

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5309 KYLE DRIVE RALEIGH, NC 27616
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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
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V 000 INITIAL COMMENTS

An Annual and Complaint Survey was completed 7/28/21. Complaint intake #NC00177912 was substantiated. A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III for Adolescents

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 observation and interview the facility was not maintained in a safe and attractive manner. The findings are:

- Observation on 7/27/21 at 2:45 PM revealed:
- Two smoke detectors chirping in the hallways
 - Kitchen faucet handle loose and unable to tell if on hot or cold
 - Fan blade missing in client #1 and #5's bedroom
 - Light bulbs missing in client #1 and #5's bathroom
 - Sink knob in client #1 and #5's bathroom broken
 - Towel and toilet paper rack hooks still in the wall in client #1 and client #5's bathroom.

Interview on 7/27/21 the Associate Professional stated:

V 000 Measures put in place to **correct** the deficient area of practice and how we identified other areas of the facility having the potential to be affected by the same deficient practice and what corrective actions will be taken

V 736 Measures put in place to **prevent** the problem from occurring again

Our agency took immediate action to ensure the quality of all homes. We had our on call repair man correct the items that were out of compliance on that day. We held a board meeting and reviewed the DHSR deficiencies in its entirety. Different scenarios were discussed and preventative measures/interventions were reviewed and voted on for approval by the Board. We immediately completed all deficiencies.

1. Batteries were installed in the two smoke detectors that provide a longer life span
2. The kitchen faucet handle was completely replaced with a new faucet
3. A new fan was installed bulbs in clients# 1 and #5 bedroom
4. Light bulbs in clients# 1 and #5 bath
5. The entire sink faucet set was replaced with a new one
6. The towel and toilet paper hooks that were screwed on the wall in clients#1 and clients #5 bathroom have been removed at the request of the auditor
7. room was replaced

Upon learning of the deficiency, our agency placed the below preventative measures in place. We have and will continue to employ an on call / monthly maintenance man repairman and continue to have routine inspections of each facility to remain in compliance. The agency established a new location to store extra supplies such as light bulbs, batteries, etc.

DHSR - Mental Health
AUG 13 2021
Lic. & Cert. Section

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

Sonia Ward 8/9/2021

Who will _____ The Executive Director, Director and

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V 736	Continued From page 1 -They had not noticed the bulbs in the clients rooms missing, had plenty in stock to fill them. -Both bathrooms had been repaired and must have missed taking down the rack hooks. -Had not noticed the ceiling fan blade missing. -Will get batteries replaced in the smoke detectors.	V 736	monitor the situation to ensure it will not occur again How often the monitoring will take place Dates the corrective action will be completed	our Quality management/Quality Improvement Director, and or a designated qualified staff will continue to monitor the implementation to ensure that the deficiency will not occur again. Our agency made sure the above plan happened by implementing continual employment of our on call / monthly maintenance man repairman and continue to have routine inspections of each facility to remain in compliance. The corrective action was completed on 7/28/2021