

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2023
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NAME OF PROVIDER OR SUPPLIER NEW POSSIBILITIES HOME FOR CHILDREN, L	STREET ADDRESS, CITY, STATE, ZIP CODE 813 TRAIL ONE BURLINGTON, NC 27215
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 11/6/23. The complaints were unsubstantiated (intake #NC00209034 and #NC00209207). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients and 2 former clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p>	V 105		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 105	<p>Continued From page 1</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

Division of Health Service Regulation

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the use of Urine Drug Screen (UDS) Testing including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 10/24/23 of former client #4's (FC #4) record revealed: -Admission date of 2/28/23. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder and History of Substance Abuse. -She was 15 years old. -She was discharged on 10/10/23. -Clinical Assessment dated 1/23/23-FC #4 was removed from her home at the age of 7 due to drug use. "[FC #4] admitted she was displaced from her foster care home because she was smoking, snorting pills, running away and not following rules." -Person Centered Plan dated 1/30/23: 5/18/23-Goal Review Section-It was documented FC #4 had two positive urine test for Marijuana since her placement (No specific dates of positive urine test).</p> <p>Review on 10/24/23 of a Staff Communication note dated 6/15/23 revealed: -"[FC #4] was given a drug test."</p>	V 105		

Division of Health Service Regulation

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V 105	<p>Continued From page 3</p> <p>Interview on 10/25/23 with the Program Coordinator revealed: -Staff did UDS for FC #4 at the facility. -Staff did a UDS for FC #4 twice. -She confirmed the facility failed to have a CLIA waiver in order to complete urine drug screens.</p> <p>Interviews on 10/24/23 and 10/25/23 with the Director/Qualified Professional/Associate Professional revealed: -FC #4 had substance abuse issues. -FC #4 was doing drugs at school. -Staff did urine drug screen on FC #4 at the facility. -She thought staff did 2-3 urine drug screen on FC #4 at the facility. -Staff were not consistently documenting urine drug screens for client #4. -"Staff had been doing urine drug screens on clients on and off over the last few years." -The facility had no CLIA waiver, "I never even heard of a CLIA waiver." -"No one ever told me I needed a CLIA waiver to do a urine drug screen." -She confirmed the facility failed to have a CLIA waiver in order to complete urine drug screens.</p>	V 105		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to keep the MAR current affecting two of three audited clients (#1 and #2). The findings are:</p> <p>Review on 10/24/23 of client #1's record revealed: -An admission date of 6/12/23 -Diagnoses of Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder (PTSD) and Parent-Child Relational Problem.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <p>-She was 14 years old.</p> <p>Review on 10/25/23 of client #1's physician's orders dated 8/8/23 revealed:</p> <p>-Vitamin D3 50 (microgram) mcg (Vitamin Deficiency), take one tablet by mouth every morning.</p> <p>-Quetiapine 100 (milligram) mg (Bipolar Disorder), take one and ½ tablet (150 mg) by mouth every morning.</p> <p>-Quetiapine 100 mg , take two tablets (200 mg) by mouth at bedtime.</p> <p>-Melatonin tablet 3 mg (Sleep), take 3 tablets (9 mg) by mouth every night at bedtime.</p> <p>-Prazosin HCL 2 mg (Urinary Retention) , take 2 capsules (4 mg) by mouth once daily before bed.</p> <p>-Sertraline 5 mg (Depression), take one tablet by mouth every evening.