STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED			
AND PLAN	JF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED	
			P WING		С	
		mhl047-091	D. WING		06/19/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE		
NEW HOR	RIZON GROUP HOME, LL	.C	HWOODS DRIN	/E		
	,	RAEFORD	, NC 28376	T		
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	The complaint was su #NC138359). Deficient This facility is license.	ncies were cited. d for the following service 27G .1700 Residential				
V 105	27G .0201 (A) (1-7) 0	Soverning Body Policies	V 105			
	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;					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				С		
		mhl047-091	B. WING		06/19/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NEW HOR	IZON GROUP HOME, LL	.C 497 NORTH	HWOODS DRI\ NC 28376	/E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 105	activities, including: (A) composition and a assurance and quality (B) written quality assimprovement plan; (C) methods for moniquality and appropriatincluding delineation utilization of services; (D) professional or cliar requirement that staprofessionals and proshall be supervised by that area of service; (E) strategies for impriment (F) review of staff quadetermination made to treatment/habilitation (G) review of all fatality were being served in residential programs (H) adoption of standand programmatic per applicable standards purpose, "applicable means a level of commeference to the prevamethods, and the degment of the standards are standards and the standards are standards and the standards are standards and the standards are standards are standards and the standards are standards are standards are standards are standards and the standards are standards and the standards are standar	and quality improvement activities of a quality y improvement committee; surance and quality toring and evaluating the teness of client care, of client outcomes and inical supervision, including aff who are not qualified ovide direct client services y a qualified professional in roving client care; alifications and a o grant privileges: ties of active clients who area-operated or contracted at the time of death; ards that assure operational rformance meeting of practice. For this standards of practice" petence established with	V 105			
	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					

Division of Health Service Regulation

STATE FORM 6899 I65I11 If continuation sheet 2 of 10

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED		
			_		
		mhl047-091	B. WING		C 06/19/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
			HWOODS DRIV		
NEW HOR	RIZON GROUP HOME, LL	.C), NC 28376	_	
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORREC	CTION (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE COMPLETE
V 105	Continued From page	2	V 105		
	#4). The findings are:				
	revealed the following - Admission date of 2/ - Discharge date of 4/ - Diagnoses of Oppos Bipolar Disorder No written discharge Review on 6/15/18 of Discharge Criteria re "Discharge planning be admission and continivelationship with New Horizons, LLC assist discharge by: a. Involving the consucare, including the de monitoring of the Pers	20/18. 20/18. Sitional Defiant Disorder and e summary the facility's Transition and vealed: Degins at the time of ues throughout the Horizons, LLC. New consumers regarding their umer in all aspects of his/her velopment and ongoing son Centered Plan; to other community services			
	The respective county Services is notified if well being will be end the services. A written discharge s includes at a minimur a. date of admission; b. the presenting conc c. description of the p at last contact; d. a description of the condition at last conta e. the date and reaso f. summary of service	y Department of Social the consumer's safety or angered in the absence of ummary, if required, n: dition; erson's status and condition experson's status and act; n for discharge			

Division of Health Service Regulation

STATE FORM 6899 I65I11 If continuation sheet 3 of 10

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	COMPLETED		
					C
		mhl047-091	B. WING		06/19/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE	
			WOODS DRIV	,	
NEW HOR	IZON GROUP HOME, LL	.C RAEFORD.		, E	
			NC 20376		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 105	Continued From page	e 3	V 105		
	h. instructions and reperson."	ferrals provided to the			
	Review on 6/15/18 of April 20, 2018 written 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				
	games and continued games where he four roughly tossing the of he was approach by s [Client #4] did as he whe went into his room and threating to kill extuff. Staff and client Manager not to response	nes where he found his I roughly tossing the other and his games and continued ther games, at which point staff and asked to stop. was directed to do. But then a raving and ranting, cursing verybody if he did not get his s were instructed by the and to anything he says,			
	out of his room calling threatening to do to the done to a previous fe was assault her. [Cli government would be [Client #4] also stated	the wants. [Client #4] came of the Manager a b***h and the Manager what he had male staff member, which tient #4] stated that the of paying the manager a visit. If no one better touch him rights and he would have			

