

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-776	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
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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 An annual, complaint and follow-up survey was completed on 10/10/19. The complaints were unsubstantiated (Intakes #NC155587, #NC156555). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Adolescents or Children.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108	<i>please see attached</i> DHSR-Mental Health DEC 09 2019 Lic. & Cert. Section	

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

TITLE

(X6) DATE


STATE FORM

6899

KRTH11

If continuation sheet 1 of 21

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff were trained to meet the needs of the clients for 3 of 3 staff (#1, #2 and #3) and 1 of 1 Group Home Supervisor (GH Sup). The findings are:</p> <p>Review on 9/23/19 of client #3's record revealed: -admission date of 2/25/19; -diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder and Unspecified Trauma and Stressor Related Disorder; -in the custody of the Department of Social Services (DSS); -treatment plan dated 3/1/19 and most recent update dated 9/12/19 documented client #3 "needs assistance in making healthy eating choices to help her better manage her weight and health, she is now prediabetic;" -"After Visit Summary" form dated 3/26/19 from an endocrinology clinic regarding client #3 documented, "the following issue was addressed: Prediabetes" and "blood sugar monitoring daily;" -physician's order dated 9/6/19 for Metformin 500mgs one tablet daily.</p> <p>Interview on 9/25/19 with client #3's DSS Social Worker revealed:</p>	V 108	<p><i>please see attached</i></p> 		

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V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> -client #3 had Diabetes; -client #3 needed to monitor her blood sugars daily; -staff should be assisting client #3 with her blood sugar checks. <p>Review on 9/23/19 and 9/25/19 of personnel records revealed:</p> <ul style="list-style-type: none"> -the GH Sup was hired on 2/11/05 and there was no documentation of completed training in Diabetes and blood sugar monitoring in the record; -staff #1 was hired on 10/13/18 with the job title of Residential Counselor(RC) and there was no documentation of completed training in Diabetes and blood sugar monitoring in the record; -staff #2 was hired on 8/12/19 with the job title of RC and there was no documentation of completed training in Diabetes and blood sugar monitoring in the record; -staff #3 was hired on 6/13/17 with the job title of RC and there was no documentation of completed training in Diabetes and blood sugar monitoring in the record. <p>Interview on 9/24/19 with the GH Sup revealed:</p> <ul style="list-style-type: none"> -knew client #3 had Diabetes and needed her blood sugars checked; -staff #1 checked client #3's blood sugars; -didn't know anything about it; -not had training in Diabetes; -staff #1 handled client #3's Diabetes. <p>Interview on 9/24/19 and 10/3/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> -checked client #3's blood sugars because client #3 was Prediabetic; -took client #3 to her endocrinology clinic on 3/26/19; 	V 108	<p><i>please see attached</i></p> 	


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V 108	Continued From page 3 -was Diabetic herself and had to check her own blood sugars daily; -attended a class for Diabetes and learned how to check her own blood sugars; -no training provided by the facility. This deficiency is cross-referenced into 10A NCAC 27G .1701 Residential Treatment Staff Secure for Adolescents of Children V293 for a Type B rule violation and must be corrected within 45 days.	V 108	<i>please see attached</i>	
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, 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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118		

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V 118	<p>Continued From page 4</p> <p>(E) name or initials of person administering the drug.</p> <p>(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: Based on records review, observations and interviews, the facility failed to ensure MARs were current and medications administered were recorded immediately after administration affecting 2 of 3 clients (#1, #2). The findings are:</p> <p>Finding #1 Review on 9/23/19 of client #1's record revealed: -admission date of 7/6/18 with diagnoses of Autism, Intellectual Developmental Disabilities Mild, Post Traumatic Stress Disorder(PTSD), Intermittent Explosive Disorder and Major Depression Disorder; -physician's order dated 8/1/18 for guafancine(generic for Intuniv) 2mg one tablet daily.</p> <p>Observation on 9/23/19 at 7:26am of client #1's medications on site revealed guafancine 2mg one tablet daily dispensed 7/1/19.</p> <p>Review on 9/23/19 of client #1's MARs from 7/1/19-9/23/19 revealed the dosing dates of 8/3 at 7pm and 8/26 at 7pm left blank for the medication guafancine 2mg one tablet daily with no explanation on the MAR form.</p>	V 118	<p><i>please see attached</i></p> 		

