

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-224</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/21/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW BEGINNINGS GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>326 BALDWIN ROAD</b> <b>BURLINGTON, NC 27217</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on April 21, 2022. The complaint was substantiated (intake #NC00187696). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adult with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> <li>(4) has no substantiated findings of abuse or</li> </ul>	V 107		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 107	<p>Continued From page 1</p> <p>neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to have a complete personnel record affecting two of three audited staff (Staff #4, Staff #5). The findings are:</p> <p>Review on 4/21/22 of staff #4's Personnel File revealed: -No hire date listed. -There was no documentation of a written and signed job description for staff #4. -There was no proof of education for staff #4.</p> <p>Review on 4/21/22 of staff #5's Personnel File</p>	V 107		

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V 107	Continued From page 2  revealed: -No hire date listed. -There was no documentation of a written and signed job description for staff #5. -There was no proof of education for staff #5.  Interview on 4/21/22 with the Owner revealed: -Staff #4 had been hired around January 6, 2020. -Staff #5 had been hired January of 2022. -She thought that staff had submitted a proof of their education when they were hired. -She knew that staff #4 and #5 had completed their high school education. -She acknowledged that personnel files for Staff #4 and Staff #5 had not been put together to include required documentation. -She confirmed that staff #4 and staff #5 did not have documentation of a written and signed job description. -She confirmed that staff #4 and staff #5 did not have proof of their education in their file.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens.	V 108		

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V 108	<p>Continued From page 3</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure: a)staff had training in Cardiopulmonary Resuscitation and First Aid for one of three audited staff (Staff #5) and b) one of three audited staff (#5) had training to meet the needs of the clients as specified in the treatment/habilitation plan. The findings are:</p> <p>Review on 4/21/22 of Staff #5's personnel records revealed: -No hire date listed. -There was no documentation Staff #5 had training in Cardiopulmonary Resuscitation and First Aid. -Staff #5 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p>	V 108		

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V 108	Continued From page 4  Interview on 4/21/22 with the Owner revealed: -Staff #5 was hired January of 2022. -Staff #5 was hired to work as a Direct Caregiver. -Staff #5 worked alone at the house. -She knew that Staff #5 had received training in Cardiopulmonary Resuscitation and First Aid, but certificates had not been printed and placed in a file. -She knew that all staff had received training on mental health, developmental disabilities, seizure disorder, diabetes. -She confirmed there was no documentation that staff #5 had training on Cardiopulmonary Resuscitation and First Aid. -She confirmed there was no documentation of training to meet the mental health and developmental disability needs of the clients for Staff #5.	V 108		
V 113	27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan;	V 113		

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V 113	<p>Continued From page 5</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure records were completed for two of three audited clients (#2 and #3). The findings are:</p> <p> </p> <p>Review on 4/19/22 of Client #2's record revealed: -Admission date of 12/17/21. -Diagnoses of Bipolar; Anxiety Disorder; Audio Processing Disorder; Unspecified Urinary</p>	V 113		

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V 113	<p>Continued From page 6</p> <p>Incontinence; Unspecified Dementia with Disturbance; Adjustment Disorder; Mild to Moderate Intellectual Disability; Herpes Simplex. -Treatment plan dated 1/1/22. -There was no documentation of progress toward outcomes.</p> <p>Review on 4/19/22 of Client #3's record revealed: -Admission date of 5/23/20. -Diagnoses of Schizophrenia; Hyperlipidemia; Hypertension. -Treatment Plan dated 1/1/22. -There was no documentation of progress toward outcomes.</p> <p>Interview on 4/21/22 with the Supervisor revealed: -She was not aware that they needed to keep progress notes towards outcome for each individual client. -She had experience of working at other locations that kept "Grid Notes." -She would implement a type of Grid Notes for clients at the house. -She acknowledged there were no Grid notes or any other kind of progress notes toward Client #2 and Client #3's goal outcomes.</p>	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>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.</p>	V 114		

