

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL032-510</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>09/19/2019</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2303 NC 55 HIGHWAY<br/>DURHAM, NC 27707</b> |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on September 19, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness</p>  | V 000         |   |                    |
| V 112              | <p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> | V 112         |   |                    |

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

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| V 112              | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>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 three of three clients (#1, #2 and #3). The findings are:</p> <p>Review on 9/19/19 of Client #1's record revealed:<br/>-Admission date of 8/26/16.<br/>-Diagnoses of Schizophrenia; Hypertension; Parkinson; Mild Retardation.<br/>-Client #1 had a Person Centered Plan dated 6/28/18.<br/>-Client #1's Person Centered Plan had no current written consent or agreement by the client or responsible party.</p> <p>Review on 9/19/19 of Client #2's record revealed:<br/>-Admission date of 8/25/16.<br/>-Diagnoses of Psychosis, Unspecified; Depression, Unspecified.<br/>-Client #2 had a Person Centered Plan dated 9/1/18.<br/>-Client #2's Person Centered Plan had not current written consent or agreement by the client or responsible party.</p> <p>Review on 9/19/19 of Client #3's record revealed:<br/>-Admission date of 1/23/13.<br/>-Diagnoses of Schizophrenia, Paranoid; Cocaine Dependency; Alcohol Dependency; Borderline IQ; Hypertension. .<br/>-Client #3 had a Person Centered Plan dated 10/5/18.<br/>-Client #3's Person Centered Plan was a copy from plan made by his assertive community treatment team.</p> | V 112         |   |                    |

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| V 112              | <p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Group home was not mentioned in any part of client #3's Person Centered Plan.</li> <li>-Group home did not form part in creating the Person Centered Plan for client #3.</li> </ul> <p>Interview on 9/19/19 with the Assistant Director revealed:</p> <ul style="list-style-type: none"> <li>-Qualified Professional was responsible for completing the Person Center Plans.</li> <li>-Person Center Plan for Clients #1 and #2 were recently completed.</li> <li>-She did not know why updated plans for Client #1 and #2 were not signed by the clients or guardians.</li> <li>-Clients #1 had a legal guardian that needed to sign the plan.</li> <li>-She was not aware that the group home needed to be a part of clients treatment plan.</li> <li>-Facility had been using provider's treatment plans for a long time.</li> <li>-She confirmed that the Person Centered Plans for Clients #1 and #2 had no written consent or agreement by the client or responsible party.</li> <li>-She confirmed that group home had not participated in the creation of Person Centered Plan for client #3.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 112         |   |                    |
| V 114              | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff</p>  | V 114         |   |                    |

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| V 114              | <p>Continued From page 3</p> <p>and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interview the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly for each shift. The findings are:</p> <p>Review on 9/19/19 of the facility's fire drill log revealed the following:<br/>-12/15/18- 3rd shift.<br/>-9/12/19- 1st shift.<br/>-There were no fire drills conducted for 1st and 2nd shift during the 4th quarter of 2018.<br/>-There were no fire drills conducted for 1st, 2nd and 3rd shift during the 1st quarter of 2019.<br/>-There were no fire drills conducted for 1st, 2nd and 3rd shift during the 2nd quarter of 2019.</p> <p>Review on 9/19/19 of the facility's disaster drill log revealed the following:<br/>-9/13/19- 2nd shift.<br/>-There were no disaster drills conducted for 1st, 2nd and 3rd shift during the 4th quarter of 2018.<br/>-There were no disaster drills conducted for 1st, 2nd and 3rd shift during the 1st quarter of 2019.<br/>-There were no disaster drills conducted for 1st, 2nd and 3rd shift during the 2nd quarter of 2019.</p> <p>Interview on 9/19/19 with client #1, #2 and #3</p> | V 114         |   |                    |

