


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-776</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>05/24/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5601 FAULCONBRIDGE ROAD CHARLOTTE, NC 28227</b>		
(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 5/24/21. The complaint was unsubstantiated (intake#NC176958). 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 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure fire and disaster drills were conducted per shift per quarter. The findings are:  Review on 5/20/21 of the facility's staff roster revealed the facility had three shifts(1st, 2nd and 3rd)	V 114	please see attached  	

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

STATE FORM

TITLE

(X6) DATE

6899

7WHP11

If continuation sheet 1 of 7

DHSR - Mental Health

JUN 4 2021

Lic. & Cert. Section


Executive Director

6/2/2021


Division of Health Service Regulation

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V 114	Continued From page 1  Review on 5/24/21 of the facility's fire and disaster documentation from 5/1/20-5/24/21 revealed: -no disaster drills from 7/1/20-12/31/20; -no fire drills on 1st shift from 1/1/21-3/31/21; -no fire drills on 2nd shift from 1/1/21-3/31/21.  Interview on 5/24/21 with the Director of Operations revealed: -not aware of missing drills; -will address issue.	V 114	Phase see attached  ↓	
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	please see attached  ↓	


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V 118	<p>Continued From page 2</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 a MAR of all medications administered to each client was kept current, medications administered were recorded immediately after administration, medications self-administered by clients only when authorized client's physician and medications were administered to as ordered affecting 2 of 3 clients (#2 and #3). The findings are:</p> <p>Finding #1: Review on 5/20/21 and 5/24/21 of client #2's record revealed: -admission date of 3/25/20; -diagnoses of Disruptive Mood Dysregulation Disorder(DMDD) and Post Traumatic Stress Disorder; -physician's order dated 4/7/20 for Prazosin 2mg one tablet twice daily; -physician's order dated 11/30/20 for Seroquel 200mg one tablet at 7:00pm; -physician's order dated 2/16/20 for Melatonin 3mg one tablet at bed; -physician's order dated 3/30/20 for Prilosec 20mg one tablet in the am;</p>	V 118	<p>please see attached</p> 	

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V 118	<p>Continued From page 3</p> <p>-physician's order dated 3/30/20 for Prilosec 10mg one tablet in the am along with 20mg to total 30mg.</p> <p>Observation on 5/24/21 at 2:00pm of client #2's medications revealed:</p> <p>-Prazosin 2mg one tablet twice daily; -Seroquel 200mg one tablet at 7:00pm; -Melatonin 3mg one tablet at bed; -Prilosec 20mg one tablet in the am; -Prilosec 10mg one tablet in the am.</p> <p>Review on 5/20/21 and 5/24/21 of client #2's MARs from 3/1/21-5/24/21 revealed:</p> <p>-dosing date left blank for Prilosec 10mg on 3/31; -dosing dates left blank for Prilosec 20mg on 4/1-4/30; -dosing dates left blank for Prazosin 2mg on 3/30(pm) and 3/31(am/pm); -dosing dates left blank for Seroquel 200mg on 3/30 and 3/31; -Melatonin 3mg not listed on the March 2021 MAR.</p> <p>Interview on 5/24/21 with client #2 revealed;</p> <p>-get her medications daily; -do not really know her medications unless they are right in front of her.</p> <p>Finding #2: Review on 5/20/21 and 5/24/21 of client #3's record revealed:</p> <p>-admission date of 5/21/20; -diagnoses of DMDD, Attention Deficit Hyperactivity Disorder and Unspecified Trauma and Stress Related Disorder, History of Neglect of a Child-Victim; -physician's order dated 5/15/20 for Vitamin D3 5000 units one tablet daily; -physician's order dated 2/22/21 for Vitamin D2</p>	V 118	<p>please see attached</p> 	


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V 118	<p>Continued From page 4</p> <p>1.25mg one tablet per week; -physician's order dated 1/28/21 for ProAir HFA 90mcg one puff every 4-6 hours as needed; -no physician's order for self administer for ProAir HFA 90mcg one puff every 4-6 hours as needed; -no discontinue order for Vitamin D3 5000 unit one tablet daily.</p> <p>Observation on 5/24/21 at 1:43pm of client #3's medications revealed: -Vitamin D3 5000 units one tablet daily not on site; -Vitamin D2 1.25mg one tablet per week; -ProAir HFA 90mcg one puff every 4-6 hours as needed not on site.</p> <p>Review on 5/20/21 and 5/24/21 of client #3's MARs from 3/1/21-5/24/21 revealed: -Vitamin D3 5000 units one tablet daily documented as administered the following dates: 3/5, 3/12, 3/19, 3/26, 4/2, 4/9, 5/16, 4/23 and 4/30; -Vitamin D3 5000 units not listed on the May 2021 MAR; -Vitamin D2 1.25mg one tablet per week not listed on the March 2021 MAR.</p> <p>Interview on 5/24/21 with staff #3 revealed client #3 carried her inhaler with her at all times in case she needed it.</p> <p>Interview on 5/20/21 with client #3 revealed: -take her medications at 6:30am and at 7:00 or 8:00pm; -get her medications daily.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118	<p><i>Please see attached</i></p> 	

