

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-061 | (X2) MULTIPLE CONSTRUCTION BUILDING: WING | (X3) DATE SURVEY COMPLETED 02/15/2022 |
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| NAME OF PROVIDER OR SUPPLIER NEW DAY NEW BEGINNING | STREET ADDRESS, CITY, STATE, ZIP CODE 616 ATLANTIC AVENUE ROCKY MOUNT, NC 27801 |
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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 survey was completed on 2/15/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. The survey sample consisted of audits of 5 current clients. | V 000 | The facility implemented a plan of protection effective 2/15/22 to ensure a complete and accurate accounting of client personal funds. | 2/15/22 |
| V 112 | 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. The plan shall include: client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; strategies; staff responsible; a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; basis for evaluation or assessment of outcome achievement; and written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. | V 112 | All clients now have individual bank accounts and will receive quarterly reports from the Payee Service. Each client now has a bank card to manage their personal funds and a mechanism to track deposits and withdrawals from their bank account. The Qualified Professional will review the quarterly report with each client to ensure their understanding and a complete and accurate accounting of clients' personal spending. The QP will document accordingly in each client's record. BHSR - Mental Health MAR 11 2022 Lic. & Cert. Section | 3/6/22 |

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

TITLE *Paraprofessional*

(X6) DATE *3/10/2022*

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| V 112 | Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop strategies to address the needs of 2 of 4 audited clients (#1, #6). The findings are: Review on 1/19/22 of client #1's record revealed: -Admission: 12/1/16 -Diagnoses: Paranoid Schizophrenia and Type 2 Diabetes -Assessment completed 12/1/16 -Treatment plan dated 12/31/20 revealed client #1 "...will gain experience in being independent and working on daily life issues such as managing money, attending medical appointments, taking medications, and community involvement." -No strategies to address managing money Interview on 1/25/22 client #1 reported she: -Didn't understand when asked about goals, didn't know what my goals were to work on -Stayed at home, watched tv, stayed her in room a lot, took her medicine, ate her meals at home and went to bed Review on 1/19/22 of client #6's record revealed: -Admission: 6/23/17 -Diagnosis: Unspecified Psychosis, Diabetes Mellitus and Hypertension -Treatment plan dated 03/01/2021 revealed "What's important to ...Money wise and financial wise, how do I exist in the world? In other words, I | V 112 | For all clients, the facility will ensure the development, implementation and documentation of goals and program strategies in their treatment plans to address priority needs. A. For Client #1, the QP will review and update the treatment plan through consultation with the resident to address money management and other priority needs as applicable A. For Client #6, the QP will review and update the treatment plan through consultation with the resident to address money management and other priority needs as applicable Staff and clients will be in-service by the QP on all treatment goals and/or strategies. Staff will document status of treatment goals and/or strategies in their daily notes. The QP will monitor the staff documentation in the daily notes weekly to ensure compliance to treatment plan interventions and client response. | 3/9/22 3/9/22 3/9/22 3/9/22 |

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| V 112 | <p>Continued From page 2</p> <p>ain't got no income as you see. What's not working, Not having money." -No goals or strategies to address managing money</p> <p>Interview on 1/25/22 client #6 reported he: -Had a goal to move out of the group home and "live on my own" -Couldn't remember any other goals</p> <p>Interview on 2/9/22 the Qualified Professional (QP) reported: -The clients work on their goals at the day program -Staff should write a daily note on the progression of the goals for each client -The clients work with money at the day program, counting and purchasing snack items</p> <p>Interview on 2/9/22 the Licensee reported: -The QP wrote and monitored all the goals -Staff had written notes -Unable to locate the current daily notes</p> | V 112 | | |
| V 512 | <p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. Goods or services shall not be sold to or purchased from a client except through established governing body policy. Employees shall use only that degree of force necessary to repel or secure a violent and</p> | V 512 | <p>DHSR - Mental Health</p> <p>MAR 11 2022</p> <p>Lic. & Cert. Section</p> | |

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| V 512 | <p>Continued From page 3</p> <p>aggressive client and which is permitted by governing body policy. The degree of force that is</p> | V 512 | <p>For all clients, the facility will review and update its system for managing clients' personal funds</p> | 3/5/22 |

governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.

