STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 complaint survey was completed on 4/19/18. The complaint (#NC00137656) was substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000	DHSR - Mental Health MAY 31 2018 Lic. & Cert. Section	
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures	V 109	Please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 109	Continued From page 1 for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Qualified Professionals (QP) failed to demonstrate knowledge, skills and abilities for the population served, affecting 2 of 3 clients (Clients #1 and #2). The findings are: Refer to V110 for additional information Review on 4/12/18 of the QP's record revealed: - Hire date of 4/21/14 - Qualified Professional Review on 4/12/18 of Client #1's record revealed: - Admission date of 4/2/18 - Diagnoses of Autism, Neurocognitive Disorder NOS, Borderline Intellectual Functioning, and Adjustment Disorder with Conduct and Mood - History of defiance, physical and verbal aggression, self-injurious behaviors and suicidal ideations Review on 4/12/18 of Client #2's record revealed: - Admission date of 2/27/18 - Diagnoses of Post-Traumatic Stress Disorder, Intellectual Disability Disorder (mild), and Disruptive Mood Dysregulation Disorder - History of verbal and physical aggression, property damage, temper tantrums, lying and	V 109	please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 109	Continued From page 2 stealing Interview on 4/12/18 with Client #1 revealed: - Staff #2 works 3rd shift and leaves early in the morning to take Client #3 to school because she has to be at school early - One staff stays at the house with Client #1 and Client #2 until they go to school - Staff #1 was working in the house by herself with Client #1 and Client #2 when an altercation occurred between the clients and Staff #1 Interview on 4/12/18 with Client #2 revealed: - Staff #2 worked 3rd shift and usually took Client #3 to the bus stop early in the morning and did not return to the house - On the day of the altercation with Staff #1, Staff #1 was working by herself. Staff #2 had left to take Client #3 to the bus stop Interview on 4/12/18 with Client #3 revealed: - Staff #2 takes her to the bus stop in the mornings and then goes home. She gets up at 5:10am and she and Staff #2 leaves the group home at approximately 5:40am Interview on 4/18/18 with Staff #1 revealed: - Staff #1 usually worked with Staff #2 on 3rd shift. Staff #2 would leave to take Client #3 to the bus stop for school around 5:45am and another staff is supposed to come around 6 or 6:30am. Prior to Client #1's admission to the group home, when Staff #2 left in the morning, it would just be Staff #1 and Client #2 left at the house until Client #2's bus came around 8:15am. Interview on 4/18/18 and 4/19/19 with Staff #2 revealed: - She worked 3rd shift and in the mornings would leave with Staff #3 at 5:45am to take her to her	V 109	please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 109	Continued From page 3 bus stop. Client #2 stayed at the facility with the other staff member in the morning. Client #1 didn't like getting up. If she didn't get it, they would call the Supervisor (QP) to pick her up and take her to school. - She usually went home and not return to the facility after taking Client #3 to the bus stop. One staff would be left at the house with the girls (usually Staff #1 or Staff #3). Interview on 4/19/18 with the QP revealed: - She worked 1st shift and came into work at 8 am - [Director of Operations] made the schedule and was responsible for the morning routine of when staff needed to leave to take a client to school Interview on 4/19/18 with the Director of Operations revealed: - There was supposed to be 2 staff in the home. The House Manager worked as a floater and would usually fill in when staff left in the mornings to take client #3 to school, but she has been out of the country. She (Director of Operations) had a conversation with the QP and the QP was aware that while the House Manager was away on leave, the QP was supposed fill in for her and was to be at the house in the mornings when staff leaves to take Client #3 to school. - On the morning of the incident, the QP should have been at the facility. Finding #2: Review on 4/12/18 of the facility's level I and II Incident Reports and Internal Investigations revealed: - Incident on 4/9/18 involving Client #1 and #2 displaying disruptive behaviors	V 109	Please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 109	Continued From page 4 - No documentation of internal investigation completed for the allegation against Staff #1 Interview on 4/12/18 with Client #1 revealed: - She told the QP and Director of Operations what happened Interview on 4/12/18 with Client #2 revealed: - She told the QP what happened Interview on 4/12/18 with the Qualified Professional (QP) revealed: - Clients #1 and #2 said on 4/9/18 that Staff #1 was cussing them. - Client #2 said "she (referring to Staff #1) choked me." - She thought an internal investigation was done This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 109	please see attached	
