Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED. A. BUILDING: MHL014009 B. WING 01/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 247 COMMERCIAL COURT NE NEW HORIZONS, P.S.R. LENOIR, NC 28645 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)**PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on January 24, 2020. The complaint was unsubstantiated (intake #NC 00158972). A deficiency was cited. DHSR - Mental Health This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial FEB 18 2020 Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness. Lic. & Cert. Section V 177 27G .1203 (B) Psychosocial Rehab - Operations V 177 10A NCAC 27G .1203 OPERATIONS (b) Employment Services. Each facility shall provide transitional or supported employment services to facilitate client entry into competitive employment. 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. When supported employment is to be provided by the facility, one of the following models shall be used: job coaching and supervision of individuals in an industry or business; mobile crew service jobs of eight or fewer workers in the community under the training and supervision of a crew leader; or small business enterprises operated with eight or fewer workers with training and supervision provided on site. When transitional employment services are provided by the facility: 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

2/12/2022

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If continuation sheet 1 of 6

PRINTED: 02/02/2020 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL014009 01/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 247 COMMERCIAL COURT NE NEW HORIZONS, P.S.R. LENOIR, NC 28645 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 177 Continued From page 1 V 177 The selection of a client to fill a placement is the responsibility of the facility and the individual client. When supported employment services are provided through a vendorship arrangement between the psychosocial rehabilitation program and the Division of Vocational Rehabilitation, the rules in Section .5800 of this Subchapter shall apply. 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: -Date of admission: 11/20/18; -Diagnoses: Mild Intellectual Developmental Disability (IDD), Post-Traumatic Stress Disorder (PTSD); -A 11/19/18 screening and admission referral recommended psychosocial rehabilitation (PSR) services for her to build independent living skills and maintain healthy socialization; -Her 11/7/19 treatment plan included pre-vocational skill goals of: -being a facility kitchen manager, which involved working as a team member to prepare a

treatment plan or in her written progress notes Division of Health Service Regulation

-community volunteer work in a local soup kitchen, animal therapy at a local animal shelter, delivery of homebound meals, and/or picking up

-There was no documentation in her 11/7/19

debris along a designated road;

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL014009 B. WING 01/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 247 COMMERCIAL COURT NE NEW HORIZONS, P.S.R. LENOIR, NC 28645 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 177 Continued From page 2 V 177 from the period 11/8/19 to 1/3/20 that indicated transitional or supportive employment services were provided by the facility. Interview on 1/23/20 with Client #1 revealed: -She came to the program to learn independent living skills; -Her goals at the program included learning how to cook and do volunteer work at a local animal shelter or a local soup kitchen once a month; -Each morning in the 9:30 am meeting, she and her peers met with staff and volunteered to work in one of the four work units; -She managed the kitchen unit once a week which meant she helped her peers get the food ingredients together and they worked together to prepare the lunch meal; -She was interested in getting a part-time job in a grocery store or general cleaning (janitorial) work; -She did not want to work in a fast food restaurant: -She had not discussed her work interests with staff because no one had asked her about her Review on 1/23/20 of Client #2's record revealed: -Date of admission: 7/25/19: -Diagnoses: PTSD, Bipolar Disorder, Generalized Anxiety Disorder, Epilepsy, High Blood Pressure, Acid Reflux, History of Childhood Abuse with resulting traumatic brain injury, Other Specified Depressive Disorder: -A 7/24/19 screening and admission referral recommended PSR services to increase his independent living skills: -His 7/25/19 treatment plan included: -a statement that he wanted to more independent living where he controlled his finances, social life, and understood he did not possess the skills needed currently such as meal

