STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601369	A. BUILDING: _____ B. WING _____	C 01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS HOME	6619 FARRINGTON LANE CHARLOTTE, NC 28227

(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 A complaint survey was completed on January 23, 2024. The complaint was substantiated (intake #NC00210918). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 2 and currently has a census of 1. The survey sample consisted of audits of 1 current client.	V 000		
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 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	V 118	The Nurse Cheryl Siebert was asked to go to The New Beginnings Home and make sure that The MAR and the medications are accurate for consumer in the home. The Care Provider that made the Medication errors was immediately taken off all cases and sent through another Medication Administration Class. The consumer was monitored by a Qualified Professional at least 3x weekly before she was Admitted back to the hospital to ensure Meds Were administered correctly. The QP for all AFL cases will continue to Monitor all medications for consumers at least Monthly. Any Medication Errors will be reported immediately to the QP for the consumer and the Nurse for Unique Caring for further instructions	3/15/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601369	A. BUILDING: _____ B. WING _____	C 01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS HOME	6619 FARRINGTON LANE CHARLOTTE, NC 28227

(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 118	Continued From page 1 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 interviews, the facility failed to ensure medications were administered on the written order of a physician and the MARs were kept current affecting 1 of 1 client (Client #1). The findings are: CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (h) Medication Errors (V123). Based on record review and interviews, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 1 of 1 client (Client #1). Review on 12/22/23 of Client #1's medical records revealed: -Client #1 was hospitalized on the following dates: 11/16/23- 11/17/23 for altered mental status. 11/19/23- 11/27/23 for altered mental status and given antibiotics intravenously for a urinary tract infection (UTI). 11/29/23- 11/30/23 for altered mental status. 12/1/23- 12/4/23 for altered mental status and prescribed Amoxicillin- Clavulanate for her UTI. 12/7/23- 12/12/23 for altered mental status and given another prescription for Amoxicillin-Clavulanate for an infection.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601369	A. BUILDING: _____ B. WING _____	C 01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS HOME	6619 FARRINGTON LANE CHARLOTTE, NC 28227

(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 118	Continued From page 2 12/16/23-12/17/23 and 12/19/23 for altered mental status. Review on 12/19/23 of Client #1' MARs dated December 2023 revealed: -Clobazam 20 mg- no documentation of administration for the second dose on 12/8/23, 12/13/23- 12/15/23, and 12/19/23, and no documentation of administration on 12/9/23-12/12/23, and 12/16/23. -Clonazepam 1mg- no documentation of administration for the second dose on 12/8/23, 12/13/23 and 12/14/23, and no documentation of administration 12/9/23- 12/12/23 and 12/15-12/19. -D3 Super Strength- no documentation of administration on 12/9/23- 12/12/23, 12/16/23, 12/17/23 and 12/19/23. -Divalproex 250 mg- no documentation of administration of second dose on 12/4/23-12/8/23, and 12/14/23 and 12/19/23, and no documentation of administration on 12/9/23-12/13/23,12/15/23, and 12/18/23. -Prazosin 1 mg- no documentation of administration on 12/8/23- 12/13/23, 12/17/23 and 12/18/23, and two doses were administered on 12/14/23. -Gabapentin 300 mg- no documentation of administration for second dose on 12/8/23, no documentation of administration 12/9/23-12/13/23, 12/17/23 and 12/18/23, and no documentation of administration for the first dose on 12/15/23, 12/16/23, and 12/19/23. -Trazadone 50 mg- no documentation of administration on 12/9/23- 12/12/23, 12/17/23 and 12/18/23. -Lacosamide 150 mg- no documentation of administration on 12/9/23- 12/12/23, 12/17/23 and 12/18/23. -Lacosamide 200 mg- no documentation of	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601369	A. BUILDING: _____ B. WING _____	C 01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS HOME	6619 FARRINGTON LANE CHARLOTTE, NC 28227

