

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/27/2022
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NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5309 KYLE DRIVE RALEIGH, NC 27616
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V 000	INITIAL COMMENTS An annual, follow up and complaint survey was completed on 9/27/22. The complaint was unsubstantiated Intake #NC00193112. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents This facility is licensed for 9 and currently has a census of 7. The survey sample consisted of audits of 1 current client and 2 former clients.	V 000	Kyle	V298 37G.1706 Residential Tx Child/Adol-Operations The facility failed to coordinate services across settings to meet the needs of 2 of 2 former clients. (An MCO reports that receipts were asked for and not obtained.)
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	V 298	Measures put in place to correct the deficient area of practice and how we identified other areas of the facility having the potential to be affected by the same deficient practice and what corrective actions will be taken	Our agency took immediate action to ensure the quality of all homes. We held a board meeting and reviewed the DHSR deficiencies in its entirety. Different scenarios were discussed and preventative measures/interventions were reviewed and voted on for approval by the Board. 1. The Licensee corrected the issue that day once informed of the issue by DHSR's complaint of not turning in clothing receipts. The Licensee keeps detailed records of ALL clients funding and was not aware that the agency had made a request for the receipts verbally to a QP, as other MCO's had emailed out a request of their need with a timeframe of expected return
			Measures put in place to prevent the problem from occurring again	Upon learning of the deficiency, our agency placed the below preventative measures in place. TBGI will email out receipt within a 45 day timeframe as to give the agency time to receive and purchase the clients needed or requested items and keep proof of such upon completion to remain in compliance.
			Who will monitor the situation to ensure it will not occur again	The Executive Director, Director and our Quality management Quality Improvement Director, and or a designated qualified staff will continue to monitor the implementation to ensure that the deficiency will not occur again.
			How often the monitoring will take place	Our agency shall ensure the above plan is structured as a on-going and continual monitoring process as needed and upon receipt of client clothing funding, etc.
			Dates the corrective action will	The corrective action was completed on the day the Licensee was notified by DHSR of the receipt need 9 23 22.

