STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-050	A. BUILDING: _____ B. WING _____	R 01/25/2023

NAME OF PROVIDER OR SUPPLIER	NEW BEGINNING WITH LOVE ADULT FACILITY 121 HARRIS STREET WILLIAMSTON NC 27892

(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
V 000	INITIAL COMMENTS An annual and follow up survey was completed on January 25, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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.	V 108	QP's First Aid/CPR card was inadvertently placed into another notebook. Licensee will email interviewer the card to show that QP had training and was complying. Training took place 09/06/22. Licensee emailed a copy of the training Certificate to the surveyor 01/26/2023. A copy of the training Certificate is attached to this POC.	1/26/2023

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V 108	Continued From page 1 (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. 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: Review on 1/25/23 of the QP's personnel record revealed: - hire date of 12/26/11 - no documentation of a current first aid/CPR certificate During interview on 1/25/23 the Licensee reported: - QP worked alone on the weekends - the QP emailed the first aid/CPR certificate to her however she could not locate it	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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	V 112		

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V 112	Continued From page 2 receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. 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: Record review on 1/25/23 of client #2's record revealed: - admitted 1/13/12 - diagnoses Dysthymia Disorder, Intellectual Developmental Disorder & Human Immunodeficiency Virus (HIV) - a treatment plan dated 10/14/22 revealed: - no goals and strategies to address the	V 112	1. Licensee will request QP to add/amend goal to include improving cleanliness/tidiness of Client #2's room and decreasing hoarding of items that can be discarded. 2. Licensee will request QP to add goal to ensure Client #2 has a basic understanding of her HIV diagnosis and precautions to take to prevent serious illness or infections due to her compromised immune system. 3. Licensee/staff will inform Client #2 that she will need to clean her room at least twice a week. Once on the weekends as previously scheduled and again midweek to prevent clutter and/or untidy conditions. Staff will assist client as needed and inspect	2/1

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V 112	Continued From page 3 diagnosis of HIV - no independent living goals to address the cleanliness of her bedroom Observation on 1/25/23 at 2:22pm of client #2's bedroom revealed: - empty or half full soda bottles & water bottles on the dresser, floor and nightstand - clothes clutter throughout the bedroom floor and on the bed - miscellanous items on bed, floor, dresser and nightstand During interview on 1/25/23 client #2 reported: - she clean up her room on Sundays - staff assisted her sometimes During interview on 1/25/23 staff #1 reported: - client #2 was disorganized - she (staff #1) assisted with washing clothes - does not like go in the clients' bedrooms - clients have schedules to clean their bedrooms - would be a "good idea" to increase client #2's schedule to clean her bedroom During interview on 1/25/23 the Licensee reported: - staff assisted client #2 clean her bedroom after Christmas - will have staff to assist client #2 more with the cleanliness of her bedroom - client #2 should have an independent living goal for the cleanliness of her bedroom - did not want to address HIV in her treatment plan because she did not want to "embarrass" the client	V 112		

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V 291	Continued From page 4	V 291	1. Licensee contacted physician to clarify orders for Boost protein supplement to ensure Client #1's nutritional/medical needs are met and in compliance with MAR. Nurse informed Licensee that a D/C Order was issued in their record for the Boost 10/31/22.Nurse will fax a copy of the D/C Order	2/3/2023
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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. (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. 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	V 291	2. Licensee scheduled an appointment with Martin County Health Department 1/27/23 for Client #2 to receive Covid booster as recommended by physician. Client #2 received the booster shot Wednesday, February 1, 2023, at 8:00 am. Clients #1, #3, & #4 all received the Booster on that date and time as well.	2/1/2023

