

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-776</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/23/2022</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**NEW PLACE**

**5601 FAULCONBRIDGE ROAD  
CHARLOTTE, NC 28227**

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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey were completed on 3/23/22. The complaints were unsubstantiated (NC00185926 and NC00186732). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000	<p><b>DHSR - Mental Health</b></p> <p><b>APR 27 2022</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p>	V 118		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

LEXS11

If continuation sheet 1 of 12

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observations and interviews, the facility failed to ensure a MAR of medications administered to each client was kept current and medications were administered as ordered affecting 1 of 2 clients (client #2). The findings are:</p> <p>Record review of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admissions date 3/25/20;</li> <li>- Age 15;</li> <li>- Diagnoses Disruptive Mood Dysregulation Disorder; Post Traumatic Stress Disorder;</li> <li>- Physician orders dated 9/9/21 omeprazole delayed release (DR)(heartburn) 10 milligram(mg), Take one capsule by mouth every morning; Prazosin(urinary retention) 2 mg capsule, Take one capsule by mouth twice daily;</li> <li>- Physician order dated 5/6/21 omeprazole Dr 20 mg, Take one capsule by mouth daily;</li> <li>-Physician order dated 11/30/21 Triamcinolone(Dermatitis) 0.1% cream, Apply a thin layer to the affected area twice daily;</li> <li>- Physician order dated 8/24/20 Quetiapine Fumarate(mood disorder) 200 mg, Take one tablet by mouth every day at 7pm.</li> </ul>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>- Physician order dated 8/20/21 Vitamin D2 1.25 mg, take one capsule by mouth every week.</p> <p>Observations on 2/25/22 at approximately 1:00pm of client #2's medication's revealed: -There was no omeprazole Dr 20 mg; Triamcinolone 0.1% cream and Vitamin D2 1.25mg to observe in the facility.</p> <p>Review on 2/25/22 of client #2's MARs from December 2021-February 2022 revealed: -The date of 12/31/21 for the am dose was left blank with no explanation on the MAR for the following medications: omeprazole Dr 20 mg,; omeprazole Dr 10mg, Prazosin 2 mg,; Triamcinolone 0.1% cream; -The date of 12/31/21 for the pm dose was left blank with no explanation on the MAR for the following medications: Prazosin 2 mg capsule; Quetiapine Fumarate 200 mg, Triamcinolone 0.1% cream; -The date of 1/31/22 for the pm dose was left blank with no explanation on the MAR for the following medications: Prazosin 2 mg; Quetiapine Fumarate 200 mg, Triamcinolone 0.1% cream; - Vitamin D2 1.25 mg, was initialed daily for January through February 25, 2022.</p> <p>Interview on 2/24/22 with client #2 revealed: -Was administered all medications daily from staff; -Denied any medications errors.</p> <p>Interview on 2/25/22 with Qualified Professional/ Executive Director revealed: -Unable to provide an explanation for the medication errors; -"I would need to speak with the staff." - Oversee the MARs.</p>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 3  Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physicians.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118			
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  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.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to offer of employment affecting 1 of 5 staff (staff #2). The findings are:  Review on 2/25/22 of staff #2's personnel record revealed: - Date of hire 11/16/10; - There was no HCPR in file to show it was assessed before employment.  Interview on 3/22/22 with the Qualified	V 131			

Division of Health Service Regulation

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V 131	Continued From page 4  Professional #1/Executive Director revealed: - HCPR was not in staff #2's personnel file; - Unable to locate the HCPR; - HCPR was removed from personnel file at some point and never replaced back into file.	V 131		
V 298	27G .1706 Residential Tx. Child/Adol - Operations  10A NCAC 27G .1706 OPERATIONS (a) Each facility shall serve no more than a total of 12 children and adolescents. (b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting. (c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement. (d) Psychiatric consultation shall be available as needed for each child or adolescent. (e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer. (f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan. (g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.	V 298		

