

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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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 |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on August 27, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 6 current clients.</p>  | V 000         |   |                    |
| V 105              | <p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></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> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> | V 105         |   |                    |

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

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| V 105              | <p>Continued From page 1</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:<br/>Based on record review and interview, the facility failed to adhere to its admission policy for one of six audited clients (#6). The findings are:</p> <p>Review on 8/27/24 of the facility's admission's policy revealed "[Licensee] provides caring and competent services to consumers that meet admission criteria for service entry without regards of race, color, religious belief, or national origin. [Licensee] serves adults who have a primary diagnosis of mental health. A qualified professional authorized to accept consumers into program services, facilitates all admissions to the facility and/or services. [Licensee] will not require a consumer or their family to sign an agreement that they will not change provider agencies as a condition of providing services to the consumer. Referrals to [Licensee] for services will be screened for admission...The admission process will include:<br/>1.Reason for admission, which includes need(s)/problem(s); 2. Strengths; 3. Preferences; 4. Evaluation, as appropriate, including but not limited to psychological, developmental, functional, social, physical, behavioral, economic, intellectual; 5. Mental status as appropriate; 6. Diagnosis(es)."</p> <p>Review on 8/27/24 revealed:<br/>-There was no record for Client #6.<br/>-There was no diagnosis.<br/>-There was no admission date.<br/>-There was no evidence of an assessment.<br/>-There was no documentation of client #6's presenting problem, needs and strengths.<br/>-There was no provisional or admitting diagnosis.</p> | V 105         |   |                    |

Division of Health Service Regulation

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| V 105              | Continued From page 3<br><br>Interview on 8/21/24 with Staff #1 revealed:<br>-Client #6 had clothes in the closet and in the laundry basket.<br>-Client #6's medication was in the facility.<br><br>Interview on 8/27/24 with the Owner revealed:<br>-There was no admission process for client #6.<br>-Client #6 was not a client.<br>-Client #6 lived with her.<br>-Client #6 would stay at the facility about 2 -3 nights a week "hanging with the girls."<br>-Client #6 would never stay at the facility overnight again.<br>-In the future potential clients staying at the facility would complete the admission process.   | V 105         |   |                    |
| V 107              | 27G .0202 (A-E) Personnel Requirements<br><br>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS<br>(a) All facilities shall have a written job description for the director and each staff position which:<br>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;<br>(2) specifies the duties and responsibilities of the position;<br>(3) is signed by the staff member and the supervisor; and<br>(4) is retained in the staff member's file.<br>(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:<br>(1) is at least 18 years of age;<br>(2) is able to read, write, understand and follow directions; | V 107         |   |                    |

Division of Health Service Regulation

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| V 107              | <p>Continued From page 4</p> <p>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</p> <p>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to have complete personnel records affecting two or three audited staff (#1 and #2).<br/>The findings are:</p> <p>Review on 8/27/24 of Staff #1's personnel record revealed:<br/>-Hire date of 8/23/24 as a Paraprofessional.<br/>-Provided coverage in the facility from 8/17/24</p> | V 107         |   |                    |

Division of Health Service Regulation

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| V 107              | <p>Continued From page 5</p> <p>to8/22/24.</p> <ul style="list-style-type: none"> <li>-There was no evidence of educational credentials, job description or training to meet the needs of the clients.</li> <li>-He worked and provided staff coverage in the facility before his hire date.</li> </ul> <p>Review on 8/27/24 of the facility records revealed:</p> <ul style="list-style-type: none"> <li>-There was no personnel record for Staff #2.</li> <li>-There was no hire date.</li> <li>-There was no job title.</li> <li>-There was no evidence of educational credentials, job description or training to meet the needs of the clients.</li> </ul> <p>Interview on 8/21/24 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-He provided staff coverage at the facility on 8/17/24 to 8/22/24.</li> <li>-He was at the facility since 8/14/24 or 8/15/24.</li> <li>-He provided coverage while the house manager was on vacation.</li> <li>-The house manager showed him what to do before she left.</li> <li>-He was not hired until 8/23/24.</li> <li>-He did not received training prior to being hired and providing staff coverage in the facility.</li> </ul> <p>Interview on 8/21/24 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-She was not hired to work at the facility.</li> <li>-She was staff #1's friend.</li> <li>-She was helping staff #1.</li> <li>-She had been at the facility since 8/14/24 or 8/15/24.</li> <li>-She cleaned the house and prepared meals for the clients.</li> <li>-She was not trained to work in the facility.</li> </ul> <p>Attempts on 8/26/24 and 8/27/24 by phone to interview the House Manager were unsuccessful.</p> | V 107         |   |                    |

