Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE COMF	SURVEY PLETED	
		A. BUILDING:			С		
		MHL092-563	B. WING			20/2022	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
NEW BE	NEW BEGINNINGS HEALTH CARE 5309 KYLE DRIVE						
0/0.15	CLIMMA DV CTA		H, NC 27616	DDOVIDEDIS DI AN OF CODDI	CTION	()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	TS	V 000				
	A complaint survey was completed 5/20/22. The complaints were unsubstantiated (Intake #NC00188902, 00188856). A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.						
		sed for nine and currently has a The survey sample consisted current.	а				
V 364	V 364 G.S. 122C- 62 Additional Rights in 24 Hour Facilities		V 364				
	§ 122C-62. Additional Rights in 24-Hour Facilities.						
	<ul> <li>(a) In addition to the rights enumerated in G.S.</li> <li>122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</li> <li>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</li> </ul>						
	and at no cost to th physicians, and prividevelopmental disa professionals of his	abilities, or substance abuse s choice; and					
	there is a client adv The rights specified restricted by the fac	d in this subsection may not be cility and each adult client may					
exercise these rights at all reasonable times.  (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all		)					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				С	
MHL092-563		B. WING		05/20/2022	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
NEW BEGINNINGS HEALTH O	SARE 5309 KYL				
		NC 27616			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 364 Continued From pa	ge 1	V 364			
times keeps the rig (1) Make and rece calls. All long distar the client at the time collect to the receiv (2) Receive visitors a.m. and 9:00 p.m. hours daily, two hou p.m.; however visiti over therapies; (3) Communicate a supervision with ind upon the consent o (4) Make visits out unless: a. Commitment pi the result of the clie violent crime, includ assault with a dead respondent was fou insanity or incapabl b. The client was committed to the fa commitment to a co Division of Adult Co Public Safety; or c. The client is be to proceed pursuan A court order may o otherwise prohibite conditions prescribe (5) Be out of doors facilities and equipr several times a wee (6) Except as proh personal clothing a	ht to: ive confidential telephone nce calls shall be paid for by e of making the call or made ing party; s between the hours of 8:00 for a period of at least six urs of which shall be after 6:00 ng shall not take precedence and meet under appropriate dividuals of his own choice of the individuals; side the custody of the facility roceedings were initiated as ent's being charged with a ding a crime involving an ly weapon, and the und not guilty by reason of e of proceeding; voluntarily admitted or cility while under order of orrectional facility of the orrection of the Department of ing held to determine capacity at to G.S. 15A-1002; expressly authorize visits d by the existence of the ed by this subdivision; of daily and have access to ment for physical exercise ek; ibited by law, keep and use and possessions, unless the to determine capacity to	V 364			

Division of Health Service Regulation

STATE FORM 6899 RT6X11 If continuation sheet 2 of 6

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
MHL092-563		B. WING		C <b>05/20/2022</b>			
NAME OF		CTDEET AD		TATE ZID CODE			
NAIVIE OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
NEW BE	GINNINGS HEALTH C	ARE 5309 KYL RALEIGH	, NC 27616				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 364	Continued From pa	ge 2	V 364				
	(8) Keep and spen own money; (9) Retain a driver' prohibited by Chapt and (10)Have access to his private use. (c) In addition to the 122C-51 through G 122C-59 through G who is receiving tre 24-hour facility has proper adult supervice and intellectual imm 24-hour facility shall structure, supervisit the rights given to to The facility shall also reasonable efforts to client receives treat adult clients unless minor client dictate Each minor client whabilitation from a 2 (1) Communicate a guardian or the age custody of him; (2) Contact and coor that of his legally cost to the facility, I physicians, private disabilities, or subshis or his legally results.	d a reasonable sum of his is license, unless otherwise ter 20 of the General Statutes; in individual storage space for the rights enumerated in G.S. S. 122C-57 and G.S. S. 122C-61, each minor client atment or habilitation in a the right to have access to rision and guidance. In hinor's status as a developing restall be provided able him to mature physically, stually, socially, and of the physical, emotional, naturity of the minor, the I provide appropriate on and control consistent with the minor pursuant to this Part. So, where practical, make to ensure that each minor timent apart and separate from the treatment needs of the					