Division of Health Service Regulation

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V 298	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility allowed a client to remain in the facility in excess of the maximum allowed time of six months following clients 18th birthday or until end of the state fiscal year affecting 1 of 2 clients (client #1). The findings are:</p> <p>Review on 2/25/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Date of admission 7/6/18;</li> <li>- Diagnoses- Major Depression, recurrent, severe with episodic suicidal ideation;</li> <li>- Post-Traumatic Stress Disorder; Psychosis, not otherwise specified; Autism Spectrum Disorder with Intellectual Deficits, Intermittent Explosive Disorder;</li> <li>- Age 19;</li> <li>- Client was under the guardianship of the Department of Social Services (DSS) in her home county prior to 18th birthday;</li> <li>- Client #1's person centered profile (PCP) dated 1/13/22, stated client #2's long range outcome is to stay in DSS custody until 21 years old.</li> </ul> <p>Interview on 2/24/22 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- She turned 19 in October of 2021;</li> <li>- Planned to live at an independent living facility.</li> </ul> <p>Interview on 3/23/22 with Qualified Professional #1/Executive Director revealed:</p> <ul style="list-style-type: none"> <li>- No waiver was completed;</li> <li>- "Actively trying to find her (client #1) somewhere to go."</li> <li>- It's been difficult to find client #1 a placement due to behaviors;</li> <li>- Client #1 recently had an interview at an</li> </ul>	V 298		

Division of Health Service Regulation

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V 298	Continued From page 6  independent living facility; - Client #1 "went today for a psychological evaluation." - Client #1 has nowhere to go if she was discharged today.	V 298		
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 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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	V 367		



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V 367	Continued From page 7  day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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 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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in	V 367		



Division of Health Service Regulation

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V 367	<p>Continued From page 8</p> <p>the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure incidents were reported to the Local Mangement Entity(LME) for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Record review on 2/25/22 of client #1's record revealed: - Date of admission 7/6/18; - Diagnoses- Major Depression, recurrent, severe with episodic suicidal ideation; Post-Traumatic Stress Disorder; Psychosis, not otherwise specified; Autism Spectrum Disorder with Intellectual Deficits, Intermittent Explosive Disorder.</p> <p>Review of North Carolina Incident Response Improvement System (IRIS) 2/28/22 and 3/21/22 revealed: -There was no documentation of an incident report for client #1 in IRIS.</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 9</p> <p>Interview on 2/24/22 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- "Staff left me and I was upset.";</li> <li>- "I left the home(facility).";</li> <li>- "I went to staff's home.";</li> <li>- "Staff threaten to hit me in the head.";</li> <li>- Police called to the home;</li> <li>- Went to local hospital;</li> <li>- Denied property damage to staff's home.</li> </ul> <p>Interview on 2/24/22 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 wanted to leave with staff but unable to leave with staff;</li> <li>- Client #1 found a ride to staff's house;</li> <li>- Staff's husband didn't let her in their home;</li> <li>- Client #1 found a way into staff's home;</li> <li>- Client #1 caused property damage in the staff's home;</li> <li>- Police were called to the home;</li> <li>- Client #1 went to the hospital;</li> <li>- Client #1 wants to live with staff;</li> <li>- Due to Client #1's behavior, staff will not allow her to live with her.</li> </ul> <p>Interview on 2/24/22 and 3/22/22 with the Qualified Professional #1/Executive director revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 had to be restrained due to destroying property on yesterday (2/24/22);</li> <li>- Client #1 attempted to assault an employee as well;</li> <li>- Client #1 ran away and went to the staff's home;</li> <li>- Client #1 got into the staff's home through the garage;</li> <li>- Client #1 destroyed the property at staff's home;</li> <li>- Police were called;</li> <li>- Client #1 stated that she was going to harm herself;</li> <li>- Client #1 was then taken to the hospital by the police instead of being arrested;</li> </ul>	V 367		

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V 367	Continued From page 10  - Client #1 was discharged from hospital the next morning (2/25/22); - Forgot to put incident report in IRIS.	V 367			
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 observations and interviews, the facility failed to be maintained a safe, clean, attractive and orderly manner. The findings are:  Observations on 2/25/22 at approximately 1:46pm revealed the following: - Vent covers throughout the facility were rusted and dented; - Bathroom in hallway has a crack approximately 5 inches long in the door; - Light switch fixture was missing in client #2's room; - Broken sink with triangle shape piece of tile missing from sink in the bathroom connected to the last bedroom on the left; - There were about 5 paint spots on the floor in former client #3's room.  Interview on 2/25/22 and 3/23/22 with the Qualified Professional #1/Executive Director revealed:	V 736			

