STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-822	A. BUILDING: _____ B. WING _____	R 01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRESH START RESIDENTIAL FACILITY, INC	7866 ADRIAN DRIVE FAYETTEVILLE, NC 28314

(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	INITIAL COMMENTS An annual and follow up survey was completed on January 16, 2025. Defiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interviews the facility failed to ensure treatment plans were developed annually of 1 of 3 audited clients (#1). The findings are:

Review on 1/15/25 of client #1's record revealed:
-Admitted 12/3/06.
-Diagnosis of Schizoaffective Disorder Bipolar Type.
-No documentation of a current treatment plan.

Interview on 1/15/25 client #1 stated:
-He goal was to be independent.

Interview on 1/15/25 and 1/16/25 the House Manager stated:
-Client #1 attended the Psychosocial Rehabilitation (PSR) Program.
-The PSR was responsible for developing client #1's treatment plan.
-Client #1's treatment plan expired on November 2024.

Interview on 1/16/25 the Qualified Professional stated:
-The PSR developed client #1's treatment plan.
-She reached out to the PSR but had not heard back.

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V 289	Continued From page 2	V 289		
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 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	V 289		

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V 289	Continued From page 3 (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 1 of 3 audited clients (#1) without a primary diagnosis of Developmental Disability. The findings are: Review on 1/15/25 of Division of Health Service Regulation (DHSR) records revealed the facility is licensed under 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 289		

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V 289	Continued From page 4 Review on 1/15/25 of DHSR records revealed the waiver had expired 12/31/2024 for client #1 to reside at the facility without a primary diagnosis of Developmental Disability. Review on 01/15/25 of client #1's record revealed: -Admission date of 12/3/06. -Diagnosis of Schizoaffective Disorder Bipolar Type. -No Developmental Disability diagnosis. Interview on 1/15/24 the Qualified Professional stated: -The facility had not submitted a waiver request to serve client #1 without a Developmental Disability. -The facility planned to submit a waiver. 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. This Rule is not met as evidenced by: Based on record review, observations and interviews the facility was not maintained in a safe, clean and attractive manner. The findings are: Observation on 1/15/25 between 10:43am - 11:15am a tour of the facility revealed:	V 736		

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V 736	Continued From page 5 -The refrigerator had food residue/stains on the exterior and interior of the refrigerator. -The walls in the kitchen had marking/food residue/stains. -The bathroom in client #3 and client #4's bedroom had 2 lights above the vanity were blown. -Client #3 and #4's bathroom toilet tank cover was missing. -Client #3's bedroom wall had 2 large white paint patches. -The hallway bathroom was missing the toilet tank cover. There was white scum build up around the sink faucet. There was brownish scum buildup in the bathtub. -There were 2 large white paint patches in the living room. Interview on 1/15/25 the Home Manager stated: -The toilet tank covers were removed due to one of the client's behavior. -He would ensure the facility was maintained. This is a re-cited deficiency and must be corrected within 30 days.	V 736		