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.	V 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 110	Continued From page 5 (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record review and interviews, 1 of 10 paraprofessional staff (Staff #1) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are: Review on 4/12/18 of Staff #1's record revealed: - Hire date of 11/7/17 - Residential Counselor Review on 4/12/18 of Client #1's record revealed: - Admission date of 4/2/18 - Diagnoses of Autism, Neurocognitive Disorder NOS, Borderline Intellectual Functioning, and Adjustment Disorder with Conduct and Mood - History of defiance, physical and verbal	V 110	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 110	Continued From page 6 aggression, self-injurious behaviors and suicidal ideations Review on 4/12/18 of Client #2's record revealed: - Admission date of 2/27/18 - Diagnoses of Post-Traumatic Stress Disorder, Intellectual Disability Disorder (mild), and Disruptive Mood Dysregulation Disorder - History of verbal and physical aggression, property damage, temper tantrums, lying and stealing Review on 4/12/18 of level I and II incident reports (February-April 2018) revealed: - Incident on 4/9/18 (completed by the Licensee) for Client #1 stating: "on 4/9/18 the consumer (Client #1) was awakened by [Client #2] being loud and verbally aggressive toward [Staff #1] for not allowing [Client #2] to get a second bowl of cereal. Once the consumer got up she went into the kitchen and also became verbally aggressive towards [Staff #1] and began threatening [Staff #1] before throwing a water bottle at [Staff #1]. [Client #2] then threw water at [Staff #1] with some water getting on the consumer which only made her more upset and more verbally aggressive. [Client #2] walked out of the home and [the Qualified Professional (QP)] was able to follow her and keep her in sight. As [the QP] was occupied with [Client #2], [Staff #1] stepped outside of the house for her safety as the consumer continued to threaten her. [Staff #1] was able to keep an eye on the consumer through the open door." - Incident on 4/9/18 (completed by the Licensee) for Client #2 stating: "on 4/9/18 at around 7:30am during breakfast the consumer was pouring a large second bowl of cereal [Staff #1] redirected her from not gaining permission along with the	V 110	please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 110	Continued From page 7 fact that she already had breakfast. The consumer became upset and approached [Staff #1] using excessive profanity and threatening [Staff #1]. The yelling woke up consumer [Client #1] and she came into the kitchen as well and began yelling and cursing at [Staff #1]. Consumer then threw a bottle of water at [Staff #1] which splashed on [Client #1] as well. The consumer then walked out of the house and down the road. [The QP] followed the consumer keeping her in sight. [Staff #1] decided to wait outside of the facility being able to look in and keep an eye on [Client #1] but stayed outside due to the threatening behavior of [Client #1]. Once [the QP] returned back to the facility with the consumer they all went inside and each consumer continued verbal aggression for a while until they later calmed down." Interview on 4/12/18 with Client #1 revealed: - There was an altercation between her, Client #2 and Staff #1. Client #1 woke up and heard Client #2 and Staff #1 yelling. She walked out of her room and nicely asked them to stop yelling. Staff #1 was yelling at Client #2 because Client #2 had gotten too much cereal. Staff #1 told Client #1 "It's my mouth, you can't control my mouth." Client #1 said "I know." Staff #1 got up in Client #1's face and Client #1 pushed Staff #1 because she was in her face. Staff #1 picked on her because she had urination problems and wets the bed. Staff #1 said to Client #1 "that's why you pee in the bed, haha that's why you stink." Staff #1 called Client #1 a b*tch. Client #1 was crying and went into the staff room and called her former staff from a previous group home, who then made a 3 way call to Client #1's Intensive In-home QP (IIH QP). She overheard everything and came to the house.	V 110	please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 110	Continued From page 8 - Staff #1 made fun of Client #1 and called her "fat a*s." - Client #1 threw a bottle of water and poured water on staff #1. Staff poured water on Client #1. Client #2 then got involved and threw a bowl of cereal at staff. Staff #1 ran up on Client #2 and punched her in the face and choked her. Client #2 ran off and Staff #1 followed. Client #1 stayed in the house by herself. Client #1's Intensive In-home QP pulled up and then the QP (of the facility) came and asked Staff #1 to leave. - She doesn't understand why Staff #1 still worked there. Staff are not supposed to curse at clients, call clients names or choke them. She told the QP and the Director of Operations what happened. Interview on 4/12/18 with Client #2 revealed: - On the day of the incident with Staff #1, she poured too much cereal and Staff #1 yelled at her. When she asked Staff #1 to not yell at her, Staff #1 said "this is my f*cking mouth." Client #1 came out and got mad. She didn't like the way Staff #1 was cursing at Client #2. Client #1 and Staff #1 started arguing. Client #1 told Staff #1 she would beat her ass and Staff #1 said "come on, come on." Client #1 called the owner of the other group home she lived in and that person called Client #1's social worker (IIH QP). Staff #1 snatched the phone out of Client #1's hand and Client #1 poured water on her. Client #2 threw cereal on Staff #1 and then Staff #1 pushed Client #2 to the wall and wrapped her hands around her neck. Client #2 punched Staff #1. Staff #1 hit Client #2 on her arm and pushed Client #1. - Staff #1 was working in the home by herself when everything happened. Staff #2 had left early in the morning to take Client #3 to school.	