9-21-2022

Division of Health Service Regulation
LABORATORY REPRESENTATIVE'S SIGNATURE

STATE OF NORTH CAROLINA
10/06/2022

DHSR - Mental Health

OCT 18 2022

Lic. & Cert. Section

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V 298	<p>Continued From page 1</p> <p>(f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.</p> <p>(g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate services across settings to meet the needs of 2 of 2 former clients (FC#3) & (FC#8). The findings are:</p> <p>A. Review on 9/19/22 of FC#3's record revealed: - admitted 2/5/22 & discharged 8/18/22 - diagnoses of Post Traumatic Stress Disorder, Bipolar & Cannabis Abuse</p> <p>Review on 9/27/22 of a clothing store receipt for FC#3 revealed: - dated 8/31/22 - total amount on receipt was \$523.89</p> <p>Review on 9/22/22 of an email from FC#3's guardian dated 9/22/22 revealed: - "I told [QP] Qualified Professional & [Licensee] verbally that we would need receipts for the \$500.00 clothing allowance. [QP] informed me to give the check to [Licensee] because she was not at the group home. I gave the check to [Licensee] on 8/29/22 and told her we would need receipts for items spent...our department has not received receipts..."</p> <p>Review on 9/27/22 of text messages between the</p>	V 298	Kyle	<p>V298 37G.1706 Residential Tx Child/Adol-Operations</p> <p>The facility failed to coordinate services across settings to meet the needs of 2 of 2 former clients. (An MCO reports that a client's CCA was not completed in a timely manner and delayed her potential admission to locating placement & not informed about the client bed wetting)</p> <p>Our agency took immediate action to ensure the quality of all homes. We held a board meeting and reviewed the DHSR deficiencies in its entirety. Different scenarios were discussed and preventative measures/interventions were reviewed and voted on for approval by the Board.</p> <ol style="list-style-type: none"> Once the Licensee and Staff were notified by DHSR of the concern, the agency voted to incorporate the process of submitting the clients CCA addendum (if applicable) along with the clients discharge notice to avoid this from re-occurring. The agency was not aware of the concern as this was the agencies <u>3rd courtesy</u> discharge notice. The agencies Clinical Director was also out for 2 weeks & recovering from COVID-19 during the time period that is being discussed; however due to the nature of questioning this was not told to the DHSR because it wasn't until the end of the audit that the real issue/concern was verbalized. TBGI holds an extensive and very detailed CFT meeting each month and it was decided to <u>add a specific section to discuss medical concerns as a corrective measure</u> and TBGI will continue to invite other collaborates to participate in each client's monthly medication mgmt. meetings and document such. TBGI clients Care Coordinator Social Worker had several changes and the
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V 298	<p>Continued From page 2</p> <p>QP & Licensee revealed:</p> <ul style="list-style-type: none"> - date on the printed copy of the text messages was the date submitted to the surveyor - no date the text messages were exchanged between the QP & Licensee - QP: "[FC#3's guardian] wants to know about the check for [FC#3]...wants to know if you spent the whole 500 and if not can you provide receipt/check for remainder of funds" - Licensee: "I just need her contact information and I can provide the receipt and anything that may have been left" <p>During interview on 9/22/22 FC#3's guardian reported:</p> <ul style="list-style-type: none"> - receipts were requested in August 2022 for the \$500.00 stipend from the QP & Licensee - their agency had not received any receipts as of today (9/22/22) <p>During interview on 9/27/22 the Licensee reported:</p> <ul style="list-style-type: none"> - verified \$500 was received from FC#3's guardian in August 2022 - the guardian requested receipts of the purchases on 9/23/22 - the guardians normally did not request receipts - will send the receipts by Friday (9/30/22) <p>B. Review on 9/19/22 of former client (FC#8) revealed:</p> <ul style="list-style-type: none"> - admitted 6/7/21 & discharged 9/19/22 - diagnoses: Adjustment Disorder with depressed mood, Oppositional Defiant Disorder, ADHD <p>Review on 9/21/22 of text messages sent by FC#8's Care Coordinator (CC) revealed:</p> <ul style="list-style-type: none"> - text messages were sent between the 	V 298	<p>information simply could not have been conveyed by them.</p> <p>Measures put in place to prevent the problem from occurring again</p> <p>Upon learning of the deficiency, our agency placed the below preventative measures in place. TBGI agency voted to incorporate the process of submitting the clients CCA addendum (if applicable) along with the clients discharge notice to avoid this from re-occurring. TBGI holds an extensive and very detailed CFT meeting each month and it was decided to add a specific section to discuss medical concerns as a corrective measure and TBGI will continue to invite other collaborates to participate in each client's monthly medication mgmt. meetings and document such to remain in compliance.</p> <p>Who will monitor the situation to ensure it will not occur again</p> <p>The Executive Director, Director and our Quality Management/Quality Improvement Director, and or a designated qualified staff will continue to monitor the implementation to ensure that the deficiency will not occur again.</p> <p>How often the monitoring will take place</p> <p>Our agency shall ensure the above plan is structured as an on-going and continual monitoring process.</p> <p>Dates the corrective action will be completed</p> <p>The corrective action was completed on the day the Licensee was notified by DHSR on 9/23/22.</p>	9-23-2022
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V 298	<p>Continued From page 3</p> <p>facility's QP & FC#8's CC</p> <ul style="list-style-type: none"> - no dates listed for the text messages - QP: "she (FC#8) wets the bed" - CC: "I didn't know about wetting the bed. When is the last time she wet the bed" - QP: "she wets her self a lot. She peed in the van on beach trip...she wet her pants two weeks ago" <p>Review on 9/22/22 of an email dated 9/1/22 FC#8's CC revealed:</p> <ul style="list-style-type: none"> - the email was sent to the facility's QP in regards to the CCA..."...I am just sending this email so we all can be on the same page moving forward and I wanted to try to get this out today, so that we could start working on this tomorrow. I know we had talked about the CCA Addendum still being needed during [FC#8]'s CFT (child & family team) meeting last week on 8-25-2022 given that a 30 day notice was given for [FC#8] on 8-17-2022...while I know that the request for an extension does not have to be honored, I want to first say Thank you [QP] for your willingness to consider the extension given that I did not receive the CCA Addendum until today, 9-1-2022..." <p>During interview on 9/22/22 FC#8's CC reported:</p> <ul style="list-style-type: none"> - was notified after FC#8 was discharge, she exhibited bedwetting while at the facility - was informed she used the bathroom a lot after being diagnosed with Diabetes, but not bedwetting - FC#8 was given a 30 day discharge 8/18/22 - she requested a Comprehensive Clinical Assessment (CCA) - the CCA explained the the clients' progress, concerns/behaviors, levels of care and recommendations - most providers requested the CCA prior to placement 	V 298		
