STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL042-053	A. BUILDING: _____ B. WING _____	R-C 05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS DAY TREATMENT CENTER,	544 JULIAN R ALLSBROOK HIGHWAY ROANOKE RAPIDS, NC 27870

(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 and follow up survey was completed on 5/29/24. Intake #NC00216454 was unsubstantiated. Intake #NC00217035 was substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 48. The survey sample consisted of audits of 3 current clients.	V 000		
V 106	27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including nonprofessional staff, receive training and	V 106	The agency has updated Transportation Policy to include staff driving personal vehicles. Will ensure that all employees get and updated copy of Transportation Policy. Will be getting the red mini van put in agency name and on agency insurance. RECEIVED JUN 17 2024 DHSR-MH Licensure Sect	7/1/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Lisa Branch TITLE BSA (X6) DATE 6/13/24

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V 106	Continued From page 1 continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained. This Rule is not met as evidenced by: Based on record review, observation, and interviews, the facility failed to implement their policy regarding transportation. The findings are: Review on 5/17/24 of the facility's Incident Reporting Policy revealed: - " ...Background driving records will be conducted on all individuals providing transportation to consumers or otherwise driving company owned vehicles ....Driving records will be reviewed by the Director and permission granted or denied to transport consumers and/or operate company owned vehicles..." Observation of client #2 on 5/21/24 at 11:56am revealed: - she was in a wheelchair Observation of client #4 on 5/21/24 at 10:02am: - exited red minivan driven by staff #2 Observation of client #5 on 5/21/24 at 10:02am: - client #5 in wheelchair in the back of the minivan - staff #2 opened back of red minivan and	V 106		

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V 106	Continued From page 2 pulled down wheelchair ramp for client #5 During interview on 5/20/24 client #1 reported: - staff #1 was typically the staff that picked him (client #1) up for transportation to and from the facility - staff #1 usually picked him up in a red minivan During interview on 5/21/24 client #5 reported: - rode in red minivan with staff #2 During interview on 5/21/24 client #6 reported: - transported to facility in a red minivan During interviews on 5/17/24 and 5/21/24 staff #1 reported: - she (staff#1) has worked at the facility for 8 years - drove the Qualified Professional's (QP) minivan to pick up & drop off 3 clients - drove QP's minivan when providing transportation for clients in a wheelchair - QP's minivan had a wheelchair ramp - did not know the facility's policy stated only company vehicles should be used for client transportation - used her personal van for transportation, as well During interview on 5/20/24 staff #2 reported: - worked at the facility for 2 months - he had always used QP's minivan for client transportation - there were multiple facility vans, but he was told to drive QP's minivan - he provided transportation for a client in a wheelchair, and QP's minivan was wheelchair accessible - did not know the facility's policy stated only	V 106		

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V 106	Continued From page 3 company vehicles should be used for client transportation During interview on 5/21/24 staff #3 reported: - worked at facility for 3 years - provided transportation for clients to and from the facility - used QP's minivan once in April - used her own car for client transportation when filling in for other staff - did not know the facility's policy stated only company vehicles should be used for client transportation During interviews on 5/17/24 the Qualified Professional (QP) reported: - bought a personal minivan that the staff at the facility used for client transportation - thought the company policy allowed for personal vehicles to be driven for client transportation - would talk to the owner about putting minivan in company name - would update the policy to add "private and company vehicles" During interview on 5/21/24 owner #1 reported: - was aware staff drove QP's personal minivan for client transportation - staff were allowed to drive their personal vehicles - thought personal vehicles were a part of their transportation policy During interview on 5/21/24 owner #2 reported: - was aware staff used their personal vehicles for client transportation - there were 3 company vans available for staff to use - "as far as I know" the policy said they could	V 106		

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V 106	Continued From page 4 use personal vehicles - QP's minivan has only been used for about 6 months - "ok with [QP] updating company policy to include personal vehicles" - they would talk about it	V 106		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 366	Continued From page 5 Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the	V 366		

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V 366	Continued From page 6 LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview the facility failed to adhere to their policy governing incident reports. The findings are: Review on 5/17/24 of the facility's Incident Reporting Policy revealed: - "...Any incident that is not a level 1 should be reported on the I.R.I.S. System (Incident	V 366	QP will make sure that Incident Reports are submitted according to the policy. Information will be submitted in the time frame according the policy. Any additional information obtained will be added to the IRIS .	6/13/2024

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V 366	Continued From page 7 Reporting and Improvement System). The report should be submitted within 72 hours of the incident..." Review on 5/17/24 client #1's record revealed: - admitted 7/17/23 - diagnoses: Unspecified Convulsions, Mild Intermittent Asthma Uncomplicated, Moderate Intellectual Disabilities, Cerebral Palsy Unspecified - uses a walker Review on 5/17/24 of the IRIS system revealed no level II incident reports. During interviews on 5/17/24 and 5/21/24 with the Qualified Professional (QP) reported: - on 5/7/24, staff #1 picked up client #1 from his home in a minivan - staff #1 went to the back of the minivan to open the trunk but it was locked - the pulling caused the minivan to roll backwards - client #1 and his walker were pushed over - on 5/17/24, she had not started internal investigation - on 5/21/24, she had completed the investigation	V 366		
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 consumer is on the providers premises or level III incidents and level II deaths involving the clients	V 367		

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V 367	Continued From page 8 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. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of	V 367		

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V 367	Continued From page 9 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 10 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a level II incident in the Incident Response Improvement System (IRIS) and notify the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of an incident. The findings are: A. Review on 5/17/24 client #1's record revealed: - admitted 7/17/23 - diagnoses: Unspecified Convulsions, Mild Intermittent Asthma Uncomplicated, Moderate Intellectual Disabilities, Cerebral Palsy Unspecified - uses a walker Review on 5/17/24 of the IRIS system revealed no level II incident reports. During interviews on 5/17/24 and 5/21/24 the Qualified Professional (QP) reported: - on 5/7/24, staff #1 picked up client #1 from his home in her (QP) minivan - staff #1 went to the back of the minivan to open the trunk and it was locked - the pulling caused the minivan to roll backwards - client #1 and his walker were pushed over - client #1 was taken to the emergency department - she (QP) was responsible for submitting the IRIS - she completed the IRIS for him on 5/16/24 - she did not submit until then because she did not think she had enough information to submit it	V 367	QP will ensure that Incidents are Reported in a timely manner according to policy. Any additional information will be submitted. This will be monitored on a monthly basis.	6/13/2024

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
MHL042-053 Y1	A. Building B. Wing Y2	5/29/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS DAY TREATMENT CENTER, LLC	544 JULIAN R ALLSBROOK HIGHWAY ROANOKE RAPIDS, NC 27870

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0283 Reg. # 27G .5401 LSC	Correction Completed 05/29/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE [signature]	DATE 5/29/24
FOLLOWUP TO SURVEY COMPLETED ON 6/19/2017	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

EVENT ID: 740B12

STATE FORM: REVISIT REPORT (11/06)