V 110	please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 110	Continued From page 9 - Client #1's worker came to the house. The QP then arrived to the house. Interview on 4/18/18 with Staff #1 revealed: - She worked 3rd shift 11p-7am. On 4/9/18, it was her first day meeting Client #1 because Client #1 had not been there long. Client #2 got up for school, ate a bowl of cereal. She wanted more, so she poured another bowl. Staff #1 had a conversation with her about not asking permission to get more cereal. Client #1 came out of her room and said they were making noise and she couldn't sleep. Staff #1 introduced herself. Client #1 went to the bathroom to start getting ready and came back out and started yelling and cursing at Staff #1. She said to Staff #1 "b*tch, I'm not stupid, I heard you yelling." Staff #1 said "I was having a conversation with [Client #2]. I wasn't yelling, but if you thought I was, I apologize for that." Client #1 said "you don't know me ...I said you don't know me either." Client #1 kept saying "If you mess with me, I will f*ck you up!" Staff #1 asked Client #1 to please go take her shower and that all of this wasn't necessary. - Client #1 took a water bottle and poured it over Staff #1's head. Client #1 threw water on staff again when staff was in the office trying to get the manager's number to call for help. - Both clients yelled and cursed at Staff #1 - Staff #1 went to the porch to call the Director of Operations and was advised to call the QP. When Staff #1 went back into the house to find the QP's number, Client #2 was cursing at Staff #1 and threw a bowl of cereal at her. Client #1 was on the phone with someone. - Staff #1 got fed up ..."I said I can't do this anymore and went outside. She left the house because she was "afraid they (clients) were going to do something to me." Staff #1 stood outside	V 110	Please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 110	Continued From page 10 talking to the Director of Operations on the phone. Client #2 said she was leaving and came out the house. The QP arrived and took Client #2 into the house - She did not call the clients any names or curse at them - She was working by herself at the time of the incident because Staff #2 had already left to take Client #3 to her bus for school Interview on 4/18/18 with Staff #2 revealed: - She had worked 3rd shift with Staff #1 that night, but had already left the home that morning to take Client #3 to school. She did not observe the incident. Interview on 4/16/18 with Client #1's previous provider revealed: - She received a call from Client #1 asking her to come get her because there was hollering going on and it woke her up. Client #1 said that Client #2 got in trouble for getting cereal. - She could hear staff cussing in the background ...calling both girls b*tches. - She called Client #1's QP for Intensive In-Home and stayed on the phone until the Intensive In-Home QP arrived to the house to check on her. When she got there, Client #1 was wet and in the home by herself. Interview on 4/16/18 with the Intensive In-Home QP revealed: - She received a call from Client #1's former provider and Client #1 and tried talking to her to calm her down. - While on the phone, she heard staff call the girls b*tches - She heard arguing back and forth between the clients and staff - She heard staff say Client #1 smelled like "piss"	V 110	Please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 110	Continued From page 11 and called her "fat." - She went to the house and when she arrived, Client #1 was in the house by herself and the other client and a staff was coming across the yard. The QP pulled up in the driveway and said she was contacted by the owner because of the incident that was going on between clients and staff. - While on the phone before getting to the house, Client #1 said that staff hit the other client. - She did not hear or see any evidence of anyone being hit Interview on 4/12/18 with The QP revealed: - She received a call from the Director of Operations telling her to scout the area for Client #2. She arrived at the home and Staff #1 was outside and Clients #1 and #2 was inside. Staff #2 had already left to take Client #3 to school. - Staff #2 was very upset and said that the 2 girls attacked her and threw water on her. The office was full of cereal. - She talked to the girls. They said Staff #1 was cussing them and Client #2 said "she choked me." This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 110	please see attached	
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 132	Continued From page 12 Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	V 132	please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 132	Continued From page 13 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all allegations of abuse or neglect be investigated and the results be reported to the Department within five working days of the initial notification affecting 1 staff (Staff #1). The findings are: Refer to V110 for additional details Review on 4/12/18 of Staff #1's record revealed: - Hire date of 11/7/17 - Residential Counselor Review on 4/12/18 of the facility's level I and II Incident Reports and Internal Investigations revealed: - Incident on 4/9/18 involving Client #1 and #2 displaying disruptive behaviors - No documentation of internal investigation completed for the allegation against Staff #1 Review on 4/19/18 of IRIS revealed: - Level II Incident submitted 4/11/18 and "no" selected for question of "allegation against staff." Interview on 4/12/18 with Client #1 revealed: - She told the QP and Director of Operations what happened Interview on 4/12/18 with Client #2 revealed: - She told the QP what happened Interview on 4/18/18 with Staff #1 revealed: - She didn't know if there was an