Division of Health Service Regulation

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| V 107              | <p>Continued From page 6</p> <p>Interview on 8/27/24 with the Owner revealed:</p> <ul style="list-style-type: none"> <li>-Staff #1 worked at the facility until the house manager returned from vacation.</li> <li>-She expected the house manager to return from vacation on 8/26/24.</li> <li>-Staff #1 and staff #2 were not trained prior to working in the facility.</li> <li>-She knew staff #2 personally through staff #1.</li> <li>-Staff #2 was not supposed to be in the facility.</li> <li>-She hired staff #1 on 8/23/24.</li> <li>-She did not hire staff #2.</li> <li>-Staff #2 was removed from the facility as of 8/21/24.</li> <li>-Going forward all employees would be trained prior to providing direct care.</li> <li>-A personnel record would be retained for all employees.</li> <li>-Employee's personnel record would include education transcripts, job descriptions and training.</li> <li>-Staff #1 personnel record was incomplete and staff #2 was not an employee.</li> </ul> <p>This deficiency has been cited two times since the original cite on April 21, 2022 and must be corrected within 30 days.</p> | V 107         |   |                    |
| V 108              | <p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> </ol>   | V 108         |   |                    |

Division of Health Service Regulation

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| V 108              | <p>Continued From page 7</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to ensure two of three audited staff (#1 and #2) had current training in First Aid and Cardiopulmonary Resuscitation (CPR). The findings are:</p> <p>Review on 8/27/24 of Staff #1's personnel record revealed:<br/>-Hire date of 8/23/24 as a Paraprofessional.<br/>-Provided coverage in the facility from 8/17/24 to 8/22/24.<br/>-First Aid/CPR training was completed on</p> | V 108         |   |                    |

Division of Health Service Regulation

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| V 108              | <p>Continued From page 8</p> <p>8/22/24.</p> <p>-Staff #1 worked alone in the facility prior to hire from 8/17/24 to 8/22/24.</p> <p>Review on 8/27/24 of the facility record revealed:</p> <p>-There was no personnel record for Staff #2.</p> <p>-There was no hire date.</p> <p>-There was no job title.</p> <p>-There was no evidence of First Aid/CPR training.</p> <p>Interview on 8/21/24 with Staff #1 revealed:</p> <p>-He worked alone and provided staff coverage from 8/17/24 to 8/22/24.</p> <p>-He provided coverage while the house manager was on vacation.</p> <p>-He was at the facility since 8/14/24 or 8/15/24.</p> <p>-The house manager showed him what to do before she left.</p> <p>-He did not receive First Aid/CPR training prior to providing coverage.</p> <p>-He completed First Aid/CPR training on 8/22/24.</p> <p>Interview on 8/21/24 with Staff #2 revealed:</p> <p>-She was not hired to work at the facility.</p> <p>-She was staff #1's friend.</p> <p>-She was helping staff #1.</p> <p>-She had been at the facility since 8/14/24 or 8/15/24.</p> <p>-She cleaned the house and prepared meals for the clients.</p> <p>-She reported receiving First Aid/CPR training but unable to provide and location.</p> <p>Interview on 8/27/24 with the Owner revealed:</p> <p>-Staff #1 did not receive First Aid/CPR training prior to providing coverage.</p> <p>-Staff #1 was hired on 8/23/24.</p> <p>-Staff #1 received First Aid/CPR training on 8/22/24.</p> <p>-She did not hire staff #2.</p> | V 108         |   |                    |

Division of Health Service Regulation

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| V 108              | Continued From page 9<br><br>-She knew staff #2 personally through staff #1.<br>-Staff #2 was not supposed to be in the facility.<br>-Staff #2 did not receive First Aid/CPR training.<br>-Staff #2 was removed from the facility on 8/21/24.<br><br>This deficiency has been cited two times since the original cite on April 21, 2022 and must be corrected within 30 days.   | V 108         |   |                    |
| V 111              | 27G .0205 (A-B)<br>Assessment/Treatment/Habilitation Plan<br><br>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN<br>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:<br>(1) the client's presenting problem;<br>(2) the client's needs and strengths;<br>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;<br>(4) a pertinent social, family, and medical history; and<br>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.<br>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. | V 111         |   |                    |

