STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl047-091	A. BUILDING: _____ B. WING _____	C 06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZON GROUP HOME, LLC	497 NORTHWOODS DRIVE RAEFORD, NC 28376

(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 A complaint survey was completed on 6/19/18. The complaint was substantiated (Intake #NC138359). 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		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations;	V 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl047-091	A. BUILDING: _____ B. WING _____	C 06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZON GROUP HOME, LLC	497 NORTHWOODS DRIVE RAEFORD, NC 28376

(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 105	Continued From page 1 (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to implement their policy for discharge affecting one of one former client (FC	V 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl047-091	A. BUILDING: _____ B. WING _____	C 06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZON GROUP HOME, LLC	497 NORTHWOODS DRIVE RAEFORD, NC 28376

(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 105	Continued From page 2 #4). The findings are: Review on 6/15/18 of former client #4 record revealed the following: - Admission date of 2/13/18. - Discharge date of 4/20/18. - Diagnoses of Oppositional Defiant Disorder and Bipolar Disorder. - No written discharge summary Review on 6/15/18 of the facility's Transition and Discharge Criteria revealed: "Discharge planning begins at the time of admission and continues throughout the relationship with New Horizons, LLC. New Horizons, LLC assist consumers regarding their discharge by: a. Involving the consumer in all aspects of his/her care, including the development and ongoing monitoring of the Person Centered Plan; b. Providing referrals to other community services and agencies; and c. Documenting discharge information. The respective county Department of Social Services is notified if the consumer's safety or well being will be endangered in the absence of the services. A written discharge summary, if required, includes at a minimum: a. date of admission; b. the presenting condition; c. description of the person's status and condition at last contact; d. a description of the person's status and condition at last contact; e. the date and reason for discharge f. summary of services provided; g. recommendations for services and supports; and	V 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl047-091	A. BUILDING: _____ B. WING _____	C 06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZON GROUP HOME, LLC	497 NORTHWOODS DRIVE RAEFORD, NC 28376

(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 105	Continued From page 3 h. instructions and referrals provided to the person." Review on 6/15/18 of a Incident Report dated April 20, 2018 written by the Qualified Professional revealed: "On April 20, 2018 around 3:30pm staff received a call from the guidance counselor at [school] that [client #4] attends. Staff (facility staff) was informed that [client #4] was put out of class and when she attempted to talk with [client #4] he was not interested. The counselor was informed that staff would address the incident with [client #4] when he arrived from school. Staff observed when [client #4] stepped from the school bus around 4:30pm that he appeared mad at the world. Upon entering the Group Home [client #4] went to his room, and came back into the sitting area accusing another client of stealing his X-BOX game. Simultaneously, he begin browsing through the other games where he found his games and continued roughly tossing the other games where he found his games and continued roughly tossing the other games, at which point he was approach by staff and asked to stop. [Client #4] did as he was directed to do. But then he went into his room raving and ranting, cursing and threating to kill everybody if he did not get his stuff. Staff and clients were instructed by the Manager not to respond to anything he says, because it was what he wants. [Client #4] came out of his room calling the Manager a b***h and threatening to do to the Manager what he had done to a previous female staff member, which was assault her. [Client #4] stated that the government would be paying the manager a visit. [Client #4] also stated no one better touch him because he knew his rights and he would have whoever touches him arrested, and he would call	V 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl047-091	A. BUILDING: _____ B. WING _____	C 06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZON GROUP HOME, LLC	497 NORTHWOODS DRIVE RAEFORD, NC 28376

(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 105	Continued From page 4 CPS again. [Client #4] had also stated that someone was coming to shoot the house up, not him but somebody. [Client #4] saw that no one was responding to his ranting and raving and returned to his room. [Client #4] emerged from his room seconds later and ran out the back door. Staff met him at the front and stated to the manager "b***h I will kill you if touch me". The manager did not respond and call into the police. Less than an hour later [client #4] was returned to the group home. He tried to get the police officer to believe that he was threatened by the manager and had been bullied by the clients in the group home. [client #4] also stated the manager needed to be arrested and the boys needed to be removed from the group home. The police officer determined that [client #4] was not in any danger from anyone at the group home. When the officer did not find him believable [client #4] went to his room and returned carrying a book and walked out of the front door approximately 5 minutes after the Officer left. Staff pursued him he returned at went to the backyard of the group home and entered a wooded area. Staff called the local police again. The same officer and two others came out and combed the wooded area and could not find him and placed an alert in there system. Because [client #4]had refused to take his medication and was pretending to take his medication when it was administered, his threats to do harm, challenging staff authority, disruption in the group home, and his lack of safety and/or concern for himself, [facility] made the decision to IVC him followed by discharging him. [client #4] was given a second chance in the group home after he had caused a disruption at a prior time telling school officials that he being abused by one of the staff that led to a CPS coming out to the group home and what CPS discovered is that he was not the victim nor was	V 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl047-091	A. BUILDING: _____ B. WING _____	C 06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZON GROUP HOME, LLC	497 NORTHWOODS DRIVE RAEFORD, NC 28376

