


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601347	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/28/2018
NAME OF PROVIDER OR SUPPLIER NEW FOUNDATION		STREET ADDRESS, CITY, STATE, ZIP CODE 5419 TWIN LANE CHARLOTTE, NC 28269		
(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 12-28-18. One complaint was substantiated (#NC00144251) and one complaint was unsubstantiated, (#NC00146383). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure of Children or Adolescents.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall	V 110	<div data-bbox="964 669 1370 747" data-label="Text"> <p>RECEIVED By DHSR - Mental Health Lic. & Cert. Section at 3:34 pm, Feb 04, 2019</p> </div> <p>please see attached</p> 	

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

TITLE

(X6) DATE

STATE FORM


6899

WL9K11



1/25/19

If continuation sheet 1 of 9


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V 110	<p>Continued From page 1</p> <p>develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>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. The findings are:</p> <p>Interview on 12-12-18 with staff #2 revealed: -He did not get the girls up in the morning. -He had never checked on them in the shower. -"No,No,No" when asked about checking on them in the shower.</p> <p>Interview on 12-3-18 and 12-4-18 with client #1 revealed: -Staff #2 "tried to pull the covers off. I fought for the blanket and told him I was naked and he left me alone." -The male staff are nice. -"They are not supposed to come in our room, but they come in." -"He (staff #2) will knock on my door, turn on the light, then come in my room. I don't like it."</p> <p>Interview on 12-4-18 with client #2 revealed: -Staff #2 "goes into the girls rooms when they are naked and pulls the covers off." -"The clients tell him but he doesn't care if they are naked."</p> <p>Interview on 12-4-18 with client #3 revealed:</p>	V 110	<p><i>please see attached</i></p> 	


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V 110	Continued From page 2 -[Staff #2] pulls the blankets off me. He keeps doing that. I asked him not to." -"I punched him in the face. I shouldn't have, but he was in my personal business." Interview on 12-4-18 with the school counselor revealed: -Client #3 was complaint that she sleeps in the nude and a male staff member takes the sheets off of her. Interview on 12-12-18 with staff #5 revealed: -She had heard all the girls complain about staff #2 pulling their covers off of them to wake them up. -She had sen staff #2 open the bathroom door when the girls were showering to check on them. -She did not think staff #2 was trying to be inappropriate, he was just checking on the girls. Interview on 12-28-18 with the director revealed: -They had addressed boundaries before. -They would have a staff meeting to make sure all staff understood staff boundaries and going in the girls rooms.	V 110	<i>Please see attached</i> 	
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.	V 118	<i>please see attached</i> 	

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V 118	<p>Continued From page 3</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>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 (clients 1-3) the finding re:</p> <p>Observation on 12-19-18 at approximately 7:00 am revealed:</p> <ul style="list-style-type: none"> -Three small plastic containers with medications in them sitting on the desk. -Containers were labeled with clients names. <p>Review on 12-19-18 of Client #1's December MAR revealed:</p>	V 118	<p><i>Please see Attached</i></p> 	

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V 118	<p>Continued From page 4</p> <p>-Abilify 15 mg, Zyrtec 10 mg had already been documented as have been given for 12-29-18 AM</p> <p>Review on 12-19-18 of client #2's December MAR revealed: -Wellbutrin , Prozac 20 mg, Seroquel 25 mg already documented as have been given for 12-19-18 AM</p> <p>Review on 12-19-18 of client #3's December MAR revealed: -Zyrtec 10 mg, feosol 325 mg, Tenex 1 mg (1/2 tab), metformin 500 mg, Trileptal 300 mg had all been documented as have been given for 12-19-18 AM.</p> <p>Observation on 12-29-18 at approximately 8:00 am revealed: -Client #1 refusing her medications and staff #1 stating that "you have to take them, I already signed the MAR."</p> <p>Interview on 12-19-18 with staff #1 revealed: -She had already signed the MAR for the morning, even though she hadn't given the medications yet. -She was unaware that you couldn't predispense medications into small containers.</p> <p>Interview on 12-19-18 with the facility director revealed: -She didn't know why the staff had signed the MAR before giving medications, that was not the way that they had been trained. -She would talk to staff about placing medications in containers.</p>	V 118	<p><i>Please see attached</i></p> 	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NEW FOUNDATION

**5419 TWIN LANE
CHARLOTTE, NC 28269**

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V 296	Continued From page 5	V 296	<p><i>Please see attached</i></p> 	
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p>	V 296		

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V 296	<p>Continued From page 6</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>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. The findings are:</p> <p>Observation on 12-3-18 at approximately 4:00 pm revealed: -One staff (facility manager) and one client.</p> <p>Observation on 12-28-18 at approximately 10:00 am revealed: -One staff and one client present at the facility.</p> <p>Interview on 12-3-18 with the facility manager revealed: -Another staff had taken a client shopping and would be back soon.</p> <p>Interview on 12-3-18 with client #1 revealed: -There was only one staff at the facility. -There are normally 2 staff there.</p> <p>Interview on 12-28-18 with staff #5 revealed: -He was the only staff working. -He offered no explanation as to where any other staff were.</p>	V 296	<p><i>Please see attached</i></p> 	

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V 296	Continued From page 7 Interview on 12-28-18 with the director revealed: -All staff knew that there was supposed to be two staff in the facility at all times if clients were present. -They would talk to staff about the situation .	V 296	<p><i>Please see attached</i></p> <p>DHSR - Mental Health</p> <p>FEB 04 2019</p> <p>Lic. & Cert. Section</p>		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. 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. The findings are: Observation on 12-3-18 at approximately 4:00 pm revealed: -Smoke detector beeping. Observation on 12-19-18 at approximately 7:00 am revealed: -Three clients sleeping in the living room. -Space heater on the table, and one on the floor Space heater in the dining room area pointed toward the living room. -Bedroom #2 had no blinds on one window, panel missing from the closet wall exposing pipes, no dresser, clothes covering the floor. -Bedroom #3 the door won't remain shut without paper jammed into the latch, no blinds on one window, clothes covering the floor	V 736			

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.



1/25/19



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

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 04 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 original 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
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Trey Suttan, 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

File