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V 736	Continued From page 11  - Vents are old and unable to find vents to replace; - Made some improvements to the home already; - Plan to start on the repairs.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736			

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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey were completed on 3/23/22. The complaints were unsubstantiated (NC00185926 and NC00186732). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p>	V 118		

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-776</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/23/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5601 FAULCONBRIDGE ROAD</b> <b>CHARLOTTE, NC 28227</b>			
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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observations and interviews, the facility failed to ensure a MAR of medications administered to each client was kept current and medications were administered as ordered affecting 1 of 2 clients (client #2). The findings are:</p> <p>Record review of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admissions date 3/25/20;</li> <li>- Age 15;</li> <li>- Diagnoses Disruptive Mood Dysregulation Disorder; Post Traumatic Stress Disorder;</li> <li>- Physician orders dated 9/9/21 omeprazole delayed release (DR)(heartburn) 10 milligram(mg), Take one capsule by mouth every morning; Prazosin(urinary retention) 2 mg capsule, Take one capsule by mouth twice daily;</li> <li>- Physician order dated 5/6/21 omeprazole Dr 20 mg, Take one capsule by mouth daily;</li> <li>-Physician order dated 11/30/21 Triamcinolone(Dermatitis) 0.1% cream, Apply a thin layer to the affected area twice daily;</li> <li>- Physician order dated 8/24/20 Quetiapine Fumarate(mood disorder) 200 mg, Take one tablet by mouth every day at 7pm.</li> </ul>	V 118			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-776</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/23/2022</b>
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V 118	<p>Continued From page 2</p> <p>- Physician order dated 8/20/21 Vitamin D2 1.25 mg, take one capsule by mouth every week.</p> <p>Observations on 2/25/22 at approximately 1:00pm of client #2's medication's revealed: -There was no omeprazole Dr 20 mg; Triamcinolone 0.1% cream and Vitamin D2 1.25mg to observe in the facility.</p> <p>Review on 2/25/22 of client #2's MARs from December 2021-February 2022 revealed: -The date of 12/31/21 for the am dose was left blank with no explanation on the MAR for the following medications: omeprazole Dr 20 mg,; omeprazole Dr 10mg, Prazosin 2 mg,; Triamcinolone 0.1% cream; -The date of 12/31/21 for the pm dose was left blank with no explanation on the MAR for the following medications: Prazosin 2 mg capsule; Quetiapine Fumarate 200 mg, Triamcinolone 0.1% cream; -The date of 1/31/22 for the pm dose was left blank with no explanation on the MAR for the following medications: Prazosin 2 mg; Quetiapine Fumarate 200 mg, Triamcinolone 0.1% cream; - Vitamin D2 1.25 mg, was initiated daily for January through February 25, 2022.</p> <p>Interview on 2/24/22 with client #2 revealed: -Was administered all medications daily from staff; -Denied any medications errors.</p> <p>Interview on 2/25/22 with Qualified Professional/ Executive Director revealed: -Unable to provide an explanation for the medication errors; -"I would need to speak with the staff." - Oversee the MARs.</p>	V 118			



Division of Health Service Regulation

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V 118	Continued From page 3  Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physicians.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  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.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to offer of employment affecting 1 of 5 staff (staff #2). The findings are:  Review on 2/25/22 of staff #2's personnel record revealed: - Date of hire 11/16/10; - There was no HCPR in file to show it was assessed before employment.  Interview on 3/22/22 with the Qualified	V 131		

Division of Health Service Regulation

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V 131	Continued From page 4  Professional #1/Executive Director revealed: - HCPR was not in staff #2's personnel file; - Unable to locate the HCPR; - HCPR was removed from personnel file at some point and never replaced back into file.	V 131		
V 298	27G .1706 Residential Tx. Child/Adol - Operations  10A NCAC 27G .1706 OPERATIONS (a) Each facility shall serve no more than a total of 12 children and adolescents. (b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting. (c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will coordinate services across settings such as alternative learning programs, day treatment, or a job placement. (d) Psychiatric consultation shall be available as needed for each child or adolescent. (e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer. (f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan. (g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.	V 298		