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V 118	<p>Continued From page 5</p> <p>Interview on 9/23/19 with client #1 revealed she got her medications daily.</p> <p>Finding #2: Review on 9/23/19 of client #2's record revealed: -admission date of 12/19/18 with diagnoses of PTSD and Specific Learning Disorder Reading and Math; -physicians' orders dated 12/19/18 for the following medications: risperidone(generic for Risperdal)0.5mg one tablet at bed, certirizine(generic for Zyrtec) 10mg one tablet at bed and Stool Softener 100mg one tablet daily; -physician's order dated 9/18/19 for sertraline(generic for Zoloft) 100mg one tablet daily.</p> <p>Observation on 9/23/19 at 7:30am of client #2's medications on site revealed: -risperidone 0.5mg one tablet at bed dispensed 8/25/19; -certirizine 10mg one tablet at bed dispensed 8/3/19; -Stool Softener 100mg one tablet daily over the counter with an expiration date of 1/2020; -sertraline 100mg one tablet daily dispensed 8/5/19.</p> <p>Review on 9/23/19 of client #2's MARs from 7/1/19-9/23/19 revealed dosing dates left blank with no explanation on the MAR form for the following medications: -9/6 at 7pm for risperidone; -9/6 at 7pm for sertraline; -9/6 at 7pm for certizine; -9/20 at 7am for Stool Softener.</p> <p>Interview on 9/23/19 with client #2 revealed she got her medications daily.</p>	V 118	<p><i>please see attached</i></p> 		

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STATE FORM

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V 120	Continued From page 7 Review on 9/23/19 of client #2's record revealed: -admission date of 12/19/18 with diagnoses of Post Traumatic Stress Disorder and Specific Learning Disorder Reading and Math; -physician's order dated 12/19/18 for Flonase 50mcg one spray in each nostril daily; -physician's order dated 9/18/19 for Mupirocin Ointment 2% apply twice daily as needed. Observation on 9/23/19 at 7:30am of client #2's medications on site revealed: Flonase 50mcg one spray in each nostril daily and Mupirocin Ointment 2% apply twice daily as needed stored together in a clear plastic bag. Interview on 10/9/19 with the Director of Operations revealed: -unaware client #2's nose spray stored with her ointment; -have trained staff in medication storage; -will address issue with the Group Home Supervisor. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 120	<i>Please see attached</i> 	
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	V 293	<i>please see attached</i> 	

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V 293	Continued From page 8 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. (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.	V 293	please see attached	

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V 293	<p>Continued From page 10</p> <p>Review on 9/23/19 of a form titled "After Visit Summary" dated 3/26/19 from an endocrinology clinic regarding client #3 revealed the following documented:</p> <ul style="list-style-type: none"> -the issue addressed for this visit was Prediabetes; -"Your A1c today is 6.4%-it was 7.8% in February, so this is much better;" -normal A1c is 4.1%-6.4%; -new prescription list included blood sugar diagnostic strips "for blood sugar monitoring daily;" -new prescription list also included lancets "for once daily blood sugar monitoring;" -return in 3 months; -no physician's signature. <p>Review on 9/23/19 of a medical visit summary form from a local primary care physician dated 3/18/19 regarding client #3 revealed the following documented:</p> <ul style="list-style-type: none"> -"If metabolic labs are normal, I want to stop the metformin and have her labs rechecked in 2-3 months to see what they look like off the medications;" -no physician's signature. <p>Review on 9/23/19 of a form titled "After Visit Summary" dated 6/27/19 from an endocrinology clinic regarding client #3 revealed the following documented:</p> <ul style="list-style-type: none"> -client #3 was to continue with her blood sugar monitoring; -no physician's signature. <p>Review on 9/23/19 of a discharge summary dated 9/6/19 from a psychiatric unit at a local hospital regarding client #3 documented the</p>	V 293	<p><i>please see attached</i></p> 		

