

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-685	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/28/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NEW BEGINNINGS HEALTH CARE PHASE III

**3501 NEPTUNE DRIVE
RALEIGH, NC 27604**

JUL 29 2019

DHSR-MH Licensure Sect

(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
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V 000 INITIAL COMMENTS

A Complaint survey was completed 6/28/19. The complaint was unsubstantiated (Intake #NC00152838). A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.

V 296 27G .1704 Residential Tx. Child/Adol - Min. Staffing

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

V 000

V 296



THE BruSonGroup
A Clinically Trained Team with a Service's Heart for Healthcare, INC.

V296 27g.1704 Residential Tx Child/Adol-Min Staffing

Measures put in place to correct the deficient area of practice

On 7/1/19 a mandatory emergency board meeting was scheduled to review the findings from DHSR. Different scenarios were discussed and preventative measures/interventions were reviewed and voted on for approval by the Board.

Measures put in place to prevent the problem from occurring again

Our agency ensured that this rule was met as evidenced by enforcing a zero tolerance policy as it pertains to staffing ratios and education on how to report to upper management when a staff is a no show. The zero tolerance policy regenerates that the agency policy is : no staff is allowed to leave any staff out of ratio! The staff on shift **must** remain there until the relief staff arrives or the emergency staff is called in. If a staff is determined to be out of ratio and no written documentation is completed and sent to upper management, they will be released immediately. The agency requires a text message, phone call, so both parties will have proof of coverage.

Who will monitor the situation to ensure it will not occur again

The Director (Mrs. Sonia Ward) or an additional designated qualified staff will monitor the implementation to ensure that the deficiency will not occur again.

How often the monitoring will take place

Maintaining compliance continues to be a mandatory part of our program (Mrs. Sonia Ward, Mrs. Bridget Jeffries, and Ms. Brenda Barnes) or a designated qualified staff will carefully monitor the implementation on a daily/weekly or /as needed basis to ensure that the deficiency will not occur again. Random call will be completed and recorded.

All reviewers please read the additional attached page.

6/28/19

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Sonia Ward

7-16-2019

Director

0699

066T11

If continuation sheet 1 of 5

Division of Health Service Regulation

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V 296	Continued From page 1 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 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 record review and interviews, the governing body failed to ensure at least two direct care staff members were present with every four children or adolescents effecting 4 of 4 clients (#1-#4). The findings are: During an interview on 6/13/19, the Associate Professional (AP) indicated their License and current census was 4 clients. Review on 6/6/19 of the Division of Health Service Regulation's Rules related to 1700 Residential Treatment Staff Secure For Children or Adolescents revealed: "...10A NCAC 27G .1704 Minimum Staffing...(The minimum number of direct care staff required when children or adolescents are present and awake is as follows...	V 296			

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V 296	<p>Continued From page 2</p> <p>(1) two direct care staff shall be present for one, two, three or four 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 - four children or adolescents;</p> <p>Review on 6/14/19 of preprinted staff schedules submitted by the AP for May and June, 2019 revealed:</p> <ul style="list-style-type: none"> - Monday thru Friday there were 2 staff on schedule between 3:00pm and 8:00am the next morning. As allowed, there was only one staff scheduled between 8:00am and 2:30pm when the clients were in school. - Saturday and Sunday, the schedule was from 8:00am - 8:00pm and 8:00pm - 8:00am - 2 staff were scheduled on each of these shifts except for: - June 3; 1 staff "3p-10p" and 2nd staff "4p-12a" (single coverage 10p-12a) - June 4; 1 staff "3p-12a" and 2nd staff "4p-10p" (single coverage 10p-12a) - June 10; 1 staff "4p-12p" and 2nd staff "4p-10p" (single coverage 10p-12a) <p>Review on 6/13/19 of a hand written schedule for June, 2019 submitted by an anonymous staff revealed:</p> <ul style="list-style-type: none"> - June 10th, 17th and 24th; 1 person scheduled 4:00pm-12:00am and 2nd staff person 4:00pm-10:00pm which left the program in single coverage from 10:00pm-12:00am - June 1st - 1 staff scheduled 8:00am-8:00pm - June 2nd - 1 staff 8:00am-12:00pm and 2nd staff 8:00am-8:00pm (single from 12pm-8pm) - June 12th - 1 staff 4:00pm-10:00pm and a 2nd staff 4:00pm - 12:00am (single from 	V 296		