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V 114	<p>Continued From page 7</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to conduct quarterly disaster drills for each shift under conditions that simulate emergencies. The findings are:</p> <p>Review on 4/21/22 of the facility's fire drill log revealed: -1/6/22- 1st shift. -4/6/22- 2nd shift. -There were no fire drills for 1st and 2nd shift for the third and fourth quarter of 2021. -There were no fire drills for 2nd shift for the first quarter of 2022.</p> <p>Review on 4/21/22 of the facility's disaster drill log revealed: -1/26/22- 2nd shift. -4/6/22- 1st shift. -There were no disaster drills for 1st and 2nd shift for the third and fourth quarter of 2021. -There were no disaster drills for 1st shift for the first quarter of 2022.</p> <p>Interview on 4/21/22 with the Owner revealed: -Facility operated under two shifts. -First shift was from 7:00 am to 7:00 pm. -Second shift was from 7:00 pm to 7:00 am. -She had moved files and documentation boxes away from the house and thought that drills may</p>	V 114		



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V 114	Continued From page 8  had been misplaced. -She confirmed the facility failed to conduct quarterly fire and disaster drills for each shift under conditions that simulate emergencies.	V 114		
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 (E) name or initials of person administering the drug. (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.	V 118		

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V 118	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on records review, observations, and interviews the facility failed to: a) Maintain the Medication Administration Record current affecting one of three audited clients (#2) and b) have updated physician orders for administered medications affecting two of three audited clients (#2 and #3.) The findings are</p> <p>Review on 4/19/22 of Client #2's record revealed: -Admission date of 12/17/21. -Diagnoses of Bipolar; Anxiety Disorder; Audio Processing Disorder; Unspecified Urinary Incontinence; Unspecified Dementia with Disturbance; Adjustment Disorder; Mild to Moderate Intellectual Disability; Herpes Simplex.</p> <p>Review on 4/19/22 of Client #2's physician's orders revealed: -There were no orders for:     -Hydroxyzine HCL 25 mg, take one tablet three times a day.     -Hydroxyzine Pamoate 25 mg, take a tablet four times a day.     -Oxcarbazepine 150 mg, take one tablet twice a day.</p> <p>Observation on 4/19/22 at of Client #2's medications revealed: -Hydroxyzine HCL 25 mg was not available. -Hydroxyzine Pamoate 25 mg was not available. -Oxcarbazepine 150 mg was available.</p> <p>Review on 4/19/22 of Client #2's MAR for February 2022 through April 19, 2022 revealed:</p>	V 118		

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V 118	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-Hydroxyzine HCL 25 mg was listed but marked as not given from February 2022 through April 19, 2022.</li> <li>-Hydroxyzine Pamoate 25 mg was listed but marked as not given from February 2022 through April 19, 2022.</li> <li>-Oxcarbazepine 150 mg was listed and marked as given from February 2022 through April 19, 2022.</li> </ul> <p>Review on 4/19/22 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 5/23/20.</li> <li>-Diagnoses of Schizophrenia; Hyperlipidemia; Hypertension.</li> </ul> <p>Review on 4/19/22 of Client #3's physician's orders revealed:</p> <ul style="list-style-type: none"> <li>-There were no orders for: <ul style="list-style-type: none"> <li>-Aspirin 81 mg, take one tablet once a day.</li> <li>-Atorvastatin 10 mg, take one tablet once a day.</li> <li>-Divalproex Sodium 250 mg, take 5 tablets twice a day.</li> <li>-Lisinopril 10 mg, take one tablet once a day.</li> <li>-Risperidone 4 mg, take one tablet twice a day.</li> <li>-Vitamin D3 2000 unit, take one tablet once a day.</li> <li>-Invega Sustenna 117 mg/0.75, inject intramuscular monthly for mental/mood disorder.</li> </ul> </li> </ul> <p>Observation on 4/19/22 at of Client #3's medications revealed:</p> <ul style="list-style-type: none"> <li>-Aspirin 81 mg was available.</li> <li>-Atorvastatin 10 mg was available.</li> <li>-Divalproex Sodium 250 mg was available.</li> <li>-Lisinopril 10 mg was available.</li> <li>-Risperidone 4 mg was available.</li> <li>-Vitamin D3 2000 unit was available.</li> </ul>	V 118		