Division of Health Service Regulation

|  |   |   |   |
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| V 111              | <p>Continued From page 10</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to ensure an admission was completed prior to the delivery of services affecting one of six audited clients (#6). The findings are:</p> <p>Review on 8/27/24 of the facility records revealed:<br/>-There was no record for Client #6.<br/>-There was no diagnosis.<br/>-There was no admission date.<br/>-There was no evidence of an assessment.<br/>-There was no documentation of client #6's presenting problem, needs and strengths.<br/>-There was no provisional or admitting diagnosis.</p> <p>Interview on 8/21/24 with Client #1 revealed:<br/>-Client #6 lived in the office space.<br/>-Client #6 was there everyday.<br/>-Client #6 lived in the 4th bedroom that is for staff.<br/>-Client #6 knew the owner for about 15 years.<br/>-Client #6 lived here for about 4-5 years.<br/>-"I think the owner has legal custody of [client #6]."<br/>-Client #6 attended a day program but was not transported with the other clients.<br/>Client #6 was not available for an interview.</p> <p>Interview on 8/21/24 with Staff #1 revealed:</p> | V 111         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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| V 111              | <p>Continued From page 11</p> <p>-He provided coverage at the facility since 8/14/24.</p> <p>-Client #6 had been staying at the facility since he started.</p> <p>Interview on 8/27/24 with the Owner revealed:</p> <p>-Client #6 did not live at the facility.</p> <p>-Client #6 lived with her.</p> <p>-Client #6 stayed at the facility for 2-3 days a week including overnight.</p> <p>-Client #6 did have clothes at the facility.</p> <p>-She would bring client #6's medication to the facility when she stayed over.</p> <p>-Client #6's medication was to be kept in the staff's office when she slept.</p> <p>-Client #6 stayed in the staff's office.</p> <p>-Client #6 liked being at the facility and around the other clients.</p> <p>-An assessment was not completed because client #6 was not a client.</p> | V 111         |   |                    |
| V 112              | <p>27G .0205 (C-D)<br/>Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least</p>   | V 112         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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|--------------------|---|---------------|---|--------------------|
| V 112              | <p>Continued From page 12</p> <p>annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to develop a treatment plan within 30 days of admission affecting one of six audited clients (#6). The findings are:</p> <p>Review on 8/27/24 of the facility records revealed:<br/>-There was no record for Client #6.<br/>-There was no admission date.<br/>-There was no diagnosis.<br/>-There was no evidence of a treatment plan.</p> <p>Interview on 8/21/24 with Staff #1 revealed:<br/>-He provided coverage at the facility from 8/14/24 to 8/22/24.<br/>-Client #6 was staying at the facility since he arrived.<br/>-There was no record for client #6 at the facility.</p> <p>Interview on 8/27/24 with the Owner revealed:<br/>-Client #6 did not live at the facility.<br/>-Client #6 lived with her.</p> | V 112         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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|--------------------|--|---------------|---|--------------------|
| V 112              | Continued From page 13<br><br>-Client #6 stayed at the house 2-3 days a week including overnight.<br>-Client #6 did have clothes at the facility.<br>-She would bring client #6's medication to the facility when she stayed over.<br>-Client #6 stayed in the staff's office.<br>-Client #6 liked being at the facility and around the other clients.<br>-Client #6 did not have a treatment plan because she was not a client.   | V 112         |   |                    |
| V 113              | 27G .0206 Client Records<br><br>10A NCAC 27G .0206 CLIENT RECORDS<br>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:<br>(1) an identification face sheet which includes:<br>(A) name (last, first, middle, maiden);<br>(B) client record number;<br>(C) date of birth;<br>(D) race, gender and marital status;<br>(E) admission date;<br>(F) discharge date;<br>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;<br>(3) documentation of the screening and assessment;<br>(4) treatment/habilitation or service plan;<br>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;<br>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; | V 113         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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|--------------------|---|---------------|---|--------------------|
| V 113              | <p>Continued From page 14</p> <p>(7) documentation of services provided;<br/>(8) documentation of progress toward outcomes;<br/>(9) if applicable:<br/>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);<br/>(B) medication orders;<br/>(C) orders and copies of lab tests; and<br/>(D) documentation of medication and administration errors and adverse drug reactions.<br/>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to ensure one of six clients (#6) had complete records containing the required information. The findings are:</p> <p>Review on 8/27/24 of the facility records revealed:<br/>-There was no record for Client #6.<br/>-There was no admission date.<br/>-There was no diagnosis.<br/>-There was no face sheet with the required information.<br/>-There was no emergency informaton.<br/>-There was no permission to seek emergency care consent form.<br/>-There was no documentation of the screening and assessment.<br/>-There was no treatment/habilitation plan or service plan.</p> | V 113         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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| V 113              | Continued From page 15<br><br>Interview on 8/27/24 with the Owner revealed:<br>-Client #6 did not live at the facility.<br>-Client #6 lived with her.<br>-Client #6 stayed at the house 2-3 days a week including overnight.<br>-Client #6 did have clothes at the facility.<br>-She would bring client #6's medication to the facility when she stayed over.<br>-Client #6 stayed in the staff's office.<br>-Client #6 was not a client.<br>-Client #6 did not have records at the facility because she was not a client.   | V 113         |   |                    |
