AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL0601347	B. WING		12/28/201
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT		1 12/20/201
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;	SUPERVISION OF PA (a) There shall be no p paraprofessionals.	COMPETENCIES AND RAPROFESSIONALS privileging requirements for	V 110	please see a	Hoched
2 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	associate professional a professional as specifie Subchapter. (c) Paraprofessionals s knowledge, skills and al population served. d) At such time as a co employment system is e hen qualified profession professionals shall demi- e) Competence shall b exhibiting core skills incl 1) technical knowledge 2) cultural awareness;	d in Rule .0104 of this shall demonstrate bilities required by the competency-based established by rulemaking, hals and associate onstrate competence. e demonstrated by luding:			
(4 (5 (6 (7 (1)	 7) clinical skills.) The governing body f Service Regulation 	or each facility shall		A	
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-"The clients tell him but he doesn't care if they are naked." Interview on 12-4-18 with client #3 revealed:		-Staff #2 "goes	s into the girls rooms when they			
they are naked." Interview on 12-4-18 with client #3 revealed:		are naked and pull	s the covers off."			
Interview on 12-4-18 with client #3 revealed:			ell him but he doesn't care if			
		they are naked."				
			10 with align the second second		V.	
		Interview on 12-4-	18 with client #3 revealed:			

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If continuation sheet 2 of 9

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL0601347	B. WING		12/28/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
NEW FO	UNDATION	5419 TW	IN LANE		
		CHARLO	OTTE, NC 28269		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMP
V 110	Continued From page	e 2	V 110	0	A 1
	keeps doing that. I as	in the face. I shouldn't have,		Please see a	Hacked
	revealed: -Client #3 was co	with the school counselor omplaint that she sleeps in staff member takes the			
	-She had heard a staff #2 pulling their o them up. -She had sen sta	with staff #5 revealed: all the girls complain about overs off of them to wake ff #2 open the bathroom ere showering to check on			
	inappropriate, he was	staff #2 was trying to be just checking on the girls.			
	-They had addres -They would have	with the director revealed: sed boundaries before. a staff meeting to make od staff boundaries and s.		J	
V 118	27G .0209 (C) Medica		V 118	please see at	tached
	only be administered to	tration: -prescription drugs shall o a client on the written orized by law to prescribe e self-administered by			

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STATEMENT	f Health Service Region of DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE S COMPL	
		MHL0601347	B. WING	12/	28/2018	
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
	NDATION	5419 TWI				
	NDATION	CHARLO	TTE, NC 28269			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 118	Continued From page	ge 3	V 118	plase see 0	Hachez	
	administered only b unlicensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administer current. Medications recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th (E) name or initials drug.	luding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of ed to each client must be kept s administered shall be ely after administration. The ne following: and quantity of the drug; administering the drug; ne drug is administered; and of person administering the for medication changes or				
	file followed up by a with a physician. This Rule is not m Based on observat facility failed to ens being maintained a dispensed, effectin 1-3) the finding re: Observation on 12 am revealed:	-19-18 at approximately 7:00				
9 19, 11	medications in the -Containers w	plastic containers with m sitting on the desk. rere labeled with clients names. 18 of Client #1's December		K	1	

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		MHL0601347				12/2	12/28/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE			
NEW FO	UNDATION	5419 TW	IN LANE				
		CHARLO	OTTE, NC 28269				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORF	R'S PLAN OF CORREC RECTIVE ACTION SHO RENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLE DATE
V 118	Continued From pag	e 4	V 118	Diense	SPP OH	FIC Jook	
	-Abilify 15 mg, Z been documented as 18 AM	Yrtec 10 mg had already have been given for 12-29-		pierce	see att	us let	
	MAR revealed: -Wellbutrin , Pro	of client #2's December zac 20 mg, Seroquel 25 mg as have been given for 12-					
	MAR revealed: -Zyrtec 10 mg, fe (1/2 tab), metformin 5	of client #3's December eosol 325 mg, Tenex 1 mg 500 mg, Trileptal 300 mg had as have been given for 12-					
	am revealed: -Client #1 refusir	9-18 at approximately 8:00 Ig her medications and staff ave to take them, I already					
	-She had already morning, even though medications yet. -She was unawa	with staff #1 revealed: r signed the MAR for the she hadn't given the re that you couldn't ons into small containers.					
5 2	revealed: -She didn't know MAR before giving me way that they had bee	with the facility director why the staff had signed the edications, that was not the in trained. o staff about placing					
	medications in contain	iers.			V		

