STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 2/28/19. The complaints were unsubstantiated (Intakes #NC147626, #NC148411). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Adolescents or Children. A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients from the sister facility will be identified by using the letter of the facility and a numerical number.	V 000	DHSR - Mental Health APR 05 2019 Lic. & Cert. Section	
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.	V 293	please see attached	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Executive Director — 5/25/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 293	Continued From page 1 (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on records review and interviews, the facility did not operate within their scope by failing to ensure continuous supervision was in	V 293	Please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 293	Continued From page 2 place to ensure safety and de-escalate out of control behaviors and failing to ensure coordination of care affecting 2 of 2 current clients(#1,#2) and 2 of 2 former clients(FC#3, FC#4). The findings are: Finding #1: Cross Reference: 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS V296 Based on records review and interviews, the facility failed to ensure two direct care staff were present for one, two, three or four children or adolescents who are present and awake affecting 1 of 2 current clients (#1) and 1 of 2 former client (FC#3). Finding #2: Review on 2/4/19 of FC#3's record revealed: -admission date of 10/11/18 with diagnosis of Generalized Anxiety Disorder with discharge date of 2/20/19; -age 15 years and in her birth family's custody; -admission assessment dated 10/11/18 documented FC#3 was on probation, had anxiety, assaulted a peer, had phobia behaviors, substance abuse and overdose by birth mother, found birth mother overdosed and called emergency medical services and birth mother was revived, poor school attendance, did not like crowds, significant conflict with birth mother, multiple fights with peers; -treatment plan dated 9/4/18 with goals to increase positive interaction, improve compliance with rules and regulations, learn and practice anger management skills, improve self-esteem, improve utilization of coping skills, identify negative thought patterns, increase awareness of emotional regulation and stress management, relaxation techniques.	V 293	please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 293	Continued From page 3 Review on 2/4/19 of FC#4's record revealed: -admission date of 8/10/18 with diagnoses of Oppositional Defiant Disorder and Major Depressive Disorder with discharge date of 1/17/19; -age 14 years old and in the custody of her birth parents; -admission assessment dated 8/10/18 documented history of head trauma, history of inpatient psychiatric care for SI(suicidal ideation) and SIBs(self-injurious behaviors), pending legal charges, assaulted birth mother, guarded, strained relationship with parents, cuts arms with glass and toys, negative attention seeking behaviors, fights with peers, refuses to take responsibility for actions, admitted to inpatient psychiatric care on 7/13/18, being discharged 8/10/18; -treatment plan dated 8/2/18 documented the following goals to decrease physical aggression, no fights, no threats, no intimidation and manipulation of others, develop age appropriate social skills, learn healthy peer to peer relations, learn anger management and coping skills, comply with rules of program, not engage in SI/HI(homicidal) behaviors, no self-harm, no possession of contraband, no anger outbursts, learn to accept no; -FC#4 "takes any little situation and blows out of proportion", projects blame on others, had history of making up false stories such as 11/5/18 alleged school bus driver threatened to beat her up, 11/16/18 alleged being victimized by certain school staff, 11/28/18 fight with peer, claimed peer attacked her, teacher let it happen, moved to a different school/day program on 1/3/19, 1/9/19 made allegations had sex with a male peer which was proven not true, made up stories	V 293	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 293	Continued From page 4 of being high and on drugs to her parents; -FC#4 was hostile, vindictive, spiteful, made false allegations, misrepresented the truth when she felt she was in trouble, often told her parents lies about what was happening to her. Review on 2/13/19 of the sister