FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-164	A. BUILDING: _____ B. WING _____	R 01/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW DIMENSIONS INTERVENTIONS, INC	602 PIEDMONT WAY BURLINGTON, NC 27215

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on January 16, 2024. 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 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.	V 107		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Anne Johnson 2/9/24 | TITLE: Assistant Director | (X6) DATE

Received by MHL & C 2/12/24

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V 107	Continued From page 1 (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on records reviews and interview the facility failed to have documentation of required education for 1 of 3 staff (#5). Review on 1/16/24 of Staff #5's personnel record revealed: -Hire date of 7/12/23 -He was hired as a Habilitation Technician. -There was no documentation Staff #5 met the minimum level of education required. Interview on 1/16/24 with the Owner revealed: -He was Staff #5's father and knew that he had completed high school. -He thought a copy of Staff #5's diploma was in	V 107		

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V 107	Continued From page 2 his record. -He would get the documentation from Staff #5's mother or would order transcripts from the school. -He confirmed Staff #5's personnel record did not have documentation of education required. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 107	All staff members file has been update to complete requirements	1/14/24
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. (i) The governing body shall develop and	V 108		

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V 108	Continued From page 3 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 interviews, the facility failed to ensure 1 of 3 paraprofessional staff (#4) were currently trained in basic first aid and Cardiopulmonary Resuscitation (CPR). The findings are: Review on 1/16/24 of Staff #4's personnel record revealed: -Hire date of 11/28/09. -She was hired as a Habilitation Technician. -She was now the Assistant Director. -First aid and CPR certification from the American Heart Association had expired on 12/6/23. Interview on 1/16/24 with Staff #4 revealed: -She worked directly with the clients. -She had not realized that her first aid and CPR training had just expired in December. -She would talk to the owner to get registered for a new class. Interview on 1/16/24 with the Owner revealed: -He was not aware that Staff #4's first aid and CPR certification had expired before surveyor discovered it. -He scheduled a training session for Staff #4 for 1/25/24 at 10am. -He confirmed that first aid and CPR certification for Staff #4 had expired.	V 108	This was completed and Put in employee file	1/23/24

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V 108	Continued From page 4 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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 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.	V 112	we have reach out to Guardian and they signed said Paperwork	1/17/24

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V 112	Continued From page 5 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain written consent or agreement by the client or responsible party for 2 of 2 audited clients (#1 and #2). The findings are: Review on 1/16/24 of Client #1's record revealed: -Admission date of 4/5/13. -Diagnoses of Schizoaffective Disorder; Cardiac Murmur; Chronic Obstructive Pulmonary Disease; Asthma; Peripheral Vascular Disease; Prediabetes. -Client #1 had a legal guardian. -Person Centered Plan (PCP) was not signed by Client #1's legal guardian. Review on 1/16/24 of Client #2's record revealed: -Admission date of 9/14/22. -Diagnoses of Schizophrenia; Hyperlipidemia; Carotid Artery Stenosis; Nicotine Dependence. -Client #2 was his own guardian. -PCP did not include Client #2's signature. Interview on 1/16/24 with the Owner revealed: -He was not aware that the PCP's for Clients #1 and #2 had not been signed by the client or legal guardian. -The Qualified Professional was responsible for completing the PCP's and obtaining signatures. -He acknowledged that PCP's for Clients #1 and #2 were not signed by the client or legal guardian. -He would have Client #2 sign his PCP and talk to the Qualified Professional to have Client #1's legal guardian sign his plan. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112	Guardian completed PCP paperwork with signature client signed Paperwork	1/17/24 1/16/24

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V 114	Continued From page 7 log from January 2023-January 2024 revealed: -There were no disaster drills conducted for the 2nd shift for the 3rd quarter (July, August, September) of 2023. -There were no disaster drills conducted for the 2nd shift for the 4th quarter (October, November, December) of 2023. Interview on 1/16/24 with the Owner revealed: -Facility operated basically under two shifts. First shift was from 9:00 am to 9:00 pm. Second shift was from 9:00 pm to 9:00 am. -He was not aware that he needed to do a drill for each shift. -They had been doing one fire and one disaster drill each month. -He acknowledged the facility failed to ensure fire and disaster drills were done quarterly on each shift.	V 114	we have conducted more drills to include 2nd shift drills	1/17/24
V 118	27G .0209 (C) Medication Requirements 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 client's physician. (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. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept	V 118		

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V 114	Continued From page 6	V 114		
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 interview, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are: Review on 1/16/24 of the facility's fire drills log from January 2023-January 2024 revealed: -There were no fire drills conducted for the 2nd shift for the 2nd quarter (April, May, June) of 2023. -There were no fire drills conducted for the 2nd shift for the 3rd quarter (July, August, September) of 2023. -There were no fire drills conducted for the 2nd shift for the 4th quarter (October, November, December) of 2023. Review on 1/16/24 of the facility's disaster drills	V 114	We have conducted more drills to include 2nd shift drills	1/17/24

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V 118	Continued From page 8 current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to keep the MAR current affecting 1 of 2 clients (#2). The findings are: Review on 1/16/24 of Client #2's record revealed: -Admission date of 9/14/22. -Diagnoses of Schizophrenia; Hyperlipidemia; Carotid Artery Stenosis; Nicotine Dependence. -Physician orders dated 1/2/24 for Lumateperone 42 milligrams (mg), take one capsule orally every night. Observation on 1/16/24 at 12:30 pm of Client #2's medications revealed: -Medications were packed in bubble packs. -There was a bubble pack containing Lumateperone 42 mg. Bubble was packed on 1/3/24 and 13 capsules had been dispensed.	V 118		

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V 118	Continued From page 9 Review on 1/16/24 of Client #2's MARs for January 2024 revealed: -Lumateperone 42 was not listed in the January MAR. Review on 1/16/24 of www.webmd.com revealed: -Lumateperone was used to manage and treat schizophrenia and other neuropsychiatric disorders. Interview on 1/16/24 with Staff #3 revealed: -Client #2 recently started a new medication. -He had not realized that the new medication for Client #2 was not on the MAR. -He wrongfully assumed all medications were listed and he would just initial them off. -He is sure that Client #2 did receive his medications accordingly. -He would go to the pharmacy and ask for a new MAR sheet for Client #2 and make sure it reflected the new medication. Interview on 1/16/24 with the Owner revealed: -He was not aware that Client #2's new medication was not listed on the MAR. -He acknowledged facility staff failed to keep the MAR current. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118	Staff called Pharmacy to get the new mar with medication listed	1/16/24