This Rule is not met as evidenced by:
Based on record reviews and interviews 1 of 1 Licensee exploited 5 of 6 clients (#1, #2, #3, #5 & #6). The findings are:

Cross Reference: 10A NCAC 27F .0105 Client's Personal Funds (Tag V542). Based on record reviews and interviews, the facility failed to (1) manage and maintain records of client personal funds as required; (2) keep client personal funds separate from any operating funds; (3) provide quarterly accounting of clients' personal fund accounts and (4) provide for the issuance of receipts to persons depositing or withdrawing funds affecting 2 of 5 audited clients (#1, #2).

a. Review on 1/19/22 of client #1's record revealed:
-Admitted: 12/1/16
-Diagnoses: Paranoid Schizophrenia and Type 2 Diabetes

Interview on 1/25/22 client #1 stated she: -Had not heard about a stimulus checks, "do I have a stimulus check?"
-Did not know if she had money in an account

to ensure that there is no evidence or potential for client exploitation.

The facility implemented a plan of protection effective 2/15/22 to ensure a complete and accurate accounting of client personal funds.

All clients now have individual bank accounts and will receive quarterly reports from the Payee Service.

Each client now has a bank card to manage their personal funds as a mechanism to track deposits and withdrawals from their bank account.

The Qualified Professional will review the quarterly report with each client to ensure their understanding and a complete and accurate accounting of clients' personal spending. The QP will document accordingly in each client's record.

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| V 512 | Continued From page 4 -Had used snuff and chewing tobacco -Had not eaten at a sit down restaurant for dinner or lunch, usually eat at the group home not a lot of eating out -Would like to buy a "sitting chair for room if I had some money" -Had not taken a trip on an air plane Review on 1/19/22 of client #2's record | V 512 | The facility has taken immediate actions to ensure the following for each resident served such that – 1-Records of each client's personal funds will be maintained 2-Client's personal funds will not be co-mingled with facility | 3/9/22 |

revealed:
 -Admitted: 6/20/2017
 -Diagnoses: Unspecified Psychosis and Hypertension

Interview on 1/25/22 & 2/8/22 client #2 stated she:
 -Did not get a stimulus check
 -Did not know of any money in an account
 -Had a cell phone, had the same phone for a long time, "since before Christmas"
 -"Had not drank coffee or tea from a store, maybe once don't remember"

Review on 1/25/22 of client #3's record revealed:
 -Admitted: 10/2019
 -Diagnoses: Schizophrenia and Alcohol related disorder

Interview on 1/25/22 client #3 stated he:
 -Did not have any money
 -Received \$66.00 every 31 days and it's not enough
 -Would like some money
 -Didn't understand what a stimulus check was and if he had received a check

Review on 1/25/22 of client #5's record revealed:
 -Admitted: 8/5/19

operating funds

3/9/22

3-Quarterly accounting of client personal funds will be maintained and shared with each resident

3/9/22

4-Receipts for deposits and withdrawals will be maintained to support a complete and accurate accounting of personal funds.

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| V 512 | <p>Continued From page 5</p> <p>-Diagnoses: Schizophrenia, Mild retardation, Bipolar and Autism spectrum disorder</p> <p>Interview on 1/26/22 the guardian of client #5 stated: -She had given permission for client #5 to go to a western Rocky Mountain state</p> <p>e. Review on 1/25/22 of client #6's record revealed: -Admitted: 6/23/17 -Diagnoses: Unspecified Psychosis, Diabetes Mellitus and Hypertension</p> <p>Interview on 1/25/22 client #6 stated he: -Had gotten \$66.00 a month</p> | V 512 | <p>A. For Client #1, the QP will share information concerning personal funds to include but not limited to the status of the stimulus check, expenditures, deposits, money on hand for purchasing a chair, and to ensure resident input and understanding of funds on hand..</p> <p>B. For Client #2, the QP will share information concerning personal funds to include but not limited to the status of the stimulus check, expenditures, deposits, money on</p> | <p>3/6/22</p> <p>3/6/22</p> |

-Doesn't have any money to buy a television, would like a television in bedroom
 -Had not gotten on a plane to go anywhere, -Had gone to the beach for a couple of days -Doesn't eat fast food "no money for that"

Observation and interview on 2/8/22 at 10:30am, the Licensee handed the Division of Health Service Regulation surveyor 3 bags full of receipts not organized in any manner.

