Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C B. WING MHL092-563 05/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5309 KYLE DRIVE NEW BEGINNINGS HEALTH CARE RALEIGH, NC 27616 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS 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. The facility is licensed for nine and currently has a census of seven. The survey sample consisted of an audit of one current. V 364 G.S. 122C- 62 Additional Rights in 24 Hour V 364 Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a RECEIVED 24-hour facility keeps the right to: (1) Send and receive sealed mail and have JUN 10 2022 access to writing material, postage, and staff assistance when necessary; **DHSR-MH Licensure Sect** (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility 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

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: 0 MHL092-563 B. WING 05/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5309 KYLE DRIVE NEW BEGINNINGS HEALTH CARE RALEIGH, NC 27616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 364 Continued From page 1 V 364 times keeps the right to: What measures will The agency held a mandated Board meeting to discuss (1) Make and receive confidential telephone be put into place to and review the findings with the DHSR surveyor. calls. All long distance calls shall be paid for by correct the deficient Different resolutions were discussed and legal counsel the client at the time of making the call or made was sought along with discussions held to ensure the area of practice collect to the receiving party; rights of the clients were not violated. The agency (2) Receive visitors between the hours of 8:00 reviewed in great detail the list of questions that were emailed directly to DHSR representatives and were not a.m. and 9:00 p.m. for a period of at least six able to discuss the replies as none have been received hours daily, two hours of which shall be after 6:00 back by DHSR as of 6/5/2022. The agency was legally p.m.; however visiting shall not take precedence advised to place their policy and procedures on hold until over therapies: further investigations are completed by the agencies (3) Communicate and meet under appropriate attorney as not to violate the request of DHSR. The supervision with individuals of his own choice agency has placed their policies and procedures on hold upon the consent of the individuals: and has provided additional staff training on 5-27-22 as (4) Make visits outside the custody of the facility client's manipulation patterns occur to avoid the deficient area of practice per DHSR again. a. Commitment proceedings were initiated as What measures will The agency emailed a list of question for clarity directly to DHSR on 5-23-22 the result of the client's being charged with a be put into place to The agency signed up for a class provided by prevent the problem violent crime, including a crime involving an DHSR and it was emailed on 6-6-2022 from reoccurring assault with a deadly weapon, and the The agency sought additional legal counsel to again respondent was found not guilty by reason of ensure the client rights are not violated and to insanity or incapable of proceeding; learn more about the legal ramification that may b. The client was voluntarily admitted or or may not occur if court orders are dismissed committed to the facility while under order of due to the request of DHSR as they survey commitment to a correctional facility of the client rights verses clients safety, competence, Division of Adult Correction of the Department of interviewing styles, documentation techniques, etc. in the best interest of the client first, the Public Safety: or agency's reputation and desire to provide c. The client is being held to determine capacity adequate /ongoing services in the community. to proceed pursuant to G.S. 15A-1002; The agency has placed their policies and A court order may expressly authorize visits procedures on hold and has provided additional otherwise prohibited by the existence of the staff training on 5-27-22 conditions prescribed by this subdivision; (5) Be out of doors daily and have access to Who will monitor The Director and additional outside hired agencies for facilities and equipment for physical exercise the situation to best practice shall monitor the situation to ensure this will several times a week; ensure it will not not happen again. A committee meeting will be held to (6) Except as prohibited by law, keep and use occur again educate, update and inform staff and other agencies to personal clothing and possessions, unless the aide in clarification of how rules are interrupted and surveyed to help protect the rights of all clients served. client is being held to determine capacity to The agency has signed up for direct trainings from DHSR proceed pursuant to G.S. 15A-1002: to ensure clarity as when asked by surveyors the agency (7) Participate in religious worship: was referred to. How often the The monitoring shall take place daily as needed. Division of Health Service Regulation monitoring will take STATE FORM

place

Division of Health Service Regulation

	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	LETED						
	MHL092-563	B. WING		05/2	0/2022						
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE								
5309 KYLE DRIVE											
NEW BEGINNINGS HEALTH CARE RALEIGH, NC 27616											
PREFIX (EACH DEFICIENCY M	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)								
V 364 Continued From page	Continued From page 2										
		V 364									