facility A former staff #5(AFS#5)'s record revealed: -a male staff; -hire date of 9/29/18 with job title of Residential Counselor; -termination date of 1/9/19 due to violation of the transportation policy; -completed trainings in Common Mental Health Disorder on 10/1/18, Professional Ethics on 10/1/18, Suicide/Homicide on 10/1/18, management of aggressive behaviors on 10/1/18, Sexual Behaviors on 10/1/18 and EBPI(Evidence Based Protective Interventions) on 10/15/18. Review on 2/13/19 of a policy titled "Transportation" revealed the following: -"2. Drivers...b. The driver may not transport a client of the opposite sex unless accompanied by another person. The driver's immediate supervisor may approve exceptions to this on case-by-case basis and during emergency situations;" -"j. Clients shall not be left unattended in the vehicle at any time." Interview on 2/20/19 with staff #3 revealed: -was working with staff #1 on a weekend (1/4/19-1/6/19); -had client #1, FC#3 and FC#4 at the facility, client #2 was on a home pass; -AFS#5 was working at the sister facility A alone with some female clients;	V 293	Please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 293	Continued From page 5 -she and staff #1 took client #1, FC#3 and FC#4 to the sister facility A; -AFS#5 took FC#3 and FC#4 off site; -she was cooking in the kitchen, did not know AFS#5, FC#3 and FC#4 had left until they returned around 6:15pm; -asked where had they been, they said they went to the store to get sodas for dinner; -they all stayed at the sister facility A the entire shift of AFS#5; -returned to the facility around 11:05pm. Interview on 2/13/19 with FC#3 revealed: -was at the facility with staff #1, staff #3, client #1, client #2 and FC#4; -went to sister facility A because AFS#5 called and was alone on his shift with 3 clients at the sister facility A; -went to the sister facility A about 4-5pm on a Saturday(1/5/19); -client #2 left to go on a home pass; -she left with FC#4 and staff #3 to get snacks, came back to the sister facility A; -clients talked about wanting to play basketball, AFS#5 said he could go to his house and get the basketball; -went with AFS#5 and FC#4 to go to his home and get the basketball; -got to AFS#5's home, went in and sat in the living room while AFS#5 went upstairs to see his wife; -AFS#5 came back downstairs, fed his cat and then said it was too late and getting too dark to get the basketball; -got back in AFS#5's truck, went to the store, AFS#5 went into the store, she and FC#4 sat in the truck by themselves; -AFS#5 came back out of the store, got in the truck and went back to the sister facility A;	V 293	Please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 293	Continued From page 6 -staff #1 and staff #3 were at the sister facility A with the other clients when they returned; -stayed at the sister facility A until late that night, returned to the facility after 10pm. Interview on 2/5/19 with FC#4 revealed: -she, FC#3, other clients and her female staff from her facility went to the sister facility A; -AFS#5 was working by himself at the sister facility A with female clients and could not be there alone; -AFS#5 did not work at her facility; -was with FC#3 at the sister facility A; -AFS#5 took her and FC#3 to his house; -gone 30 minutes to an hour with FS#5. Interview on 2/18/19 with AFS#5 revealed: -worked at the sister facility A, did not work at this facility; -switch and watch each other's clients, do activities together; -if short staff and have less clients, bring all clients to one facility; -took FC#3 and FC#4 in his personal truck to his home to get a basketball; -his home 10 minutes from the sister facility A; -told FC#3 and FC#4 to stay in the truck while he went inside to get the basketball; -went inside and went upstairs to see his wife; -when he came downstairs, found FC#3 and FC#4 in his living room giggling; -told FC#3 and FC#4 to go back to his truck and wait for him; -realized too late to get basketball due to getting dark; -went to the store to get sodas, FC#3 and FC#4 stayed in truck; -had Tylenol and Aspirin in the console of his truck;	V 293	Please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 293	Continued From page 7 -returned FC#3 and FC#4 to the sister facility A, only gone about 20 minutes. Finding #3: Review on 2/4/19 of a facility incident report dated 1/7/19 documented: -on 1/5/19 (Saturday)FC#3 saw AFS#5 give FC#4 pills and FC#4 took the pills; -an internal investigation was initiated. Review