-The Licensee stated she "did not have time to separate receipts" and "this was my first time hearing about needing to have client fund books"

Review between 2/8/22-2/11/22 of various store receipts from 3 plastic bags revealed:

-Receipts contained a variety make-up of client names hand written on the front of them for clients #1, #2, #3 & #6

-There were 10 different debit card numbers on 120 receipts

-2 receipts from a local pharmacy debited a Flex Spending Account (FSA) card. Receipts were

hand for purchase of a cell phone, buying coffee or tea from the store and to ensure resident input and understanding of funds on hand.

C. For Client #3, the QP will share information concerning personal funds to include but not limited to the status of the stimulus check, expenditures, deposits, money on hand for purchase to ensure resident input and understanding of funds on hand.

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| V 512 | <p>Continued From page 6</p> <p>dated with the following totals: -8/17/21 for \$22.49 -2/4/22 for \$312.92 - Both receipts had only client #1's name written on the front</p> <p>- 6 receipts from a local grocery store were paid with a food stamp card. Receipts were dated with the following totals: -5/19/21 for \$21.00 -8/15/21 for \$101.92 -8/16/21 for \$175.78 -9/18/21 for \$37.30 -9/18/21 for \$232.01 -12/7/21 for \$184.01 -1/21/22 for \$12.98</p> <p>-1 American express card receipt dated: -1/21/22 for \$36.09 at a retail store -Had only client #1's name written on the front</p> <p>-3 receipts in other states dated: - 6/1/21 for \$4.68 at a chain coffee shop at</p> | V 512 | <p>D.. For Client #5 and Guardian, the QP will share information concerning personal funds to include but not limited to the status of the stimulus check, expenditures, deposits, money on hand for purchase to ensure guardian/ resident input and understanding of funds on hand.</p> <p>E. For Client #6, the QP will share information concerning personal funds to include but not limited to the status of the stimulus check, expenditures, deposits, money on hand for purchase of a television in bedroom, money to buy fast foods, and to ensure resident input and understanding of funds on hand.</p> | <p>3/6/22</p> <p>3/6/22</p> |

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| V 512 | <p>Continued From page 7</p> <p>-4 non itemized receipts from tobacco shops: -9/29/21 for \$354.16 -10/26/21 for \$250.00 -11/10/21 for \$229.96 -12/7/21 for \$184.01 -All 4 receipts had client #1, #2 & #6's names written on the front</p> <p>-1 receipt for a hotel located in a western Rocky Mountain state: -5/1-3/2021 for \$259.02 -Had client #1, #2, #3 & #6's names written on the front</p> <p>Interview on 1/26/22 the Guardian of client #3 stated: -Unaware that the stimulus check was mailed to the group home - Had not asked or was not told of anything the stimulus money was spent on -Was aware that the stimulus checks initially went to the payee service but was not aware that they were sent to the group home -When she saw client #3 in December 2021 she was concerned the client looked "homeless," not shaved, hair unkept, clothes disheveled and dirty shoes.</p> <p>Interview on 2/10/22 the local pharmacy technician stated: -Was unable to confirm the prescription numbers</p> | V 512 | <p>In the future the American Express Card or Food Stamps will not be used for purchase on behalf of the clients served and/or as support for their personal fund expenditures.</p> <p>The Licensor/Owner will review all receipts on hand and ensure that each client's personal spending is accounted for. A ledger will be established to document the disposition of the expenditures identified in this survey document.</p> <p>In the future each client will be encouraged to manage their own funds and keep copies of receipts as they deemed necessary to support expenditures. Clients will be encouraged to maintain receipts for major purchases such as television and electronics. The QP will meet with clients monthly to discuss their expenditures and document accordingly in the</p> | <p>3/5/21</p> <p>3/9/21</p> <p>3/5/21</p> |

from the FSA card receipts were for client #1

Interview on 1/26/22 the account coordinator for the payee service stated:

-Accounts are managed for 3 of the clients, client #3, #5, and #6 that live at the group home -Checks that were noted as stimulus payments were mailed to 616 Atlantic Ave, New Day New

record. The QP and/or Owner will consult with the Account Coordinator as needed to resolve any discrepancies, or concerns expressed by the resident.