(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 118	Continued From page 3 administration on 12/9/23- 12/12/23. -Docusate 100 mg- no documentation of administration of the second dose on 12/8/23, 12/13/23 and 12/17/23, no documentation of administration on 2/9/23- 12/12/23 and 12/18/23 and 12/19 am. -Amoxicillin- Clavulanate 875mg-125 mg- no documentation of administration 12/12/23 and 12/19/23, documentation of one dose administered on 12/13/23, documentation of four doses administered on 12/14/23, documentation of two doses administered on 12/17/23. -Lybalvi- no documentation of administration on 12/9/23- 12/13/23, and 12/17/23 and 12/18/23. -Omeprazole- no documentation of administration on 12/9/23- 12/12/23, and 12/15/23. -Metformin- no documentation of administration on 12/9/23- 12/12,23 and 12/15/23. -Zonisamide- no documentation of administration on 12/9/23- 12/12/23, and 12/15/23. Observation on 12/19/23 at approximately 11:00 am of Client #1's medications revealed:Amoxicillin- Clavulanate -A pill bottle for a quantity of 21 Amoxicillin-Clavulanate 500 mg (milligrams)-125 mg pills. -The dispense date for the Amoxicillin-Clavulanate was 12/12/23. -The dosage instructions for the Amoxicillin-Clavulanate were to take 1 tablet every 8 hours for 7 days. -There was still 13 Amoxicillin- Clavulanate pills in the bottle on 12/19/23. Interview on 12/19/23 with Staff #1 revealed: -Completed medication administration training. -Only been working with the Client #1 for a week. -"She (Client #1) missed some of her medication due to being in and out the hospital so much." -"Sometimes it was hard to wake [Client #1] up to	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601369	A. BUILDING: _____ B. WING _____	C 01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS HOME	6619 FARRINGTON LANE CHARLOTTE, NC 28227

(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 118	Continued From page 4 take her medicine." -"I did not report missed medication because I thought they gave it to her at the hospital." Interview on 12/21/23 with Staff #2 revealed: -He initialed the MARs when he administered medication to Client #1. -Documented "CNA" on the MARs to reflect "client was not around for her medication." -"I always document the MARs. I don't know who left it blank or did not give them to her." -"I'm just the crisis worker helping out." Interview on 12/22/23 with the Program Director revealed: -Client #1 was at the facility for emergency respite services. -Was not aware of the missed medication or blank MARs. -"I had not been over there to look at the MARs, and nobody reported anything to me." -Staff #1 will be retrained in medication administration. -"I will have a nurse go to the house (facility) and make sure the MARs are filled out correctly." Review on 12/22/2023 of Plan of Protection dated 12/22/2023 written by the Program Director revealed the following: -"What immediate action will the facility take to ensure the safety of the consumers in your care? [Program Director] will go to the home to ensure all meds are properly on MAR. Each time the consumer is in the hospital or refusing meds, the care provider will right R (refuse) or H (hospital) on the chart. After each med is given the care provider will initial his/her name and sign the bottom of the chart. A QP (Qualified Professional) will go by the home (facility) 3 times a week to ensure all meds are given at proper times. The	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601369	A. BUILDING: _____ B. WING _____	C 01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS HOME	6619 FARRINGTON LANE CHARLOTTE, NC 28227

(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 118	Continued From page 5 QP will report all findings to [Program Director]. Describe your plans to make sure the above happen: [Licensee's] nurse and [QP] will go by the home (facility) at least 3 times a week to ensure meds are given at proper times, check the MARs, as well as report findings to the director. The [Licensee's] nurse will go out to the home (facility) weekly to ensure the consumer (Client #1) has all of her medications." Client #1 has a diagnoses of Mild Intellectual Disability, Post Traumatic Stress Disorder (PTSD), Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Seizure Disorder, and Depression. Client #1 had several hospitalizations due to her mental status and prescribed Amoxicillin- Clavulanate for a UTI/infection. Staff failed to administer 15 medications as prescribed, including the Amoxicillin- Clavulanate, and failed to report medication errors to a pharmacist or doctor for 11 days in December of 2023. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.	V 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. .	V 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601369	A. BUILDING: _____ B. WING _____	C 01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS HOME	6619 FARRINGTON LANE CHARLOTTE, NC 28227