</p> <p>Review on 10/25/23 of MARs dated from August 2023 through October 25, 2023 for client #1 revealed:</p> <p>-September 2023-No staff initials to document administration of the following medication: Melatonin 3 mg on 9/11, 9/27 and 9/30 Quetiapine 200 mg on 9/15, 9/27 and 9/30 Prazosin HCL 2 mg on 9/1, 9/2, 9/7 and 9/27 Vitamin D3 on 9/30 Sertraline 5 mg on 9/30</p> <p>-August 2023- No staff initials to document administration of the following medication: Melatonin 3 mg on 8/28 Quetiapine 200 mg on 8/13, 8/14 and 8/21 Prazosin HCL 2 mg on 8/11 and 8/21</p> <p>Review on 10/24/23 of client #2's record revealed: -An admission date of 8/3/22.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 6</p> <p>-Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), PTSD and Cannabis Use Disorder. -She was 17 years old.</p> <p>Review on 10/25/23 of client #2's physician's orders revealed:</p> <p>Order dated 9/27/23: Hydroxyzine HCL 25 mg (Anxiety), take one tablet by mouth every night at bedtime. Concerta 36 mg (ADHD), take one tablet by mouth every morning.</p> <p>Order dated 7/26/23: Flovent HFA 110 mcg (Breathing issues), inhale 2 puffs by mouth twice daily. Melatonin 5 mg, take one tablet by mouth every night at bedtime. Prazosin HCL 5 mg, take one capsule by mouth every night at bedtime. Aripiprazole 5 mg (Bipolar Disorder), take one tablet by mouth at bedtime. Minerin cream 454 grams (gm) (Eczema), apply one gram topically twice daily. Vitamin D3 2000 units, take one capsule by mouth once daily. Nasal allergy spray 55 mcg (Allergy symptoms), place 2 sprays into each nostril once daily. Docusate Sodium 100 mg (Constipation), take one capsule by mouth once daily. Fluticasone spray 50 mcg (Sneezing, itchy or runny nose), place two sprays into each nostril once daily.</p> <p>Review on 10/25/23 of MARs dated from August 2023 through October 25, 2023 for client #2 revealed:</p> <p>-September 2023- No staff initials to document</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 7</p> <p>administration of the following medication: Flovent HFA 110 mcg on 9/1, 9/22, 9/24, 9/25 and 9/30 am doses. Flovent HFA 110 mcg on 9/14, 9/15, 9/16, 9/18, 9/19, 9/24, 9/25, 9/27 and 9/29 pm doses. Hydroxyzine HCL 25 mg on 9/18, 9/20 and 9/27. Melatonin 5 mg on 9/18, 9/20 and 9/27. Prazosin HCL 5 mg on 9/18, 9/20 and 9/27. Aripiprazole 5 mg on 9/18, 9/20 and 9/27. Minerin cream 454 gm on 9/8, 9/20, 9/22, 9/23 and 9/27. Nasal Allergy spray 55 mcg on 9/1, 9/2, 9/3. Concerta 36 mg on 9/1, 9/2 and 9/3. Fluticasone spray 50 mcg on 9/1, 9/2, 9/3 and 9/4.</p> <p>-August 2023- No staff initials to document administration of the following medication: Flovent HFA 110 mcg on 8/23, 8/24, 8/25, 8/26 and 8/27 am doses. Flovent HFA 110 mcg on 8/2, 8/4, 8/7, 8/11, 8/16, 8/17, 8/25, 8/26, 8/28 and 8/31 pm doses. Hydroxyzine HCL 25 mg on 8/2, 8/4, 8/11, 8/23, 8/25, 8/28 and 8/31. Melatonin 5 mg on 8/2, 8/4, 8/11, 8/23, 8/25, 8/26, 8/28 and 8/31. Prazosin HCL 5 mg on 8/4, 8/5, 8/11, 8/25, 8/26, 8/28 and 8/31. Aripiprazole 5 mg on 8/2, 8/4, 8/11, 8/23, 8/25, 8/26, 8/28 and 8/31. Minerin cream 454 gm on 8/4, 8/11, 8/25, 8/26, 8/28 and 8/31. Concerta 36 mg on 8/23, 8/24, 8/25, 8/26 and 8/27. Fluticasone spray 50 mcg on 8/24, 8/25 and 8/26. Docusate Sodium 100 mg on 8/23, 8/24, 8/25, 8/26 and 8/27. Vitamin D3 2000 units on 8/23, 8/24, 8/25, 8/26, 8/27.</p>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 8 Interview on 10/25/23 with Director/Qualified Professional/Associate Professional revealed: -Staff administered both morning and evening medications to the clients. -Clients were getting their medications daily, however "people not signing off." -If clients are out of the facility, "they (staff) should have written a code" on the MAR. -"It is a medication error on staff." Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning	V 295		