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| V 512 | <p>Continued From page 8</p> <p>Beginning</p> <p>-Client #6 "check mailed to 616 Atlantic Avenue on 1/3/21 \$1200.00 mailed, 2/3/21 \$600.00" -Client #3 "check mailed to 616 Atlantic Avenue on 1/3/21 \$1200.00 mailed, 3/1/21 \$600.00" -Checks were requested by the licensee before mailing out to the 616 Atlantic avenue</p> <p>Review of the check images received by the account coordinator for the payee service revealed:</p> <p>-On the left corner of the check "memo [client #3] stimulus pmt" the amount of \$1200.00 and another check in the amount of \$600.00</p> <p>-On the left corner the of the check "memo [client #6] stimulus pmt" the amount of \$1200.00 and another check in the amount of \$600.00</p> <p>-The Licensee's signature on the back of each check</p> <p>Interview on 1/25/22 and 2/15/22 the Licensee stated:</p> <p>-Client #1 did not have an FSA card, that "wasn't an FSA card it was a coupon" on the local pharmacy receipt</p> <p>-None of the clients at the group home had a food stamp card, "staff might have used their personal food stamp card."</p> <p>- " I would reimburse staff when they used their food stamp card, if it was for the client I would reimburse from the client account, if it was for the home I would reimburse from the business account".</p> <p>- She had not received stimulus checks for client #3 or client #6</p> <p>-She was not the payee for client #3 or client #6</p> <p>-When the extra checks came in for client #3 and client #6 during the month of January and February she thought it was "back payment for money owed for room and board for previous</p> | V 512 | | |

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| V 512 | <p>Continued From page 9</p> <p>months"</p> <p>-The checks received from the payee service were deposited into the business checking account</p> <p>-Client #6 & client #3 owed back pay from 2016</p> <p>-Client #6 owed 56 months at \$40 a month -Client #3 owed 26 months at \$40 a month - In reference to the hotel receipt in a western Rocky Mountain state, all the clients went on a trip 5/1-3/21 where they took a flight and stayed a couple of nights</p> <p>Review on 2/15/22 of Plan of Protection dated 2/15/22 written by the Licensee revealed: -"What immediate action will the facility take to ensure the safety of the consumers in you care? All the clients will have an individual bank account. Each resident will get quarterly reports from the Payee Service to show their balance. Each client will have a bank card to manage their funds."</p> <p>-"Describe you plans to make sure the above happens. My Qualified Professional will monitor and go over the quarterly statements with each resident."</p> <p>This facility served clients with diagnoses of Paranoid Schizophrenia, Bipolar, Hypertension, Diabetes and Mild retardation. The Licensee was the payee for 2 of the clients that resided in the group home. A payee service was the payee for 3 of the client and a guardian was the payee for 1 of the clients. The Licensee could not show the amount of money received in stimulus checks due to not having individual separate client bank accounts for clients that she was the representative payee. The Licensee acknowledged receiving stimulus checks but dates unknown and unsure of the amounts. The Licensee provided receipts for all clients in plastic</p> | V 512 | <p>DHSR - Mental Health</p> <p>MAR 11 2022</p> <p>Lic. & Cert. Section</p> | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-061 | (X2) MULTIPLE CONSTRUCTION BUILDING: | (X3) DATE SURVEY COMPLETED 02/15/2022 |
| | | WING | |

