

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-563	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2018
NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS HEALTH CARE		STREET ADDRESS CITY STATE, ZIP CODE 5309 KYLE DRIVE RALEIGH, NC 27616		
(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 Survey was completed 11/8/18. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III for Adolescents	V 000		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client, (D) separately for external and internal use, (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure medication was stored in a securely locked box for one of one clients from a sister facility (SF#1). The findings are	V 120	<u>V120 27.G.0209(E) Medication Requirements</u> <u>Measures put in place to correct the deficient area of practice</u> On 11/09/18 a mandatory board meeting was scheduled to review the findings from DHSR. Different scenarios were discussed and preventative measures/interventions were reviewed and voted on for approval by the Board. <u>Measures put in place to prevent the problem from occurring again</u> Our agency ensured that this rule was met as evidenced by removing the medication from 5309 Kyle Drive on 11-08-18. Additional staff training updates have been provided to all staff. A small lockable medication refrigerator has been purchased for each home to avoid being out of compliance at any location. <u>Who will monitor the situation to ensure it will not occur again</u> Our agency's medication management personnel (Mrs. Bridget Jeffries & Ms. Kimberly Reeves) and the Executive Director (Mr Bruce Ward) or an additional designated qualified staff will monitor the implementation to ensure that the deficiency will not occur again <u>How often the monitoring will take place</u> Maintaining documentation continues to be a mandatory part of our program ([redacted]) or a designated qualified staff will carefully monitor the implementation on a monthly or as needed basis to ensure that the deficiency will not occur again	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X5) DATE _____

DHSR-Mental Health
NOV 27 2018
Lic. & Cert. Section

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-563	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2018
NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5309 KYLE DRIVE RALEIGH, NC 27616		
(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 120	Continued From page 1 Observation on 11/7/18 at 2:30 PM revealed: -SF #1 Novolog Flexpen stored in side of refrigerator door. Interview on 11/7/18 staff #1 stated: -SF #1 often was in the home for group activities, so they keep her diabetes medication there in case she needed it. -Not sure where the lock box is located. During interview on 11/8/18 The Licensee stated: -The medication for SF #1 should have been in the locked refrigerator located in the home. -Not sure why staff had placed it in the main refrigerator. -This has been addressed with staff.	V 120	<u>V539 27.F.00102 Client Rights</u> <u>Measures put in place to correct the deficient area of practice</u> On 11/09/18 a mandatory board meeting was scheduled to review the findings from DHSR. Different scenarios were discussed and preventative measures/interventions were reviewed and voted on for approval by the Board. It was not the intention of the residential placement to violate the clients rights but to rather keep them safe when they become upset, threaten self-harm and lock staff out of the rooms. An open door policy is stated in the residents PCP; however TBGI will continue to seek ways to ensure the safety of the client without removing the doors until a legal and acceptable approach can be mandated.	
V 539	27F .0102 Client Rights - Living Environment 10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.	V 539	<u>Measures put in place to prevent the problem from occurring again</u> Our agency ensured that this rule was met as evidenced by placing the doors back on the client's bed room entry and reeducating the client and staff on the importance of safety. <u>Who will monitor the situation to ensure it will not occur again</u> Our agency's Executive Director (Mr. Bruce Ward) or an additional designated qualified staff will monitor the implementation to ensure that the deficiency will not occur again. <u>How often the monitoring will take place</u> Maintaining documentation continues to be a mandatory part of our program. _____ or a designated qualified staff will carefully monitor the implementation on a monthly or /as needed basis to ensure that the deficiency will not occur again.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/08/2018
NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5309 KYLE DRIVE RALEIGH, NC 27616		
(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 539	Continued From page 2 This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure privacy for four of eight clients (#1, #2, #3, #4) by removing the doors from the bedrooms. The findings are: Observation on 11/7/18 at 2:30 PM revealed: -Bedroom door not present on client #1, #2 bedroom. -Bedroom door not present on client #3, #4 bedroom. During interview on 11/7/18 Client #1 stated: -Staff removed her bedroom door because she was slamming it so much. -Not sure when they plan to put it back on . During interview on 11/7/18 staff #1 stated: -Client #1 bedroom door was removed because of her history of harming herself. -Client #1 would get upset and lock her self in the bedroom and they could not ensure safety. -Not sure why client #3 and #4 door was removed. -Clients can change clothes in the bathroom. -There are male staff employed in the home who work all shifts. During interview on 11/8/18 The Licensee stated: -Doors were removed because "I want an open door policy." -Clients slam doors, punch holes and lock themselves in their room. -Clients have privacy in the bathroom. -Male staff do work in the home. -Not aware bedroom doors could not be removed.	V 539		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 14, 2018