investigation completed	V 132	Please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 132	Continued From page 14 - The Director of Operations called her the next day after the incident and asked her some questions and said she would get back to her and then got back with her and said it was ok for her to go to work on Friday 13th. Interview on 4/12/18 with the Qualified Professional (QP) revealed: - Clients #1 and #2 said on 4/9/18 that Staff #1 was cussing them. - Client #2 said "she (referring to Staff #1) choked me." - She thought an internal investigation was done Interview on 4/16/18 with Client #1's Intensive In-Home QP revealed: - She talked to the Director of Operations about the incident and told her that there's a big problem if staff is throwing water on clients and cursing at clients. The Director of Operations went into defense mode and said that staff #1 wasn't going to be there anymore. Interview on 4/19/18 with The Director of Operations revealed: - She heard about the cursing but didn't know about any allegations about staff #1 choking or hitting anyone. - She wasn't aware they needed to do an internal investigation This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 132	Please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 293	Continued From page 15	V 293	please see attached	
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 293	Continued From page 16 gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide the care and services within the scope of the program, affecting 2 of 3 clients (Clients #1 and #2). The findings are: CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on record reviews and interviews, 1 of 1 Qualified Professionals (QP) failed to demonstrate knowledge, skills and abilities for the population served. CROSS REFERENCE: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) Based on record review and interviews, 1 of 10 paraprofessional staff (Staff #1) failed to demonstrate knowledge, skills and abilities required by the population served. CROSS REFERENCE: G.S. 131 E-256(g) HCPR	V 293	Please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 293	Continued From page 17 Notification of Allegations and Internal Investigation (V132) Based on record review and interview, the facility failed to ensure that all allegations of abuse or neglect be investigated and the results be reported to the Department within five working days of the initial notification affecting 1 of 10 staff (Staff #1) CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on record reviews and interview, the facility failed to ensure the minimum number of direct care staff during child or adolescent sleep hours, affecting 2 of 3 clients (Clients #1 and #2) CROSS REFERENCE: 10A NCAC 130 .0102 HCPR 24hr Investigating and Reporting Healthcare Personnel (V318) Based on record review and interviews, the facility failed to report an allegation of abuse to HCPR within 24 hours of becoming aware of the allegation CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements (V367) Based on record reviews and interviews, the facility failed to ensure Level II incident reports were submitted to the LME/MCO (Local Management Entity/Managed Care Organization) within 72 hours Review on 4/19/18 of the Plan of Protection dated 4/19/18 written by the Director of Operations revealed: "4/19/2018	V 293	please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 293	Continued From page 18 27 G .1704-The Director of Operations of the agency will ensure that the when there are two staff scheduled and one consumer needs to be transported the floater is in the facility before the staff leaves. The Director will require the floater to text or call when onsite. The 2nd staff is not allowed to leave until floater arrives. 27G.0204 & .0203 Consumers ML is in the home and has intensive in home services. The agency will ensure that the intensive in home service is utilized in the mornings when ML is difficult to wake up for extra support. The Clinical Director of the agency will ensure that each para-professional 's supervision is increased to 2x monthly if they are involved in 2 or more incidents in a 1 month period that requires a incident report. Cross-System Crisis Prevention Intervention Plan training was conducted for ML on 4/13 for ML by START Services for all employees in the home for added support. The Clinical Director will ensure that Start Services are utilized in the event of a crisis involving ML. New Place, Inc . Director of Operations will apply for enhanced services immediately for consumer's ML and SG which will allow extra support staff that will work 1-1 with the consumer's in the mornings and evenings when behaviors could become aggressive or escalated. 27G .0604, 131 E 130.0102 The Executive Director will ensure that any allegation even if it is alleged verbal abuse is documented on the incident report, internal investigation completed and HPR reported and filed within 24hours. If any consumer alleges that staff calls them a curse word or curses them it will be reported with the HPR within 24 hours of allegation." Client #1 had history of defiance, physical and verbal aggression, self-injurious behaviors and	V 293	Please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 293	Continued From page 19 suicidal ideations. Client #2 had history of verbal and physical aggression, property damage, temper tantrums, lying and stealing. On 4/9/18, an altercation occurred between Clients #1, #2 and Staff #1. Staff #1 demonstrated poor judgment by calling the clients names, cursing at clients and leaving them in the facility alone during a crisis. Staff #1 was working alone at that time because the other staff had already left to take Client #3 to her bus stop, and the QP who was supposed to be filling in had not arrived to the facility. Allegations of abuse and neglect were reported to the QP and licensee, but these allegations were not reported in IRIS and there was no internal investigation completed. The lack of minimum staffing requirements, poor decision making by staff #1 and the QP; as well as the facility failing to protect the clients by reporting allegations against staff and conducting an internal investigation subjected the clients to serious neglect. This deficiency constitutes a Type A1 rule violation and must be corrected within 23 days. An administrative penalty of $2,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 293	please see attached	
