Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		D
			B WING			
		MHL041-857	B. WING		07/24/2	2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
FRESH ST	TART HOME FOR CHILD	REN	RYHILL ROAD			
		GREENSE	ORO, NC 2740	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE (	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS	3	V 000			
	An annual survey wa 2024. A deficiency wa	s completed on July 24, as cited.				
	This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents.					
	_	d for 4 and has a current vey sample consisted of ents.				
V 296	27G .1704 Residentia Staffing	al Tx. Child/Adol - Min.	V 296			
	10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS  (a) A qualified professional shall be available by telephone or page. A direct care staff shall be					
		lity within 30 minutes at all				
	(b) The minimum nu required when childre present and awake is					
	(1) two direct of one, two, three or four	are staff shall be present for ir children or adolescents;				
	(2) three direct for five, six, seven or adolescents; and	care staff shall be present eight children or				
	(3) four direct of nine, ten, eleven or to	care staff shall be present for welve children or				
		mber of direct care staff scent sleep hours is as				
	follows:					
		are staff shall be present				
	and one snall be awa children or adolescer	ike for one through four				
		are staff shall be present				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL041-857	B. WING		07	//24/2024
	ROVIDER OR SUPPLIER	REN 1929 MUF	DRESS, CITY, STAT			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 296	children or adolescen (3) three direct of which two shall be asleep for nine, ten, e adolescents. (d) In addition to the care staff set forth in Rule, more direct care the facility based on t individual needs as sp plan. (e) Each facility shall supervision of childre are away from the face	ake for five through eight ts; and care staff shall be present awake and the third may be eleven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in the child or adolescent's pecified in the treatment be responsible for ensuring or or adolescents when they cility in accordance with the ndividual strengths and	V 296			
	interviews, the facility care staff were present required, when clients	as evidenced by: as, record reviews and failed to ensure two direct at, the minimum number as were present and awake in clients (#1, #2 and #3). The				
	first shift with clients #					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	
			A. BUILDING: _			
		MHL041-857	B. WING		07/	24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
EDECH O	TART HOME FOR CHILD	1929 MUR	RYHILL ROAD			
FRESH 5	TART HOME FOR CHILD	GREENSE GREENSE	BORO, NC 2740	)3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
V 296	Continued From page	e 2	V 296			
	-An admission date of -Diagnoses of Condu Dysregulation Disord: Hyperactivity Disorder and Other Specified Arage 16 -An assessment date daily life is a work in purying to learn how to disrespectful, stated to question her safety do in and people around great social life and the people, stated that in wants to follow expectations are develop appropriate where the comes off as rude, not and expectations in the develop appropriate where towards her foster particularly of the evident lack of progressions, it is becoming change in placement psychosocial stressocial str	act Disorder, Disruptive Mood er, Attention Deficit er (ADHD), Combined Type, Anxiety Disorder  d 12/4/23 noted "stated her process considering she's follow and not be that she never had to use to the environment she's her, stated that she has a hat she loves socializing with the community settings she stations and rules hat she's food at advocating imes advocating for herself eeds to comply with rules he home and the school, ways of expressing feels and rain from using substances, ent disrespectful behavior arent, coupled with an egative conduct and an ess towards her established increasingly apparent that a may be necessary, her are deeply rooted in her cterized by a pervasive of a significant barrier to her a relationships and comply a pathority figures."  In the plan dated 5/20/24 noted and/or aggressive behaviors raing to talk with others or				

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STATEMENT	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE OF CORRECTION (X4) DENTIFICATION NUMBER:		SURVEY LETED			
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMP	LETED
		MHL041-857	B. WING		07/	24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		1929 MUF	RRYHILL ROAD			
FRESHS	TART HOME FOR CHILD	GREENS	BORO, NC 2740	3		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
V 296	Continued From page	e 3	V 296			
	at least 1-3 chores a					
	-An admission date of -Diagnoses of Adjust Depression, Unspecia and ADHD by History -Age 12 -An assessment date to work on her attitud graduating from high her socialization skills of fashion, her obstact sense of sarcasm and needs to comply with the home and in school appropriate ways to elemotions, will refrain entered Department of custody in March 202 parental rights were to impulsive and opposite with boundaries, expraovoidance, low self-elemone sadness." -An updated treatmer "will comply with rules home by completing assignments, homew will follow the rules at home, will complete with home and school prompts, will respect ignoring adults when develop additional conshutting down when as Review on 7/22/24 of	tment Disorder with fied Trauma and Stressors, d 6/16/23 noted "would like e, would like to accomplish school, her strengths are s, athleticism and her sense cles include her attitude, her d her derogatory language, rules and expectations in sol, needs to develop express her feelings and from using substances, of Social Services (DSS) 22, for sexual abuse by dad, erminated in August 2023, is tional, has ongoing issues ressing emotions, steem, irritation, worry and and plan dated 5/29/24 noted and expectations in the chores, completing school work and in the community, at least twice a week in the with rules and directives in with no more than 2 her authority figures by not being spoken to and ping skills instead of angry or frustrated."				