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V 736	Continued From page 5	V 736	<i>Please see attached</i> <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 observations and interviews, the facility failed to be maintained a safe, clean, attractive and orderly manner. The findings are:  Observations on 5/24/21 at 2:15pm revealed the following: -vent covers throughout the facility were rusted and dented; -the hall bathroom had 4 exposed screws on the wall above the sink; -missing light fixture over the sink in the hall bathroom; -large hole in the bottom of the sink cabinet of the hall bathroom with a piece of unattached sheet rock laying over it; -rusted light cover in ceiling of hall bathroom; -numerous stains on the hall bathroom ceiling; -unattached light wall cover taped to wall in the last bedroom on right of hallway; -upper glass pane missing in the window covered with cardboard in last bedroom on left of hallway; -broken sink with a long crack in the bathroom connected to the last bedroom on left of hallway; -missing light fixture over sink in this bathroom; -two old mattresses, office chairs and broken furniture piled by trashcans at end of driveway of	V 736		

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V 736	Continued From page 6 the facility.  Interview on 5/24/21 with the Director of Operations revealed: -plan to sent repair man to the facility to address the issues; -thought the repair man had fixed the broken sink; -unaware the hole in the sink cabinet was not fixed.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	<p>please see attached</p>  <p><i>[Signature]</i> B, MS, QP</p>	

New Place MHL-060-776

Plan of Correction for Complaint Survey completed 05/24/2021.

V114 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES

This Rule is not met as evidenced by: V 114 Based on records review and interview, the facility failed to ensure fire and disaster drills were conducted per shift per quarter.

Executive Director James Hunt met with all house managers on 06/02/2021 to discuss the procedures for fulfilling fire and disaster drills for each shift at a minimum quarterly, as they are responsible for coordinating all drills and to remind them of their obligation to complete fire and area-wide disaster drills for each shift at minimum quarterly. Two separate staffing's will be held for all staff held by Executive Director on June 15 and June 16, 2021, to review the agencies Emergency Plans and supplies to include all drills to be completed. Ongoing review of this will be conducted quarterly at the Quality Assurance/Quality Improvement Committee meetings

V118 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 a MAR of all medications administered to each client was kept current, medications administered were recorded immediately after administration, medications self-administered by clients only when authorized client's physician and medications were administered to as ordered affecting 2 of 3 clients (#2 and #3).

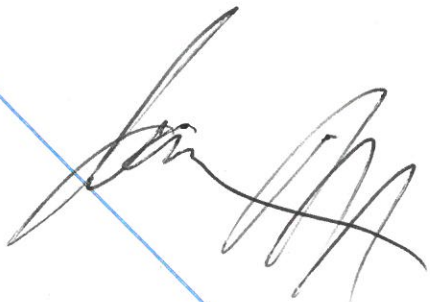
Executive Director James Hunt met with all house managers on 06/02/2021 to discuss the procedures for assuring all MAR's are current. Two separate staffing's will be held for all staff held by Executive Director on June 15 and June 16, 2021, to review the agencies procedures for completing Medication Administration Records, the process for administering medications and how to document whether medication was given, missed, refused, or if the consumer was out of the facility. Ongoing review of this will be conducted quarterly at the Quality Assurance/Quality Improvement Committee meetings.

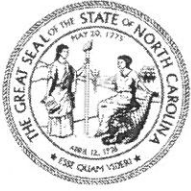
V736 27G.0303(c) Facility Grounds Maintenance 10A NCAC 27G .0303 Location and Exterior Requirements

This Rule is not met as evidenced by: V 736 Based on observations and interviews, the facility failed to be maintained a safe, clean, attractive, and orderly manner.

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Director of Operation Hawa Hunt has contacted the agency maintenance man and arranged for all repairs to be made in a timely matter with a completion date of June 5, 2021. Ongoing review of this will be conducted quarterly at the Quality Assurance/Quality Improvement Committee meetings as well as designated weekly visits to each facility by the Executive Director, Director of Operations, and/or the Clinical Director.

  
Bmsar 6/2/2021



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 26, 2021

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

Re: Annual, Complaint and Follow up Survey completed 5/24/21  
New Place, 5601 Faulconbridge Road, Charlotte, NC 28227  
MHL # 060-776  
E-mail Address: hawa1908@aol.com  
Intakes# NC 176958, 176972

Dear Ms. Hunt:

Thank you for the cooperation and courtesy extended during our annual, complaint and follow-up survey completed May 24, 2021. The complaint was 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**

- A standard level deficiency was cited
- Re-cited standard level deficiencies were cited

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit date of the survey, which is July 23, 2021
- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is June 23, 2021.

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

**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

May 26, 2021  
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.

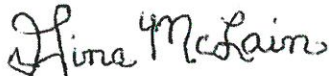
***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

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

Cc: [qmemail@cardinalinnovations.org](mailto:qmemail@cardinalinnovations.org)  
[dhhs@vayahealth.com](mailto:dhhs@vayahealth.com)  
File