(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 123	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure medication administration errors were reported immediately to a physician or pharmacist for 1 of 1 client (Client #1). The findings are: Review on 12/19/23 of Client #1's record revealed: -Age 18. -Admission date unknown. -Diagnoses of Mild Intellectual Disability, Post Traumatic Stress Disorder (PTSD), Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Seizure Disorder, and Depression. -Medication orders dated 12/4/23 for the following: Clobazam 20 milligrams (mg)- Take 1 tablet by mouth 2 times daily (seizures). Clonazepam 1mg- Take 1 tablet daily by mouth 2 times daily at 8:00 am and 1:00 pm (seizures). Amoxicillin- Clavulanate 500 mg-125 mg- Take 1 tablet every 8 hours for 7 days (infection). D3 Super Strength 2,000 units- Take 1 capsule daily (vitamin). Divalproex 250 mg- Take 1 tablet by mouth 2 times daily (seizures). Prazosin 1mg - Take 3 capsules by mouth daily at bedtime (PTSD). Gabapentin 300mg - Take 1 capsule 2 times daily (seizures). Trazadone 50 mg- Take 0.5 tablet by mouth once daily at bedtime (depression).	V 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601369	A. BUILDING: _____ B. WING _____	C 01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS HOME	6619 FARRINGTON LANE CHARLOTTE, NC 28227

(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 123	Continued From page 7 Lacosamide 150 mg- Take 1 tablet by mouth daily at bedtime (seizures). Lacosamide 200 mg- Take 1 tablet by mouth daily in the morning (seizures). Docusate 100 mg- Take 1 capsule by mouth 2 times daily (constipation). Lybalvi 20 mg- 10 mg- Take 1 tablet daily at bedtime (mood). Omeprazole 20 mg Extended Release- Take 1 capsule by mouth daily (gastroesophageal reflux disease). Metformin 500 mg- Take 1 tablet by mouth daily in the morning for (weight management). Zonisamide 50 mg- Take 1 capsule by mouth daily in the morning (seizures). Fluoxetine 20 mg- Take 1 capsule by mouth daily in the morning (depression). Review on 12/19/23 of Client #1's MARs dated December 2023 revealed: -All medications were missing documentation of administration for one or both doses between 12/8/23 and 12/19/23. -No documentation that medication errors had been reported to a doctor or pharmacist. Review on 12/19/23 of the facility's incident reports revealed: -No incident reports for Client #1's missed medications. -No documentation showing Client #1's missed medication was reported to a doctor or pharmacist. Observation on 12/22/23 at approximately 2:30 pm of Client #1 revealed: -She was lying on the couch in the living room. -Staff #1 was sitting in the living room observing Client #1. -Client #1 was tired, drowsy and sleepy.	V 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601369	A. BUILDING: _____ B. WING _____	C 01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS HOME	6619 FARRINGTON LANE CHARLOTTE, NC 28227

(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 123	Continued From page 8 -Client #1 could not stay awake. Attempted interview on 12/22/23 with Client #1 revealed: -Client #1 could not speak clearly and answer questions. -Client #1 had slurred speech and was incoherent. Interview on 12/19/23 with Staff #1 revealed: -Completed medication administration training. -Only been working with the Client #1 for a week. -"She (Client #1) missed some of her medications due to being in and out the hospital so much." -"Sometimes it was hard to wake [Client #1] up to take her medicine." -"I did not report missed medication because I thought they gave it to her at the hospital." Interview on 12/22/23 with the Program Director revealed: -Client #1 was at the facility for emergency respite services. -Was not aware of the missed medications. -"I had not been over there to look at the MARs, and nobody reported anything to me." -Staff #1 will be retrained in medication administration. -"I will have a nurse go to the house (facility) to check medications and report any missed dosages to her (Client #1) PCP (Primary Care Physician)." This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements/Medication Administration (V118) for a Type B rule violation and must be corrected within 45 days.	V 123		