on 2/4/19 of FC#4's record revealed no documentation of any medical attention/evaluation or drug screen completed in response to the allegations FC#4 took some pills. Review on 2/13/19 of the internal investigation completed by the Executive Director revealed: -Director of Operations received information from staff #3 that FC#3 told her mother AFS#5 had given FC#4 some pills and FC#4 had passed out; -staff #3 reported AFS#5 was alone with FC#3 and FC#4 only once on 1/5/19 and for about 10 minutes to go to his home and to a nearby store; -staff #3 reported FC#4 acts like she is passing out and does this on a routine basis; -staff #3 reported the evening of 1/5/19, client #2 kept yelling at FC#3 "you better tell [staff #3], I am out of it;" -staff #3 asked FC#3 did she need to tell staff something, FC#3 said no twice then after the third time FC#3 told staff #3, "I think [FC#4] took some pills" but provided no additional information; -staff #3 went to question FC#4 who did not provide any information; -as staff #3 went to question FC#4, she fell towards the wall, staff #3 helped her to her room, FC#4 began to laugh and walked on her own	V 293	please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 293	Continued From page 8 fine; -staff #3 gave FC#4 some milk and told her to go to bed; -staff #3 and staff #4 monitored FC#4 throughout the night; -FC#3 later reported on 1/8/19 AFS#5 gave FC#4 three pills; -FC#4 reported on 1/8/19 AFS#5 left her and FC#3 in his truck while he went into the store, she went through his truck and found three pills, she took them, stuffed them in her bra but did not admit to taking them; -AFS#5 admitted on 1/8/19 he took FC#3 and FC#4 to his home and to a local store; -he denied he gave any clients any pills; -AFS#5 was terminated on 1/9/19 for transporting two female clients in his personal vehicle, taking them to his home and and leaving them unattended in his personal vehicle. Further interview on 2/5/19 with FC#4 revealed: -don't remember a lot about what happened; -she and FC#3 drank wine and they both took some pills while they were at AFS#5's house; -"all we did." Further interview on 2/13/19 with FC#3 revealed: -was in AFS#5's truck with FC#4 when AFS#5 took them to his home and the store; -said she saw AFS#5 give FC#4 some pills while they were in AFS#5's truck in route from the sister facility A to his house; -was not able to describe size, shape or color of pills; -denied AFS#5 gave them any alcohol or wine; -denied she took any pills; -later after returning to their facility, FC#4 told FC#3 she took 2 of the pills while they were in their room;	V 293	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 293	Continued From page 9 -FC#4 came into the living room, bumping into everything, falling over, acting real drowsy; -FC#3 told staff #3 what happened, staff #3 tried to get FC#4 to go to bed, FC#4 wanted to stay up; -FC#4 finally went to bed. Interview on 2/25/19 with client #1 revealed: -got back late on the night to the facility after staying at the sister facility A; -FC#4 was "fainting, dizzy;" -never seen FC#4 act like that before; -staff did nothing; -told FC#4 to go lay on the couch. Interview on 2/21/19 with staff #4 revealed: -worked third shift, came into work at 10:30pm night of incident with FC#4; -staff #3 had worked second shift and also worked through third shift with her; -observed FC#4 fall down in the living room; -staff #3 picked FC#4 up and laid her on the couch; -asked staff #3 what was going on with FC#4; -staff #3 said maybe FC#4 was tired; -when arrived at the facility, clients still awake, wondered why, usually asleep when she comes on shift; -did not hear anything about FC#4 taking any pills; -worked her shift and left the next morning; -FC#4 did not go to the hospital or receive any medical evaluation on her shift. Further interview on 2/20/19 with staff #3 revealed: -worked second and third shift on date of incident with FC#4 and AFS#5; -returned to the facility from the sister facility A	V 293	Please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 293	Continued From page 10 later that night; -FC#4 was acting silly, running into walls, screaming; -does this when she wants attention; -FC#4 plays around too much when she wants attention; -walked FC#4 to her room and put her to bed; -FC#3 did not tell her FC#4 took any pills; -did not know anything about any pills; -got a call during the week from the Director of Operations about FC#4 taking some