	-An admission date o -Diagnoses of Major l	ੀ 3/6/24 Depressive Disorder and				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION		
ANDILAN	or connection	IDENTIFICATION NOWIBER.	A. BUILDING:		COMPLETED	
			B WING			
		MHL041-857	B. WING	<del></del>	07/24/202	24
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
FRESH ST	ART HOME FOR CHILD	1929 MU	RRYHILL ROAD			
T IXEOII O	ART HOME TOR OTHER	GREENS	SBORO, NC 2740	3		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	,	(X5) MPLETE
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
V 296	Continued From page	e 4	V 296			
	Adjustment Disorder	With Mixed Disturbance of				
	Emotions and Condu					
	-Age 15					
	-An admission assess	sment dated 3/6/24 noted "is				
	_	nigh school and has a goal of				
	•	going to college to further				
	her education, would lindened and the	ke to be more				
		dependently, previously lived				
	with her grandparents, is currently receiving					
	medication management, likes to make choices					
	for herself, and is working toward knowing when					
	she should ask for he	- T				
	working on setting he					
	improving her commu	inication with others, nt plan dated 5/30/24 noted				
		oress feelings, wants and				
		will identify and practice				
		ng skills with peers, staff				
		ge feelings of impulsivity and				
	•	ng skills for self-control, will				
		ty to take responsibility for				
		onsequences of undesirable				
	behaviors, will comply with the rules and expectations of the program, participate in					
	therapeutic activities, appointments, meetings					
		nable efforts to improve the				
	ability to control beha					
		hority figures, peers, and				
	•	forth effort to improve upon				
		reat peers with respect in				
	in person school whe	on, and will attend traditional n in session "				
	in person sonooi wile					
	Interview on 7/22/24	with client #1 revealed:				
		the mornings and 2 staff in				
		night one staff at 11 pmit				
		staff in the mornings, but it				
	is only during summe	r hours."				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _	A. BUILDING:			
	MHL041-857	B. WING		07/	24/2024	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
FRESH START HOME FOR CHILDR	EN	RRYHILL ROAD BORO, NC 2740	03			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
here. On second shift, night, there is only 1 standard tripments only 1 standard tripments only 1 standard tripments only one standard tripments on 7/24/24 weshift was 3pm to 11pments on the tower of the tower on	summer, there is just one there are two staff and at taff present."  ith client #3 revealed: if on first shift. There are 2 and on the weekends. On a 1 staff that works here."  ith staff #1 revealed: in (second) is one staff on duty when I cond shift. The schedule will be two people for the dies are done for the day many clients we have."  it, there is only 1 staff that  ith staff #2 revealed: ite facility "and that's from  iff on duty when I come in. inight when I get off (11pm). ite is supposed to be only with first shift, it varies my kids we have"  ith the AP revealed: ind staff on duty on 7/22/24	V 296				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
			A. BUILDING: _					
		MHL041-857	B. WING		07/24/2024			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
FRESH ST	TART HOME FOR CHILD	REN	RYHILL ROAD					
			ORO, NC 2740					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE			
V 296	Continued From page	e 6	V 296					
	each shift.							
	-The facility had three 7am to 3pm, second sis second shift and the During the school broone staff worked on ficure was aware the facilitie each shift.  -"We are short staff. It is staff for all the shifts."  -The AP was responsischedules.  -[The Director/Owner social media, put adsoutsourced on hiring for the facility. Right responsible.	ty was to have 2 staff on  We are still trying to hire						

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