MHL092-678         B. WING         R         R         03/12/           VAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         STREET MODRESS, CITY, STATE, ZIP CODE         STREET MODRESS, CITY, STATE, ZIP CODE         STREET ADDRESS, CITY, STATE,		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
WHE OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         4513 FOX ROAD RALEIGH, NC 27616       4513 FOX ROAD RALEIGH, NC 27616         (WID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LS: IDENTIFYING INFORMATION)       PREFIX PREFIX REGULATORY OR LS: IDENTIFYING INFORMATION)         V 000       INITIAL COMMENTS       V 000         An annual and follow up survey was completed on March 12, 2020. Deficiencies were cited.       This facility is licensed for the following service category: 10A NCAC 27G .1200 Residential Treatment Level II for Adolescents.       V 118         V 118       27G .0209 (C) Medication Requirements       V 118         10A NCAC 27G .0209 MEDICATION RECOUREMENTS (c) Medications, including injections, shall only be administered to a client on the written order of a person authorized in writing by the client's physician.       V 118         (2) Medications, including injections, shall be administered only by licensed persons, or by unicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administering the drug; (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (C) instructions for admininistering the drug; (C) instructions for adm							
HE BRUSON GROUP NEW BEGINNINGS HEI         4513 FOX ROAD RALEIGH, NC 27616           OVAID PREFEX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         PREFEX TAG         PROVIDER'S PLAN OF CORRECTION (EACH ODRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)           V 000         INITIAL COMMENTS         V 000           An annual and follow up survey was completed on March 12, 2020. Deficiencies were cited.         V 000           This facility is licensed for the following service category: 10A NCAC 27G. 1030 Residential Treatment Level II for Adolescents.         V 118           V 118         27G .0209 (C) Medication Requirements         V 118           IOA NCAC 27G .0209 MEDICATION REQUIREMENTS         V 118           (c) Medications, including injections, shall be administered to a client on the written order of a person authorized by law to prescribe drugs.         V 118           (2) Medications, including injections, shall be administered only by licensed persons, or by unilcensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administerid shall be recorde 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; (C) instructions for admininstering the drug; (C) instructions for administering the drug;	MHL092-678		B. WING		03/	12/2020	
Intel BRUSON GROUP NEW BEGINNINGS HE// (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE FREEDED BY PULL REQULATORY OR LSC IDENTIFYING INFORMATION)       ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         V 000       INITIAL COMMENTS       V 000         An annual and follow up survey was completed on March 12, 2020. Deficiencies were cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G. 1300 Residential Treatment Level II for Adolescents.       V 118         10A NCAC 27G .0209 MEDICATION REQUIREMENTS       V 118         10A NCAC 27G .0209 MEDICATION REQUIREMENTS       V 118         (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.       V 118         (2) Medications shall be self-administered by clients only when authorized by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administration.       (3) Medication Administration Record (MAR) of all drugs administered shall be kept current. Medication administretered shall be recorded immediately after administration. The MAR is to include the following: (A) icients andministration Record (MAR) of all drugs administered to each client must be kept current. Medication administration Record (MAR) of all drugs administered shall be recorded immediately after administering the drug; (C) instructions for administering the	AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
RALEIGH, NC 27616           PROVIDER'S PLAN OF CORRECTION PRETX REGULATORY OR LSC IDENTIFYING INFORMATION)         PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)           V 000         INITIAL COMMENTS         V 000         INITIAL COMMENTS         V 000           An annual and follow up survey was completed on March 12, 2020. Deficiencies were cited.         V 000         INITIAL COMMENTS         V 000           V 118         27G .0209 (C) Medication Requirements         V 118         V 118           10A NCAC 27G .0209 MEDICATION REQUIREMENTS         V 118         V 118           10A NCAC 27G .0209 MEDICATION REQUIREMENTS         V 118           (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a cilent on the written order of a person authorized by law to prescribe drugs.         V 118           (2) Medications shall be self-administered by clients only when authorized in writing by the clients only when authorized nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.         (4) A Medication Administration Record (MAR) of all drugs 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; (C) instructions of person administering the drug; (C) instructions of person administering the drug; (C) instructions of person administering the drug; (C) instructions for administering the drug; (C	HE BRU	ISON GROUP /NEW	REGINNINGS HEL				
Preferx TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PRETX TAG       CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APROPRIATE DEFICIENCY)         V 000       INITIAL COMMENTS       V 000         An annual and follow up survey was completed on March 12, 2020. Deficiencies were cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G. 1300 Residential Treatment Level II for Adolescents.       V 118         V 118       27G. 0.209 (C) Medication Requirements       V 118         10A NCAC 27G. 0.209 MEDICATION REQUIREMENTS       V 118         (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.       V 118         (2) 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 administered for use (A) A Medications administered for second (MAR) of all drugs administered for lowing: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (C) instructions for administering the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.			RALEIG	H, NC 27616			-
An annual and follow up survey was completed on March 12, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G . 1300 Residential Treatment Level II for Adolescents. V 118 27G .0209 (C) Medication Requirements V 118 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 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 administered; and (E) name or initials of person administering the drug.	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
on March 12, 2020. Deficiencies were cited.         This facility is licensed for the following service category: 10A NCAC 27G. 1300 Residential Treatment Level II for Adolescents.         V118         27G.0209 (C) Medication Requirements       V 118         10A NCAC 27G.0209 MEDICATION REQUIREMENTS       V 118         (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 Administer dation Record (MAR) of all drugs 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 (E) name or initials of person administering the drug;	V 000	INITIAL COMMENTS		V 000			
category: 10A NCAC 27G .1300 Residential Treatment Level II for Adolescents.         V 118       27G .0209 (C) Medication Requirements       V 118         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 (E) name or initials of person administering the drug.							
<ul> <li>10A NCAC 27G .0209 MEDICATION REQUIREMENTS <ul> <li>(c) Medication administration:</li> <li>(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.</li> <li>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</li> <li>(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.</li> <li>(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:</li> <li>(A) client's name;</li> <li>(B) name, strength, and quantity of the drug;</li> <li>(C) instructions of person administered; and</li> <li>(E) name or initials of person administered; and</li> </ul> </li> </ul>		category: 10A NCA	C 27G .1300 Residential				
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 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 administering the drug.	V 118	27G .0209 (C) Med	dication Requirements	V 118			
(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation		REQUIREMENTS (c) Medication adm (1) Prescription or only be administered order of a person a drugs. (2) Medications shi clients only when a client's physician. (3) Medications, im administered only function pharmacist or othe privileged to prepa (4) A Medication Ad all drugs administered current. Medication recorded immediat MAR is to include to (A) client's name; (B) name, strength (C) instructions for (D) date and time to (E) name or initials drug. (5) Client requests checks shall be record	ninistration: non-prescription drugs shall ed to a client on the written authorized by law to prescribe all be self-administered by nuthorized in writing by the cluding injections, shall be by licensed persons, or by s trained by a registered nurse or legally qualified person and re and administer medications dministration Record (MAR) of pred to each client must be kep administration Record (MAR) of pred to each client must be kep administered shall be rely after administration. The she following: administering the drug; administering the drug; the drug is administering the for medication changes or corded and kept with the MAR				