pills; -the House Manager met with FC#4 that week and FC#4 reported she took pills out of AFS#5's truck; -she heard the pills were Tylenol pm. Interview on 2/26/19 with the Director of Operations revealed: -the pill incident came to her attention on Monday 1/7/19; -staff #3 stated FC#3 did not tell her about FC#4 taking pills on 1/5/19; -other incidents occurred that weekend and she was busy dealing with those incidents; -the Executive Director completed the internal investigation regarding the pills; -staff #3 reported FC#4 was acting all day, pretending she was passing out; -informed FC#4's Court Counselor about the alleged pills; -Court Counselor reported he would do a drug test on FC#4; -not sure if he did one, was going to have a meeting but FC#4 ended up going to psychiatric hospital; -did not take FC#4 for medical evaluation to address FC#4 ingesting pills; -assumed it would be handled by the Court Counselor;	V 293	Please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 293	Continued From page 11 -FC#3 and FC#4 were at the sister facility A for a planned outing; -the staff who was supposed to work with FS#5 at the sister facility A was sick; -the planned activity was movie night at the sister facility A; -both facilities have activities together, it is "safer;" -several clients were on pass so there were less clients over that weekend. Interview on 2/26/19 with FC#4's Court Counselor revealed; -Director of Operations did call him; -notified him of allegations FC#4 took some pills; -he has done drug screens on FC#4 but not sure of dates; -not at his office but will call back with dates of drug screens. -called back on 3/4/19 with drug screens dates 10/2/18, 12/14/18, none in 1/2019. Review on 2/26/19 of documentation provided by the Executive Director in response to issues identified revealed the following: -memo dated 1/17/19 to all staff for a mandatory meeting to discuss several issues to be addressed; -staff meeting agenda and staff sign in sheet dated 1/24/19 with the following discussed topics listed: review fundamentals of EBPI, Consumer Behaviors versus Consumer Safety, When to call the Police, Interaction with Consumers, Review of Crisis Plans and Recent Health Care Personnel Registry Reports; -new updated Crisis Plan for client #1 with strategy to have more than one person present with her due to continued false allegations; -agenda for staff meeting scheduled for 2/28/19	V 293	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 293	Continued From page 12 with the following topics to be discussed: implementation of interventions and strategies, documentation, 24 hour awake staff, medications, weekly appointments, cleanliness of facility, reporting to work on time and leaving early, company vehicles, staff/client interaction professional versus personal, stick to schedule, outings/appointments everyone must go, clients can be transported one on one but not by staff on schedule at the facility, don't make promises, do not invite clients to do something, professionalism, don't negotiate while on duty (leaving early on shift, running late, etc), incident reporting, enabling consumers. Review on 2/26/19 of the Plan of Protection dated 2/26/19 and completed by the Director of Operations revealed the following documented: -"The Director of Operations will immediately ensure the agency remains in compliance with staffing requirements at all times. The Director of Operations will ensure that the two staff on shift will follow agency policy by transporting all consumers on all appointments at all times to protect the clients from a risk of an incident occurring with only one staff present in the group home;" -"The Clinical Director & the Director of Operations will ensure that in the event a client alleges that they have taken pills of any kind, the legal guardian will be contacted immediately and a drug screening will be administered or medical attention as deemed necessary;" -"The Director of Operations will ensure that the two designated employees serve as floaters for all the group homes to assist with transportation and ensure that two staff on shift are able to remain at the group home."	