Division of Health Service Regulation

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V 298	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility allowed a client to remain in the facility in excess of the maximum allowed time of six months following clients 18th birthday or until end of the state fiscal year affecting 1 of 2 clients (client #1). The findings are:</p> <p>Review on 2/25/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Date of admission 7/6/18;</li> <li>- Diagnoses- Major Depression, recurrent, severe with episodic suicidal ideation;</li> <li>Post-Traumatic Stress Disorder; Psychosis, not otherwise specified; Autism Spectrum Disorder with Intellectual Deficits, Intermittent Explosive Disorder;</li> <li>- Age 19;</li> <li>- Client was under the guardianship of the Department of Social Services (DSS) in her home county prior to 18th birthday;</li> <li>- Client #1's person centered profile (PCP) dated 1/13/22, stated client #2's long range outcome is to stay in DSS custody until 21 years old.</li> </ul> <p>Interview on 2/24/22 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- She turned 19 in October of 2021;</li> <li>- Planned to live at an independent living facility.</li> </ul> <p>Interview on 3/23/22 with Qualified Professional #1/Executive Director revealed:</p> <ul style="list-style-type: none"> <li>- No waiver was completed;</li> <li>- "Actively trying to find her (client #1) somewhere to go."</li> <li>- It's been difficult to find client #1 a placement due to behaviors;</li> <li>- Client #1 recently had an interview at an</li> </ul>	V 298		

Division of Health Service Regulation

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V 298	Continued From page 6  independent living facility; - Client #1 "went today for a psychological evaluation." - Client #1 has nowhere to go if she was discharged today.	V 298		
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 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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	V 367		

Division of Health Service Regulation

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V 367	Continued From page 7  day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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 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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 8</p> <p>the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure incidents were reported to the Local Mangement Entity(LME) for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Record review on 2/25/22 of client #1's record revealed: - Date of admission 7/6/18; - Diagnoses- Major Depression, recurrent, severe with episodic suicidal ideation; Post-Traumatic Stress Disorder; Psychosis, not otherwise specified; Autism Spectrum Disorder with Intellectual Deficits, Intermittent Explosive Disorder.</p> <p>Review of North Carolina Incident Response Improvement System (IRIS) 2/28/22 and 3/21/22 revealed: -There was no documentation of an incident report for client #1 in IRIS.</p>	V 367			

Division of Health Service Regulation

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V 367	Continued From page 9  Interview on 2/24/22 with client #1 revealed: - "Staff left me and I was upset."; - "I left the home(facility)."; - "I went to staff's home."; - "Staff threaten to hit me in the head."; - Police called to the home; - Went to local hospital; - Denied property damage to staff's home.  Interview on 2/24/22 with client #2 revealed: - Client #1 wanted to leave with staff but unable to leave with staff; - Client #1 found a ride to staff's house; - Staff's husband didn't let her in their home; - Client #1 found a way into staff's home; - Client #1 caused property damage in the staff's home; - Police were called to the home; - Client #1 went to the hospital; - Client #1 wants to live with staff; - Due to Client #1's behavior, staff will not allow her to live with her.  Interview on 2/24/22 and 3/22/22 with the Qualified Professional #1/Executive director revealed: - Client #1 had to be restrained due to destroying property on yesterday (2/24/22); - Client #1 attempted to assault an employee as well; - Client #1 ran away and went to the staff's home; - Client #1 got into the staff's home through the garage; - Client #1 destroyed the property at staff's home; - Police were called; - Client #1 stated that she was going to harm herself; - Client #1 was then taken to the hospital by the police instead of being arrested;	V 367			