Division of Health Service Regulation

whoever touches him arrested, and he would call

STATE FORM 6899 I65I11 If continuation sheet 4 of 10

PRINTED: 07/05/2018

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY	
AND PLAN (OF CORRECTION	DENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
			- T		 ,	_	
		h1047 004	B. WING		1	C	
		mhl047-091			06/1	19/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE			
NEW HOR	RIZON GROUP HOME, LL	497 NOR	THWOODS DRIV	VE			
NEW HOL	MEON GROOT TIOME, EE	RAEFOR	D, NC 28376				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)	
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		COMPLETE DATE	
TAG	NEGGEATORT OR E	100 IDENTIFY TING INFORMATION)	TAG	DEFICIENCY)	WATE		
			+			 	
V 105	Continued From page	÷ 4	V 105				
	CPS again, [Client #4	l] had also stated that					
		g to shoot the house up, not					
	_	Client #4] saw that no one					
	was responding to his	s ranting and raving and					
	returned to his room.	[Client #4] emerged from					
		er and ran out the back door.					
	Staff met him at the fr						
		kill you if touch me". The					
		ond and call into the police.					
		er [client #4] was returned to					
		tried to get the police officer					
		s threatened by the manager					
		by the clients in the group					
	to be arrested and the	stated the manager needed					
		oup home. The police officer					
		nt #4] was not in any danger					
	_	roup home. When the					
		n believable [client #4] went					
		ned carrying a book and					
		nt door approximately 5					
		cer left. Staff pursued him					
		o the backyard of the group					
	home and entered a v	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	n and placed an alert in					
		se [client #4]had refused to					
		nd was pretending to take					
		it was administered, his					
		hallenging staff authority,					
	disruption in the group	p home, and his lack of					

Division of Health Service Regulation

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

STATE FORM 6899 I65I11 If continuation sheet 5 of 10

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
		A. BOILDING.	A. BUILDING.		
		mhl047-091	B. WING		C 06/19/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE	
NEW HOR	ZIZON GROUP HOME, LL	.C	THWOODS DRIV	Æ	
		RAEFOR	D, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 105	Continued From page	5	V 105		
	he abused. [client #4 long enough to know authority and he's vin his way, and when he [county] took him bac date 4/21/18 after [cli department] from the 12:00pm on this day Police Department] tr [hospital]." Interview on 6/15/18 Professional) stated: -"we discharged [clien Sheriff Department transpital for an evaluation of the state of the	what to say. He hates dictive when he cannot have e can't get his way. DSS in k into their custody on this ent #4] called [local police local Walmart around to be picked up. [Local ansported [client #4] to the QP (Qualified ont #4] immediately when the ensported him to the tion." ne facility participated in ngs, however; they where			
	support their discharge Interview on 6/19/18	ge policy.			
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112		
	PLAN (c) The plan shall be assessment, and in p legally responsible per of admission for clien receive services beyond) The plan shall income.	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days. clude:) that are anticipated to be			

Division of Health Service Regulation

STATE FORM 6899 I65I11 If continuation sheet 6 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
	mhl047-091		B. WING		06	C 6/19/2018
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZIP CODE	1 00	713/2010
		497 NOR	THWOODS DRIV			
NEW HOP	RIZON GROUP HOME, LL	C RAEFOR	D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	projected date of achi (2) strategies; (3) staff responsible; (4) a schedule for re annually in consultation responsible person or (5) basis for evaluation outcome achievemen (6) written consent of responsible party, or a	evement; view of the plan at least on with the client or legally both; on or assessment of	V 112			
	failed to implement st address client #4's eld Review on 6/15/18 of revealed the following - Admission date of 2/ - Discharge date of 4/ - Diagnoses of Oppos Bipolar Disorder. Further review reveals Centered Plan) dated strategies addressing #4's elopement. Furth update meeting ocurr	ew and interview the facility rategies developed to openent. The findings are: former client #4 record 1: 13/18. 20/18. 15itional Defiant Disorder and ed a PCP (Personal 4/21/18 with no written client her review revealed a planting April 12, 2018. a Incident Report dated				
	April 20, 2018 written	by the Qualified				