NEW DAY NEW BEGINNING

616 ATLANTIC AVENUE

ROCKY MOUNT, NC 27801

| (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 512 | Continued From page 10 bags unseparated with clients names hand written on the receipts. There was no way to determine how much was spent per client. The Licensee continued to deny receiving stimulus checks from the payee service for 2 clients despite the evidence that she signed the back of the checks. This deficiency constitutes a Type A1 rule violation for serious exploitation and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. | V 512 | The facility will ensure that each client personal funds are managed accordingly to ensure a complete and accurate accounting of funds. | 3/6/22 |
| V 542 | 27F .0105(a-c) Client Rights - Client's Personal Funds 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. 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. If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that: assure to the client the right to deposit and withdraw money; regulate the receipt and distribution of funds in a personal fund account; provide for the receipt of deposits made by friends, relatives or others; provide for the keeping of adequate | V 542 | The facility has taken immediate actions to ensure the following for each resident served such that – 1-Records of each client personal funds will be maintained 2-Client personal funds will not be co-mingled with facility operating funds 3-Quarterly accounting of client personal funds will be maintained and shared with each resident 4-Receipts for deposits and withdrawals will be maintained to support a complete and accurate accounting of personal funds | 3/6/22 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-061 | (X2) MULTIPLE CONSTRUCTION BUILDING: WING | (X3) DATE SURVEY COMPLETED 02/15/2022 |
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NAME OF PROVIDER OR SUPPLIER

NEW DAY NEW BEGINNING

STREET ADDRESS, CITY, STATE, ZIP CODE

616 ATLANTIC AVENUE

ROCKY MOUNT, NC 27801

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|--------------------------|--|---------------------|--|--------------------------|
| V 542 | Continued From page 11 | V 542 | A. For Client #1, the QP will share | |

financial records on all transactions affecting funds on deposit in personal fund account; assure that a client's personal funds will be kept separate from any operating funds of the facility; provide for the deduction from a 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; provide for the issuance of receipts to persons depositing or withdrawing funds; and provide the client with a quarterly accounting of his personal fund account.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to (1) manage and maintain records of client personal funds as required; (2) keep client personal funds separate from any operating funds; (3) provide quarterly accounting of clients personal fund accounts and (4) provide for the issuance of receipts to persons depositing or withdrawing funds affecting 2 of 5 audited clients (#1, #2). The findings are:

- a. Review on 1/19/22 of client #1's record revealed:
 - Admitted: 12/1/16
 - Diagnoses: Paranoid Schizophrenia and Type 2 Diabetes
 - A consumer monthly allowance sheet dated year 2021 with client #1's signature beside each month and noted \$66.00 given monthly, a 2022 consumer monthly allowance sheet had client #1's signature for the month of January and noted \$66.00 given.

information concerning personal funds to include but not limited to the status of the stimulus check, expenditures, deposits, money on hand for purchasing a chair, and to ensure resident input and understanding of funds on hand.

The QP will share receipts of all deposits, withdrawals, and quarterly reports with the resident and document accordingly in the QP notes.

B. For Client #2, the QP will share information concerning personal funds to include but not limited to the status of the stimulus check, expenditures, deposits, money on hand for purchase of a cell phone, buying coffee or tea from the store and to ensure resident input and understanding of funds on hand.

The QP will share receipts of all deposits, withdrawals, and quarterly reports with the resident and document accordingly in the QP notes.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION BUILDING: | (X3) DATE SURVEY COMPLETED |
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| | | MHL033-061 | WING | 02/15/2022 |
| NAME OF PROVIDER OR SUPPLIER NEW DAY NEW BEGINNING | | STREET ADDRESS, CITY, STATE, ZIP CODE 616 ATLANTIC AVENUE ROCKY MOUNT, NC 27801 | | |
| (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 542 | Continued From page 12 -No evidence of receipts for deposits or withdrawals for client #1's personal funds -No evidence of quarterly accounting of client #1's personal funds | V 542 | | |

quarterly accounting of client #1's personal funds being provided.

Interview on 1/25/22 client #1 stated she:
 -Didn't remember how long she had been living at the home
 -Had received \$66 a month since she had lived at the home
 -Had not heard about a stimulus checks, "do I have a stimulus check?"
 -Did not know if she had money in an account -Had not received any bank statement since living at the home

b. Review on 1/19/22 of client #2's record revealed:
 -Admitted: 6/20/2017
 -Diagnoses: Unspecified Psychosis and Hypertension
 -A consumer monthly allowance sheet dated year 2021 with client #2's signature beside each month and noted \$66.00 given monthly, a 2022 consumer monthly allowance sheet had client #2's signature for the month of January and noted \$66.00 given.
 -No evidence of receipts for deposits or withdrawals for client #2's personal funds -No evidence of quarterly accounting of client #2's personal funds being provided.