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V 118	<p>Continued From page 11</p> <p>Review on 4/19/22 of Client #3's MAR for February 2022 through April 19, 2022 revealed:</p> <ul style="list-style-type: none"> <li>-Aspirin 81mg was listed and marked as given from February 2022 through April 19, 2022.</li> <li>-Atorvastatin 10 mg was listed and marked as given from February 2022 through April 19, 2022.</li> <li>-Divalproex Sodium 250 mg was listed and marked as given from February 2022 through April 19, 2022.</li> <li>-Lisinopril 10 mg was listed and marked as given from February 2022 through April 19, 2022.</li> <li>-Risperidone 4 mg was listed and marked as given from February 2022 through April 19, 2022.</li> <li>-Vitamin D3 2000 unit was listed and marked as given from February 2022 through April 19, 2022.</li> <li>-Invega Sustenna 117 mg listed and marked as given from February 2022 through April 19, 2022.</li> </ul> <p>Interview on 4/19/22 with the Owner revealed:</p> <ul style="list-style-type: none"> <li>-Agency relied on their contracted Nurse to give them a copy of the client's physician orders.</li> <li>-Nurse was not giving them the client's prescriptions, but instead were sending the orders electronically to the pharmacy.</li> <li>-Nurse Practitioner was also capable of prescribing client's medication.</li> <li>-Nurse Practitioner was a Mobil unit. It was very helpful during COVID restrictions, but it was starting to be difficult to get a hold of required documentation.</li> <li>-Client #2's Hydroxyzine had been discontinued when she was placed on Klonopin, but Nurse Practitioner never discontinued it from the MAR.</li> <li>-She confirmed that the facility failed to a) keep the client's MAR current for one of three clients (#2) and b) have physician orders for administered medications. affecting two of three audited clients (#2 and #3).</li> </ul>	V 118		

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V 131	Continued From page 12	V 131		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for two of three audited staff (#4 and #5). The findings are:</p> <p>Review on 4/21/22 of staff #4's Personnel File revealed: -No hire date listed. -There was no documentation of a written and signed job description for staff #4. -There was no evidence of a HCPR check on record.</p> <p>Review on 4/21/22 of staff #5's Personnel File revealed: -No hire date listed. -There was no documentation of a written and signed job description for staff #5. -There was no evidence of a HCPR check on record.</p> <p>Interview on 4/21/22 with the Owner revealed:</p>	V 131		

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V 131	Continued From page 13  -Staff documents had been misfiled. -She acknowledged that personnel files for Staff #4 and Staff #5 had not been put together to include required documentation. -She confirmed that Staff #4 and Staff #5 did not have documentation to show that the agency accessed the Health Care Personnel Registry (HCPR) prior their employment.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this	V 133		

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V 133	Continued From page 14  subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this	V 133		

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V 133	<p>Continued From page 15</p> <p>subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> <li>(1) The failure of the provider to employ an individual on the basis of information provided in</li> </ol>	V 133		



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V 133	<p>Continued From page 16</p> <p>the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public</p>	V 133		

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V 133	<p>Continued From page 17</p> <p>Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure the criminal history record</p>	V 133		