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| V 114              | <p>Continued From page 4</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-They stated they do fire and disaster drills with staff.</li> </ul> <p>Interview on 9/19/19 with staff # 1 revealed:</p> <ul style="list-style-type: none"> <li>-He started working at this home recently.</li> <li>-He was not able to find old fire and disaster drills log book.</li> <li>-He started to do fire and disaster drills again in September.</li> </ul> <p>Interview on 9/19/19 with the Assistant Director on revealed:</p> <ul style="list-style-type: none"> <li>-Facilty had recently changed staff.</li> <li>-Some documents had not been located.</li> <li>-They were not able to locate the fire and disaster drill documentation.</li> <li>-She confirmed the facility failed to conduct fire and disaster drills quaterly for shift under conditions that simulate emergencies.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 114         |   |                    |
| V 118              | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,</p>  | V 118         |   |                    |

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| V 118              | <p>Continued From page 5</p> <p>pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:<br/>(A) client's name;<br/>(B) name, strength, and quantity of the drug;<br/>(C) instructions for administering the drug;<br/>(D) date and time the drug is administered; and<br/>(E) name or initials of person administering the drug.<br/>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews, observation and interview the facility failed to ensure the medication administration record (MAR) was current for one of three audited clients (#3). The findings are:</p> <p>Review on 9/19/19 of Client #3's record revealed:<br/>- Admission date of 1/23/13.<br/>- Diagnoses of Schizophrenia, Paranoid; Cocaine Dependency; Alcohol Dependency; Borderline IQ; Hypertension.</p> <p>Review on 9/19/19 of Client #3's physician's order dated the following:<br/>-Order dated 9/13/19:<br/>-Naproxen 500 mg. Take one tablet twice a day with food.</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-Docusate Sodium 100 mg. Take one capsule twice a day.</li> <li>-Natural Fiber Powder. Mix one scoop in liquid and drink three times a day.</li> <li>-Haloperidol 5 mg. Take one tablet every evening.</li> <li>-Trazodone 100 mg. Take one tablet every evening.</li> </ul> <p>Observation on 9/19/19 at 11:30 am of Client #3's medication revealed the following was available:</p> <ul style="list-style-type: none"> <li>-Naproxen 500 mg.</li> <li>-Docusate Sodium 100 mg.</li> <li>-Natural Fiber Powder.</li> <li>-Haloperidol 5 mg.</li> <li>-Trazodone 100 mg.</li> </ul> <p>Interview on 9/19/19 with the Assistant Director revealed:</p> <ul style="list-style-type: none"> <li>-She confirmed staff did not initial the MAR for dates noted.</li> <li>-She confirmed that client's medication was available at the house.</li> <li>-Qualified Professional/RN was responsible for reviewing the MAR monthly</li> <li>-She confirmed the facility failed to ensure the medication administration record (MAR) was current for client #3.</li> </ul> | V 118         |   |                    |
| V 121              | <p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or</p>   | V 121         |   |                    |

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| V 121              | <p>Continued From page 7</p> <p>physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interview the facility failed to obtain drug reviews every six months for two of three clients (Clients #1 and #2) who received psychotropic drugs. The findings are:</p> <p>Review on 9/19/19 of Client #1's record revealed:<br/>-Admission date of 8/25/16.<br/>-Diagnoses of Schizophrenia; Hypertension; Parkinson; Mild Retardation.<br/>-Physician's order dated 9/17/19 for Aripiprazole 20 mg, 1 tablet daily.<br/>-Physician's order dated 9/17/19 for Diazepam 2 mg, 1 tablet twice daily and 1 additional as needed for agitation.<br/>-Physician's order dated 9/1/18 for Lorazepam 1 mg, 1 tablet four times a day.<br/>-Physician's order dated 10/1/18 for Mirtazapine 45 mg, 1 tablet at bedtime.<br/>-Physician's order dated 9/17/19 for Olanzapine 20 mg, 1 tablet at bedtime.<br/>-The July, August and September 2019 MAR revealed Client #1 was administered the above medications daily.<br/>-There was no evidence of a six months psychotropic drug review for Client #1.</p> <p>Interview on 9/19/19 with the Assistant Director revealed:<br/>-Residents at the home received medications</p> | V 121         |   |                    |