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V 293	<p>Continued From page 11</p> <p>following:</p> <ul style="list-style-type: none"> -admission on 8/28/19; -discharge on 9/6/19; -diagnosis Major Depressive Disorder Unspecified and Prediabetes; -blood glucose and Hemoglobin A1c checked; -A1c was 6%; -no physician's signature. <p>Observations on 9/23/19 at 7:23am of client #3's medications on site revealed:</p> <ul style="list-style-type: none"> -Metformin 500mg one tablet daily; -no blood sugar glucometer was on site. <p>Interview on 9/23/19 and 9/24/19 with the Group Home Supervisor(GH Sup) revealed:</p> <ul style="list-style-type: none"> -client #3's blood sugars checked since she was admitted to the facility; -staff #1 handled the blood sugar checks; -client #3 went on a home visit with her grandmother from 9/13/19-9/16/19; -when client #3 returned to the facility, she did not have her glucometer with her; -had not been able to get in touch with the grandmother about the glucometer; -checked with medicaid but they would not pay for another glucometer for client #3; -waited on the grandmother to send it back; -staff #1 knew more details about client #3's Diabetes and her blood sugar checks. <p>Interview on 9/24/19 and 10/3/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> -took client #3 to her appointment with her Endocrinologist in March 2019; -client #3 got her blood sugar glucometer at the March 2019 appointment; -the Endocrinologist showed client #3 how to check the blood sugars herself at the 	V 293	<p><i>please see attached</i></p> 	


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V 293	<p>Continued From page 12</p> <p>appointment; -noticed client #3 was not checking her blood sugars right when watched her complete her blood sugar checks; -staff #1 started completing the blood sugar checks to show client #3 how to do the checks properly; -she herself was a Diabetic and had to check her own blood sugars daily; -the blood sugar checks were all verbal orders; -did not obtain a written order; -the DSS Social Worker related information during the Child and Family Team Meetings regarding client #3's blood sugar checks; -staff #1 documented the blood sugar checks in client #3's record; -started with checking blood sugars twice a day, then once a day per the DSS Social Worker's request; -on the weekends, the other staff watched client #1 check herself.</p> <p>Interviews on 9/25/19, 10/2/19 and 10/3/19 with client #3's DSS Social Worker revealed: -prior to admission to the facility, client #3 was in a psychiatric hospital and diagnosed with Diabetes; -client #3 was placed on Metformin; -client #3's family had a history of Diabetes; -client #3 was placed on a glucometer to check her blood sugars by the Endocrinologist on 3/2019; -staff from the facility took client #3 to the 3/2019 appointment with the Endocrinologist; -the Endocrinologist showed client #3 how to check her blood sugars at her appointment in 3/2019; -client #3 was to check her blood sugars daily to monitor for the Endocrinologist for the next</p>	V 293	<p><i>please see attached</i></p> 		


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V 293	Continued From page 13 appointment; -there was some confusion when client #3 was taken to a local primary care physician who wanted to take client #3 off her Metformin; -staff notified her of this and she called the local primary care physician to inform them client #3 saw a specialist and was not to be taken off the Metformin; -client #3 stayed on her Metformin; -the Endocrinologist had stated he would not take client #3 off her Metformin until she lost a significant amount of weight; -client #3 has lost some weight but not enough; -the DSS Social Worker took client #3 to her next scheduled appointment on 6/27/19 with the Endocrinologist; -blood sugars had not been checked consistently and needed to be checked on a regular basis for the Endocrinologist; -next appointment with the Endocrinologist was scheduled for 9/2019 but was rescheduled by the Endocrinology clinic for 10/3/19; -facility was checking blood sugars daily and completed documentation for the next appointment with the Endocrinologist; -client #3 went home for a visit with her family on 9/13/19 and took her glucometer with her; -client #3 forgot to bring her glucometer back with her when she returned from her visit; -client #3's grandmother called on 9/17/19 and reported she found the glucometer while cleaning the room client #3 visited in; -the grandmother told her she placed the glucometer in the mail that day to the facility; -the facility should have the glucometer. -family's cell phone stopped working and the family was using a temporary cell phone; -the facility probably had problems contacting client #3's grandmother;	V 293	<i>Please see attached</i>		