Sonia Ward, Director
The Brunson Group, Inc.
4225 Coldwater Springs Drive
Raleigh, NC 27616

Re: Annual Survey Completed 11/8/18
New Beginnings Health Care, 5309 Kyle Drive, Raleigh, NC 27616
MHL# 092-563
E-mail Address: allmyteegod@aol.com

Thank you for the cooperation and courtesy extended during the annual survey completed 11/8/18

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

- Tags cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 1/8/19.

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.

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL 919-855-3795 • FAX 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

11/14/18
Sonia Ward
The Bruson Group, Inc.

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

If we can be of further assistance, please call Renee Kowalski-Ames at 919-552-6847.

Sincerely,



Kimberly Thigpen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

CC: Rob Robinson, Director, Alliance Behavioral Health LME/MCO
Wes Knepper, Quality Management Director, Alliance Behavioral Health LME/MCO
Trey Suttan, Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
Sarah Stroud, Director, Eastpointe LME/MCO
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO

File

FW: DHSR-Mental Health survey results for: New Beginnings Health Care MHL-092-563**From:** Reeves, Danalouise V <Danalouise.Reeves@dhhs.nc.gov>**To:** allmyteegod@aol.com <allmyteegod@aol.com>**Date:** Mon, Nov 26, 2018 9:04 am [New Beginnings Health pdf \(55 KB\)](#) [New Beginnings Health pdf \(455 KB\)](#)

Resending at the request of Kimberly Thigpen

Danalouise Reeves

Administrative Specialist 1
Division of Health Service Regulation, Mental Health Licensure and Certification Section
North Carolina Department of Health and Human Services

Office: 919-855-3831
Fax: 919-715-8078
Danalouise.Reeves@dhhs.nc.gov

1800 Umstead Drive, Williams Building
2718 Mail Service Center
Raleigh, NC 27699-2718

From: Reeves, Danalouise V
Sent: Wednesday, November 14, 2018 10:17 AM
To: 'allmyteegod@aol.com' <allmyteegod@aol.com>
Cc: 'rrobinson@alliancebhc.org' <rrobinson@alliancebhc.org>; 'wknepper@alliancebhc.org' <wknepper@alliancebhc.org>; 'trey.sutten@cardinalinnovations.org' <trey.sutten@cardinalinnovations.org>; 'onika.wilson@cardinalinnovations.org' <onika.wilson@cardinalinnovations.org>; 'leza.wainwright@trilliumnc.org' <leza.wainwright@trilliumnc.org>; 'kim.keehn@trilliumnc.org' <kim.keehn@trilliumnc.org>; Sarah Stroud <sstroud@eastpointe.net>; 'jjordanhuffam@eastpointe.net' <jjordanhuffam@eastpointe.net>; Pridgen, Pam <Pam.Pridgen@dhhs.nc.gov>
Subject: DHSR-Mental Health survey results for: New Beginnings Health Care MHL-092-563

Attached please find the results of the survey completed on 11/08/18 by the MHL&C Section.

The Mental Health Licensure and Certification section is offering a 3-hour session for providers who currently hold a Mental Health License (MHL) for a mental health, developmental disability or substance abuse service. The purpose of this training is to help providers gain knowledge and understanding regarding North Carolina rules & General Statutes, the MHL&C survey process, administrative sanctions and appeal opportunities, and how these rules and processes fit together. The class is free but spaces are limited and registration is required. If you are interested in finding out more, please visit the web page: <http://www.ncdhhs.gov/dhsr/mhlcs/training.html>

Thank you,

Danalouise Reeves

Administrative Specialist 1
Division of Health Service Regulation, Mental Health Licensure and Certification Section
North Carolina Department of Health and Human Services

Office: 919-855-3831
Fax: 919-715-8078
Danalouise.Reeves@dhhs.nc.gov

1800 Umstead Drive, Williams Building
2718 Mail Service Center
Raleigh, NC 27699-2718

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.