	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
	MHL092-678		B. WING		06	6/28/2019
IAME OF PF	OVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	ON GROUP /NEW BEG	INNINGS HEALTH C	X ROAD			
		RALEIG	H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y 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	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	A complaint survey w 2019. The complaint (NC#00152306). De					
		ed for the following service 27G .1300 Residential en or Adolescents.				
V 179	27G .1301 Residentia	al Tx - Scope	V 179			
	residential treatment residential treatment, service. (b) A residential trea residential treatment, licensed as set forth (c) A residential trea adolescents is a free which provides a stru- within a system of ca adolescents who hav mental illness or emo may also have other (d) Services shall be functioning level of the include training in set skills, social skills, an Children or adolesce day treatment facility attend school. (e) Services shall be child or adolescent in to return to the natura setting. (f) The residential trea	Section apply only to a facility that provides , level II, program type tment facility providing , level III service, shall be in 10A NCAC 27G .1700. tment facility for children and -standing residential facility uctured living environment re approach for children or re a primary diagnosis of otional disturbance and who disabilities. e designed to address the ne child or adolescent and lf-control, communication nd recreational skills. nts may receive services in a , have a job placement, or e designed to support the n gaining the skills necessary al, or therapeutic home				
	within the client's sys	-				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
				A. BUILDING:		
		MHL092-678	B. WING		06	C 6/28/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	SON GROUP /NEW BEG	INNINGS HEALTH C. 4513 FO	X ROAD			
		RALEIG	H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE
V 179	Continued From pag	e 1	V 179			
	T · D · · · · ·					
	This Rule is not met	as evidenced by: ew and interview, the				
		d to coordinate with other				
	• • •	cies within the client's				
	-	ing 1 of 6 clients (#5). The				
	findings are:					
	Review on 6/7/19 thr record revealed:	u 6/20/19 of client #5's				
	- admission date	10/16/18				
		epressive Disorder -				
		Post Traumatic Stress				
		tional Defiant Disorder				
		or impulse control and				
	self-injurious behavio	ors				
	- a discharge Su	Immary from a local hospital's				
		ory of Present Illness: [Client				
		old) girl, blonde hair, blue				
	•	nt was at a pool party at her				
		(5/27/19), was in the sun				
		majority of the day, was not				
	-	her burn started blistering and worse today with pain.				
		hills, cough/cold/flu, chest				
	pain, shortness of br					
		tPlan: Admit to Pediatric				
		e (PDX) for treatment to				
	• •	wound care. Burn wounds				
	-	Silvadene and covered with				
		s. Medications to include				
	Oxycodone, Fentany					
	TylenolHospital Co	urse: Patient was admitted to				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY
		A. BUILDING:				
	MHL092-678		B. WING		C 06/28/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
	SON GROUP /NEW BEG	INNINGS HEALTH C	X ROAD			
		RALEIG	H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 179	Continued From pag	e 2	V 179			
V 1/9	the [local hospital] or (Total Body Surface at the back, arms and coccurred on Monday she was given appro- wound care, and IV// medication as needed surgery was not indice appropriate wound of the burn wounds are Second Degree Burn Damage to the skin in penetrates to the mice wound is typically me usually present; then sloughing (loss) of sl Review on 6/11/19 of submitted by the Lice - "The client par at the residential place (5/27/19). The agence residential group hor pools, games and was supplied and offered protection. This and stating they wanted to client on that day was chest area with no re day the Director rece stating that the client pus oozing out of a f Director called the cl immediately and sch	h 5/29/19 with 10% TBSA Area) 2nd degree sunburn to chest. Sun exposure 5/27/19. Upon admission priate fluid resuscitation, PO (by mouth) pain edit was determined that cated. Patient received are and prior to discharge healing well. h (Partial Thickness): ncludes the outer layer and ddle layer (Dermis). The pist/wet and red, swelling is e may be blisters or kin and it is extremely painful. f paperwork dated 5/30/19				
	client up from school MD (Medical Doctor)	and transported her to the Upon arrival she was center for second degree				
		ained with the client and has				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
	MHL092-678		B. WING		06	C 5/28/2019
AME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
HE BRUS	SON GROUP /NEW BEG	INNINGS HEALTH C	X ROAD H, NC 27616			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 179	Continued From page	e 3	V 179			