| V 116              | 27G .0209 (A) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(a) Medication dispensing:<br>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.<br>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.<br>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN | V 116         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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|--------------------|---|---------------|---|--------------------|
| V 116              | <p>Continued From page 16</p> <p>TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.<br/>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews, observation and interviews, the facility failed to ensure dispensing of medications was restricted to pharmacists, physicians or health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting six of six clients (#1, #2, #3, #4, #5 and #6). The findings are:</p> <p>Review on 8/21/24 of Client #1's record revealed:<br/>-Admission date of 3/18/19.<br/>-Diagnoses of Schizoaffective, Bipolar Type; Autism Spectrum Disorder; Diabetes Mellitus.</p> <p>Review on 8/21/24 of physician's order for Client #1 dated 6/4/24 revealed:<br/>-DOK 100 milligram (mg) softgel - take one capsule by mouth 2 times a day (constipation).<br/>-Escitalopram 20mg tablet - take one tablet by mouth every day (mood).<br/>-Farxiga 5mg tablet - take one tablet by mouth every (diabetes).<br/>-Hydroxyzine Pamoate 25mg tablet - take</p> | V 116         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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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 116              | <p>Continued From page 17</p> <p>one capsule by mouth 3 times a day (anxiety).<br/>-Hyoscyamine 0.125mg tablet - place one tablet under the tongue 4 times a day (irritable bowel syndrome).<br/>-Levothyroxine 25mg tablet - take one tablet by mouth every day (thyroid).<br/>-Lisinopril 10mg tablet - take one tablet by mouth every day (hypertension).<br/>-Melatonin 5mg tablet - take one tablet by mouth daily at bedtime (insomnia).<br/>-Metamucil fiber gummies - chew two gummies by mouth every day (fiber).<br/>-Pantoprazole Sodium Delayed Released 40mg tablet - take one tablet by mouth every day (acid reflux).<br/>-Perphenazine 8mg tablet - take one tablet by mouth two times a day (mood).<br/>-Rosuvastatin calcium 10mg tablet - take one tablet by mouth daily (cholesterol).<br/>-Vitamin B-12 1,000 mcg tablet - take one tablet by mouth every day (supplement).<br/>-Vitamin D2 1.25mg (50,000 unit) - take one capsule by mouth weekly on Wednesdays (vitamin deficiency).<br/>-Vitamin D3 2,000-unit capsule - take one capsule by mouth every other day (supplement).</p> <p>Review on 8/21/24 of Client #2's record revealed:<br/>-Admission date of 3/31/20.<br/>-Diagnoses of Schizophrenia Disorder, Catatonia Associated with Mental Disturbances; Hypertension; Tachycardia; Sialorrhea; Dementia; Dyslipidemia; Vitamin D Deficit; Asthma.</p> <p>Review on 8/21/24 of physician's order for Client #2 dated 1/3/24 revealed:<br/>-Advair 250-50 Diskus - Inhale two puffs by mouth two times a day (asthma).<br/>-Claritin 10mg - take one tablet by mouth every day (allergies).</p> | V 116         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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|--------------------|---|---------------|---|--------------------|
| V 116              | <p>Continued From page 18</p> <ul style="list-style-type: none"> <li>-Clozapine 100mg tablet - take one tablet by mouth every morning (schizophrenia).</li> <li>-Clozapine 200mg tablet - take one and ½ tablets by mouth at bedtime.</li> <li>-Glycopyrrolate 2mg tablet - take one tablet by mouth 3 times a day (peptic ulcers).</li> <li>-Metoprolol succinate ER 50mg tablet - take one tablet by mouth 2 times a day (hypertension).</li> <li>-Vitamin D3 400 International Units (IU) (10mcg) tablet - take one tablet by mouth every day (bone health).</li> <li>-DOK 100mg softgel - take two capsules by mouth at bedtime (constipation).</li> </ul> <p>Review on 8/21/24 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 1/9/23.</li> <li>-Diagnoses of Mild Intellectual Development Disability; Schizophrenia; Hypertension; History of Tuberculosis; Diabetes; Gastroesophageal Reflux Disease (GERD).</li> </ul> <p>Review on 8/21/24 of physician's order for Client #3 revealed:</p> <ul style="list-style-type: none"> <li>-Order dated 1/3/24 for: <ul style="list-style-type: none"> <li>-Amlodipine Besylate 10mg tablet - take one tablet by mouth every day (blood pressure).</li> <li>-Certa-Vite TB with Antioxidants - take one tablet by mouth every day (vitamin deficiency).</li> <li>-Loratadine 10mg tablet - take one tablet by mouth every day (allergies).</li> <li>-Losartan Potassium 100mg tablet - take one tablet by mouth every day (blood pressure).</li> <li>-Metformin Hydrochloride (HCL) 500mg tablet - take one tablet by mouth every morning (diabetes).</li> <li>-Omeprazole DR 20mg capsule - take one capsule by mouth every day (GERD).</li> <li>-Oxybutynin Chloride ER 10mg tablet - take one tablet by mouth every day (overactive bladder).