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| V 121              | Continued From page 8<br>from different pharmacies.<br>-She was not aware the drug review for psychotropic medications had not been conducted lately for Client #1.<br>-She confirmed the six months psychotropic drug review for Client #1 was not completed.   | V 121         |   |                    |
| V 736              | 27G .0303(c) Facility and Grounds Maintenance<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:<br><br>Observation on 9/19/19 at 12:25 P.M. of the Laundry area revealed:<br>-Some floors tiles were cracked and missing.<br><br>Observation on 9/19/19 at 12:30 P.M. of the Living Area revealed:<br>-Walls had dents scratches on them.<br>-There was a large hole on the ceiling about 2 feet X 4 feet covered by a plastic bag.<br>-One of the sofa's upholstery was cracking and peeling off.<br><br>Observation on 9/19/19 at 12:35 P.M. of bedroom located adjacent to the kitchen revealed: | V 736         |   |                    |

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| V 736              | <p>Continued From page 9</p> <ul style="list-style-type: none"> <li>-Door was stained and dirty.</li> <li>-Walls had stains and scratches.</li> <li>-There was mildew/mold on the ceiling of bathroom located inside bedroom.</li> <li>-Cold water from one of the sink was not coming out.</li> </ul> <p>Observation on 9/19/19 at 12:40 P.M. of stairway leading to rooms upstairs revealed:</p> <ul style="list-style-type: none"> <li>-There were several stains on the carpet.</li> <li>-Carpet was dirty.</li> </ul> <p>Observation on 9/19/19 at 12:42 P.M. of bathroom located upstairs revealed:</p> <ul style="list-style-type: none"> <li>-Shower curtain had stains on the bottom.</li> <li>-Walls were stained and dirty.</li> </ul> <p>Observation on 9/19/19 at 12:45 P.M. of upstairs area revealed:</p> <ul style="list-style-type: none"> <li>-There was a cracked tile leading to bedroom located to the left.</li> </ul> <p>Observation on 9/19/19 at 12:47 P.M. of the outside area revealed:</p> <ul style="list-style-type: none"> <li>-Upstairs back deck was missing a few railings.</li> <li>-There was old sheetrock discarded on the side of the house.</li> <li>-There were broken and non operational vehicles parked on the property.</li> <li>-There was trash on the middle section of the deck (bags, old bed railing.)</li> <li>-Door frame leading from deck to kitchen area was rotten and stained on the outside.</li> <li>-Door frame from entrance door to the living area was discolored.</li> </ul> <p>Interview on 9/19/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-He had started working at this house a few months ago.</li> <li>-He was aware of parked vehicles in property.</li> </ul> | V 736         |   |                    |

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| (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 736              | <p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-He was informed that they belonged to property's landlord.</li> <li>-There had been a leak coming from upstairs bathroom that created damage to the ceiling downstairs.</li> <li>-Work on ceiling had not been finalized.</li> </ul> <p>Interview on 9/19/19 with the Assistant Director revealed:</p> <ul style="list-style-type: none"> <li>-She was aware that the facility needed some fixings.</li> <li>-She had been helping the owner of the group home as he had been sick recently.</li> <li>-Landlord of property had been parking cars on the property.</li> <li>-There was work recently done regarding a leak from bathroom upstairs.</li> <li>-Sheetrock on side of house was from work performed from the leak.</li> <li>-She confirmed that the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 736         |   |                    |
| V 752              | <p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p>  | V 752         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL032-510</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>09/19/2019</b> |
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|--------------------|---|---------------|---|--------------------|
| V 752              | <p>Continued From page 11</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation of the facility on 9/19/19 at approximately 12:25 PM revealed :<br/>-The kitchen sink water temperature was 120 degrees Fahrenheit.</p> <p>Observation of the facility on 9/19/19 at approximately 12:35 PM revealed-<br/>-Bathroom sinks water temperatures were 120 degrees Fahrenheit.</p> <p>Interview with the Assistant on 9/19/19 revealed:<br/>-She did not realize the water temperature in the kitchen sink was 120 degrees.<br/>-Building's landlord usually adjusted temperature on the water heater.<br/>-Clients were able to adjust the water temperature.<br/>-She would have staff adjust water heater's temperature to be between 100-116 degrees Fahrenheit.<br/>-She confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.</p> | V 752         |   |                    |