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V 293	<p>Continued From page 14</p> <ul style="list-style-type: none"> -took client #3 to her appointment with the Endocrinologist on 10/4/19; -according to the Endocrinologist, client #3's A1cs were good; -was provided documentation of blood sugar checks from the facility to show the Endocrinologist; -client #3 had lost some weight; -her next appointment scheduled for 3 months. <p>Interview on 9/24/19 and 10/4/19 with client #3 revealed:</p> <ul style="list-style-type: none"> -been checking her blood sugars since she was admitted to the facility; -at first she checked it and staff would watch; -staff then started checking it; -she started checking it again herself recently; -staff #1 was the staff who usually checked it; -other staff just watched her check it; -knew how to check it; -checked it herself when she was at the psychiatric hospital; -staff always cleaned her finger before she checked it; -went for a visit to her grandmother's and took her glucometer; -accidentally left it at grandmother's residence; -her grandmother found it and sent it back. <p>Review on 10/2/19 of the blood sugar monitoring documentation for client #3 revealed:</p> <ul style="list-style-type: none"> -3/2019 checked twice daily, highest was 140, lowest was 92; -4/2019 checked twice a week, highest was 140, lowest was 85; -5/2019 checked once daily, highest was 160, lowest was 90 with check dates left blank for 5/21, 5/22, 5/24 and 5/26; -6/2019 checked once daily, highest was 150, 	V 293	<p><i>Please see attached</i></p> 		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-776	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/10/2019
NAME OF PROVIDER OR SUPPLIER NEW PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227		
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V 293	<p>Continued From page 15</p> <p>lowest was 80; -7/2019 checked Monday through Friday once daily, highest was 152, lowest was 90; -8/2019 checked once daily, highest was 150, lowest was 88; -9/2019 checked once daily from 9/1-9/12, highest was 130, lowest was 90; -9/13-9/16 on a home visit; -9/16-9/30 not able to check due to glucometer was not available; -10/2019 checked once daily, highest was 125, lowest was 120.</p> <p>Interview on 10/9/19 with the Director of Operations revealed: -never aware client #3 was diagnosed with Diabetes; -was aware of the diagnosis of Prediabetes; -talked about client #3's blood sugar checks in the Child and Family Team Meetings; -according to the staff and determined all the physician's instructions for client #3's blood sugar monitoring were verbal; -staff did not obtain the needed physicians' orders to clarify what needed to happen regarding client #3's blood sugar monitoring; -staff also became confused when getting different instructions from the Endocrinologist and the primary care physician; -have since obtained a physician's order from the Endocrinologist regarding the required blood sugar monitoring for client #3 to clarify what was required; -staff #1 was a diabetic herself and knew about diabetes and how to monitor blood sugars; -staff #3 handled client #3's Prediabetes and blood sugar monitoring; -have a weekend staff who was a licensed CNA (Certified Nursing Assistant) who knew how to</p>	V 293	<p>please see attached</p> 		


Division of Health Service Regulation

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V 293	<p>Continued From page 16</p> <p>monitor blood sugars also; -client #3's grandmother mailed the glucometer to the facility and the staff obtained it on 10/1/19; -will ensure all staff trained in Diabetes and blood sugars monitoring.</p> <p>Review on 10/7/19 of a physician's order dated 9/30/19 from the Endocrinologist documented: "Monitor blood sugar daily with supervision."</p> <p>Review on 10/9/19 of a Plan of Protection dated 10/9/19 and completed by the Director of Operations revealed the following documented: -"We have secured the med order to monitor the consumer's blood sugar. The staff will record the blood sugars on the MAR daily. The blood sugars will be monitored with supervision;" -"The staff will be trained immediately on how to check and monitor the blood sugar. The consumer will be re-trained to check blood sugars w/supervision. The agency has four designated staff that covers all shifts trained to check blood sugar. The remaining staff will be trained 10/19/19."</p> <p>Client #3 was diagnosed with Prediabetes and given a glucometer to monitor her blood sugars daily by her Endocrinologist on 3/26/19. Some staff conducted the blood sugar monitoring and some staff allowed client #3 to conduct her own blood sugar monitoring. There were no physicians' orders to clarify the required times and frequencies of the blood sugar monitoring and instructions for staff regarding certain blood sugar reading results. There was not a physician's order allowing client #3 to complete the blood sugar monitoring herself. There was also conflicting information between the Endocrinologist and client #3's primary care</p>	V 293	<p><i>please see attached</i></p> 		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-776	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
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V 293	Continued From page 17 physician about how to handle client #3's Prediabetic condition. Staff were not trained in Diabetes and blood sugar monitoring. Staff relied on verbal instructions from the Endocrinologist and client #3's legal guardian for blood sugar monitoring. Client #3 also left her glucometer at her family's home during a visit on 9/16/19 and staff were not able to monitor client #3's blood sugar from 9/16/19-9/30/19. The lack of staff training in Diabetes and blood sugar monitoring as well as the lack of coordination of care with client #3's physicians was detrimental to her safety, health and welfare. This deficiency constitutes a Type B rule violation. If this violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 293	<i>Please see attached</i> 	
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to maintain in a safe, clean, attractive and orderly manner. The findings are: Observations at 7:48am on 9/23/19 revealed the following:	V 736	<i>Please see attached</i> 	


