

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL058-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/25/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW BEGINNINGS WITH LOVE INC ADULT FA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>121 HARRIS STREET</b> <b>WILLIAMSTON, NC 27892</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on January 25, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</p> <p>This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 1 Qualified Professional (QP) had first aid and cardiopulmonary resuscitation (CPR). The findings are:</p> <p>Review on 1/25/23 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- hire date of 12/26/11</li> <li>- no documentation of a current first aid/CPR certificate</li> </ul> <p>During interview on 1/25/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- QP worked alone on the weekends</li> <li>- the QP emailed the first aid/CPR certificate to her however she could not locate it</li> </ul>	V 108		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to develop and implement goals and strategies for 1 of 1 client (#2). The findings are:</p> <p>Record review on 1/25/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 1/13/12</li> <li>- diagnoses Dysthymia Disorder, Intellectual Developmental Disorder &amp; Human Immunodeficiency Virus (HIV)</li> <li>- a treatment plan dated 10/14/22 revealed:</li> <li>- no goals and strategies to address the</li> </ul>	V 112		

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V 112	<p>Continued From page 3</p> <p>diagnosis of HIV</p> <ul style="list-style-type: none"> <li>- no independent living goals to address the cleanliness of her bedroom</li> </ul> <p>Observation on 1/25/23 at 2:22pm of client #2's bedroom revealed:</p> <ul style="list-style-type: none"> <li>- empty or half full soda bottles &amp; water bottles on the dresser, floor and nightstand</li> <li>- clothes clutter throughout the bedroom floor and on the bed</li> <li>- miscellaneous items on bed, floor, dresser and nightstand</li> </ul> <p>During interview on 1/25/23 client #2 reported:</p> <ul style="list-style-type: none"> <li>- she clean up her room on Sundays</li> <li>- staff assisted her sometimes</li> </ul> <p>During interview on 1/25/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- client #2 was disorganized</li> <li>- she (staff #1) assisted with washing clothes</li> <li>- does not like go in the clients' bedrooms</li> <li>- clients have schedules to clean their bedrooms</li> <li>- would be a "good idea" to increase client #2's schedule to clean her bedroom</li> </ul> <p>During interview on 1/25/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- staff assisted client #2 clean her bedroom after Christmas</li> <li>- will have staff to assist client #2 more with the cleanliness of her bedroom</li> <li>- client #2 should have an independent living goal for the cleanliness of her bedroom</li> <li>- did not want to address HIV in her treatment plan because she did not want to "embarrass" the client</li> </ul>	V 112		

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V 291	Continued From page 4	V 291		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other Qualified Professionals who are responsible for the treatment/habilitation of care for 2 of 3 audited</p>	V 291		

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V 291	<p>Continued From page 5</p> <p>clients (#1 &amp; #2). The findings are:</p> <p>A. Review on 1/25/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 12/27/13</li> <li>- diagnoses of Major Depression, Seizures, Traumatic Brain Injury, Allergic Rhinitis &amp; Insomnia</li> <li>- no physician's order for boost high protein (supplement)</li> </ul> <p>Review on 1/25/23 of client #2's November 2022, December 2022 &amp; January 2023, MAR revealed:</p> <ul style="list-style-type: none"> <li>- boost high protein</li> <li>- no staff initials for the last 3 months</li> </ul> <p>During interview on 1/25/23 client #1 reported:</p> <ul style="list-style-type: none"> <li>- drank boost or ensure daily</li> </ul> <p>During interview on 1/25/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- she does not drink the boost or the ensure</li> <li>- the boost was supposed to give her an appetite</li> </ul> <p>During interview on 1/25/23 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- the boost high protein was "too expensive"</li> <li>- she would follow up with her physician</li> </ul> <p>B. Record review on 1/25/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 1/13/12</li> <li>- diagnoses Dysthymia Disorder, Intellectual Developmental Disorder &amp; Human Immunodeficiency Virus (HIV)</li> <li>- a physician consultation dated 8/8/22 - "patient should have new COVID (coronavirus disease) booster shot when it comes available in September 2022..."</li> </ul>	V 291		

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V 291	Continued From page 6  During interview on 1/25/23 staff #1 reported: - client #2 no longer saw the doctor that completed the 8/8/22 consultation - she switched providers  During interview on 1/25/23 the Licensee reported: - she was not aware f the 8/8/23 consultation - would follow up	V 291		
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 observation and interview the facility failed to ensure the grounds were maintain in a clean & attractive manner. The findings are:  Observation on 1/25/23 at 2:12pm revealed the following: - bathroom #1 near kitchen: - rusted vents in bathroom floor - broken toilet tissue holder  - client #3 & #4's bathroom: - rusty vents in bathroom floor - feces on the toilet seat  - kitchen: rusty sidewall/ceiling grille vent on	V 736		

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V 736	Continued From page 7  wall  During interview on 1/25/23 the Licensee reported: - staff or her walked around the facility on the weekends for repairs - all vents would be changed - will ensure staff monitor facility for cleanliness - anything needed repaired at the facility staff notified her	V 736		