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V 298	Continued From page 4 - " 9 out of 10 providers will not accept a client without the CCA" - the CCA was not received until 9/1/22 which prolonged FC#8's placement During interview on 9/27/22 the QP reported: - the guardian was notified FC#8 used the bathroom a lot but could not "necessarily" say bedwetting was discussed - the therapist updates the CCA & it was not completed on the day of a client's discharge During interview on 9/27/22 the Licensee reported: - staff made her aware of the bedwetting by FC#8 - it was best practice to notify the guardian of FC#8's bedwetting - was not aware the CCA was sent late to FC#8's CC & not aware it prolonged FC#8's placement	V 298		9/27/22
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V 513	27E .0101 Client Rights - Least Restrictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff.	V 513	Kyle Measures put in place to correct the deficient area of practice and how we identified other areas of the facility having the potential to be affected by the same deficient practice and	V513 27E.0101 Client Rights – Least Restrictive Alternative (TBGI had a lock on the refrigerator door for safety reasons to secure a client’s diabetic medication) Our agency took immediate action to ensure the quality of all homes. We held a board meeting and reviewed the DHSR deficiencies in its entirety. Different scenarios were discussed and preventative measures interventions were reviewed and voted on for approval by the Board. <ul style="list-style-type: none">Upon learning from DHSR that a double lock was not a requirement for securing a client’s diabetic medication, the lock was removed that day as the client that had diabetes was also discharged the exact same day the DHSR auditor arrived on 9/27/22. TBGI let the
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V 513	<p>Continued From page 5</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to use the least restrictive method for 7 current clients (#1 - #7) and 2 former clients (FC#3 & FC#8,). The findings are:</p> <p>Review on 9/19/22 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted 1/13/20 - diagnoses: Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD) (combined) <p>Review on 9/19/22 of FC#3's record revealed:</p> <ul style="list-style-type: none"> - admitted 2/5/22 & discharged 8/18/22 - diagnoses of PTSD, Bipolar & Cannabis Abuse <p>Review on 9/19/22 of former client (FC#8) revealed:</p> <ul style="list-style-type: none"> - admitted 6/7/21 & discharged 9/19/22 - diagnoses: Adjustment Disorder with depressed mood, Oppositional Defiant Disorder, ADHD - August MAR 2022 - Lantus 60 units <p>Observation on 9/19/22 at 3:15pm revealed:</p> <ul style="list-style-type: none"> - a padlock on the bottom portion of the 	V 513	<p>what corrective actions will be taken</p> <p>Measures put in place to prevent the problem from occurring again</p> <p>Who will monitor the situation to ensure it will not occur again</p> <p>How often the monitoring will take place</p> <p>Dates the corrective action will be completed</p>	<p>auditor know that she had been told that diabetic supplies and medications required a double lock by previous DHSR representatives. The Licensee did not have any other intention other than securing the safety of the client's medication with diabetes. The clients medication was physically located inside of the refrigerator (In a medication box) without a secured lock for easy access in the event of an emergency and would have let DHSR know; however it wasn't clear until the end of the auditing process, even though the auditor went up randomly to view the refrigerator again and the lock had already been removed.</p> <p>Upon learning of the deficiency, our agency placed the below preventative measures in place.</p> <p>1.TBGI simply removed the lock on the same day.</p> <p>The Executive Director, Director and our Quality management Quality Improvement Director, and or a designated qualified staff will continue to monitor the implementation to ensure that the deficiency will not occur again.</p> <p>Our agency shall monitor this amendment daily to remain in compliance.</p> <p>The corrective action was completed on 9 21 22 ,once informed by DHSR that a double lock was not required; however the clients medication was physically located inside of the refrigerator (In a medication box) without a secured lock for easy access in the event of an emergency and would have let DHSR know; however it wasn't clear until the end of the auditing process</p>
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V 513	<p>Continued From page 6</p> <p>refrigerator</p> <ul style="list-style-type: none"> - a note on the refrigerator: "this refrigerator must be locked! A client's Diabetic medication is located inside and has to be double locked. If you have any questions, feel free to contact management (Mgt). Clients are NOT allowed in the refrigerator for due to sanitation State rules" <p>During interview on 9/27/22 client #1 reported:</p> <ul style="list-style-type: none"> - a lock was on the refrigerator due to a previous client's insulin medication being in there <p>During interview on 9/27/22 client #3 reported:</p> <ul style="list-style-type: none"> - lock was on refrigerator for safety purposes - make sure other clients put nothing in the food - used to be a diabetic client at the facility & her medication was in the refrigerator <p>During interview on 9/19/22 client #5 reported:</p> <ul style="list-style-type: none"> - the lock was on the refrigerator due to a former client's medication being in there <p>During interview on 9/27/22 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - FC#8 was diagnosed with diabetes in April 2022 - the insulin was kept in the refrigerator - lock was placed on the refrigerator for safety purposes <p>During interview on 9/19/22 the Licensee reported:</p> <ul style="list-style-type: none"> - FC#8 was a diabetic and was on insulin - the insulin was kept in the refrigerator - was told medications had to be double locked - lock was placed on the refrigerator when FC#8 was diagnosed with diabetes - FC#8 was discharged today (9/19/22) and the lock would be removed 	V 513		
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