</li> </ul> </li> </ul> | V 116         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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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 116              | <p>Continued From page 19</p> <ul style="list-style-type: none"> <li>-Pravastatin Sodium 40mg tablet - take one tablet by mouth every day (hyperlipidemia).</li> <li>-Vitamin D3 2,000 Unit softgel - take one capsule by moth daily (supplement).</li> <li>-Vitamin E 400 unit (180mg) soft - take one softgel by mouth every day (supplement).</li> </ul> <p>-Order dated 6/4/24 for:</p> <ul style="list-style-type: none"> <li>-Benztropine Mesylate 0.5mg tablet - take one tablet by mouth twice a day (involuntary movements).</li> <li>-Divalproex SOD DR 500mg tablet - take two tablets by mouth at bedtime (mood).</li> <li>-Risperidone 1mg tablet - take one tablet by mouth two times a day (take with 4mg to equal a total of 5mg twice daily (schizophrenia).</li> <li>-Risperidone 4mg tablet - take one tablet by mouth 2 times a day (take with 1mg to equal a total of 5mg twice daily.</li> </ul> <p>Review on 8/21/24 of Client #4's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 1/1/23.</li> <li>-Diagnoses of Intellectual Developmental Disability' Hypertension; Hyperlipidemia; Psoriasis; Vitamin D Deficiency;(GERD).</li> </ul> <p>Review on 8/21/24 of physician's order for Client #4 dated 1/3/24 revealed:</p> <p>-Order dated 1/3/24 for:</p> <ul style="list-style-type: none"> <li>-Calcium 600mg tablet - take one tablet by mouth two times a day (calcium levels).</li> <li>-Cetirizine HCL 10mg tablet - take one tablet by mouth every day (allergies).</li> <li>-Fluticasone Propionate 50mcg spray - instill two sprays in each nostril every day (allergies).</li> <li>-Hydrochlorothiazide 12.5mg capsule - take one capsule by mouth every day (blood pressure).</li> <li>-Montelukast Sodium 10mg tablet - take one tablet by mouth at bedtime (asthma).</li> <li>-Oxybutynin Chloride ER 10mg tablet - take</li> </ul> | V 116         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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|--------------------|--|---------------|---|--------------------|
| V 116              | <p>Continued From page 20</p> <p>one tablet by mouth every day (overactive bladder).</p> <ul style="list-style-type: none"> <li>-Ramipril 5mg capsule - take one capsule by mouth every day (blood pressure).</li> <li>-Simvastatin 20mg tablet - take one tablet by mouth every day (cholesterol).</li> <li>-Sucralfate 1mg tablet - take one tablet by mouth one hour before meals and bedtime (ulcers).</li> <li>-Vitamin D3 1,000 unit tablet - take one tablet by mouth every day (bone health).</li> </ul> <p>-Order dated 7/18/24 for:</p> <ul style="list-style-type: none"> <li>-Escitalopram 5mg tablet - take one tablet by mouth every day (mood).</li> </ul> <p>Review on 8/21/24 of Client #5's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 5/23/20.</li> <li>-Diagnoses of Schizophrenia; Hyperlipidemia; Hypertension; Asthma; Vitamin D Deficiency; GERD.</li> </ul> <p>Review on 8/21/24 of Client #5's physician's order revealed:</p> <ul style="list-style-type: none"> <li>-Order dated 1/3/24 for: <ul style="list-style-type: none"> <li>- Atorvastatin 10mg tablet - take one tablet by mouth every night (cholesterol).</li> <li>-Famotidine 20mg tablet - take one tablet by mouth at bedtime (heartburn).</li> <li>-Ingrezza 80mg capsule - take one capsule by mouth every day (involuntary moments).</li> <li>-Lisinopril 10mg tablet - take one tablet by mouth every day (hypertension).</li> <li>-Vitamin D3 5,000 IU tablet - take one tablet by mouth every day (supplement).</li> </ul> </li> <li>-Order dated 7/18/24 for : <ul style="list-style-type: none"> <li>-Benzotropine Mesylate 1mg tablet - take one tablet by mouth every day (Extrapyramidal symptoms).</li> <li>-Risperidone 2mg tablet - take one tablet by mouth at bedtime (mood).</li> </ul> </li> </ul> | V 116         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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| V 116              | <p>Continued From page 21</p> <p>-Divalproex Sodium DR 500mg tablet - take one tablet by mouth every day (mood).</p> <p>Review and observation on 8/27/24 at 9:30 a.m. of the facility records revealed:</p> <ul style="list-style-type: none"> <li>-There was no record for Client #6.</li> <li>-There was no admission date.</li> <li>-There was no diagnosis available.</li> <li>-Pills were in individual medication bottles.</li> <li>-Medication was dispensed in a weekly pill box designated a.m. and p.m.</li> <li>-No physician's orders were available.</li> <li>-Medication stored in an 8x12 size unsecured brown card board box included: <ul style="list-style-type: none"> <li>-Glipizide 5mg tablet - take two tablets by mouth in the a.m.and one tablet in the evening (blood sugar).</li> <li>-Sertraline HCL 50mg tablet - take one tablet by mouth every day (major depression).</li> <li>-Hydralazine 25mg tablet - take one tablet by mouth twice a day (blood pressure).</li> <li>-Amlodipine Besylate 5mg tablet - take one tablet by mouth every day (blood pressure).</li> <li>-Levothyroxine Sodium 25 Micrograms (mcg) tablet - take one tablet by mouth every morning (hypothyroidism).</li> <li>-Metformin Hydrochloride (HCL) 500mg tablet - take one tablet by mouth in the a.m. and 2 tablets in the evening (diabetes).</li> <li>-Hydrochlorothiazide 25mg tablet - take one tablet by mouth every day (blood pressure).</li> <li>-Atorvastatin 40mg tablet - take one tablet by mouth every day (cholesterol).</li> <li>-Ezetimibe 10mg tablet - take one tablet by mouth every day (cholesterol).</li> <li>-Cetirizine HCL 10mg tablet - take one tablet by mouth every day (allergies).</li> </ul> </li> </ul> <p>Observation on 8/21/24 at 9:45 a.m. the medication cart revealed:</p> | V 116         |   |                    |