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-776	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/10/2019
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V 736	<p>Continued From page 18</p> <ul style="list-style-type: none"> -peeling paint on the kitchen ceiling; -broken blinds in the living room; -no handle on the shower in the hall bathroom; -mold in the shower in the hall bathroom; -paint peeling behind the toilet in the hall bathroom; -no door to the last bedroom to the right; -hole in window molding; -faucet not working in the second bathroom -missing door frame to the last bedroom to the right; <p>Interview on 9/23/19 with the Group Home Supervisor revealed:</p> <ul style="list-style-type: none"> -client #4 was having a behavior this past weekend and banging on her bedroom door; -noticed the door and frame were loose; -decided to remove it all for safety purposes; -already scheduled to have the repairs completed today. <p>Review on 9/24/19 of a repair invoice dated 9/23/19 from a local repair service revealed:</p> <ul style="list-style-type: none"> -repaired the door and the door frame; -painted door and door frame. <p>Further observation on 9/24/19 at 3:30pm of client #4's bedroom revealed the door and door frame repaired.</p> <p>Interview on 10/9/19 with the Director of Operations revealed:</p> <ul style="list-style-type: none"> -had door and door frame repaired immediately; -will ensure other repairs needed will be addressed. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<p><i>please see attached</i></p> 	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-776	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/10/2019
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V 738	Continued From page 19	V 738	<i>Please see attached</i>		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure was kept free from insects. The findings are: Observation on 9/23/19 at 7:48am revealed: -small roaches seen in the kitchen cabinets; -approximately 4-5 roaches observed; -cabinet shelves were dirty. Interview on 9/23/19 with client #3 revealed; -have roaches, not sure why; -house gets bombed; -staff uses bug spray -maybe comes from the mulch outside. Interview on 9/23/19 with the Group Home Supervisor revealed: -clients bring food in; -house is old; -keep house sprayed; -tried to get rid of the roaches. Review on 9/23/19 of documentation of payments made to pest control for treatment of the facility revealed: -extermination completed on 8/19/19; -extermination completed on 8/20/19;	V 738			

Division of Health Service Regulation

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V 738	Continued From page 20 -fumigation completed on 8/27/19; -extermination completed on 8/29/19. Interview on 10/9/19 with the Director of Operations revealed: -have tried to get rid of the roaches; -had pest control out to the facility several times; -thought the roaches were gone; -will ensure the cabinet shelves get cleaned and address the roach issue.	V 738	please see attached 		

V 108 27G .0202 (F-I) Personnel Requirements
10A NCAC 27G .0202 PERSONNEL REQUIREMENTS

This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff were trained to meet the needs of the clients for 3 of 3 staff (#1, #2 and #3) and 1 of 1 Group Home Supervisor (GH Sup).

As of 10/19/2019 Director of Operations Hawa Hunt has facilitated with a Nurse to have Diabetes training to all employees for all facilities of New Place, Inc. furthermore once a new employee is hired, they will have Diabetes training completed within 30 days of being hired. The new employee will not be allowed to work alone or supervise a client complete their blood sugar check. There will be ongoing monitoring of this and all trainings to be completed by Quality Assurance/Quality Improvement Committee on a semiannual and annual basis.

V 118 27G .0209 (C) Medication Requirements
10A NCAC 27G .0209 MEDICATION REQUIREMENTS

This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure MARs were current and medications administered were recorded immediately after administration affecting 2 of 3 clients (#1, #2).