	agreed to learn woun	d care. The client is				
	expected to return ho	ome on 6/1/19. It will now be				
		side activities, unless the				
		client rights and insist on not				
		at event the event may be				
		s from happening again. All				
	clients will be taught on the dangers of not wearing protection and sun exposure."					
	wearing protection at	lu sull exposule.				
	During an interview o	on 6/6/19, client #5 reported:				
	-	Memorial Day party on				
		ing a good time. She was				
	having too much fun	on the waterslide and did not				
	think about putting on any sun screen.					
		ar any staff offering her				
		another resident told her				
		en but she didn't "hear it"				
		nool on Tuesday and				
		nt Services about being in				
		es saw the blisters and le for her to be picked up.				
	U 1	Opm at the time, she got				
		lar dismissal time (shortly				
	after 2:00pm)					
	- staff saw the bl	isters, but did not offer her				
		en corrected herself and				
	said staff offered her	Aloe Vera for the burns				
		school on Wednesday				
		ained again to Student				
		ervices called the group				
	-	icked up and brought to the				
	doctor's office that da	зу				
	During an interview of	on 6/10/19, a representative				
	-	s at client #5's school				
	reported:					
	-	28/19 client #5 came into				
	-	plained of pain from the				
		isters on her arms and				
	chest. She called the	e group home at 1:30 and				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		A. BUILDING:				
		MHL092-678	B. WING		06	C 5/28/2019
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
HE BRU	SON GROUP /NEW BEG	4513 FO	X ROAD			
		RALEIG	H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 179	Continued From page	e 4	V 179			
	policy is that after 1:5 student until regular of the difficulty of getting buses and cars in the - on Wednesday school and was again the sunburn. A nurse second staff from the #5's legs also. This s client #5 "was a lobst During an interview of reported: - when client #5 (5/28/19), she "was b - the Licensee, A and the Qualified Pro but no treatment was - there was only shift that day - client #5 was ta Wednesday (5/29/19)	, 5/29/19 she returned to n complaining of pain from e was not available but a office saw blisters on client second person reported ter" on 6/10/19, a staff person came home Tuesday ournt and had blisters" Associate Professional (AP) offessional (QP) were notified sought one staff working the second aken to the doctor's office on) after the school called				
	the Licensee reported - clients were all wear sun screen but clients' rights - "my skin does r with the needs of whi - "I do not know a and "Do you think it is know about sunscreed - the school only and it was the day sh (Wednesday)	6/6/19, 6/20/19 and 6/28/19, d: offered and encouraged to had the right to refuse per not burn and I am not familiar te people" anything about sunscreen" s unreasonable that I don't				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-678	B. WING		06	C / 28/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		4513 FO				
HE BRUS	SON GROUP /NEW BEGI	NNINGS HEALTH C. RALEIGI	H, NC 27616			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLET DATE
V 179	Continued From page	9 5	V 179			
	disgruntled and on pr - client #5 was ta	 her own staff were "lying because they were disgruntled and on probation" client #5 was taken to the doctor's office as soon as they became aware of the blistering 				
	Review on 6/28/19 of a Plan of Protection written and submitted by the Licensee on 6/28/19 revealed: What will you immediately do to correct the above rule violation in order to protect clients from further risk or additional harm? "The agency has the right to make the clients remain in the house when they're fair skinned, if					
	they select not to weat of care for sunburn sh	ar sunscreen. Coordination nall be to monitor. Effective				
	activities over a time agency shall ask each	vill not allow any outside frame of 2 - 4 hours. The h client if they need to seek				
	them sign a documen	potential sun burn and have It of such (see attached)." o make the above happen.				
	"[Licensee] called [loo was busy; [Licensee]	cal pediatric clinic] but line left message to seek advice cy should wait until they ask				
	the client if they are s need to seek medical	unburned, have blisters, advice. The agency will				
	professional advice o	oard meeting and obtain f a qualified RN (Registered al Doctor) to decide when				
	children should or sho in hot weather, how lo	ould not be allowed outside ong to check for sunburn				
	and when to seek me review policy with tea practice."	dical advice. [Licensee] will m to promoted best				
	Attached Docum "Re: Sun Screen Lett	er Policy Notification				
	To Whom It May Con I understand that per order to prevent sunb					