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 296	Continued From page 20 required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.	V 296	please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 296	Continued From page 21 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the minimum number of direct care staff during child or adolescent sleep hours, affecting 2 of 3 clients (Clients #1 and #2). The findings are: Review on 4/12/18 of Client #1's record revealed: - Admission date of 4/2/18 - Diagnoses of Autism, Neurocognitive Disorder NOS, Borderline Intellectual Functioning, and Adjustment Disorder with Conduct and Mood - History of defiance, physical and verbal aggression, self-injurious behaviors and suicidal ideations Review on 4/12/18 of Client #2's record revealed: - Admission date of 2/27/18 - Diagnoses of Post-Traumatic Stress Disorder, Intellectual Disability Disorder (mild), and Disruptive Mood Dysregulation Disorder - History of verbal and physical aggression, property damage, temper tantrums, lying and stealing Interview on 4/12/18 with Client #1 revealed: - Staff #2 works 3rd shift and leaves early in the morning to take Client #3 to school because she has to be at school early. - One staff stays at the house with Client #1 and Client #2 until they go to school - On 4/9/18, Staff #1 was working in the house alone when an altercation with staff #1 occurred. Staff #2 had already left for the day. She worked 3rd shift with Staff #1 but had left to take Client #3 to the bus stop.	V 296	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 296	Continued From page 22 Interview on 4/12/18 with Client #2 revealed: - 2 staff working at night. In the mornings, Staff #2 leaves to take Client #3 to school and doesn't come back to the house. Staff or the QP comes in at 7. Client #1 gets up with Client #3. Client #2 gets to school at 8 am. - On 4/9/18, Staff #1 was working in the house alone when an altercation with staff #1 occurred. Interview on 4/12/18 with Client #3 revealed: - Staff #2 takes her to the bus stop in the mornings and then goes home. She gets up at 5:10am and she and Staff #2 leaves the group home at approximately 5:40am Interview on 4/18/18 with Staff #1 revealed: - Staff #1 usually worked with Staff #2 on 3rd shift. Staff #2 would leave to take Client #3 to the bus stop for school around 5:45am and another staff is supposed to come around 6 or 6:30am. Prior to Client #1 arriving, when Staff #2 left in the morning, it would just be Staff #1 and Client #2 left at the house until Client #2's bus came around 8:15am. - On 4/9/18, she was left working in the home alone with Clients #1 and #2. Staff #2 had left to take Client #3 to the bus stop and she was told that the QP would be coming later that morning to take Client #1 to register for school. Interview on 4/18/18 and 4/19/19 with Staff #2 revealed: - She worked 3rd shift and in the mornings would leave with Staff #3 at 5:45am to take her to her bus stop. Client #1 and #2 stayed at the facility with the other staff member in the morning. Client #1 didn't like getting up. If she didn't get up, they would call the Supervisor (QP) to pick her up and take her to school.	V 296	Please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 296	Continued From page 23 Interview on 4/19/18 with the QP revealed: - She worked 1st shift and would come into work at 8 am - [Director of Operations] made the schedule and was responsible for the morning routine of when staff needed to leave to take a client to school Interview on 4/19/18 with the Director of Operations revealed: - There was supposed to be 2 staff in the home. The House Manager worked as a floater and would usually fill in when staff left in the mornings to take client #3 to school, but has been out of the country. She (Director of Operations) has had a conversation with the QP and the QP was aware that while the House Manager was away on leave, the QP was supposed fill in for her and was to be at the house in the mornings when staff had to leave to take Client #3 to school. - On the morning of the incident, the QP should have been at the facility. Interview on 4/16/18 with Client #1's guardian revealed: - On 4/9/18, Client #1 was involved in an incident with Staff #1 and another client. Client #1 was left in the home for a while by herself while Staff #1 went outside in the front yard. Client #1 called a support person and that support person called her Client #1's Intensive In-Home (IIH) QP, who later responded to the house and found Client #1 in the house alone. Interview on 4/16/18 with Client #1's IIH QP revealed: - She arrived to the facility on 4/9/18 at approximately 7:45am and found Client #1 in the house by herself. Another client and a staff member were coming across the yard. The	V 296	please see attached	

