STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	R-C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

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V 000	INITIAL COMMENTS A complaint and follow up survey were completed on July 12, 2023. The complaint was unsubstantiated (Intake #NC00204112). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 1 former client.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have completed fire and disaster drills held at least quarterly and repeated on each	V 114		

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V 114	Continued From page 1 shift. The findings are: Review on 7/7/23 of the facility's fire and disaster drill log from 2/1/23-6/30/23 revealed: - No documentation of 1st shift (7am-3pm) and 3rd shift (11pm-7am) fire and disaster drills for the 1st quarter from January-March 2023; - No documentation of 1st shift (7am-3pm) and 2nd shift (3pm-11pm) fire and disaster drills for the 2nd quarter from April-June 2023. Interview on 7/7/23 with Client #1 revealed: - "It's been almost two years now since we last had one (fire and disaster drill)."; - "We go outside to the stop sign (for fire drills), we go in the hallway (tornado drills)." Interview on 7/7/23 with Client #2 revealed: - "They haven't done a fire or disaster drill since I been here(12/12/22)." Interview on 7/11/23 with Staff #1 revealed: - "We used to do them (fire and disaster drills) every other month."; - Completed "last" fire or disaster drill in July 2022; - "Someone(staff) makes sure they (fire and disaster drills) are done." Interview on 7/11/23 with Staff #2 revealed: - "I can't remember the last time, I completed a fire or disaster drill." Interview on 7/7/23 with the Qualified Professional revealed: -Fire and disaster drills were being completed. Interview on 7/12/23 with the Clinical Director revealed: -Wasn't aware that fire and disaster drills were	V 114		

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V 114	Continued From page 2 not being completed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct	V 296		

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V 296	Continued From page 3 care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure minimum staffing ratio of two staff for up to four adolescents. The findings are: Review of client #1's record revealed: -Admission date 2/17/18; -Age 17; -Diagnoses: Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder Review on 7/7/23 of client #2's record revealed: -Admission date 12/12/22; -Age 12; -Diagnoses: Adjustment Disorder with Mixed Disturbances of Emotions and Conduct, Attention Deficit Hyperactivity Disorder, Predominantly Hyperactive Type, Disappearance and Death of a Family member.	V 296		

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V 296	Continued From page 4 Interview on 7/7/23 with client #1 revealed: - There were two staff "sometimes"; - " When we (clients) wake up until about 3pm there is usually one staff."; - " When picked up from day treatment there is usually one staff working." Interview on 7/7/23 with client #2 revealed: - Two staff worked each shift; - "When we wake up there is one staff working."; - Clients are picked up by one staff from day treatment daily. Interview on 7/7/23 with the Qualified Professional revealed: - "I work 1st shift by myself, the girls (clients) are normally in school or in day program. The only day they don't have day program is Friday, so normally I go to the office or go to another home with staff and we may go do an activity together." Interview on 7/12/23 with the Executive Director revealed: - Two staff worked with the clients each shift; - "There is a possibility there is one staff sometimes."; - "I go from home to home filling in shifts."; - "I'm in the process of hiring new staff. "	V 296		
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	V 367		

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V 367	Continued From page 5	V 367		

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 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.

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V 367	Continued From page 6 (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 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.	V 367		

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V 367	Continued From page 7 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to explain any missing or incomplete information in the North Carolina Incident Response Improvement System (IRIS) and submit, upon request by the Local Management Entity (LME)/Managed Care Organization (MCO) other information obtained regarding the incident affecting 1 of 1 former client (FC #3). The findings are: Review on 7/11/23 of Former Client #3's record revealed: -Admission date 8/4/23; -Age 14; -Diagnoses Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, Reactive Attachment Disorder by history, Oppositional Defiant Disorder, Unspecified Trauma And Stressor Related Disorder; -Discharge date 6/16/23. Review on 7/11/23 of the NC IRIS from April 11, 2023- July 11, 2023 revealed: -No update submitted to the LME request on 6/20/23 of the incident on 6/15/23 with FC #3 went into the bathroom and made a phone call to someone stating Staff #1 and the Executive Director put their hands on her. FC #3 called the police and stated she wanted to kill herself. FC #3 was transported to local hospital. the request was for the internal investigation, Department of Social Services (DSS) determination letter, Health Care Personnel Registry (HCPR) determination letter, and staff training on Abuse/Neglect and Exploitation, client rights, and client specifics, notify the HCPR by completing	V 367		

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V 367	Continued From page 8 the HCPR section in its entirety, notify [local] DSS and update the authorities Contacted section to reflect this notification, update the prevention tab with measures to prevent this type of incident in the future and answer Division of Mental Health questions. Interview on 7/12/23 with the Executive Director revealed: -In charge of completing IRIS reports; -Unaware of the updates needed in IRIS report from LME.	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 was not maintained in a safe, clean, attractive, and orderly manner. The findings are: Observation on 7/7/23 at approximately 11:13am - 12:37pm revealed the following: Carport: - Broken chair, missing one leg; - Ceiling was stained with black and brown discoloration peeled paint approximately 2 feet long and 1.5 feet wide Dining Room: -Brown water stains around 2 cracks in the ceiling making a T shape. Crack #1 approximately 2 feet long, crack #2 approximately 10 inches long;	V 736		

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V 736	Continued From page 9 -A hole approximately the size of a quarter in the ceiling. Living room: -Ceiling with two oblong areas approximately 12 inches long by 4 inches wide with brown water stains, bubbled and peeled paint; -Door knob sized hole on the wall behind the front door; Kitchen: -Dirty cabinets with brown stains over the stove; -Ants on the kitchen counter and microwave. Bedroom #2 on left side of the hallway: -Peeled paint on the wall approximately 3 feet long by 2 feet wide. Bedroom #3 on the right side of the hallway: -Dirty mattress pad with several stains; -Writing on the walls with different color markers amd pens . Interview on 7/7/23 with client #1 revealed: - Roaches were in the home; - "Mold" was in the dishwasher; - "I don't feel safe in this home due to the bugs." - "Never seen pest control come to the home to spray." - "Sometimes when it rains the water comes out the ceiling through the hole and the kitchen gets flooded." Interview on 7/7/23 with client #2 revealed: - "We have just basically ants and spiders." Interview on 7/7/23 with the Qualified Professional revealed: - "Had bug spray to spray the counters for the ants.";	V 736		

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V 736	Continued From page 10 - "[Executive Director] has already put in an order to have to have the ceiling fix." Interview on 7/12/23 with the Executive Director revealed: - "I will have the guy to address the leaks the car port." - "I have a couple of people that came out to look at the ceiling. I'm waiting on a quote now from one guy." - "I have a pest control guy that comes if we see anything, then we call. It was the beginning of the year the last time he came, January or February." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		