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V 296	<p>Continued From page 3</p> <p>10pm-12am)</p> <ul style="list-style-type: none"> - June 13 - 1 staff 4:00pm-9:00pm and a 2nd staff 4:00pm - ? (undecipherable) - June 21st - 1 staff 12:00am-8:00am <p>During interviews between 6/6/19 and 6/20/19, 3 anonymous staff reported they had worked single shifts both on the weekend and during the week. Anonymous staff reported the handwritten schedule was the "working copy" given to the house managers.</p> <p>During an interview on 6/20/19, the Qualified Professional identified as the house manager of this program reported she was given a computer printed copy of the schedule to use and the AP was the person who updated the schedule and found relief staff as needed.</p> <p>During a phone interview on 6/12/19 at 10:40pm revealed 1 staff at the facility. She reported the 2nd staff left at 10:00pm.</p> <p>During an interview on 6/13/19, the staff identified as the 2nd staff person on duty on 6/12/19 reported she had left the facility at 10:00pm but saw another staff person coming into the house as she was leaving.</p> <p>During an interview on 6/7/19, the Associate Professional reported:</p> <ul style="list-style-type: none"> - she was responsible for doing scheduling at all three of their homes - none of the homes was ever short staffed or single coverage - if she was not able to find a relief staff person when there was an opening she or the Licensee would work the shift. They always made sure they were in ratio for any of the programs. 	V 296			

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V 296 Continued From page 4

V 296

During an interview on 6/28/19, the Licensee reported:

- on 6/12/19 there was a 2nd staff person on between 10:00pm and 12:00am. She stated this staff person was in the driveway and the staff person this surveyor spoke to at 10:40pm didn't know she was there in the parking lot/driveway
- they were never single staffed or under staffed and she could prove it by showing the staff schedule and a record of their time cards and paychecks
- there were currently disgruntled staff on probation
- staff were never single coverage on the weekend
- stated she thought this surveyor seemed to be asking questions which made the staff very nervous and were repeated and directed to get a specific answer



7417 Knightdale Blvd. Unit 101
Knightdale, NC 27545

July 16, 2019

RE: Plan of Correction

To Whom It May Concern,

Unfortunately when a residential placement has a complaint or an audit they have to rely on the education, expertise and professionalism of the auditor. The residential placement is at the mercy of the auditor and can only hope that the auditor has not come out with a made up mind that the placement is guilty before researching the concern, accusation or allegation. Because the complaint is unknown, the licensee is not able to assist the auditor with helpful information that could easily eliminate incorrect data being entered in a report; thus reducing the need for an appeal. The residential placement has to rely on the intelligence to how the auditor may interpret a rule. One auditor will site the agency for neglect because the client ran out of the door and staff didn't stand in front of them ; the next auditor will site the same agency because they stopped the client from running of the door but per auditor they violated the clients rights by blocking and standing in front of them. This is an example of one situation but different auditor's interpretation's.

Outside collaborations are often used to help with establishing the truth such as schools, Doctors offices, etc. What has been discovered is that outside collaboration's has the ability to document incorrectly ,add information at their leisure and cover their errors, it seems as though their words and documentation are preferred over the ones that actually provide direct care for the client. No consideration is give to their accountability, that they may have a new/untrained staff, make a simple error or out right lie to protect them selves. Schools and Doctors offices are often not residential placements fans, as they view the clients as group home kids with high risk behaviors that often disrupt their schools and create conflict among the quote unquote other good students. We are often in a constant battle with trying to ensure that our clients receive a fair education and their rights are protected. Our agency is not perfect; but we do take great pride in the services that we provide and the clients that we provide care for. It never feels good to be cited but a good auditors normally make the facility stronger and help them by seeing their errors, make a plan of correction , and move forward, etc. as so the incident wont occur again. No residential placement wants to upset an auditor for fear of retaliation both current and in future audits!

There are times when the citations are unjustifiable and this is one of those times where against all odds, our agency knows that the residential placement was not out of ratio and had no knowledge of the clients blisters prior to taking her to seek medical attention. The agency is very sorry that the client got sunburned to the point that it caused a second degree burn; however it was not foreseen ,not intentional, not neglect and medical attention was sought immediately once discovered.

The licensee went out of her way and made every valid effort to assist the auditor by making sure that every needed client was available, providing the clients records, setting up staff interviews, arranging visits for the clients interviews, etc.