Division of Health Service Regulation

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| V 116              | <p>Continued From page 22</p> <ul style="list-style-type: none"> <li>-There was an empty paper cup on top of the medication cart.</li> <li>-The empty paper cup had client #4's name and a.m. written on it.</li> <li>-There were no other cups on top of the medication cart.</li> </ul> <p>Interview on 8/21/24 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-He started working at the facility on Wednesday 8/14/24.</li> <li>-The House Manager administered medication on 8/14/24 - 8/16/24.</li> <li>-He started administering the medication on 8/17/24.</li> <li>-"Each day [Owner] would put out medication for the next morning and that night."</li> <li>-"[Owner] would sometimes administer evening medication if she was there."</li> <li>-He was not able to remember the specific dates the Owner administered clients' medications.</li> <li>-"[Owner] would put it in the paper cup and leave it in the top drawer with clients' name a.m., p.m. written on it, or whatever time."</li> <li>-"Some clients took medication more than two times a day."</li> <li>-He administered medication different times of the day depending on the client.</li> <li>-The medication was dispensed in the cup.</li> <li>-Client #6's medication was not dispensed every day because she had a weekly pill box which the House Manager dispensed in the pill planner.</li> </ul> <p>Attempts on 8/26/24 and 8/27/24 by phone to interview the House Manager were unsuccessful. Calls were made with no ability to leave a message. Request was made to the Owner for the House Manager to return call. There was no return call from the House Manager.</p> <p>Interview on 8/21/24 and 8/27/24 with the Owner</p> | V 116         |   |                    |

Division of Health Service Regulation

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| V 116              | <p>Continued From page 23</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-She dispensed the client's medications for the next day and evening from 8/17/24 - 8/22/24.</li> <li>-She dispensed clients' medication when the House Manager was on vacation.</li> <li>-She did not dispense medication into the paper cup on each shift from 8/17/24 to 8/22/24.</li> <li>-She did not want to disclose what staff dispensed the medication in the cup.</li> <li>-She "felt" the House Manager dispensed the medication in the cup on the morning of 8/17/24.</li> <li>-She dispensed client #6's medication in the weekly pill box for a.m. and p.m.</li> <li>-"Maybe [staff #1] pre-pulled the medication."</li> </ul> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 violation and must be corrected within 23 days.</p> | V 116         |   |                    |
| V 118              | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <ol style="list-style-type: none"> <li>(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.</li> <li>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</li> <li>(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.</li> <li>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept</li> </ol>   | V 118         |   |                    |