Division of Health Service Regulation

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V 295	<p>Continued From page 9</p> <p>meetings.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to employ an Associate Professional (AP) who provided services to the group home on a full-time basis. The findings are:</p> <p>Review on 10/25/23 of the Personnel Record for the Director/Qualified Professional (QP)/AP revealed: -There was no specific date of hire. -She had job descriptions for the AP and QP positions.</p> <p>Review on 10/25/23 of the facility's license revealed: -The facility was licensed for four clients.</p> <p>Interview on 10/24/23 with staff #1 revealed: -The owner of the facility served as the AP and QP for the facility.</p> <p>Interviews on 10/24/23 and 10/25/23 with the Director/QP/AP revealed: -She opened her facility in 2008. -She was the QP for the facility. -She worked between 10-16 hours per week at this facility. -She was also serving as the AP for the facility. -She didn't know she could not work in both of those positions at the facility. -She had been serving as the AP and QP "on and off" for several years.</p>	V 295		

Division of Health Service Regulation

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V 296	Continued From page 10	V 296		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(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.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(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.</p> <p>(d) In addition to the minimum number of direct 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.</p>	V 296		

Division of Health Service Regulation

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V 296	<p>Continued From page 11</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, and interviews, the facility failed to ensure at least two direct care staff were present for up to four adolescents. The findings are:</p> <p>Review on 10/24/23 of client #1's record revealed: -An admission date of 6/12/23 -Diagnoses of Disruptive Mood Dysregulation Disorder (DMDD), Post Traumatic Stress Disorder (PTSD) and Parent-Child Relational Problem. -She was 14 years old.</p> <p>Review on 10/24/23 of client #2's record revealed: -An admission date of 8/3/22. -Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), PTSD and Cannabis Use Disorder. -She was 17 years old.</p> <p>Review on 10/31/23 of client #3's record revealed: -An admission date of 4/11/23</p>	V 296		

Division of Health Service Regulation

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V 296	<p>Continued From page 12</p> <ul style="list-style-type: none"> -Diagnoses of PTSD and DMDD. -She was 14 years old. <p>Interview on 10/25/23 with Client #1 revealed:</p> <ul style="list-style-type: none"> - There were two staff for 1st and 2nd shift. -There was one staff at the facility during overnight shifts. <p>Interview on 10/25/23 with Client #2 revealed:</p> <ul style="list-style-type: none"> - "Typically" two staff worked on first and second shift. - There was only one staff at night. <p>Interview on 10/25/23 with Client #3 revealed:</p> <ul style="list-style-type: none"> -For the last 2-3 months there was only one staff working during 3rd shift Monday through Friday. <p>Interview on 10/24/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> -She worked 3rd shift 2-3 days a week and as needed. -She worked alone during 3rd shift with the clients. -She had been working alone at the facility during 3rd shift for about a month. <p>Interview on 10/25/23 with the Program Coordinator revealed:</p> <ul style="list-style-type: none"> -She came in at 7 am during the week and assisted the 3rd shift staff with transporting the clients to school. -Staff worked alone during third shift Monday through Friday. -She wasn't sure how long 3rd shift staff had been working alone at the facility. <p>Interview on 10/24/23 and 10/25/23 with the Director/Qualified Professional/Associate Professional revealed:</p> <ul style="list-style-type: none"> -Two staff worked each shift. -The Facility had 3 shifts: 7am-3pm, 3pm-11pm, 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2023
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NAME OF PROVIDER OR SUPPLIER NEW POSSIBILITIES HOME FOR CHILDREN, L	STREET ADDRESS, CITY, STATE, ZIP CODE 813 TRAIL ONE BURLINGTON, NC 27215
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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
V 296	Continued From page 13 and 11pm-7am. -During 3rd shift "a lot of times two staff, most of the time one staff." -"Sometimes I am able to stay, sometimes I am not, staffing is a issue."	V 296		