## PRINTED: 03/17/2020 FORM APPROVED

TATEMEN	of Health Service Regulation           T OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTI		IDENTIFICATION NOMBER.	A. BUILDING:	A. BUILDING:		
		MHL092-678	B. WING	B. WING		R 12/2020
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
HE BRI	JSON GROUP /NEW	BEGINNINGS HE	X ROAD			
		RALEIGI	H, NC 27616			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC		DATE
V 118	Continued From no	2001	V 118		,	
V 110	Continued From pa	ige i	V IIO			
		et as evidenced by:				
	Based on observation, record review and interview the facility failed to ensure one of three					
	audited clients (#1) medications were					
	administered on the written order of a physician.					
	The findings are:					
	Review on 3/10/20	of client #1's record revealed:				
	- admitted 7/7/16					
	- diagnoses of P	ost Traumatic Stress Disorder	;			
		nt Disorder & Unspecified				
	Depressive Disorde	er				
	Review on 3/12/20	of a fax sent to the				
		Ith Service Regulation				
	revealed:	-				
		order dated 1/6/20: discontinue				
		administer Benztropine 1mg eat side effects of other drugs)				
	twice a day (call lit	sat side effects of other drugs)				
	Observation on 3/1	0/20 of client #1's medication				
	box revealed:					
		nztropine 2mg twice a day				
		missing from the bubble pack) nztropine 2mg was removed &				
	•	vice a day was observed				
		e 1mg was filled 1/13/20 & no				
		rom the bubble pack				
	During interview or	3/10/20 staff #1 reported:				
		anager of a sister facility				
		aff & the Licensee reviewed				
	the medications &	MARs				
		he medications last week				
	<ul> <li>she was not su ealth Service Regulation</li> </ul>	ire why the Benztropine 2mg				

Division of Health Service Regulation STATE FORM

## PRINTED: 03/17/2020 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-678		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		B. WING			R 1 <b>2/2020</b>		
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, SI	DDRESS, CITY, STATE, ZIP CODE			
HE BRI	JSON GROUP /NEW I	BEGINNINGS HE/ 4513 FO RALEIGI	X ROAD H, NC 27616				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 118	Continued From pa was still in client #1	-	V 118				
	reported: - she reviewed n - she had not fou - she was made	3/10/20 the Licensee nedications & MARs daily und any discrepancies aware today the Benztropine ent #1's medication box					
V 736	10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and maintained in a saf	ty and Grounds Maintenance 303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736				
	Based on observat failed to ensure the	et as evidenced by: ion and interviews the facility home was maintained in a ractive manner. The findings					
	-Multiple smoke chirping.	0/2020 at 2:15 PM revealed: e detectors in the home ike substance across the wall					
	#4, & #5 stated:	n 3/10/20 clients #1, #2, #3, as been going on a few days. sed to it."					

P2Y311

## PRINTED: 03/17/2020 FORM APPROVED

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COMPLETED R 03/12/2020	
		MHL092-678				
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		4513 EO				
HE BRU	ISON GROUP /NEW	RALEIG	H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	age 3	V 736			
	During interview on 3/10/2020 The Licensee stated:					
	-They change the batteries on the smoke detectors at the same time. -The batteries must have died at the same					
	time recently as to why they were all chirping. -The black substance in the bathroom is not					
		ley had it tested. I to clean it but realized they ain paint to cover it and they				
	are in the process					

P2Y311