(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 105	Continued From page 5 he abused. [client #4] has been in the system long enough to know what to say. He hates authority and he's vindictive when he cannot have his way, and when he can't get his way. DSS in [county] took him back into their custody on this date 4/21/18 after [client #4] called [local police department] from the local Walmart around 12:00pm on this day to be picked up. [Local Police Department] transported [client #4] to [hospital]." Interview on 6/15/18 the QP (Qualified Professional) stated: -"we discharged [client #4] immediately when the Sheriff Department transported him to the hospital for an evaluation." - She acknowleged the facility participated in treatment team meetings, however; they where unable to provide written documentation to support their discharge policy. Interview on 6/19/18 the licensee stated: - She confirmed they did not follow the facility's discharge policy.	V 105		
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	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl047-091	A. BUILDING: _____ B. WING _____	C 06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZON GROUP HOME, LLC	497 NORTHWOODS DRIVE RAEFORD, NC 28376

(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 112	Continued From page 6 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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement strategies developed to address client #4's elopement. The findings are: Review on 6/15/18 of former client #4 record revealed the following: - Admission date of 2/13/18. - Discharge date of 4/20/18. - Diagnoses of Oppositional Defiant Disorder and Bipolar Disorder. Further review revealed a PCP (Personal Centered Plan) dated 4/21/18 with no written strategies addressing client #4's elopement. Further review revealed a plan update meeting ocurring April 12, 2018. Review on 6/15/18 of a Incident Report dated April 20, 2018 written by the Qualified Professional revealed:	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl047-091	A. BUILDING: _____ B. WING _____	C 06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZON GROUP HOME, LLC	497 NORTHWOODS DRIVE RAEFORD, NC 28376

(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 112	Continued From page 7 "On April 20, 2018 around 3:30pm staff received a call from the guidance counselor at [school] that [client #4] attends. Staff (facility staff) was informed that [client #4] was put out of class and when she attempted to talk with [client #4] he was not interested. The counselor was informed that staff would address the incident with [client #4] when he arrived from school. Staff observed when [client #4] stepped from the school bus around 4:30pm that he appeared mad at the world. Upon entering the Group Home [client #4] went to his room, and came back into the sitting area accusing another client of stealing his X-BOX game. Simultaneously, he begin browsing through the other games where he found his games and continued roughly tossing the other games where he found his games and continued roughly tossing the other games, at which point he was approach by staff and asked to stop. [Client #4] did as he was directed to do. But then he went into his room raving and ranting, cursing and threating to kill everybody if he did not get his stuff. Staff and clients were instructed by the Manager not to respond to anything he says, because it was what he wants. [Client #4] came out of his room calling the Manager a b***h and threatening to do to the Manager what he had done to a previous female staff member, which was assault her. [Client #4] stated that the government would be paying the manager a visit. [Client #4] also stated no one better touch him because he knew his rights and he would have whoever touches him arrested, and he would call CPS again. [Client #4] had also stated that someone was coming to shoot the house up, not him but somebody. [Client #4] saw that no one was responding to his ranting and raving and returned to his room. [Client #4] emerged from his room seconds later and ran out the back door.	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl047-091	A. BUILDING: _____ B. WING _____	C 06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZON GROUP HOME, LLC	497 NORTHWOODS DRIVE RAEFORD, NC 28376

(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 112	Continued From page 8 Staff met him at the front and stated to the manager "b***h I will kill you if touch me". The manager did not respond and call into the police. Less than an hour later [client #4] was returned to the group home. He tried to get the police officer to believe that he was threatened by the manager and had been bullied by the clients in the group home. [client #4] also stated the manager needed to be arrested and the boys needed to be removed from the group home. The police officer determined that [client #4] was not in any danger from anyone at the group home. When the officer did not find him believable [client #4] went to his room and returned carrying a book and walked out of the front door approximately 5 minutes after the Officer left. Staff pursued him he returned at went to the backyard of the group home and entered a wooded area. Staff called the local police again. The same officer and two others came out and combed the wooded area and could not find him and placed an alert in there system. Because [client #4]had refused to take his medication and was pretending to take his medication when it was administered, his threats to do harm, challenging staff authority, disruption in the group home, and his lack of safety and/or concern for himself, [facility] made the decision to IVC him followed by discharging him. [client #4] was given a second chance in the group home after he had caused a disruption at a prior time telling school officials that he being abused by one of the staff that led to a CPS coming out to the group home and what CPS discovered is that he was not the victim nor was he abused. [client #4] has been in the system long enough to know what to say. He hates authority and he's vindictive when he cannot have his way, and when he can't get his way. DSS in [county] took him back into their custody on this date 4/21/18 after [client #4] called [local police	V 112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl047-091	A. BUILDING: _____ B. WING _____	C 06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZON GROUP HOME, LLC	497 NORTHWOODS DRIVE RAEFORD, NC 28376

(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 112	Continued From page 9 department] from the local Walmart around 12:00pm on this day to be picked up. [Local Police Department] transported [client #4] to [hospital]." Interview on 6/15/18 the QP (Qualified Professional) stated: -"we discharged [client #4] immediately when the Sheriff Department transported him to the hospital for an evaluation." - she acknowleged the facility participated in treatment team meetings, however; they where unable to provide written documentation to support how they were addressing his elopement behaviors. - no treatment goals have been developed to address client #4's elopement behaviors. - she acknowleged client #4 demonstrated walking out of the classroom at school and at the facility several times prior to the incident occurring April, 20 2018. Interview on 6/19/18 the licensee stated: - She confirmed the facility should have developed goals to address client #4's elopement behaviors.	V 112		