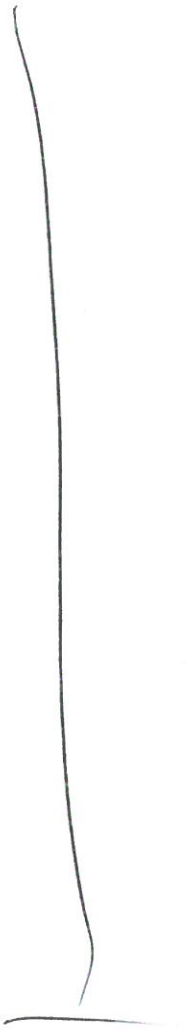
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 296	Continued From page 24 facility's QP pulled up in the driveway and said that the owner had contacted her because there was an incident going on between the girls and staff #1. - No other staff was at the facility when she arrived This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 296	please see attached	
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to report an allegation of abuse to HCPR within 24 hours of becoming aware of the allegation. The findings are: Refer to V110 for additional details	V 318		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 318	Continued From page 25 Review on 4/12/18 of Staff #1's record revealed: - Hire date of 11/7/17 - Residential Counselor Review on 4/12/18 of the facility's level I and II Incident Reports and Internal Investigations revealed: - No incident report regarding allegations against Staff #1 Review on 4/19/18 of IRIS revealed: - Level II Incident submitted 4/11/18 and "no" selected for question of "allegation against staff." Interview on 4/12/18 with Client #1 revealed: - She told the QP and Director of Operations what happened Interview on 4/12/18 with Client #2 revealed: - She told the QP what happened Interview on 4/12/18 with the Qualified Professional (QP) revealed: - Clients #1 and #2 said on 4/9/18 that Staff #1 was cussing them. - Client #2 said "she (referring to Staff #1) choked me." Interview on 4/16/18 with Client #1's Intensive In-Home QP revealed: - She talked to the Director of Operations about the incident and told her that there's a big problem if staff is throwing water on clients and cursing at clients. Interview on 4/19/18 with The Director of Operations revealed: - She heard about the cursing but didn't know about any allegations about staff #1 choking or	V 318	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 318	Continued From page 26 hitting any clients. - She didn't know they were to report "staff cursing at clients" to HCPR This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 318	please see attached	
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding.	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 367	Continued From page 27 (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident;	V 367	please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 367	Continued From page 28 (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure Level II incident reports were submitted to the LME/MCO (Local Management Entity/Managed Care Organization) within 72 hours. The findings are: Refer to V110 for additional Review on 4/12/18 of Staff #1's record revealed: - Hire date of 11/7/17 - Residential Counselor Review on 4/12/18 of the facility's level I and II Incident Reports revealed: - No incident report regarding allegations against Staff #1 Interview on 4/12/18 with Client #1 revealed: - She told the QP and Director of Operations what happened	V 367	Please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	04/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