Division of Health Service Regulation

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| V 118              | <p>Continued From page 24</p> <p>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;<br/>(B) name, strength, and quantity of the drug;<br/>(C) instructions for administering the drug;<br/>(D) date and time the drug is administered; and<br/>(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:<br/>Based on record review, observation and interviews, the facility failed to (1) ensure 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 to prepare and administer medications for one of three audited staff (#1); (2) failed to keep the MAR current affecting one of six audited clients (#6); (3) failed to ensure medications were administered on the writtern order by a physician affecting one of six audited clients (#6); and (4) failed to have an order to self-administer affecting one of six audited clients (#6). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements/Dispensing (Tag 116).<br/>Based on record reviews, observation and interviews, the facility failed to ensure dispensing</p> | V 118         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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|--------------------|--|---------------|---|--------------------|
| V 118              | <p>Continued From page 25</p> <p>of medications was restricted to pharmacists, physicians or health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting six of six audited clients (#1, #2, #3, #4, #5 and #6).</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements/Storage (Tag 120). Based on record review, observation and interviews the facility failed to ensure all medications were stored securely affecting one of six audited clients (#6).</p> <p>Interview on 8/21/24 with Staff #1 revealed:<br/>-He administered medication from 8/17/24 - 8/22/24.<br/>-House Manager trained him on "what to do" before she left for vacation.<br/>-He had not received medication administration training.<br/>-"By the end of the night I would sign off on all the medication."<br/>-The House Manager gave him the log in information to the electronic MAR system.<br/>-The MAR electronic system was on the computer.<br/>-Client #6 administered her own medication.<br/>-There was no file in the system for client #6.</p> <p>Interview on 8/27/24 with the Owner revealed:<br/>-Staff #1 was not trained to administer medication from 8/17/24 - 8/22/24.<br/>-Staff #1 received medication training on 8/22/24.<br/>-The House Manager provided staff #1 her information to initial on the MAR.<br/>-Client #6 did not have a MAR because she was not a client.<br/>-Client #6 had medication orders but they were not at the facility.<br/>-Client #6's medication was dispensed in a</p> | V 118         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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|--------------------|--|---------------|---|--------------------|
| V 118              | <p>Continued From page 26</p> <p>weekly pill box, and she would self-administer.<br/>-She was aware staff #1 logged into the MAR system and used her initials to sign off.<br/>-She knew staff #1 had not received medication administration training.<br/>-She reported staff were never supposed to "pre-pulled" medication.</p> <p>Review on 8/27/24 of the Plan of Protection written by the Owner dated 8/27/24 revealed:<br/>"What immediate action will the facility take to ensure the safety of the consumers in your care?<br/>-The Director (Owner) will ensure all new staff are appropriately trained before administering medication and will have certification in the home.<br/>-The director will make sure MAR is available at home (facility) at all times.<br/>-No medication will be pre-pulled; the Director (Owner) will have a meeting with all staff.<br/>-Employees are not to share Electronic Medication Administration Record (EMAR) passwords.<br/>-No clients are currently self-administering medication.<br/>Described your plans to make sure the above happens.<br/>-All staff have been trained in medication administration.<br/>-The Director (Owner) will facilitate a staff meeting on 8/30/24 at 10:30 a.m.<br/>-The Director (Owner) will oversee medication compliance."</p> <p>Clients' diagnoses included Schizoaffective Disorder, Bipolar Type; Schizophrenia; Mild Intellectual Developmental Disability; and Autism Spectrum Disorder. Medication at the facility was dispensed and stored in the medication cart by the Owner the night before administering medication. Medication was dispensed in a small</p> | V 118         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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| V 118              | <p>Continued From page 27</p> <p>paper cup with the client's name and a.m. and p.m. written on it. Staff #1 administered clients #1, #2, #3, #4 and #5 medication from 8/21/24 - 8/22/24 and by the end of the night he used the Owner's password to log into the system and used her initials to sign on the EMAR system. Client #6 had no MARs, physician orders or authorized by a physican to self-administer medication. Client #6's medication was stored in an unsecured brown card board box in staff's office where Client #6 slept. Client #6's medication was dispensed from her individual medication bottle into a weekly pill box by the Owner. The Owner was not authorized to dispense clients' medications and staff #1 had not received medication administration training.</p> <p>This deficiency constitutes a Type A1 rule violation for serious serious neglect and must be corrected within 23 days.</p> | V 118         |   |                    |