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V 133	<p>Continued From page 18</p> <p>check was requested within five business days of making the conditional offer of employment affecting two of three staff (#4 and #5). The findings are:</p> <p>Review on 4/21/22 of staff #4's Personnel File revealed: -No hire date listed. -There was no documentation of a written and signed job description for staff #4. -There was no evidence of a HCPR check on record.</p> <p>Review on 4/21/22 of staff #5's Personnel File revealed: -No hire date listed. -There was no documentation of a written and signed job description for staff #5. -There was no evidence of a HCPR check on record.</p> <p>Interview on 4/21/22 with the Owner revealed: -Staff documents had been misfiled. -She acknowledged that personnel files for Staff #4 and Staff #5 had not been put together to include required documentation. -She confirmed that Staff #4 and Staff #5 did not have documentation to show that the agency requested the criminal background check within five business days of making the conditional offer of employment.</p>	V 133		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client</p>	V 290		

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V 290	<p>Continued From page 19</p> <p>needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p>	V 290		

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V 290	<p>Continued From page 20</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assess a client's capability of having unsupervised time in the community without supervision affecting two of three current clients (#5 and #6). The findings are:</p> <p>Review on 4/19/22 of Client #2's record revealed: -Admission date of 12/17/21. -Diagnoses of Bipolar; Anxiety Disorder; Audio Processing Disorder; Unspecified Urinary Incontinence; Unspecified Dementia with Disturbance; Adjustment Disorder; Mild to Moderate Intellectual Disability; Herpes Simplex. -Treatment plan dated 1/1/22. -There was no documentation that client #2 had been assessed for capability of having unsupervised time in the community without supervision.</p> <p>Interview on 4/19/22 with Client #2 revealed: -She had been living at the home since December of last year. -She was able to walk over the stores nearby. -She had unsupervised time at home and in the community. -She was not sure how long she could be out without staff, but that she did not take too long when she was out.</p> <p>Interview on 4/19/22 with Staff #1 revealed: -She knew that Clients #2 and #3 had unsupervised time. -Clients generally walked to the stores just down the street. -She did not know how clients got their</p>	V 290		

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V 290	Continued From page 21  unsupervised time as she reported not being in charge of it.  Interview on 4/21/22 with the Owner revealed: -Most clients at the house had unsupervised time at home and in the community. -Only Client #1 did not have unsupervised time as he had just enrolled at the house. -Client #1 was not allowed to be alone in the community or at the home. -Unsupervised time for Client #2 was completed. -Client #2's guardian had also told her that she was allowed to have unsupervised time. -QP was responsible for completing unsupervised time assessments. -She did not know why Client #2's assessment was not in her file. -She would contact the Qualified Professional to have Client #2's unsupervised assessment placed in her file. -She confirmed the facility failed to assess Client #2's capability of having unsupervised time in the community and at the house.	V 290		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall	V 367		

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V 367	<p>Continued From page 22</p> <p>be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of</p>	V 367		

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V 367	<p>Continued From page 23</p> <p>Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed and submitted to the Local Managed Entity/Managed Care Organization (LME/MCO)</p>	V 367		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-224</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/21/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW BEGINNINGS GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>326 BALDWIN ROAD</b> <b>BURLINGTON, NC 27217</b>
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V 367	<p>Continued From page 24</p> <p>within 72 hours. The findings are:</p> <p>Review on 4/19/22 of Client #1's record revealed: -Admission date of 4/1/22. -Schizophrenia; Autism; PTSD; Psychogenic Nonepileptic Seizures.</p> <p>Review on 4/19/22 of Former Client #6 revealed: -Admission date of 12/7/20. -Diagnoses of Schizoaffective Disorder, Unspecified; History of Traumatic Brain Injury; History of Stimulant Use Disorder; Hyperlipidemia; Left Arm Laceration; Tobacco Dependence.</p> <p>Review on 4/2/22 of the Facility's Incident Reports revealed: -Notes made by Staff #5: -4/2/22- [Client #1] ran off and we couldn't find him. Had to call police. He ended up running off again and I found him on the side of the main road walking. -4/3/22- [Client #1] ran off twice today. First time I caught him down the road. Second time [Staff #4] had to get in car and follow him. -4/4/22- Around 4:52 today, [Client #1] walked across the street he told me he wanted them to call the police so he could leave. -4/6/22- [Client #1] walked off around 3:30. Other staff was already out so they went to look around where he was found last time and he was nowhere to be found. Staff still was driving around looking so I proceeded to call the police at 3:40. The police looked around for an hour and still no sign so they proceeded to put him as a missing person. -4/16/22- Today [Client #1] walked off as I tried following him he was yelling at me and cursing. I then proceeded to call the cops cause he told me that he was going to kill himself. I</p>	V 367		