STATE FORM 6899 If continuation sheet 3 of 6 RT6X11

AND PLAN OF CORRECTION IDENTIFICATION		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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MHL092-563		B. WING		05/20/2022	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NEW BEGINNINGS HEALTH CARE					
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PREFIX (EACH DEFICIENCY MUST BE PRECE	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 364 Continued From page 3	Continued From page 3				
there is a client advocate. The rights specified in this subset restricted by the facility and each may exercise these rights at all re (d) Except as provided in subset of this section, each minor client of treatment or habilitation in a 24-hours the right to:  (1) Make and receive telephone of distance calls shall be paid for by time of making the call or made or receiving party;  (2) Send and receive mail and hawriting materials, postage, and stawhen necessary;  (3) Under appropriate supervision visitors between the hours of 8:00 p.m. for a period of at least six how hours of which shall be after 6:00 visiting shall not take precedence therapies;  (4) Receive special education and training in accordance with federa (5) Be out of doors daily and part recreation, and physical exercise basis in accordance with his need (6) Except as prohibited by law, he personal clothing and possession appropriate supervision, unless the held to determine capacity to produce of the safekeeping of personal below (9) Have access to and spend a of his own money; and	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  there is a client advocate.  The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.  (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:  (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;  (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;  (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;  (4) Receive special education and vocational training in accordance with federal and State law;  (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;  (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;  (7) Participate in religious worship;  (8) Have access to individual storage space for the safekeeping of personal belongings;  (9) Have access to individual storage space for the safekeeping of personal belongings;  (9) Have access to and spend a reasonable sum of his own money; and				

Division of Health Service Regulation STATE FORM

RT6X11 If continuation sheet 4 of 6

DIVISION	of Health Service Re	egulation	_			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
		A. BUILDING:		COMPLETED		
MHL092-563				C <b>05/20/2022</b>		
		B. WING				
NAME OF		CTDEET AD	DDECC CITY (	STATE ZID CODE		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
<b>NEW BE</b>	GINNINGS HEALTH C	CARE 5309 KYL				
	T .		, NC 27616			T
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 364	Continued From pa	ige 4	V 364			
	of this section may	be limited or restricted except				
		fessional responsible for the				
		client's treatment or habilitation				
		ement shall be placed in the				
		indicates the detailed reason				
	for the restriction. T	he restriction shall be				
		ated to the client's treatment or				
		A restriction is effective for a				
		d 30 days. An evaluation of				
	each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on					
		wed only by a written				
		by the qualified professional in				
		hat states the reason for the				
		riction. In the case of an adult				
		been adjudicated incompetent,				
		an initial restriction or renewal				
		ghts, an individual designated				
		upon the consent of the client, estriction and of the reason for				
		minor client or an incompetent				
		ally responsible person shall				
		instance of an initial restriction				
		triction of rights and of the				
		cation of the designated				
	individual or legally responsible person shall be documented in writing in the client's record.					
	This Rule is not me	et as evidenced by:				
		view and interview the facility				
failed to allow one of one (#1) client access to						

their personal belongings. The findings are:

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		С	
MHL092-563					0/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NEW BE	GINNINGS HEALTH O	SARE 5309 KYL RALEIGH	E DRIVE , NC 27616			
(X4) ID PREFIX TAG	X4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 5	V 364			
	-Date of Admission -Diagnoses of Post (PTSD), Conduct D Use and history of o Review on 5/11/22 client #1 dated 5/5/ Improvement Syste -"The client had a gredirected for yellin her wrong way. Pe anyone f******g lot a shoes and jacket w threat for her to run someone always w been gone"	Traumatic Stress Disorder disorder, Cannabis and Opioid child sexual abuse.  of incident report regarding 22 in the Incident Response of (IRIS) revealed: good morning but had to be get her peer due to looking at r client she doesn't want therperiod! The clients ere removed as it poised a per client if she didn't have atching her, she would have				
	Interview on 5/18/22 client #1 stated: -She had been wanting to run away from the facility for a few daysStaff took her shoes and coat, and they would not let her have them backThey told her this was to keep her from runningEventually told the staff she wanted to kill herself to get out of the house.  Interview on 5/20/22 the Qualified Professional (QP)/Licensee stated: -It is part of their safety protocol to remove shoes and other items that would help prevent them from running awayThey do not believe this is a rights violation to ensure their safetyThe guardian's of the clients gave them written permission to take the clients personal items to ensure their safety.					

6899

Division of Health Service Regulation
STATE FORM

RT6X11 If continuation sheet 6 of 6