Division of Health Service Regulation

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V 367	Continued From page 10  - Client #1 was discharged from hospital the next morning (2/25/22); - Forgot to put incident report in IRIS.	V 367			
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 observations and interviews, the facility failed to be maintained a safe, clean, attractive and orderly manner. The findings are:  Observations on 2/25/22 at approximately 1:46pm revealed the following: - Vent covers throughout the facility were rusted and dented; - Bathroom in hallway has a crack approximately 5 inches long in the door; - Light switch fixture was missing in client #2's room; - Broken sink with triangle shape piece of tile missing from sink in the bathroom connected to the last bedroom on the left; - There were about 5 paint spots on the floor in former client #3's room.  Interview on 2/25/22 and 3/23/22 with the Qualified Professional #1/Executive Director revealed:	V 736			

Division of Health Service Regulation

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V 736	Continued From page 11  - Vents are old and unable to find vents to replace; - Made some improvements to the home already; - Plan to start on the repairs.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736			

APR 27 2022

New Place MHL-060-776

Plan of Correction for Complaint Survey completed 03/23/2022

Lic. & Cert. Section

V118 27G.0209 (C) Medication Requirements 10A NCAC 27G .0209 Medication requirements

This Rule is not met as evidenced by: Based on record review, observations and interviews, the facility failed to ensure a MAR of medications administered to each client was kept current and medications were administered as ordered affecting 1 of 2 clients (client #2).

Executive Director James Hunt scheduled a refresher course in medication administration for April 26, 2022, to include all residential counselors and house managers. The House Managers will complete weekly check to determine accuracy of the MAR's and report any deficiency to the Executive Director immediately for corrections. The Executive Director will be responsible for monitoring the MAR's and medications monthly to assure the medication supply is efficient and that there are adequate refills. The monitoring of this will be ongoing and reviewed on a quarterly basis by the Quality Assurance/ Quality Improvement Committee.

V131 G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY

This Rule is not met as evidenced by: V 131 Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to offer of employment affecting 1 of 5 staff (staff #2).

As of 04/01/2022 Executive Director James Hunt has taken on the responsibility of managing employee records to include hiring process, background checks, HealthCare Personnel Registry Checks, and scheduling of all mandatory trainings. All criminal background checks and Health Care Personnel Registry checks will be completed to hiring, with all mandated trainings being completed within 30 days of hiring. The monitoring of this will be ongoing and reviewed on a quarterly basis by the Quality Assurance/ Quality Improvement Committee.

V128 27G .1706 Residential Tx. Child/Adol – Operations

This Rule is not met as evidenced by: Based on record review and interview, the facility allowed a client to remain in the facility in excess of the maximum allowed time of six months following client's 18th birthday or until end of the state fiscal year affecting 1 of 2 clients (client #1).

New Place, Inc. will implement G.S. 27G.1706 by appropriately linking and discharging all consumers prior to their 18<sup>th</sup> birthday and no later than six months after their 18<sup>th</sup> birthday or the end of the State fiscal year, whichever is first. The monitoring of this will be ongoing and reviewed on a quarterly basis by the Quality Assurance/ Quality Improvement Committee.

V367 27G .0604 Incident Reporting Requirements

This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure incidents were reported to the Local Management Entity (LME) for the catchment area where services are provided within 72 hours of becoming aware of the incident.

Executive Director James Hunt has scheduled a mandatory incident report training on 04/26/2022 to review the incident reporting process of completing all incident report within 24 hours of the incident and providing that incident report to the Executive Director and the entry of the incident report will be within the 72 hours of the incident. The monitoring of this will be ongoing and reviewed on a quarterly basis by the Quality Assurance/ Quality Improvement Committee.

V736 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS

This Rule is not met as evidenced by: V 736 Based on observations and interviews, the facility failed to be maintained a safe, clean, attractive, and orderly manner. The findings are:

Executive Director James hunt has contacted a contractor to make all necessary and cited repairs to the facility and they will have all repairs completed no later than May 08, 2022. A receipt will be provided upon completion of the work. The facility house manager will be responsible for conducting weekly house inspections and to report any damage to the Executive Director within 24 hours of identifying any damage or needed repairs. The Executive Director will be responsible for scheduling and the completion of required repairs within three business days. The monitoring of this will be ongoing and reviewed on a quarterly basis by the Quality Assurance/ Quality Improvement Committee.