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V 367	<p>Continued From page 25</p> <p>called the police at 1:22 exact they found him 5 minutes later down the street at store reading a newspaper. He told the police that he never said he was going to hurt himself.</p> <p>-Notes made by Staff #4:</p> <p>-4/2/22- Today @ 1:15 [Client #1] wandered off. Staff tried looking for him, but was unsuccessful. Staff notified his brother @ 1:27 and notified 911 @ 1:44. @ 2:30ish police found him. Brandon wandered off again @ 5:45 but this time staff got him back inside.</p> <p>-4/3/22- Today @ 4:52 [Client #1] walked across the street to the nursing home, staff immediately got him to come back. From then to about 6:30 [Client #1] was upset and crying. He kept saying he is a alien and want swat to pick him up. The night before he didn't go to sleep till 4 am.</p> <p>-4/12/22- [Client #1] walked off around 11:30, staff tried getting him to come back but was unsuccessful. Staff called police @12:03 am. Police found him at 1:34 on Ross St.</p> <p>-4/18/22- [Client #1] slept most of the day. He had a good day as well as all other clients.</p> <p>Incident on Former Client #6:</p> <p>-1/31/22- [Former Client #6] was having a good day until we were cutting another client's hair. He asked to make coffee and we said not right now. He walked back into the bathroom with cuts on his arm and said he swallowed 2 blades. I proceeded to call 911. He made a comment to them saying he didn't cut deep enough. They took him to Chapel Hill.</p> <p>Review on 4/19/22 of the North Carolina Incident Response Improvement System (IRIS) revealed no Level II incident reports for Client #1 and Former Client #6 for the period of January 2022 through April 2022.</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 26</p> <p>Interview on 4/19/22 with Client #1 revealed: -He reported being at the house for only but a few weeks. -He was still getting adjusted to things there. -He used to live mostly by himself and that he was not used to group home living. -Reported that it would only be a temporary thing until something different was found.</p> <p>Interview on 4/19/21 with Staff #5 revealed: -They had to call the police a few times regarding Client #1. -Client #1 had ran away a few times. -Police came and looked for him. -Client #1 had been found within the area.</p> <p>Interview on 6/29/21 with the Owner revealed: -Former Client #6 had to go to the hospital because he swallowed a razorblade. -He had a history of swallowing things. -He was very fast in grabbing and swallowing things. -She was aware of the incidents from when police had to be called about Client #1 walking away from the facility. -She thought that the Qualified Professional had submitted an incident reports to IRIS. -She confirmed that facility failed to submit an incident report to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours.</p>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 27</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 4/19/22 at 1:35 PM of the Kitchen revealed: -Door was cracked and broken on the top section next to the window.</p> <p>Observation on 4/19/22 at 1:40 PM of Bathroom #1 revealed: -Door was cracked and missing a piece on the top.</p> <p>Observation on 4/19/22 at 1:48 PM of the Living Room revealed: -There was an old bed frame resting against the wall.</p> <p>Observation on 4/19/22 at 1:55 PM of the Outside area revealed: -Floor carpet on front porch was broken and lose. Missing sections. -Grass was knee high (about 24 inches tall.) -Section of sidings underneath kitchen window was stained/dirty.</p> <p>Interview on 4/21/22 with the Owner revealed: -Facility rented the property. -Landlord was responsible for making repairs. -Some renovations to the home had been completed.</p>	V 736		

Division of Health Service Regulation

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V 736	Continued From page 28  -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.	V 736		