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STATEMENT	f Health Service Reg OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SU COMPLE	
	MHL0601347		B. WING			8/2018
NAME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
	NDATION	5419 TW	IN LANE DTTE, NC 28269			
		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	COMPLET
V 296	Continued From page	ge 5	V 296		la a la alla	
V 296	27G .1704 Residen Staffing	tial Tx. Child/Adol - Min.	V 296	please se	Cattoure	
6		04 MINIMUM STAFFING essional shall be available by A direct care staff shall be				
	able to reach the fa times.	cility within 30 minutes at all				-
	required when child present and awake	number of direct care staff fren or adolescents are is as follows: t care staff shall be present for				
	one, two, three or f	our children or adolescents; ect care staff shall be present				
		t care staff shall be present for twelve children or				
	during child or ado follows:	number of direct care staff lescent sleep hours is as				
	and one shall be a children or adoleso	t care staff shall be present wake for one through four cents; t care staff shall be present				1.1
	and both shall be a children or adoleso	awake for five through eight				
	of which two shall asleep for nine, ter adolescents.	be awake and the third may be n, eleven or twelve children or				
	care staff set forth Rule, more direct of	he minimum number of direct in Paragraphs (a)-(c) of this care staff shall be required in			,	
		on the child or adolescent's s specified in the treatment		V		

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If continuation sheet 6 of 9

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	
		MHL0601347	B. WING			
	ROVIDER OR SUPPLIER				12/2	28/2018
	NO VIDEN ON SOFFLIER		ADDRESS, CITY, STATE	E, ZIP CODE		
NEW FOL	INDATION		VIN LANE DTTE, NC 28269			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES				
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLE DATE
V 296	Continued From pag	e 6	V 296	Men car	athe half	
	(e) Each facility shall	I be responsible for ensuring	~	rase see	affaired	
	supervision of childre	en or adolescents when they		please see		
	are away from the far	cility in accordance with the				
	needs as specified in	individual strengths and				
	needs as specified in	the treatment plan.				
				1		
	This Rule is not met	as evidenced by:				
	Based on observation	and interviews, the facility				
	failed to ensure that the	wo staff were present when				
	clients were in the fac	cility. The findings are:				
	Observation on 12-3-	18 at approximately 4:00 pm				
	revealed:					
	-One staff (facility	(manager) and one client.				
	Observation on 12-28	-18 at approximately 10:00				
	am revealed:					
		e client present at the				
	facility.					
	Interview on 12-3-18 v	vith the facility manager				
	revealed:	nor the racinty manager		1		
	-Another staff had	I taken a client shopping				
. 6	and would be back so	on.			s .	
1	nterview on 12-3-18 w	with client #1 rought				
'		ne staff at the facility.				
	-There are normal	ly 2 staff there.				
1		with staff #5 revealed:				
	-He was the only s	staff working. planation as to where any		V		
c	other staff were.	anation as to where any				
			1			

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If continuation sheet 7 of 9

STATEMENT	Health Service Reg	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SU COMPLE	
	CONTRECTION			10/01	40/00/2048	
		MHL0601347	B. WING		12/20	3/2018
AME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
	IDATION	5419 TWI				
NEW FOUR	IDATION	CHARLO	TTE, NC 28269		DEDTION	(NE)
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pa	ge 7	V 296	please see	attached	
	-All staff knew two staff in the facil present.	18 with the director revealed: that there was supposed to be ity at all times if clients were lk to staff about the situation				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be fe, clean, attractive and orderly be kept free from offensive		DHSF	R - Mental He	alth
				F	FEB 0 4 2019	
	Based on observa	et as evidenced by: tion and interviews the facility ined in a safe, clean and The findings are:		Lic.	& Cert. Sect	ion
	Observation on 12 revealed: -Smoke detect	2-3-18 at approximately 4:00 pm other beeping.				
	am revealed: -Three clients -Space heater floor Space heater toward the living r	2-19-18 at approximately 7:00 s sleeping in the living room. or on the table, and one on the r in the dining room area pointed room.				
	panel missing from pipes, no dresser -Bedroom #3	had no blinds on one window, m the closet wall exposing , clothes covering the floor. the door won't remain shut med into the latch, no blinds on hes covering the floor				

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New Foundation MHL-060-1347

Plan of Correction for Complaint Survey completed 12/28/2018

Intake #NC00146383, #NC00144251

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 interviews staff #2 failed to demonstrate decision making and clinical skills when working with the population served.