Division of Health Service Regulation

STATE FORM 6899 I65I11 If continuation sheet 7 of 10

PRINTED: 07/05/2018

Division of Health Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
						,
		mhl047-091	B. WING		1	9/2018
					,	0.2010
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
NEW HOR	RIZON GROUP HOME, LL	С	THWOODS DRIV	/E		
		RAEFORI	D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 112	Continued From page	: 7	V 112			
	a call from the guidan [client #4] attends. Si informed that [client # when she attempted to not interested. The costaff would address the when he arrived from when [client #4] stepp around 4:30pm that howorld. Upon entering went to his room, and area accusing anothe X-BOX game. Simultathrough the other gan games and continued games where he foun roughly tossing the othe was approach by a [Client #4] did as he whe went into his room and threating to kill exit stuff. Staff and clients Manager not to respose because it was what hout of his room calling threatening to do to the done to a previous fewas assault her. [Client #4] also stated because he knew his whoever touches him CPS again. [Client #4]	4] was put out of class and o talk with [client #4] he was pursued was informed that he incident with [client #4] school. Staff observed wed from the school bus appeared mad at the the Group Home [client #4] came back into the sitting or client of stealing his aneously, he begin browsing the swhere he found his roughly tossing the other down his and asked to stop. Was directed to do. But then raving and ranting, cursing werybody if he did not get his so were instructed by the and to anything he says, the wants. [Client #4] came of the Manager what he had male staff member, which the ent #4] stated that the paying the manager a visit. In o one better touch him rights and he would call				

Division of Health Service Regulation

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.

STATE FORM 6899 I65I11 If continuation sheet 8 of 10

PRINTED: 07/05/2018

Division of	of Health Service Regu	lation			FURIV	IAPPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		mhl047-091	B. WING		C 06/19/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
NEW HOD	IZON CROUD HOME III	497 NOR	THWOODS DRIN	/E		
NEW HOR	IZON GROUP HOME, LL	RAEFOR	D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 112	Continued From page	8	V 112			
	manager did not resp Less than an hour late the group home. He to believe that he was and had been bullied home. [client #4] also to be arrested and the removed from the grodetermined that [clien from anyone at the grofficer did not find him to his room and return walked out of the from minutes after the Office he returned at went to home and entered a with local police again, others came out and and could not find him there system. Because take his medication when in threats to do harm, chidisruption in the group safety and/or concern the decision to IVC him. [client #4] was gifted.	kill you if touch me". The ond and call into the police. er [client #4] was returned to tried to get the police officer is threatened by the manager by the clients in the group stated the manager needed				

Division of Health Service Regulation

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

STATE FORM 6899 I65I11 If continuation sheet 9 of 10

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	A. BUILDING:			COMPLETED
		mhl047-091	B. WING		C 06/19/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
NEWLIGE	170N 000UD HOME I I	497 NORTH	WOODS DRIV	/E	
NEW HOR	IZON GROUP HOME, LL	RAEFORD,	NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 112	Continued From page	9	V 112		
	department] from the 12:00pm on this day Police Department] tr [hospital]."	local Walmart around to be picked up. [Local ansported [client #4] to			
	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				
	facility several times poccurring April, 20 20	18.			
	Interview on 6/19/18 the licensee stated: - She confirmed the facility should have developed goals to address client #4's elopement behaviors.				

Division of Health Service Regulation

STATE FORM 6899 I65I11 If continuation sheet 10 of 10