

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-510	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/17/2018
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NAME OF PROVIDER OR SUPPLIER NEW BEGINNING	STREET ADDRESS, CITY, STATE, ZIP CODE 2303 NC 55 HIGHWAY DURHAM, NC 27707
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on October 17, 2018. There were deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement</p>	V 105		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 105	<p>Continued From page 1</p> <p>activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(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;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(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;</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>standards of practice for random drug testing instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 10/17/18 of the facility's documents revealed: -There was no evidence of a CLIA waiver.</p> <p>Review on 10/17/18 of Client #3's record revealed: -Admission date 8/20/18. -Diagnoses of Diabetes Type II, Sleep Apnea, Impulse Control Disorder and Borderline Personality Disorder. -Physician order dated 6/7/18 included the following order: -"Accu-check Aviva Plus Kit w/Device test once weekly."</p> <p>Interview on 10/17/18 with Staff #1 revealed: -Confirmed he administered client #3's blood sugar check once a week.</p> <p>Interview on 10/17/18 with the Administrative Assistant revealed: -She was not aware of the CLIA waiver. -She would submit request for the CLIA certification.</p>	V 105		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p>	V 108		

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V 108	<p>Continued From page 3</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure two of two audited staff (#1 and #2) had current training in First Aid and Cardiopulmonary Resuscitation (CPR). The findings are:</p> <p>Review on 10/17/18 of Staff #1's personnel file revealed: -Hired date: 8/2016. -Position: Staff In Charge/Live- In</p>	V 108		

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V 108	Continued From page 4 -First Aid and CPR expired 1/15/17. -There was no evidence of a current First Aid and CPR certification. Interview on 10/17/18 with the Administrative Assistant revealed: -The Owner was responsible for maintaining employee files. -The Owner was responsible for ensuring trainings did not expire. -Staff #1 would be scheduled for First Aid/CPR immediately.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop a current treatment plan for two of three audited clients (#1 and #6). The findings are:</p> <p>Review on 10/17/18 of Client #1's record revealed: - Admission date of 8/26/16. - Diagnoses of Schizophrenia Disorder and Hypertension. -Treatment Plan expired 12/2017. -There was no current treatment plan in client's record.</p> <p>Review on 10/17/18 of Client #6's record revealed: - Admission date of 4/15/15. - Diagnoses of Cognitive Developmental Delay and Attention Deficit Disorder. -Treatment Plan expired 10/1/18. -There was no current treatment plan in client's record.</p> <p>Interview on 10/17/18 with the Administrative Assistant revealed: -Clients day program completed the treatment plans. -The Qualified Professional was responsible for ensuring treatment plans were in the records. -Confirmed there was no current treatment plan in client #1's and client #6's record.</p>	V 112		

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V 112	Continued From page 6 This deficiency has been cited one time since the original cite on October 26, 2016 and must be corrected within 30 days.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are: Review on 10/17/18 of the facility's fire and disaster drills record revealed there were no fire or disaster drills conducted at least quarterly on each shift. Interview on 10/17/18 with Staff #1 revealed: -The group home just moved to the current location in July 2018. -Confirmed he did not conduct fire or disaster drills since at new location.	V 114		

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V 114	Continued From page 7 -The group home had two levels. -Reported there were five exits throughout the group home in case of an emergency. Interview on 10/17/18 with the Administrative Assistant revealed: -The home was a new location since July 2018. -Staff #1 was aware when and how often fire and disaster drills needed to be conducted. -In the future she would ensure fire and disaster drills were conducted at least quarterly.	V 114		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by	V 290		

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V 290	<p>Continued From page 8</p> <p>the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure and document clients' capability of remaining in the community without supervision in the treatment or habilitation plan affecting two of three audited clients (#1 and #3). The findings are:</p> <p>Review on 10/17/18 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 8/26/16. - Diagnoses of Schizophrenia Disorder and Hypertension. -Treatment Plan expired 12/2017. -There was no documentation that demonstrated client was capable of unsupervised in the community. 	V 290		

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V 290	<p>Continued From page 9</p> <p>Review on 10/17/18 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission date 8/20/18. - Diagnoses of Diabetes Type II, Sleep Apnea, Impulse Control Disorder and Borderline Personality Disorder. -Treatment Plan expired 12/8/18. -There was no documentation that demonstrated client was capable of unsupervised in the community. <p>Interview on 10/17/18 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -Client #1 took public transportation to school Monday through Friday. -There was no specific amount of hours for unsupervised time reported. -Client #3 was allowed unsupervised time in the community. -Confirmed client #1 and client #3 were allowed unsupervised time in the community. <p>Interview on 10/17/18 with the Administrative Assistant revealed:</p> <ul style="list-style-type: none"> -Confirmed client #1 and client #3 were allowed unsupervised time. -The Qualified Professional, day program staff, and group home staff decided on client's unsupervised time. -Confirmed an assessment for unsupervised time should have been in client's record. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 290		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p>	V 736		

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V 736	<p>Continued From page 10</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 10/17/18 at 10:30 a.m. revealed: -Client #5's bedroom on the 2nd floor clothing were folded and on the floor in the closet. -The 2nd floor bathroom toilet was stained. -Client #4's bedroom on the 2nd floor brown bedding was ripped and torn. -There were dirt stains on the walls and bedroom doors on the first and second floor. -Tile was loose on the 2nd floor in front of the 1st bedroom to the right. -There was black dust on the ceiling vent in the kitchen.</p> <p>Interview on 10/17/18 with the Administrative Assistant revealed: -The owner was working on getting things fixed in the home. -There were plans for the house to be painted. -The owner completed maintenance work at the home.</p>	V 736		