V 293	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 293	Continued From page 13 Client #1 exhibited behaviors of running away, aggression towards staff and peers and repeated false allegations towards staff. On 1/22/19, Client #1 was at the facility with only one staff. Client #1 assaulted staff, ran away from staff and falsely alleged staff sexually assaulted her. FC#3 exhibited behaviors including fighting peers and increased anxiety. FC#4 exhibited behaviors of suicidal ideation, self harm, aggression, made false allegations and misrepresented the truth. While FC#3 and FC#4 were at sister facility A on 1/5/19, AFS#5 (male) put FC#3 and FC#4 in his personal vehicle, took both clients to his home and a local store and left both clients unsupervised in his personal vehicle violating facility policy. Allegations were made FC#4 had access to some pills while with AFS#5 in his vehicle and took the pills. After FC#4 returned to the facility, staff were made aware FC#4 took some pills. FC#4 was observed by staff and clients falling down on the floor the night of 1/5/19 and staff put FC#4 to bed. No medical attention or evaluation was obtained to determine if FC#4 did ingest some illegal substance. The lack of the required staffing, the lack of continuous supervision and the lack of coordination of care resulted in the risk of harm. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of $1,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each ay the facility is out of compliance beyond the 23rd day.	V 293	please see attached 	
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 296	Continued From page 14 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (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. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (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. (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. (e) Each facility shall be responsible for ensuring supervision of children or adolescents	V 296	Please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 296	Continued From page 15 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. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure two direct care staff were present for one, two, three or four clients who were present and awake affecting 2 of 2 current client (#1, #2) and 1 of 2 former client (FC#3). The findings are: Finding #1: Review on 2/13/19 of client #1's record revealed: -date of admission 7/13/17 with diagnoses of Major Depression, Autism Spectrum Disorder, Post Traumatic Stress Disorder, Intermittent Explosive Disorder and Psychosis Disorder Not Otherwise Specified; -age 16 years and in the custody of Social Services due to abuse by her parents; -admission assessment documented client #1 had poor boundaries, threats of self harm, suicidal ideation, auditory hallucinations, poor coping skills, clingy to female staff and aggression, stepped down from a PRTF (Psychiatric Residential Treatment Facility) and disrupted her TFC (Therapeutic Foster Care Home) with false allegations against the foster parents; -treatment plan dated 7/6/18 documented client #1 had "regressed to making allegations against	V 296	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 296	Continued From page 16 peers as well as staff...continues to hear voices and makes allegations of abuse by others..;" -the last update to the treatment plan on 1/8/19 documented client #1 makes allegations against peers and staff, plays the victim, attempts to run away and had a new updated goal to not make false allegations, not run away, not call the police and make false reports. Review on 2/4/19 of former client #3's (FC#3) record revealed: -admission date of 10/11/18 with diagnoses of Generalized Anxiety Disorder with discharge date of 2/20/19; -age 15 years and in her birth family's custody; -admission assessment dated 10/11/18 documented FC#3 was on probation, assaulted a peer, had phobia behaviors, substance abuse and overdose by birth mother, poor school attendance, did not like crowds, significant conflict with birth mother, multiple fights with peers. Review on 2/4/19 of personnel records revealed the following: -staff #1 was hired on 7/22/18 with the job title of Residential Counselor, documentation of completed trainings in Common Mental Health Disorders on 7/22/18, Aggressive Behaviors on 7/22/18, Sexualized Behaviors on 7/28/18, Risks of Suicidal and Homicidal Ideation on 7/28/18, Behavior Management on 7/28/18 and EBPI(Evidence Based Protective Interventions) on 1/23/19; -staff #2 was hired on 6/15/15 with the job title of Residential Counselor, documentation of completed trainings in Common Mental Health Disorders on 6/15/15, Aggressive Behaviors on 12/30/15, Sexualized Behaviors on 12/30/15,	V 296	Please see attached 	

