PRINTED: 03/26/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-165	A. BUILDING: ______ B. WING ______	03/21/2019

NAME OF PROVIDER OR SUPPLIER: NEW DIMENSIONS INTERVENTIONS, INC

STREET ADDRESS, CITY, STATE, ZIP CODE: 2856 ANDERSON ROAD, BURLINGTON, NC 27217

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on March 21, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000	RECEIVED By DHSR - Mental Health Lic. & Cert. Section at 7:37 am, Apr 09, 2019	
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature]   TITLE: Director   (X6) DATE: 4/9/19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-165	A. BUILDING: ______ B. WING ______	03/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW DIMENSIONS INTERVENTIONS, INC	2856 ANDERSON ROAD BURLINGTON, NC 27217

(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 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a Person Centered Plan with written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained affecting two of three clients (#3, #4). The findings are: Review on 3/21/19 of Client #3's record revealed: -Admission date of 10/14/10. -Diagnoses of Hypertension; Acute Renal Failure; Diabetes; Schizophrenia; COPD; GERD; Herpes; Hyperlipidemia. -Client #3 had a Person Centered Plan dated 3/2/18. -Client #3's Person Centered Plan had no current written consent or agreement by the client or responsible party. Review on 3/21/19 of Client #4's record revealed: -Admission date of 10/7/15. -Diagnoses of Impaired Cognition; Schizoaffective Disorder; Pain in lower limbs. -Client #4 had a Person Centered Plan dated 1/23/18. -Client #4's Person Centered Plan had not current written consent or agreement by the client or responsible party. Interview on 3/21/19 with Staff #1 revealed: -Qualified Professional was responsible for completing the Person Center Plans. -Person Center Plan for Clients #3 and #4 were recently completed. -She did not know why updated plans for Client #3 and #4 were not in their files. -Clients #3 and #4 had legal guardians that needed to sign their plans.	V 112		

New Dimensions Interventions, Inc. Plan of Correction

V 112 27G .0205 (C-D)
Assessment/Treatment/Habilitation Plan
10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN

This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a Person Centered Plan with written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained affecting two of three clients (#3, #4).

House manager/director will follow up with QP after plan is completed. Plans will be mailed out to guardians 2 weeks prior to due date for approval. Once guardian has signed, plan will be reviewed with member as well for approval. All parties will sign once approved by all.

House manager/director will contact QP once signed plan is returned by guardian. QP will review at that time with member for approval.

House manager/director will review with QP at time of each completed plan.

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 interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner.

Linoleum flooring will be replaced within 3 weeks.
Carpet will be replaced within 3 weeks.
Cabinets will be worked on, if not able to fix, will be replaced in 3 weeks.
Walls to be repaired and painted as needed within 3 weeks.

Staff will complete a household cleaning checklist to ensure the bathroom and house is free of odor.
Staff will ensure bathrooms are being cleaned as needed if residents are missing toilet.
House manager will complete pop up inspections at the facility to ensure staff is cleaning and maintaining the grounds.

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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

March 28, 2019

Anna M Woods
New Dimensions Interventions, Inc.
111 Trail One, Suite 105
Burlington, NC 27215

Re: Annual Survey Attempted March 21, 2019
New Dimensions Interventions, Inc., 602 Piedmont Way, Burlington, NC 27215
MHL# 001-164
E-mail Address: awoods522@gmail.com

Dear Ms. Woods:

An annual survey was attempted on March 21, 2019. It was reported there have been no clients residing at the facility since March 7, 2019 and therefore the survey was not conducted. Enclosed for your review is the State Form, which reflects the details of the attempted survey. It is your responsibility to contact DHSR, in writing, to inform us the date clients are admitted to your facility.

Please note that pursuant to North Carolina Administrative Rule 10A NCAC 27G .0404(f) "licenses for facilities that have not served any clients during the previous 12 months shall not be renewed." We will be forwarding this information to the DHSR renewal team. If we do not receive notification that clients have been served in your facility, your license may not be renewed.

If you have any questions, please call Bryson Brown, Team Leader at 919-855-3822.

Sincerely,

Edgar Garrido, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
QM@partnersbhm.org
dhhs@vayahealth.com
DHSRreports@eastpointe.net
_DHSR_Letters@sandhillscenter.org
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Director — (X6) DATE: 4/9/19

STATE FORM 6899 NO7011 If continuation sheet 1 of 1

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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

March 28, 2019

Anna Woods
New Dimensions Interventions, Inc.
111 Trail One, Suite 105
Burlington, NC 27215

Re: Annual Survey completed March 21, 2019
New Dimensions Interventions, Inc., 2856 Anderson Road, Burlington, NC 27217
MHL # 001-165
E-mail Address: awoods522@gmail.com

Dear Ms Woods:

Thank you for the cooperation and courtesy extended during the annual survey completed March 21, 2019.

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 May 20, 2019.

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 Bryson Brown, Team Leader at 919-855-3822.

Sincerely,

Edgar Garrido, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org