Division of Health Service Regulation

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL014009 B. WING 01/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 247 COMMERCIAL COURT NE NEW HORIZONS, P.S.R. LENOIR, NC 28645 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 177 Continued From page 3 V 177 preparation, money management, grocery shopping, and the ability to maintain a safe and clean home: -pre-vocational goals included completion of facility chores (e.g., taking out the trash, seeping, mopping), and development and use of meal preparation skills; -community volunteer work in a local soup kitchen, animal therapy at a local animal shelter, delivery of homebound meals, and picking up debris along a designated road; -There was no documentation in his 7/25/19 treatment plan or in his written progress notes from the period 8/12/19 to 1/3/20 that indicated transitional or supportive employment services were provided by the facility. Interview on 1/23/20 with Client #2 revealed: -He came to the PSR program after moving from another county because he did not want to stay at home and stare at the walls; -He previously attended a vocational workshop in the county where he previously lived; -He received vocational rehabilitation services in the other county for one year and went to work at a fast food restaurant; -He was let go from his job because he had seizures a lot and he was not interested in returning to work in a fast food restaurant; -He was not aware there was a local vocational workshop in his current county of residence;

Division of Health Service Regulation

-He believed he needed to work on his

going to a vocational workshop again.

-included a work history at a fast food

-Admission date: 10/14/19; -Diagnosis: Bi-polar Disorder: -His 10/15/19 treatment plan:

socialization skills to deal with his anxiety before

Review on 1/24/20 of Client #4's record revealed:

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Division of Health Service Regulation

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		restaurant which he enjoyed and he reported he						١
		did well;	, ,					
		-included as his trea	tment goals: gaining					
indepe		independent living skills which included improving						
			and maintaining and use of					ı
	appropriate social skills and coping skills related							ı
	to his mental health symptoms; -There was no documentation in his 10/15/19						I	
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			s written progress notes					I
		from the period 11/11/19-1/13/20 that indicated						l
	transitional or supportive employment services were provided by the facility.						l	
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		the provided by the h	aomiy.					ı
		Interview on 1/23/20 w	ith the Program					ı
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		Manager/Qualified Professional (QP #1) revealed: -His hire date as PSR Program Manager/QP was						ı
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4/16/18;			1 Togram Manager/QF was					ı
			s of 3 clients who worked					l
with Vo			litation (VR) Services when					l
		he hegan his amploym	ant at the program					ı
		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:					
			st of all clients referred to					
		VR services by the faci	lity within the last 6					
		months;	my within the last 6					
		Control (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	facility had a weekler					
		-He was uncertain if the	VP program for a very					
		employment services.	VR program for supportive					
	13	employment services.						
	1	Interview on 1/22/20	th the Everytime Direct					
		(ED)/QP #2 revealed:	th the Executive Director					
			D:					
		He assumed the ED/Q	P position a couple of					
		weeks ago	W I					
		"We don't provide trans	sitional or supportive	Towns and the second				
		employment;"	7.7				- 1	
	100	ne was willing to look i	nto how the transitional or					
	8	supportive employment	services needed to be				- 1	
	provided to meet the requirement		1			- 1		

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ MHL014009 B. WING 01/24/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 247 COMMERCIAL COURT NE NEW HORIZONS, P.S.R. LENOIR, NC 28645 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 177 Continued From page 5 V 177 Interview on 1/23/20 with the Owner/Licensee revealed: -The facility did not have the numbers for the local VR program to continue their vendor agreement for supportive employment services; -The facility's vendor agreement with VR employment services was 8 to 10 years ago; -The facility continued to refer clients to VR services for employment services that included job search and assistance with job applications; -Clients were not interested in paid employment because they (the clients) lived in group homes and wages from a job would affect their subsidy benefits; -Clients had volunteer work in the community which was their transitional employment; -There were no state funding funds available for clients to have one-on-one staff for supportive employment services.

New Horizons POC 2/12/2020

W-177-27G .1203 (B) Psychosocial Rehab - Operations. 10A NCAC 27G - The facility will provide transitional or supported employment services to facilitate client entry into competitive employment. Program Director/QDIP will assess current facility participants and inquire individually about desire for competitive employment. QDIP will implement a training program for those identified to begin training in area of transitional employment services. Program Director/QDIP will continue to see outside entities in order to develop partnerships with, which could serve as a transitional employment training opportunity for those identified as interested participants. Facility staff will be trained in the understanding of transitional employment.

ED, Program

Person/s responsible:

Facility staff.

Director/QDIP and

3/20/2020

Completion Date:

2/12/2020