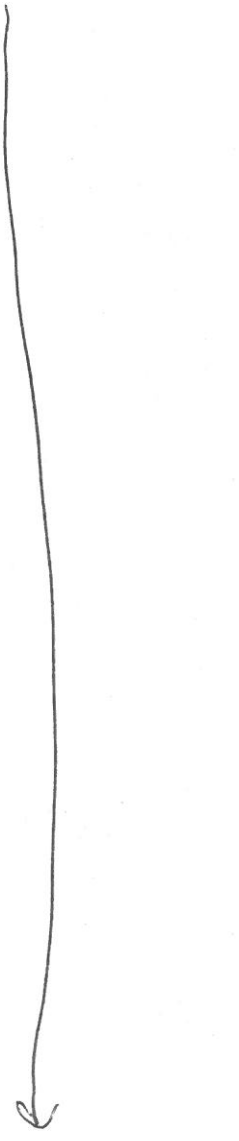
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 296	Continued From page 17 Risks of Suicidal and Homicidal Ideation on 7/28/18, Behavior Management on 7/28/18 and EBPI on 1/23/19. Review on 2/13/19 of a facility incident report dated 1/24/19 documented the following: -on 1/22/19, client #1 became upset with staff #1; -ran to neighbor's house, called the police and alleged she was sexually assaulted by staff #1; -police came and questioned client #1, she recanted the allegations but then threatened to kill herself in front of the police; -was taken to the local hospital for evaluation; -released back to the facility 2 hours later. Interview on 2/21/19 with the House Manager revealed: -was not working on 1/22/19 when the incident occurred with client #1; -client #1 makes false allegations against everyone; -whoever she was upset with is who she makes false allegations about; -made false allegations against staff #1 in the past; -client #1 then later cries and apologizes to staff #1 for saying untrue things about her. Interview on 2/18/19 with staff #1 revealed: -was working at the facility with staff #2; -staff #2 had left to go get some medications, had client #2 with him; -she was the only staff at the facility with client #1 and FC#3; -prompted client #1 to take a shower, client #1 got upset, slammed the door, staff #1 told her not to slam the door, client #1 got mad, became very violent, got a curtain rod and hit staff #1 with it; -client #1 then ran out the front door to the	V 296	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 296	Continued From page 18 neighbor's home, alleged staff #1 had sexually assaulted her and police were called; -the police pulled up at the same time staff #2 pulled up at the facility with client #2; -this was about 7pm at night; -she and FC#3 informed the police what happened; -client #1 sat in the police care crying then said she was ok; -client #1 loves the attention, loves to go in the police car; -denied touching client #1 inappropriately or in a sexual way; -client #1 has done this before, made false allegations against her (staff #1). Interview on 2/18/19 with staff #2 revealed: -was working with staff #1 when client #1 alleged staff #1 sexually assaulted her; -he was not on site at the facility when it happened; -had taken client #2 to treatment(therapy); -arrived back at the facility right after it happened; -client #1 "does this a lot, in her PCP(Person Centered Plan);" -client #1 makes up stories, even school and police aware of her behaviors; -never seen staff #1 act inappropriately with client #1. Interview on 2/25/19 with client #2 revealed: -was not at the facility when client #1 alleged staff #1 sexually assaulted her; -client #1 makes up stories a lot; -was at the office with staff #2 on that day; -police were at the facility when they returned to the facility; -never seen staff #1 act sexual towards client #1.	V 296	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 296	Continued From page 19 Interviews on 2/13/19 and 2/25/19 with client #1 revealed: -client #2 went with staff #2 to the store, wasn't at the facility; -staff #1 was by herself at the facility with her(client #1) and FC#3; -got mad and upset at staff #1, don't remember why; -hit staff #1 with a curtain rod; -ran to neighbors, called police, told them staff #1 sexually assaulted her; -police came, she told police staff #1 assaulted her, went to the hospital, stayed 2 hours and went back to the facility; -rest of that night was good, get along fine with staff #1; -allegation was untrue, just got really mad, made it up; -denied staff #1 ever sexually abused her or sexually assaulted her; -denied staff #1 has ever touched her inappropriately; -have accused staff #1 a couple of times of abusing her; -none of it was true, just made it up because was mad at staff #1. Finding #2: Further interview on 2/25/19 with client #1 revealed there was only one staff working this morning(2/25/19) at the facility. Interview on 2/25/19 with client #2 revealed there was only one staff working this morning (2/25/19) at the facility. Interview on 2/21/19 with staff #4 revealed: -works third shift at the facility;	V 296	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-776	A. BUILDING: _____ B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PLACE	5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227