On 01/24/2019 Executive Director will hold a mandatory monthly staffing/supervision to include training. During this group supervision/training the following topics will be covered: Scope, Competencies and Supervision of Paraprofessionals, Medication Requirements, Facility and Grounds Maintenance Location and Exterior Requirements. This training will focus on the technical knowledge, cultural awareness, analytical skills, decision making, communication skills and clinical skills. This training will also cover implementation of Person-Centered Plan Goals, and Incident reporting. Ongoing monitoring of this goal will be conducted by Clinical Director Artemus Flagg via monthly supervision.

V118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS

This Rule is not met as evidenced by: Based on observation and record review the facility failed to ensure an accurate MAR was being maintained and medications were not being dispensed, effecting three of three clients (clients1-3)

On 01/24/2019 Executive Director James Hunt will hold the monthly staffing to address the area of medication requirement deficiencies which have been cited and review medication administration requirements to include: reviewing of MAR's and protocol for administering medications. Monitoring of medication requirements by staff will be review on a weekly basis by house managers. A follow up of the review of medications requirements will be completed monthly by the house QP. And continuous monitoring of medication requirements will be completed by the Executive Director at a minimum of each quarter.

V296 27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS

This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure that two staff were present when clients were in the facility.

As of 01/17/2019 Executive Director James Hunt has met with Director of Operations Hawa Hunt to assure that each schedule created will meet minimum staffing requirements on each shift each day. As of 01/18/2019 Executive Director James Hunt circulated a memo for New Foundation facility requiring each staff member to work their entire shift and if they have to leave it shall be for an emergency only and they must contact Director of Operation Hawa Hunt for approval to leave early and that staff

member must remain at the facility until a designated relief staff arrives. The monitoring of this will be ongoing as random unannounced visits to the facility will be made by administration (Executive Director, Director of Operations, and/or Clinical Director) to assure that scheduled staff are present.

V736 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS

This Rule is not met as evidenced by: Based on observation and interviews the facility failed to be maintained in a safe, clean and attractive manner.

As of 01/20/2019 Executive Director James Hunt has checked all smoke detectors and replaced all batteries which needed to be replaced and assured that they were also connected to the power source. It is now a policy that space heaters will not be used in the facilities and that New Place, will seek a relocation approval if the electricity goes out, the heat goes out during extreme cold weather, or air goes out during extreme hot weather. Executive Director James Hunt has replaced the blinds in bedroom #2 and bedroom #3, replaced the wall paneling in closet of bedroom #2, adjusted the door knob of bedroom #3 so that the door will remain shut, replaced the door knob on the front door so that it no longer requires tape to remain shut. Ongoing monitor of this will be conducted by house managers on a weekly basis by checking the house for any damages or needed repairs. Once these repairs are reported Executive Director James Hunt will assess the damages or needed repairs within 24 hours. If it is a simple repair Executive Director James Hunt will make the necessary repairs within 48 hours, if the repairs can not be made by Executive Director James Hunt, he will solicit the help of the handy man to have the repairs completed within 48 hours. Furthermore, Executive Director James Hunt will make periodic visits to the facility to check for damages or needed repairs.



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

January 3, 2019

Mr. James Hunt, Executive Director New Place, Inc. 6612 East WT Harris Blvd., Ste. D Charlotte, NC 28215

IEALTH AND

IUMAN SERVICES

Re: Complaint Survey completed 12-28-18 New Foundation, 5419 Twin Lane, Charlotte, NC 28269 MHL # 060-1347 E-mail Address: hawa1908@aol.com Intake #NC00146383, #NC00144251

DHSR - Mental Health FEB 0 4 2019

Lic. & Cert. Section

Dear Mr. Hunt:

Thank you for the cooperation and courtesy extended during the complaint survey completed 12-28-18. One complaint was substantiated and one was unsubstantiated.

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

All tags cited are standard level deficiencies.

Time Frames for Compliance

Standard level deficiencies must be corrected within 60 days from the exit of the . survey, which is 2-28-19.

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.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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

January 3, 2019 Mr. James Hunt New Place, Inc.

- 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 <u>original</u> 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,

Patricia Work

Patricia Work Facility Compliance Consultant I Mental Health Licensure & Certification Section

> Cc: Trey Sutten, Director, Cardinal Innovations LME/MCO Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
> W. Rhett Melton, Director, Partners Behavioral Healthcare LME/MCO Selenna Moss, Quality Management Director, Partners Behavioral Healthcare LME/MCO Brian Ingraham, Director, Vaya Health LME/MCO Patty Wilson, Quality Management Director, Vaya Health LME/MCO

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