

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-224	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/12/2021
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NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 326 BALDWIN ROAD BURLINGTON, NC 27217
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(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	<p>INITIAL COMMENTS</p> <p>A follow-up and complaint survey was completed on August 12, 2021. The complaints (intake #NC00179513 & NC00178419) were unsubstantiated. Deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 542	<p>27F .0105(a-c) Client Rights - Client's Personal Funds</p> <p>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS</p> <p>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.</p> <p>(b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.</p> <p>(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:</p> <p>(1) assure to the client the right to deposit and withdraw money;</p> <p>(2) regulate the receipt and distribution of funds in a personal fund account;</p> <p>(3) provide for the receipt of deposits made by friends, relatives or others;</p> <p>(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;</p> <p>(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;</p> <p>(6) provide for the deduction from a</p>	V 542		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 542	<p>Continued From page 1</p> <p>personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;</p> <p>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and</p> <p>(8) provide the client with a quarterly accounting of his personal fund account.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to keep adequate financial records to assure funds were managed in the manner required for two of two former audited clients (#1 and #2). The findings are:</p> <p>Review on 8/11/21 of FC#1 ' s record revealed: -Admission date of 5/15/18. -Diagnoses of Schizophrenia and Diabetes. -Discharged 2/2021.</p> <p>Review on 8/11/21 of FC#2 ' s record revealed: -Admission date of 12/20/19. -Diagnoses of Paranoid Schizophrenia, Dementia, Cancer, COPD and Crohn ' s Disease -Discharged 2/2021.</p> <p>Attempted interview on 8/11/21 with FC#1 ' s and FC#2 ' s guardian. The contact information was no longer available. FC#1 and FC#2 had the same guardian.</p> <p>Interview on 8/12/21 with the Owner revealed: -FC#1 and FC#2 discharged in February 21, 2021 per transfer to a higher level of care. -The rent was #1248 per month. -FC#1 and FC#2 received \$1248/month.</p>	V 542		

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V 542	<p>Continued From page 2</p> <ul style="list-style-type: none"> -FC#1 and FC#2 left in the middle of the month. -She prorated the amount from the 15th of February. -She confirmed that owing transferring facility prorated amount for both clients in the amount of \$624.00 each. -She would send the total amount by mail on 8/13/21. -She denied FC#1 and FC#2 had to pay additional rental fee. -She was not FC#1 ' s and FC#2 ' s guardian. -FC#1's and FC#2 ' s funds went to the guardian. -She confirmed that she never received stimulus checks for any client living at the group home. -She denied FC#1 and FC#2 applied for food stamps. -FC#1 and FC#2 would need approval from the guardian. -Reported some clients asked to apply because they would receive about \$20-\$30 a month. -She had a consumer expense log but did not produce documentation for FC#1 and FC#2. 	V 542		