(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 296	Continued From page 20 -works from 11pm-7am/9am, usually gets to work early around 10:30pm; -"most of the time work by myself on third." Interview on 2/26/19 with the Director of Operations revealed: -not aware there was only one staff at the facility during the incident with client #1 on 1/22/19; -staff #2 has brought client #2 to the office for therapy appointments at times; -client #1 does make false allegations against staff when she gets mad; -client #1 has made several false allegations against staff #1 who works regularly at the facility; -will address staffing issue at next staff meeting; -have two staff who do float and take clients to appointments; -understand, must do a better job, make sure 2 staff at all times at the facility. This deficiency is cross referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Adolescents or Children Scope V293 for a Type A2 rule violation and must be corrected within 23 days.	V 296	please see attached 	

New Place MHL-060-776

Plan of Correction for Complaint Survey completed

Intake #NC147626, #NC148411

V293 27G .1701 Residential Tx. Child/Adol - Scope

This Rule is not met as evidenced by: Based on records review and interviews, the facility did not operate within their scope by failing to ensure continuous supervision was in place to ensure safety and de-escalate out of control behaviors and failing to ensure coordination of care affecting 2 of 2 current clients(#1,#2) and 2 of 2 former clients(FC#3,FC#4).

On March 7, 2019 Executive Director James Hunt held a monthly group supervision/training to have a refresher covering scope to include review of supervision to ensure safety, person centered plans, comprehensive crisis plans, incident reports, de-escalation techniques, and better decision making for the population served amongst other topics. Each employee will continue to have monthly supervision to revisit each of these topics individually or as a whole if the need arises. The monthly supervision will be conducted by Executive Director James Hunt and/or Clinical Director Artemus Flagg. The monitoring of this will be ongoing and will be reviewed quarterly by the Quality Assurance and Quality Improvement Committee based on reviews of incident reports, staff performance, and any reported allegations or consumer complaints.

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 03/02/2019 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 03/07/2019 Executive Director James Hunt met with all employees in a monthly group supervision/staffing to discuss minimum staffing. At this monthly group supervision/staffing an Acknowledgement of Employee Agreement to cover Minimum Staff Requirements was signed by each staff member to acknowledge each staff is aware of the protocol for meeting the minimum requirements in the event of no show or call outs. Monitoring of this will be conducted quarterly at the Quality Assurance/ Quality Improvement Committee meeting with a periodic review of schedules in comparisons to timesheets.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

VIA CERTIFIED MAIL

March 13, 2019

James Hunt, Executive Director
New Place, Inc.
6612 East Harris Blvd
Charlotte, North Carolina 28215

Re: Type A1 Administrative Penalty
New Place, 5601 Faulconbridge Road, Charlotte, NC 28227
MHL # 060-776
E-mail Address: hjames7559@aol.com

Dear Mr. Hunt:

Based on the findings of this agency from a survey completed on 2-28-2019, we find that New Place, Inc. has operated New Place in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services. After a review of the findings, this agency is taking the following action:

Administrative Penalty – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A1 administrative penalty of $1,000.00 against New Place, Inc. for violation of 10A NCAC 27G .1701 Residential Treatment Staff Secure Scope (V293). Payment of the penalty is to be made to the Division of Health Service Regulation, and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalty is not paid within sixty (60) days of this notification, a 6% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

Office of Administrative Hearings

6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 336-861-7342. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Robin Sulfridge, Western Branch Manager at 336-861-7342.

Sincerely,

Stephanie Gilliam

Stephanie Gilliam, Chief
Mental Health Licensure & Certification Section

Cc: dhsrreports@dhhs.nc.gov, DMH/DD/SAS
ncdma.dhsrnotice@lists.ncmail.net, DMA
qmemail@cardinalinnovations.org
QM@partnersbhm.org
dhhs@vayahealth.com
Peggy Eagan, Director, Mecklenburg County DSS
Pam Pridgen, Administrative Assistant

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

March 13, 2019

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

Re: Complaints Survey completed 2/28/19
New Place, 5601 Faulconbridge Road, Charlotte, NC 28227
MHL # 060-776
E-mail Address: hjames7559@aol.com
Intakes: #NC147626, #NC148411

Dear Mr. Hunt:

Thank you for the cooperation and courtesy extended during the annual survey completed February 28, 2019. The complaints were unsubstantiated. Deficiencies were cited.

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

- Type A2 rule violation is cited for 10A NCAC 27G .1701 Residential Treatment Staff Secure Scope V293 with cross referenced 10A NCAC 27G .0704 Residential Treatment Staff Secure Staffing V296.

Time Frames for Compliance

- Type A2 violation and all cross referenced citations must be ***corrected*** within 23 days from the exit date of the survey, which is March 23, 2019. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of $500.00 (Five Hundred) against New Place, Inc. for each day the deficiency remains out of compliance.

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. ***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,

Gina McLain

Gina McLain
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
QM@partnersbhm.org
dhhs@vayahealth.com