Effective 11/01/2019 Executive Director James Hunt, Qualified Professional, will conduct weekly house visit on each Friday of the week to assure that all Medication Administration Records are completed accurate to identify that medications are given or not given. If a medication is not given it will be identified as to why the medication was not given to include the explanation located on the back with an accompanying internal incident report to be stored at the agency main office. If it is to be discovered that there is any incomplete MAR for any client Executive Director James Hunt with cross reference the weekly schedule to identify which staff was working during that date and time and provide a written supervision to address the issue. This written supervision will be stored at the agency main office. The monitoring of this will be ongoing and conducted quarterly by the Quality Assurance/Quality Improvement Committee.

V 120 27G .0209 (E) Medication Requirements
10A NCAC 27G .0209 MEDICATION REQUIREMENTS

This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure medications were stored separately for external and internal use affecting 1 of 3 clients (#2).

Effective 10/20/2019 Director of Operations Hawa Hunt, separated external and internal medications by storing them in separate medications containers for each client individually. Executive Director James Hunt, Qualified Professional, will conduct weekly house visits to be conducted on each Friday of the week to assure internal and external medications are kept separate for each client individually. The monitoring of this will be ongoing at.

V 293 27G .1701 Residential Tx. Child/Adol - Scope
10A NCAC 27G .1701 SCOPE

This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to coordinate with other individuals and agencies within the adolescent's system of care affecting 1 of 3 clients (#3). The findings are: Cross Referenced: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS V108 Based on records review and interviews, the facility failed to ensure staff were trained to meet the needs of the clients for 3 of 3 staff (#1, #2 and #3) and 1 of 1 Group Home Supervisor (GH Sup).

Effective 10/23/2019 Executive Director James Hunt conducted a monthly Group Supervision to revisit 27G. 1701 Residential TX . Child/Adol. Scope to include family involvement using the System of Care approach. On 10/24/2019 Executive Director James Hunt met with Clinical Director Artemus Flagg and the House Managers to review the System of Care Approach to identify inclusion of other agencies and documenting

the inclusion of other agencies. Executive director James Hunt will monitor this process on a monthly basis by reviewing each consumer chart to identify the System of Care approach is being implemented.

V 736 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 records review, observations and interviews, the facility failed to maintained in a safe, clean, attractive and orderly manner.

Effective 10/25/2019 Director of Operations Hawa Hunt coordinated with a handy man to make all repairs. The Handy man has begun the repairs with an anticipated completion date of 11/15/2019. All repairs are to include correcting the peeling paint on the kitchen sink and hallway bathroom, replacing broken blinds, replacing handle on shower in hallway bathroom, removing the mold in shower of hallway bathroom, repairing hole in window molding, repairing faucet in second bathroom, and repairing and replacing door frame and door in last bedroom.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 24, 2019

Hawa Hunt, Director of Operations
New Place, Inc.
6612 East WT Harris Blvd
Charlotte, NC 28215

Re: Annual, Follow-up and Complaint Survey completed 10/10/19
New Place, 5601 Faulconbridge Road, Charlotte, NC 28227
MHL # 060-776
E-mail Address: hawa1908@aol.com; hjames7759@aol.com
Intakes #NC155587, #NC156555

Dear Ms. Hunt:

Thank you for the cooperation and courtesy extended during the annual, follow up and complaint survey completed October 10, 2019. The complaints were unsubstantiated. Deficiencies were cited.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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 B** rule violation is cited for 10A NCAC 27G .1701 Residential Treatment Staff Secure Scope V293 with cross referenced 10A NCAC 27G. 0202 Personnel Requirements V108.
- Standard level deficiencies were cited.
- Re-cited standard level deficiencies were cited.

Time Frames for Compliance

- **Type B** violation must be **corrected** within 45 days from the exit date of the survey, which is November 2, 2019. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed deficiency by the 45th day from the date of the survey may result in the assessment of an administrative penalty of \$200.00 (Two Hundred) against New Place, Inc. for each day the deficiency remains out of compliance.
- The standard level deficiencies must be corrected within 60 days from the exit date of the survey, which is December 9, 2019.
- Re-cited standard level deficiencies must be corrected within 30 days from the exit date of the survey which is November 9, 2019.

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

October 24, 2019
Hawa Hunt
New Place, Inc.

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.

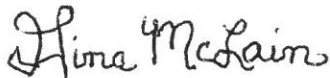
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

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
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

CC:

gmemail@cardinalinnovations.org
dhhs@vayahealth.com
File