(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 367	Continued From page 29 Interview on 4/12/18 with Client #2 revealed: - She told the QP what happened Interview on 4/12/18 with the Qualified Professional (QP) revealed: - Clients #1 and #2 said on 4/9/18 that Staff #1 was cussing them. - Client #2 said "she (referring to Staff #1) choked me." Interview on 4/16/18 with Client #1's Intensive In-Home QP revealed: - She talked to the Director of Operations about the incident and told her that there's a big problem if staff is throwing water on clients and cursing at clients. Interview on 4/19/18 with The Director of Operations revealed: - She heard about the cursing but didn't know about any allegations about staff #1 choking or hitting any clients. - She didn't know they were to do an IRIS report for allegation of "staff cursing at clients" This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 367	please see attached	

Plan of Correction

New Foundation

5419 Twin Lane

V109 27G .0203 Privileging/Training Professionals

10A NCAC 27G .0203 Competencies of Qualified professionals and Associate Professionals

This rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Qualified Professional (QP) failed to demonstrate knowledge, skills and abilities for the population served, affecting 2 of 3 clients (Clients #1 and #2).

Effective 05/29/2018 Executive Director James Hunt, B.S., M.S., Q.P. and Clinical Director Artemus Flagg, L.P.C., PhD. will conduct a mandatory staffing/supervision with the Qualified Professionals of New Place, Inc. to review their roles to include job duties and description, scope, incident reporting, health care personnel reporting, abuse, neglect, dependency, & exploitation definitions, specific population, agency overview, program description and chain of command to better equip the Qualified Professionals of New Place, Inc. to more efficiently perform their job duties for the population served. The monitoring of each Qualified Professional service delivery will be ongoing and conducted by Clinical Director on a monthly basis and reviewed quarterly by the Quality Assurance, Quality Improvement Committee.

V110 27G. 0204 Training/Supervision Paraprofessionals

10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals

This rule is not met as evidenced by: Based on record review and interviews, 1 of 10 paraprofessional staff (Staff #1) failed to demonstrate knowledge, skills, and abilities required by the population served.

As of 05/29/2018 Executive Director James Hunt B.S., M.S., Q.P. will meet with staff #1 and discussed the findings from DHSR surrounding complaint against her. As of 05/29/2018 Clinical Director Artemus Flagg L.P.C. has a newly created Individualized Supervision Plan for Staff #1 and will implement such plan. Clinical Director Artemus Flagg L.P.C. or designee will meet with Staff #1 once per month for a minimum of 1 hour to discuss her progress to enhance her knowledge, skills, and abilities required by the population served. Executive Director James Hunt will review supervision notes for Staff #1 to assure Staff #1 paraprofessional needs are being met to serve population. The monitoring will be ongoing and reviewed by the Quality Assurance/Quality Improvement Committee on a quarterly basis.

V132 G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection

G.S. 131E-256 Health Care Personnel Registry

This rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all allegations of abuse or neglect be investigated and the results be reported to the Department within five working days

Effective 05/18/2018 New Place, Inc. Executive Director is responsible for filing and will file a 24 Hours Initial Report with The Health Care Personnel Registry for any allegations of abuse or neglect. Furthermore, the Executive Director will conduct an internal investigation and follow up it's 24 Hours report with the results of the internal investigation and a Five Working Day Report to the Health Care Personnel Registry. Monitoring of compliance with filing reports with The Health Care Personnel Registry will be conducted by the Quality Assurance/Quality Improvement Committee quarterly by cross referencing reported allegation to the agency.

V293 27G .1701 Residential Tx. Child/Adol – Scope

10A NCAC 27G .1701 Scope

This rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide the care and services within the scope of the program, affecting 2 of 3 clients (Clients #1 and #2).

Effective 05/29/218 New Place, Inc. will hold a mandatory staffing to include a refresher of scope for Residential Level III Treatment Child and Adolescent. Executive Director will conduct the staff and review of scope. Executive Director and Clinical Director Artemus Flagg will supervise all direct care workers to assure they have an understanding of scope and perform their job duties to fall within the definition of scope for Residential Level III Treatment. The monitoring of this will be ongoing on a routine basis as Executive Director James Hunt and Clinical Director Artemus Flagg will provide consultative treatment and supervision within the facility at a minimum of 10 hours per week.

V296 27G .1704 Residential Tx. Child/Adol – Min. Staffing

10A NCAC 27G .1704 Minimum Staffing Requirements

Effective 05/17/2018 Director of Operations will complete weekly schedules to assure that all shifts shall be double staffed at all times to include awake staff for sleep hours. The weekly schedules will include a floating staff and standby PRN staff to accommodate call out for sick time, no shows, and to assist with transportation to assure that two staff remain in the facility any time any clients are present. Executive Director James Hunt will monitor staff coverage the first of every month to assure that the previous month schedules were completed to have two staff members scheduled at all times to include a floating staff and standby PRN staff.

V318 130 .0102 HCPR – 24 Hour Reporting

10A NCAC 130 .0102 Investigating and Reporting Health Care Personnel

This rule is not met as evidenced by: Based on record review and interview, the facility failed to report an allegation of abuse to HCPR within 24 hours of becoming aware of the allegation.