RT6X11

(X3) DATE SURVEY

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED					
		MHL092-563	B. WING		05/20	: 0/2022				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5309 KYLE DRIVE RALEIGH, NC 27616										
(X4) ID PREFIX TAG) ID SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDEFICIENCY)	(X5) COMPLETE DATE					
V 364	restricted by the fact may exercise these (d) Except as provi of this section, each treatment or habilitathe right to: (1) Make and receid distance calls shall time of making the receiving party; (2) Send and receiv writing materials, powhen necessary; (3) Under appropriation visitors between the p.m. for a period of hours of which shall visiting shall not tak therapies; (4) Receive special training in accordant (5) Be out of doors recreation, and physical basis in accordance (6) Except as prohipersonal clothing an appropriate supervisheld to determine can appropriate supervished by Chapter (9) Have access to of his own money; and (10) Retain a driver's prohibited by Chapter (10) Retain a driv	ocate. In this subsection may not be cility and each minor client rights at all reasonable times. ded in subsections (e) and (h) in minor client who is receiving ation in a 24-hour facility has telephone calls. All long be paid for by the client at the call or made collect to the call or made collect to the extension of the ext	V 364							

(X2) MULTIPLE CONSTRUCTION

RT6X11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING MHL092-563 05/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5309 KYLE DRIVE **NEW BEGINNINGS HEALTH CARE** RALEIGH, NC 27616 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 364 Continued From page 4 V 364 The facility followed this rule. It is written in the of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation clients PCP and Signed by plan. A written statement shall be placed in the the QP, guardian, etc. client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or The facility followed this rule as evidenced by the habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the IRIS report, Progress notes, qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be and several other communications documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent. in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client. be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent The facility followed this adult client, the legally responsible person shall be notified of each instance of an initial restriction rule. or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. The cliend didn't tennis shoes This Rule is not met as evidenced by: Based on record review and interview the facility failed to allow one of one (#1) client access to to jacket upon admission. their personal belongings. The findings are: Division of Health Service Regulation STATE FORM RT6X11 If continuation sheet 5 of 6

The client had <u>full</u>
access to her flipflops.
The client arrived with
a food lion bag of too
Small clothes and the Director loand

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING MHL092-563 05/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5309 KYLE DRIVE **NEW BEGINNINGS HEALTH CARE** RALEIGH, NC 27616 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 364 Continued From page 5 V 364 the client additional clothes, tennise, etc. until herswere Review on 5/11/22 of client #1's record revealed: -Date of Admission 4/15/22 to arrive! The Director also -Diagnoses of Post Traumatic Stress Disorder (PTSD), Conduct Disorder, Cannabis and Opioid freely Purchased Several New Use and history of child sexual abuse. lothing items for the client Review on 5/11/22 of incident report regarding client #1 dated 5/5/22 in the Incident Response Improvement System (IRIS) revealed: -"The client had a good morning but had to be redirected for yelling at her peer due to looking at her wrong way. Per client she doesn't want The clients shoes were also anyone f*****g lot at her...period! The clients shoes and jacket were removed as it poised a removed because she made threat for her to run. Per client if she didn't have a threat "to Slap the Shit someone always watching her, she would have been gone..." out of the Director while Interview on 5/18/22 client #1 stated: -She had been wanting to run away from the trying to be de-esculated. facility for a few days. -Staff took her shoes and coat, and they wouldnot let her have them back. -They told her this was to keep her from running. -Eventually told the staff she wanted to kill herself Other items such as to get out of the house. a Sharp tipped comb, Interview on 5/20/22 the Qualified Professional (QP)/Licensee stated: Shoe strings Las she made -It is part of their safety protocol to remove shoes and other items that would help prevent them threats to harm herself) from running away. -They do not believe this is a rights violation to ensure their safety. Were also removed for -The guardian's of the clients gave them written her and others Safety. This permission to take the clients personal items to ensure their safety. Was all done in the best. interest of the client of it Division of Health Service Regulation Services 6899 Le to RT6X11 lack of communicatilisontinuation sheet 6 of 6 STATE FORM The facility did give back these items as evidenced by her attending a mentoring session, Church, played Kickball!

and could have easily Provided if the attached deficies was known typing!