Interview on 1/25/22 & 2/8/22 client #2 stated she:
 -Had lived at the group home for a long time
 -Had received \$66 a month
 -Had not been to the bank to cash a check, the staff had given her the \$66
 -Did not get a stimulus check
 -Did not know of any money in an account

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| | MHL033-061 | WING | |

02/15/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NEW DAY NEW BEGINNING

616 ATLANTIC AVENUE
 ROCKY MOUNT, NC 27801

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| V 542 | Continued From page 13 -Had not received any bank statement since living at the home -Had a cell phone, had the same phone for a long time, "since before Christmas" Review on 2/8/22 of the facility's banking statement for the period ending 1/31/22 revealed: -Business checking account with a beginning balance of \$1,846.97 and ending balance of \$372.03 Interview on 1/25/22 & 2/8/22 the Licensee stated: | V 542 | | |

-Client #1 and client #2's stimulus and monthly checks had been deposited into the business checking account
 -This was the first hearing about "having quarterly statements or separate bank accounts."
 -"I was never told that the clients needed to have separate accounts with quarterly statement. The state has been here before and no one had never told me that."
 -Clients do not have a separate account with a running balance
 -"I know how much money they have" from the receipts
 -"[Client #1] would probably have about \$300.00."
 -Client #2 had "about \$120"
 - "Every month [client #2] purchased 2 cartons of cigarettes about \$146.00 each month."
 -"[Client #1] purchase chewing tobacco and snuff costing about \$120.00 each month."
 -"[Client #2] had a monthly phone bill of \$35 a month the phone was \$80.00 but had a new phone that cost \$200.00 that was purchased for Christmas."
 -"This was the first time these clients have had money."
 - "I go in my pocket for these clients all the time when they don't have money."

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NEW DAY NEW BEGINNING

**616 ATLANTIC AVENUE
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| V 542 | Continued From page 14 This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation V512 for a Type A1 rule violation and must be corrected within 23 days. | V 542 | The QP and/or Owner will conduct inspections 2-3 times weekly of the home to address the cleanliness, attractiveness and orderly condition of the home and its grounds. Areas of need will be addressed timely. | 3/9/22 |
| 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 interview and observation, the facility | V 736 | Front Porch - Large pot removed, worn and unattractive couch, recliner, love seat and ottoman were removed. -Large storage bins cleaned and emptied. Dining Area Walls cleaned and floor tiles in front of refrigerator repaired. | 3/9/22 |

failed to ensure the home was maintained in a clean, orderly and attractive manner. The findings are:

Observation and tour of the facility on 1/19/22 between 12:48pm-1:30pm revealed the following:

Front Porch

- gas tank attached to a steel frame base with a large pot, 1 steel frame base
- discarded leather recliner with the leather peeling on the seat cushion
- discarded love seat dirty with several dark smudge stains along with wet spots on the chair back and seat cushions
- a beige chair with several black smudges and the back fabric cut out of the chair back
- a beige ottoman stained with black smudges

Bedroom #5

-Drawers will be repaired, cracked outlet replaced, mattress replaced.

3/9/22

Bedroom #3

-Hole in floor will be repaired
-Wall will be painted, mattress will be replaced.

3/9/22

Bedroom #1-Globe replaced

Bathroom-Vanity secured to the wall; bathroom will be painted.

3/9/22

Kitchen -Overhead light will be repaired.

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| V 736 | Continued From page 15 and wet spots - 2 large storage bins with empty bags of salt discarded in the bins - half moon wicker patio chair with a hole in the back the size of 2 tennis balls Dining area -wall had several stains of orange, purple and black over the walls - 2 and a half floors tiles in front of the refrigerator were torn and separated from the floor Bedroom #5 -2 out of 4 drawers were broken, off the tracks and twisted down to the left toward the floor -Cracked outlet cover the length of the cover - Mattress was sunken in the length of 2 basketballs Bedroom #3 -Hole the size of a softball in the floor -Wall patched the size of a soccer ball not painted -Mattress was sunken in the length of 2 soccer balls Bedroom #1 -The globe was missing for the light Bathroom | V 736 | | |

Bathroom

- The vanity was separated from the wall
- Paint chipped throughout the bathroom

Kitchen

- Over head light would not turn on

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