It was the licensee that initially told the auditor about a case, as she had no knowledge prior to coming out on a false allegation. During a casual conversation the licensee stated that she was tired & sleepy because she had been up all night with one of the clients at the hospital. The licensee talked about the fact of how hot it was that day and how shocked she was to learn that one of her clients had obtained sun burn; thus having nothing to hide. The auditor then said that she would wait to see if another report came in so she could do everything at once and close out everything together. The licensee was not aware that each time a client goes into the hospital a report is made to DHSR until the auditor told her so.

The auditor has misused her power and authority to create false documentation. The licensee did not state these statements and the words have been taken completely out of context.

A conversation took place where the licensee talked about cultural differences and client rights. The licensee told the auditor that she was not aware that the client had blisters on Tuesday. The licensee asked the auditor whom she had talked to and she stated that she hadn't documented whom the school said they talked to over the phone. Per reports the school called and stated that the client had sunburn and wanted to be picked up; the group home agreed to do so but due to the time the school said it would be easier for them to place her on the bus than to wait until we arrived, as the school was closing. Upon arrival from school, no blisters were noted. The client was given aloe vera for discomfort and made no additional reports of needing medical attention or having blisters. Several clients were given aloe vera for discomfort. It truthfully looked like typical sunburn. When the school called on Wednesday and spoke directly with the licensee, immediate action was taken, as we sincerely care about our clients. If any level of urgency was stated on Tuesday the same would have been done on Tuesday. The client simply didn't say anything out of the norm and the agency did not know about blisters until that Wednesday. It is possible that the blisters manifested over the night. The client made no mention to staff that morning.

The Licensee asked the receptionist Ms. Pam Randolph to come in the room and to be a witness to the conversation during the exit interview.

While going over the exit report, the auditor made a comment that the licensee should have known that the client would have been sun burned because she was Irish ,fair skinned, blonde haired and blue eyed. The license stated that she felt like that was a racist comment to make and how was that fair to say...as she was not to only Caucasian/white /fair skinned client out in the sun at that time and no one else got sunburned to that point. At this point the auditor became agitated and escalated her voice tone and stated that I wasn't going to agree to anything she said. The licensee did state that how was she supposed to know which client would obtain sunburn to the degree to the 2nd degree sunburn, as she didn't have fair skin, blonde hair and blue hair. The licensee responded because she wanted the auditor to see how her words were out of context and racial. The license did ask questions as to how she came to this conclusion and the auditor became even more agitated and stated that the interview was closed.

The license asked the auditor to lower her escalated voice tone again and stated that she understood her. If an agency is going to be accused of doing something wrong, then the agency should also have the right to know what they are being accused of and how the auditor came to the conclusion. The auditor presented as being more concerned about documenting the agencies as being out of compliance rather



than accepting and receiving any supporting documentation of the truth. The licensee didn't know that once a decision has been made by an auditor, that no proof could be submitted and that the case is instantly closed, with the only option of an appeal.

The licensee believes that what initially triggered the auditorwas when the licensee complained to the auditor that the residents were complaining that they felt like she was trying to coerce them into saying something that was not true and asking them if they were told to lie. The licensee let the auditor know that she didn't think that it was in the best interest of the clients that had admitted to making the initial false allegation/complaint, as she was continually bringing up animosity among the clients. The clients were angry because this is a client that has a pattern of making allegations, then apologizing, etc. The agency had to bring on additional staff and have de-escalation group sessions after every interview done by the auditor to desolate the situation and get the client to move forward without fighting.

The licensee asked the auditor what she needed and whom she needed to see so she could be of complete assistance and in compliance. The auditor would ask for one client and then say that she didn't need to see them. The licensee was completely truthful with the auditor and let her know that staff in management had been stepped down from their management positions, due duplication of progress notes and after she was told from multiple staff that the auditor was asking questions on whether or not it was a voluntary step down or not. If the auditor has asked the licensee, documentation could have easily been provided to prove such occurred. The report that the auditor took from the anonymous staff was clearly the disgruntle staff that had been taken out of their management position. There are several factors that should have been considered prior to making the decision of Type A and a standard deficiency:

What is the policy of the residential placement when it comes to staff working alone or call outs

The policy is that no staff is allowed to leave any staff out of ratio! The staff on shift must remain there until the relief staff arrives or the emergency staff is called in. The reason the ex-managers had a working schedule is because that is exactly what it was ... a working schedule as it is changed almost weekly due to call outs, new hires, client going on therapeutic leave, outings, medical appointments, clients with high risk behaviors, crisis situations or incidents that may occur and need staff need to be switched according to their ability to handle specific situations, etc. A part of the ex-managers job was to assist with finding coverage when staff called out with emergencies and provide written proof of such to the scheduler.