STATE FORM

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PLM711

If continuation sheet 6 of 10

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. E				
	MHL092-678		B. WING		C 06/28/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE BRUS	SON GROUP /NEW BEG	INNINGS HEALTH C. 4513 FO. RALEIGI	X ROAD H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE COMPLE	
IAG			IAG	DEFICIENCY)		
V 179	Continued From page	e 6	V 179			
	lasting 4 - 6 hours. I will offer sun screen, exposure/education. below, I agree that if will immediately notif understand that I car attention and may be	a request to seek medical e asked to go to the MD, bid second degree sun burn."				
	on Monday, 5/27/19 all three of the home and involved outdoor Although sunscreen offered a few clients client was hospitalize 6/1/19 with second d body. This client com pain of her sunburn of school saw blisters of called the group hom as it was close to the returned home as us the facility, she comp sunburn to the staff a	ed a Memorial Day cookout which included clients from s operated by the Licensee games and activities. was said to have been sustained sunburns and one ed between 5/29/19 and egree burns over 10% of her plained in school about the on Tuesday, 5/28/19. The in her chest and arms and he to have her picked up but e regular dismissal time she ual. When she returned to plained of pain from the at the group home but was She was offered Aloe Vera to				
	put on the sunburn. S Wednesday, 5/29/19 burns. The school ca and Client #5 was se her staff that she sho	She returned to school on and again complained of the alled the group home again ent home with instructions to buld be seen by a medical as then seen at a pediatric				

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
			A. BOILDING.		с	
	MHL092-678		B. WING		06	/28/2019
IAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	SON GROUP /NEW BEG	INNINGS HEALTH C. 4513 FO	X ROAD			
		RALEIG	H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 179	Continued From pag	e 7	V 179			
	deficiency constitute serious neglect and days. An administrat imposed. If the violat days, an additional a \$500.00 per day will	ospital for 4 days. This s a Type A1 rule violation for must be corrected within 23 ive penalty of \$2000.00 is tion is not corrected within 23 idministrative penalty of be imposed for each day the pliance beyond the 23rd day.				
V 180	27G .1302 Residenti	al Tx - Staff	V 180			
	minimum of two year adolescent services preparation in admin work, nursing, psych (b) At all times, at le member shall be pre or adolescents. If ch cared for in separate apply to each buildin (c) When two or mo an emergency on-ca available by telephor the facility within 30 f (d) Psychiatric cons needed for each clie (e) Clinical consulta	Il have a director who has a rs experience in child or and who has educational istration, education, social ology or a related field. east one direct care staff sent with every four children hildren or adolescents are buildings, the ratios shall g. re clients are in the facility, ill staff shall be readily ne or page and able to reach minutes. ultation shall be available as nt. tion shall be provided by a lth professional to each				
	governing body faile care staff member w	as evidenced by: iew and interviews, the d to ensure at least one direct as present with every four				
ion of Hea	alth Service Regulation					

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		C	
	MHL092-678		B. WING		06	/28/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
HE BRUS	SON GROUP /NEW BEG	INNINGS HEALTH C	X ROAD			
	SUMMARY ST		H, NC 27616	PROVIDER'S PLAN O		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	SY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	COMPLET DATE
V 180	Continued From page	e 8	V 180			
	children or adolescer (#1-#6). The findings	nts effecting 6 of 6 clients s are:				
	submitted by the Ass	f preprinted staff schedules ociate Professional for May				
	-	riday there were 2 staff on				
	morning.	30pm and 8:00am the next staff scheduled between				
		when the clients were in				
	8:00am - 8:00pm an	Sunday the schedule ran from d 8:00pm - 8:00am the schedule during times				
	the clients were pres	ent in the facility.				
		f a hand written schedule for d by an anonymous staff				
	on June 1st, 2nd and					
	only one staff working	une when it currently showed g included 17th, 23rd, 25th, s schedule was obscured).				
	clients interviewed re day shift mostly work	6/10/19 and 6/13/19, 4 of 5 ported staff on the weekend and alone. They reported this neir was a full house of 6				
	clients or less. They person frequently wo during the week. The	also reported another staff orked alone on the 2nd shift e fifth client stated she				
	couldn't remember he the weekend.	ow many people worked on				
	anonymous staff repo	tween 6/6/19 and 6/20/19, orted they had worked single ekend and during the week.				

STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _				
	MHL092-678		B. WING		06	C 5/28/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
HE BRUS	SON GROUP /NEW BEG	INNINGS HEALTH C.	X ROAD			
		RALEIG	H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE
V 180	Continued From pag	e 9	V 180			
	they were single staffed.					
	were present at the f	During a phone call on 6/12/19 at 10:45pm 2 staff were present at the facility. Neither of these staff were listed on the preprinted or handwritten staff schedule.				
	During an interview on 6/7/19, the Associate Professional reported: - she was responsible for doing scheduling at all three of their homes - none of the homes was ever short staffed or operated with only single coverage					
	person when their wa Licensee would work	able to find a relief staff as an opening she or the the shift. They always in ratio for any of the				
	reported: - they were never staffed and she could staff schedule and a and paychecks - there were current probation	on 6/28/19, the Licensee er single staffed or under d prove it by showing the record of their time cards rently disgruntled staff on				
	single coverage on the stated she thouse asking questions	e never operated with only ne weekend ught this surveyor seemed to which made the staff very peated and directed to get a				