Effective 05/18/2018 New Place, Inc. Executive Director will file a 24 Hours Initial Report with The Health Care Personnel Registry for any reported allegations of abuse or neglect. Furthermore, the Executive Director will conduct an internal investigation and follow up it's 24 Hours report with the results of the internal investigation and a Five Working Day Report to the Health Care Personnel Registry. Monitoring of compliance with filing reports with The Health Care Personnel Registry will be conducted by the Quality Assurance/Quality Improvement Committee quarterly by cross referencing reported allegation to the agency.

V367 27G .0604 Incident Reporting Requirements

10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers

This rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure Level II incident reports were submitted to the LME/MCO (Local Management Entity/Managed Care Organization) within 72 hours.

Effective immediately New Place, Inc. will assure that all incident reports are completed in a timely manner to be submitted into IRIS and reported to the LME/MCO (Local Management Entity/Managed Care Organization within 72 hours. Whenever a level II incident occurs which requires an incident report the direct care staff on duty is responsible for completing the incident report within 24 hours to submit to the Executive Director. Once the Executive Director reviews the incident report for accuracy he will submit it into IRIS and the LME/MCO within the 72-hour time frame. The monitoring of this process will be continuous by the Quality Assurance/Quality Improvement Committee on a quarterly basis.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Health Service Regulation

ROY COOPER · Governor
MANDY COHEN, MD, MPH · Secretary
MARK PAYNE · Director

May 17, 2018

James Hunt, Executive Director
New Place, Inc.
6612 East WT Harris Blvd., Suite D
Charlotte, NC 25215

Re: Annual and Complaint Survey Completed 4/19/18
New Foundation, 5419 Twin Lane, Charlotte, NC 28269
MHL # 060-1347
E-mail Address: hawa1908@aol.com
Intake #NC00137656

Dear Ms. Hunt:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed 4/19/18. The complaint was substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violation(s) are cited for 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110), G.S. 131 E-256(g) HCPR Notification of Allegations and Internal Investigation (V132), 10A NCAC 27G .1704 Minimum Staffing Requirements (V296), 10A NCAC 130 .0102 HCPR 24hr Investigating and Reporting Healthcare Personnel (V318), 10A NCAC 27G .0604 Incident Reporting Requirements (V367) crossed into 10A NCAC 27G .1701 Scope (V293)

Time Frames for Compliance

- Type A1 violations and all cross referenced citations must be ***corrected*** within 23 days from the exit date of the survey, which is 5/12/18. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1violation(s) by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of $500.00 (Five Hundred) against New Place, Inc. for each day the deficiency remains out of compliance.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.

- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 704-596-4072.

Sincerely,

Devora R. Neely

Devora Neely, MSW, BSN, RN
Nurse Consultant I
Mental Health Licensure & Certification Section

Cc: Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
Trey Sutten, Interim Director, Cardinal Innovations LME/MCO
File

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Health Service Regulation

ROY COOPER · Governor
MANDY COHEN, MD, MPH · Secretary
MARK PAYNE · Director

VIA CERTIFIED MAIL

May 17, 2018

James Hunt, Executive Director
New Place, Inc.
6612 East WT Harris Blvd., Suite D
Charlotte, NC 25215

Re: Type A1 Administrative Penalty
New Foundation, 5419 Twin Lane, Charlotte, NC 28269
MHL # 060-1347
E-mail Address: hawa1908@aol.com

Dear Mr. Hunt:

Based on the findings of this agency from a survey completed on 4-19-18, we find that New Place, Inc. has operated New Foundation in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services. After a review of the findings, this agency is taking the following action:

Administrative Penalty – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A1 administrative penalty of $2,000.00 against New Place, Inc. for violation of 10A NCAC 27G .1701 Scope (V293). Payment of the penalty is to be made to the Division of Health Service Regulation, and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalty is not paid within sixty (60) days of this notification, a 10% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 336-861-7342. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Robin Sulfridge, Western Branch Manager at 336-861-7342.

Sincerely,

Stephanie Gilliam

Stephanie Gilliam, Chief
Mental Health Licensure & Certification Section

Cc: DHSRreports@dhhs.nc.gov, DMH/DD/SAS
ncdma.dhsrnotice@lists.ncmail.net, Provider Enrollment DMA (For Article 3 only)
Trey Sutten, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
Peggy Eagan, Director, Mecklenburg County DSS
Pam Pridgen, Administrative Assistant
File