- -The license was not given an opportunity to present a final completed schedule for the very months that were used to determine that the facility was supposedly out of ratio but rather asked the AP to submit what she had
- -no proof from the ex-staff was asked for by the auditor to show that they had notified management that staff didn't show or that they were working alone
- -licensee wasn't allowed the opportunity to show the auditor the therapeutic leave schedules or billing reports to support having one staff on certain shifts and the home being in ratio
- -the licensee wasn't given the opportunity to explain why the ex-managers had hand written paper schedules or even verify if they were true
- **the licensee words were COMPLETELY misrepresented and taken out of context;**



- -the licensee wasn't given the opportunity to let the auditor know that if she had asked the client how many staff were on a shift the would never count the upper management because they don't see us as staff
- the licensee wasn't given an opportunity to provide the auditor with progress notes that would easily reflect two staff working on shift
- the auditor took no consideration when the licensee immediately called the client and placed her on the speaker phone to show that no cohesion was taking place. The auditor **heard** the client state that she didn't have blisters on Tuesday and wanted to come home because she was sun burned; she replied that her decision was made and the case was closed

Upon learning of the type A penalty the license was shocked and told the auditor that she thought that she would be getting a trophy for providing such good care. The licensee immediately called the **client on the spot directly in front of the auditor** and asked her if she had blisters on that Tuesday "the client stated... no she didn't get blisters until that Wednesday when she called me. The client stated that she called that Tuesday because she wanted to be picked up because of her sunburn and discomfort. Ms. Pamela Randolph was in the room and also heard the entire conversation. The licensee is checking to see if the audio was able to pick up the conversation for submission of the conversation.

The auditor told the licensee that the case was closed and then proceeded to ask for the names of the disgruntle staff. The licensee replied that she didn't feel comfortable giving their names at this point because of fear that she would continue to go to them and document their lies. The auditor stated that it didn't matter because the case was closed at this point. The exit interview ended.

Sincerely,

Sonia Ward, Director



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 12, 2019

Sonia Ward, Director
The Bruson Group, Inc.
4225 Coldwater Springs Drive
Raleigh, NC 27616

Re: Complaint Survey Completed June 28, 2019
New Beginnings Health Care Phase III 3501 Neptune Drive Raleigh, NC 27604
MHL# 092-685
E-mail Address: allmyteegod@aol.com
Intake #NC00152838

Dear Ms. Ward:

Thank you for the cooperation and courtesy extended during the complaint survey completed June 28, 2019. The complaint 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

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is August 27, 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.

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

July 12, 2019
Sonia Ward
The Bruson Group, Inc.

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 Renee Kowalski Ames at 919-552-6847.

Sincerely,



Marie Ancil
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant

DHSR-Mental Health survey results for: New Beginnings Health Care Phase III MHL-092-685 (070613)**From:** Reeves, Danalouise V <Danalouise.Reeves@dhhs.nc.gov>**To:** 'allmyteegod@aol.com' <allmyteegod@aol.com>**Cc:** 'DHSR@alliancebhc.org' <DHSR@alliancebhc.org>; Pridgen, Pam <Pam.Pridgen@dhhs.nc.gov>**Date:** Fri, Jul 12, 2019 9:15 am [new_beginnings_health.pdf \(53 KB\)](#) [New_Beginnings_Health.pdf \(122 KB\)](#)

Attached please find the results of the survey completed on 06/28/2019 by the MHL&C Section.

The Mental Health Licensure and Certification section is offering a 3-hour session for providers who currently hold a Mental Health License (MHL) for a mental health, developmental disability or substance abuse service. The purpose of this training is to help providers gain knowledge and understanding regarding North Carolina rules & General Statutes, the MHL&C survey process, administrative sanctions and appeal opportunities, and how these rules and processes fit together. The class is free but spaces are limited and registration is required. If you are interested in finding out more, please visit the web page: <http://www.ncdhhs.gov/dhsr/mhlcs/training.html>

Thank you,

Danalouise Reeves

Administrative Specialist 1
Division of Health Service Regulation, Mental Health Licensure and Certification Section
North Carolina Department of Health and Human Services

Office: 919-855-3831

Fax: 919-715-8078

Danalouise.Reeves@dhhs.nc.gov

1800 Umstead Drive, Williams Building
2718 Mail Service Center
Raleigh, NC 27699-2718

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