Continued From page 3</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> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 3/7/24 between 9:45am - 10:30am during a tour of the facility revealed: -The light fixture cover on the wall light above the kitchen sink was missing. -The light fixture cover in the laundry area was missing. -The downstairs bathroom had paint peeling around the sink. -The downstairs bedroom's smoke detector chirped about every 60 seconds.</p> <p>Interview on 3/7/24 the Group Home Manager stated: -The light fixture above the kitchen sink did not work and needed to be removed. -She had not noticed the smoke detector chirping. -She would ensure maintenance was completed.</p>	V 736		