

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-685	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/27/2022
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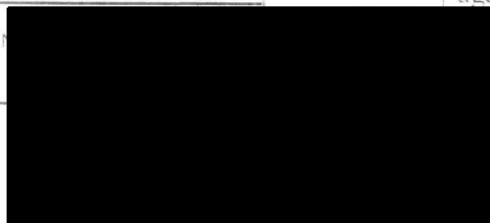
NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS HEALTH CARE PHASE III	STREET ADDRESS, CITY, STATE, ZIP CODE 3501 NEPTUNE DRIVE RALEIGH, NC 27604
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	INITIAL COMMENTS A complaint survey was completed on 9/27/22. The complaint was unsubstantiated Intake #NC00193298. 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 This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 1 current client and 1 former client.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against	V 132	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	V132 G.S. 131E-256(G) HCPR-Notification, Allegation & Protection 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">TBGI immediately completed the deficiency once notified by the DHSR Auditor, Ms. [REDACTED] that a report needed to be made even though the agency did not view the staff's wordings as a threat. The report was completed on the same day 9/21/22 and immediately submitted to NC Health Check Registry for their viewing.
			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. 1. TBGI shall submit reports even when it's not considered a threat by the agency to allow NCHCR to make the final decision and to remain in compliance with State rules.
			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.

9-21-2022

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



(X6) DATE
Director 10/06/22
If continuation sheet 1 of 5
Director 10/06/22

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

NEW BEGINNINGS HEALTH CARE PHASE III **3501 NEPTUNE DRIVE**
RALEIGH, NC 27604

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V 132 Continued From page 1

a patient or client for whom the employee is providing services).
Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.

V 132

How often the monitoring will take place

Our agency made sure the above plan happened by implementing continual daily, as needed of each facility to remain in compliance.

Dates the corrective action will be completed

The corrective action was completed on 9/21/22 and proof was submitted to the DHSR Auditor. The report was not accepted by NC Health Check Registry

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to notify Health Care Personnel Registry (HCPR) of an investigation within 5 working days for 1 of 3 audited staff (Associate Professional (AP). The findings are:

Review on 9/19/22 of Former client (FC#4)'s record revealed:
- admitted 7/6/21 & discharged 9/13/22
- diagnoses: Attention Hyperactivity Deficit Disorder, Oppositional Defiant Disorder & Disruptive Mood Dysregulation Disorder

Review on 9/22/22 of an incident report dated 9/13/22 for FC#4 revealed: "...First person to learn of incident: Licensee & AP...staff received a

Division of Health Service Regulation

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V 132	<p>Continued From page 2</p> <p>call from the [school]...stating that client had written a suicide not and had superficial cuts on her legs and arms...staff arrived at the school and was informed that EMS (emergency services) & mobile crisis had been called...staff walked in the room and client was laughing and joking with those in the room. Staff engaged client in discussion about why she was upset. Staff listened as client stated the boy, she had been friends with since she had gotten into the school last year and was her boyfriend had broken up with her and did not want anything to do with her. Staff engaged client in discussion on how sometimes relationship don't work out especially when they don't see nor in contact with each other due to summer break...staff encouraged client to stay focused on that goal...staff was asked to leave the room and complied with request. Staff was asked to provide list of medications, therapist name and social worker's name. Staff provided information as requested...[AP's interview]...at no time did I threaten [FC#4] as we have a great relationship. I have often said in the past well deal with this when we get home; however this is not a threat! It's a part of how I talk and I was referring to having the same talk as we have numerous times in the past about cutting...my words were clearly taken out of context..."</p> <p>During interview on 9/21/22 the Assistant Principal at FC#4's school reported:</p> <ul style="list-style-type: none"> - contacted the facility in regards to a suicide note written by FC#4 - FC#4 also had superficial cuts on arm and legs - the AP & QP (Qualified Professional) came to the school - the QP remained in the waiting area - the AP came in the room where FC#4 was 	V 132		
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V 132	<p>Continued From page 3</p> <p>being evaluated by the Advance Practice Paramedics (APP) who specialized in mental health</p> <ul style="list-style-type: none"> - the AP "laughed and made jokes" - the AP said "this all over a boy ...you wait until we get home" - FC#4 said "you can't hurt me here" and the AP said "who want" - someone from APP asked the AP to wait in the waiting area until their evaluation was completed <p>During interview on 9/21/22 the AP reported:</p> <ul style="list-style-type: none"> - verified the school contacted the facility in regards to FC#4 - she entered the room at school FC#4 was being evaluated in - she asked FC#4 what was going on? - FC#4 said she broke up with her boyfriend and she said "we talked about this. You just got here. You been in school 1 day." She made small talk with FC#4. FC#4 acted shy in front of school personnel and EMS. She told FC#4 "You know I do not act any different here than I do at home." Someone from EMS asked for FC#4's medication list. She had a poor phone signal and stepped out of the room. She returned back to the room to give the medication list. The assisted principal requested she step back out of the evaluation room while they spoke with FC#4. - she did not threaten harm to FC#4 at anytime <p>During interview on 9/20/22 the HCPR representative reported:</p> <ul style="list-style-type: none"> - they had not been notified of any allegations by the facility - after being informed of the allegations, rather staff joke or not, a comment of harm to a client, needed to be reported to HCPR 	V 132		
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V 132	<p>Continued From page 4</p> <ul style="list-style-type: none"> - the HCPR investigator would determine if it was or was not verbal abuse <p>During interview on 9/19/22 & 9/21/22 the Licensee reported:</p> <ul style="list-style-type: none"> - she did not notify HCPR about the allegations, because she did not view the comments as a threat to harm FC#4 - on 9/21/22, would notify HCPR of the incident <p>Review on 9/27/22 of a HCPR letter dated 9/26/22 revealed:</p> <ul style="list-style-type: none"> - "...thank you for the report to HCPR section regarding the following incident: [AP] allegedly neglected a resident [FC#4]...after carefully reviewing the reported allegation, the Department has determined that an investigation will not be conducted in this case..." 	V 132		
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