

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-889	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/04/2025
NAME OF PROVIDER OR SUPPLIER FRESH START RESIDENTIAL FACILITY, INC #3		STREET ADDRESS, CITY, STATE, ZIP CODE 2639 DUMBARTON ROAD FAYETTEVILLE, NC 28306		
(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 June 4, 2025. A deficiency was cited. This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
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 06/04/25 at approximately 10:00am a tour of the facility revealed: -2 smoke detectors were beeping upstairs (indicating batteries needed to be changed). -Client #4's bedroom had a hole in the wall under the window the size of a baseball. -The wall next to the closet door in the hallway upstairs had a hole the size of a golf ball. -The upstairs bathroom light switch receptacle was not flushed with the wall and was bulging out from the bottom and 2 light bulbs were missing in the light fixture over the sink.	V 736		

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

TITLE

(X6) DATE

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V 736	Continued From page 1 During interview on 06/04/25 the House Manager revealed she would get the areas in the home repaired immediately. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		