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V 291	Continued From page 5 clients (#1 & #2). The findings are: A. Review on 1/25/23 of client #1's record revealed: - admitted 12/27/13 - diagnoses of Major Depression, Seizures, Traumatic Brain Injury, Allergic Rhinitis & Insomnia - no physician's order for boost high protein (supplement) Review on 1/25/23 of client #2's November 2022, December 2022 & January 2023, MAR revealed: - boost high protein - no staff initials for the last 3 months During interview on 1/25/23 client #1 reported: - drank boost or ensure daily During interview on 1/25/23 staff #1 reported: - she does not drank the boost or the ensure - the boost was supposed to give her an appetite During interview on 1/25/23 the Licensee reported: - the boost high protein was "too expensive" - she would follow up with her physician B. Record review on 1/25/23 of client #2's record revealed: - admitted 1/13/12 - diagnoses Dysthymia Disorder, Intellectual Developmental Disorder & Human Immunodeficiency Virus (HIV) - a physician consultation dated 8/8/22 - "patient should have new COVID (coronavirus disease) booster shot when it comes available in September 2022..."	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	1. Licensee will replace rusted floor vents and repair or replace toilet tissue holder in Bathroom #1. 2. Licensee/staff will periodically inspect all bathrooms/toilets for cleanliness during shift. Licensee will replace rusted floor vents in Client #3 & Client #4's bathroom. 3. Licensee will have rusted sidewall cleaned and ceiling grill vent on wall in kitchen cleaned or painted	1/31/2023 1/31/2023

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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		

New Beginnings With Love, Inc.
CHANGING LIVES WITH LOVE.
121 Harris Street, Williamston, NC 27890
E-mail: embarqmail.com@embarqmail.com
Phone: 252-792-3737 Fax: 252-792-3737

February 3, 2023

[redacted] Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation 2718
Mail Service Center
Raleigh, NC 27699-2718

Re: Annual & Follow up Survey completed January 25, 2023
New Beginnings with Love Inc. Adult Facility,
121 Harris Street, Williamston, NC 27892 MHL #058-050
E-mail Address: bwilkins37@embarqmail.com

Dear Ms. [redacted]

Attached is the POC for the Survey you and Renee Kowalski conducted on January 25, 2023. I have attached a copy QP- Dara Wilkins' CPR Card to show compliance of the training deficiency.

Also, many thanks to both of you for the courtesy and professionalism you demonstrated during the survey.

Sincerely,

[redacted]

[redacted] Director/President
New Beginnings with Love, Inc.
121 Harris Street
Williamston, NC 27892

American Safety & Health Institute
1450 Westec Drive
Eugene, OR 97402
800-447-3177

Wednesday, September 07, 2022

[redacted]

Dear [redacted]

Congratulations on successfully completing your American Safety & Health InstitutePediatric CPR, AED, and First Aid for Children,Infants and Adults (G2015) class. In an effort to be more environmentally friendly your ASHI Approved Training Center has chosen to issue your certification card electronically.

The digital certification card below is identical to a printed version of the card and documents that a properly authorized ASHI Instructor evaluated your knowledge and hands on skills in accordance with the program standard. You may duplicate this page as needed to provide proof of your training.

Go online to access your HSI Passport and take advantage of the additional training resources available to you:

- Metronome for CPR Rate
- CPR and First Aid Skill Guides
- Digital download of Student Handbook
- Mobile Application Downloads
- E-mail Renewal Notification
- Rate Your Program Survey

Find the mobile app in the appstore on your smartphone or tablet.

Register now at **www.hsi.com/passport/**. Use the registration code 152733 to register.

CPR N Save
1211 Fellowes Ct
Winterville, NC 28590

CERTIFICATION CARD

Pediatric
CPR, AED, and First Aid

[redacted]
has successfully completed and competently performed the required knowledge and skill objectives for this program.

☑ Child, Infant, and Adult ☐ Child and Infant

Card is void if more than one box is checked.

G2015 GUIDELINES

hsi Health & Safety Institute

AMERICAN SAFETY & HEALTH INSTITUTE

EGPED-15 (10/16)

Validation Code:C3050483278982001

[redacted]
Authorized Instructor (Print Name)

[redacted]
Registry No.

09/01/2022	9/2024
Class Completion Date	Expiration Date
252-327-3705	[redacted]
Training Center Phone No.	Training Center I.D.

This card certifies the above named individual has successfully completed the required knowledge and hands-on skill objectives to the satisfaction of a currently authorized ASHI Instructor. This program meets national standards for pediatric first aid and CPR training by conforming with *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, the 2015 AHA Guidelines Update for CPR and ECC and the 2015 AHA and ARC Guidelines Update for First Aid. Expiration date may not exceed two years from month of class completion.