Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	L COMP		(X3) DATE SURVEY COMPLETED
701012701	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:	
		MHL014009	B. WING		01/24/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
NEW HOR	RIZONS, P.S.R.		MERCIAL COUR NC 28645	T NE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	on January 24, 2020.	aint survey was completed The complaint was ke #NC 00158972). A			
V 177	27G .1203 (B) Psycho	osocial Rehab - Operations	V 177		
	27G .1203 (B) Psychosocial Rehab - Operations 10A NCAC 27G .1203 OPERATIONS (b) Employment Services. Each facility shall provide transitional or supported employment services to facilitate client entry into competitive employment. (1) When supported employment services are provided by the facility, each client shall be one for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of severe mental illness. (2) When supported employment is to be provided by the facility, one of the following models shall be used: (A) job coaching and supervision of individuals in an industry or business; (B) mobile crew service jobs of eight or fewer workers in the community under the training and supervision of a crew leader; or (C) small business enterprises operated with eight or fewer workers with training and supervision provided on site. (3) When transitional employment services are provided by the facility: (A) There shall be an agreement between the facility and employer for a specific job and the job shall first be performed by a facility staff member to determine its technical requirements.				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL014009	B. WING		01	/24/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
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NEW HOR	RIZONS, P.S.R.	LENOIR	, NC 28645			
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V 177	Continued From page	e 1	V 177			
	placement is the resp the individual client. (4) When supp are provided through between the psychos and the Division of Vo	on of a client to fill a consibility of the facility and corted employment services a vendorship arrangement social rehabilitation program ocational Rehabilitation, the O of this Subchapter shall				
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide transitional or supportive employment services to facilitate client entry into competitive employment for 3 of 3 clients (Clients #1, #2 and #4). The findings are: Review on 1/23/20 of Client #1's record revealed:					
	Disability (IDD), Post (PTSD); -A 11/19/18 screening	ellectual Developmental -Traumatic Stress Disorder g and admission referral				
	services for her to but and maintain healthy -Her 11/7/19 treatme pre-vocational skill go	nt plan included pals of:				
	involved working as a meal; -community volunte kitchen, animal thera	hen manager, which a team member to prepare a eer work in a local soup py at a local animal shelter, and meals, and/or picking up				
	-There was no docum	nentation in her 11/7/19 ner written progress notes				

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STATE FORM 6899 O6YL11 If continuation sheet 2 of 6

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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		MHL014009	B. WING		01	/24/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
			MERCIAL COURT			
NEW HOP	RIZONS, P.S.R.		, NC 28645			
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V 177	Continued From page	e 2	V 177			
		19 to 1/3/20 that indicated tive employment services facility.				
	-She came to the pro- living skills; -Her goals at the pro- to cook and do volund shelter or a local soul -Each morning in the her peers met with st in one of the four wor -She managed the kill which meant she help ingredients together a prepare the lunch me -She was interested i grocery store or gene -She did not want to verestaurant; -She had not discuss	tchen unit once a week bed her peers get the food and they worked together to eal; n getting a part-time job in a eral cleaning (janitorial) work;				
	-Date of admission: 7 -Diagnoses: PTSD, B Anxiety Disorder, Epi Acid Reflux, History of resulting traumatic br Depressive Disorder; -A 7/24/19 screening recommended PSR sindependent living sk -His 7/25/19 treatmer -a statement that he independent living wh finances, social life, a	sipolar Disorder, Generalized lepsy, High Blood Pressure, of Childhood Abuse with ain injury, Other Specified and admission referral services to increase his ills; at plan included: e wanted to more				

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STATE FORM 6899 O6YL11 If continuation sheet 3 of 6

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	EIED
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		MHL014009	B. WING		01/2	24/2020
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	,	LENOIR,	NC 28645			
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V 177	Continued From page	e 3	V 177			
	preparation, money n shopping, and the ab clean home; -pre-vocational goa facility chores (e.g., ta mopping), and develor preparation skills; -community volunte kitchen, animal theral delivery of homebour debris along a design -There was no docum treatment plan or in h from the period 8/12/	nanagement, grocery ility to maintain a safe and Is included completion of aking out the trash, seeping, opment and use of meal eer work in a local soup py at a local animal shelter, and meals, and picking up nated road; nentation in his 7/25/19 his written progress notes 19 to 1/3/20 that indicated tive employment services				
	-He came to the PSR another county because home and stare at the -He previously attend the county where he -He received vocation the other county for or a fast food restaurant -He was let go from his eizures a lot and he returning to work in a -He was not aware the workshop in his curred -He believed he need socialization skills to going to a vocational	led a vocational workshop in previously lived; hal rehabilitation services in one year and went to work at it; his job because he had was not interested in fast food restaurant; here was a local vocational ent county of residence; hed to work on his deal with his anxiety before workshop again.				
	Review on 1/24/20 of -Admission date: 10/ -Diagnosis: Bi-polar I -His 10/15/19 treatme -included a work his	Disorder; ent plan:				

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MHL014009 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 247 COMMERCIAL COURT NE 1 TO 1/24/2020	
NEW HORIZONS, P.S.R. 247 COMMERCIAL COURT NE	020
NEW HORIZONS, P.S.R.	
LENOIR, NC 28645	
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	(X5) COMPLETE DATE
V 177 Continued From page 4 restaurant which he enjoyed and he reported he did well; -included as his treatment goals: gaining independent livings skills which included improving money management, and maintaining and use of appropriate social skills and coping skills related to his mental health symptoms; -There was no documentation in his 10/15/19 treatment plan or in his written progress notes from the pendod 11/11/19-1/13/20 that indicated transitional or supportive employment services were provided by the facility. Interview on 1/23/20 with the Program Manager/Qualified Professional (QP #1) revealed: -His hire date as PSR Program Manager/QP was 4/16/18; -He recalled the names of 3 clients who worked with Vocational Rehabilitation (VR) Services when he began his employment at the program; -While one client was Former Client #3, the three clients he named who received VR services did not include Clients #1, #2 or #4; -He did not provide a list of all clients referred to VR services by the facility within the last 6 months; -He was uncertain if the facility had a working agreement with a local VR program for supportive employment services. Interview on 1/23/20 with the Executive Director (ED)/QP #2 revealed: -He assumed the ED/QP position a couple of weeks ago -"We don't provide transitional or supportive employment." -He was willing to look into how the transitional or supportive employment." -He was willing to look into how the transitional or supportived employment services needed to be provided to meet the requirement.	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED	
		MHL014009	B. WING			1/24/2020
						1/24/2020
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V 177	Continued From page	÷ 5	V 177			
	revealed: -The facility did not ha local VR program to ca agreement for supported. The facility's vendor employment servicesThe facility continued services for employment services for employment job search and assistClients were not intered because they (the client and wages from a job benefits; -Clients had voluntee which was their transitation.	tive employment services; agreement with VR was 8 to 10 years ago; do to refer clients to VR ent services that included ance with job applications; rested in paid employment ents) lived in group homes a would affect their subsidy or work in the community tional employment; funding funds available for none staff for supportive				

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