| V 120              | <p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br/>(e) Medication Storage:<br/>(1) All medication shall be stored:<br/>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;<br/>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;<br/>(C) separately for each client;<br/>(D) separately for external and internal use;<br/>(E) in a secure manner if approved by a physician for a client to self-medicate.</p>  | V 120         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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| V 120              | <p>Continued From page 28</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review, observation and interviews, the facility failed to ensure all medications were stored securely affecting one of six audited clients (#6). The findings are:</p> <p>Review on 8/27/24 of the facility records revealed:<br/>-There was no client record for Client #6.</p> <p>Observation on 8/21/24 at 9:30 a.m. of Client #6's medication revealed:<br/>-Client #6's medication was stored in an 8x12 size unsecured brown card board box in staff's office.<br/>-There were pills in individual medication bottles.<br/>-There were pills in the weekly pill organizer in the brown box.<br/>-The weekly pill organizer included a.m. and p.m.</p> <p>-Medication stored in an 8x12 size brown box included:<br/>-Glipizide 5 milligrams (mg) tablet - take two tablets by mouth in the a.m. and one tablet in the evening (blood sugar).<br/>-Sertraline Hydrogen Chloride (HCL) 50mg tablet - take one tablet by mouth every day (major depression).<br/>-Hydralazine 25mg tablet - take one tablet by mouth twice a day (blood pressure).<br/>-Amlodipine Besylate 5mg tablet - take one</p> | V 120         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| V 120              | <p>Continued From page 29</p> <p>tablet by mouth every day (blood pressure).<br/>-Levothyroxine Sodium 25 Micrograms (mcg) tablet - take one tablet by mouth every morning (hypothyroidism).<br/>-Metformin HCL 500mg tablet - take one tablet by mouth in the a.m. and 2 tablets in the evening (diabetes).<br/>-Hydrochlorothiazide 25mg tablet - take one tablet by mouth every day (blood pressure).<br/>-Atorvastatin 40mg tablet - take one tablet by mouth every day (cholesterol).<br/>-Ezetimibe 10mg tablet - take one tablet by mouth every day (cholesterol).<br/>-Cetirizine HCL 10mg tablet - take one tablet by mouth every day (allergies).</p> <p>Interview on 8/21/24 and 8/27/24 with Staff #1 revealed:<br/>-Client #6's medication was in a brown box.<br/>-The brown box was always on top of the desk in the staff's office.<br/>-Client #6's medication was in the weekly pill box dispensed by the owner.<br/>-The pill box was in a brown box.<br/>-Staff's office door was not locked when client #6 was in the office.<br/>-Client #6 slept in the staff's office.</p> <p>Interview on 8/27/24 with the Owner revealed:<br/>-Client #6's medication was stored in a box.<br/>-She would carry the box with the medication in it for when client #6 stayed at the facility.<br/>-"Client #6 was not a client, so her medication was not stored in the medication cart."<br/>-Client #6 medication was kept in the staff's office.<br/>-The staff's office should be locked if client #6 was not in the office.</p> <p>This deficiency is cross referenced into 10A</p> | V 120         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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| V 120              | Continued From page 30<br><br>NCAC 27G .0209 Medication Requirements (V118) for a Type A1 violation and must be corrected within 23 days.  | V 120         |   |                    |
| V 131              | <p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY<br/>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of three audited staff (#2). The findings are:</p> <p>Review on 8/27/24 of the facility records revealed:<br/>-There was no personnel record for Staff #2.<br/>-There was no hire date.<br/>-There was no evidence the HCPR was accessed prior to employment.</p> <p>Interview on 8/21/24 with Staff #2 revealed:<br/>-She was not hired to work at the facility.<br/>-She was staff #1's friend.<br/>-She was helping staff #1.<br/>-She had been at the facility since 8/14/24 or 8/15/24.</p> | V 131         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| V 131              | <p>Continued From page 31</p> <p>-She cleaned the house and prepared meals for the clients.</p> <p>Interview on 8/27/24 with the Owner revealed:<br/>-Staff #2 was not an employee.<br/>-She knew staff #2 personally through staff #1.<br/>-Staff #2 was not supposed to be in the facility.<br/>-She did not accessed the HCPR for staff #2.<br/>-Staff #2 was removed from the facility on 8/21/24.</p> <p>This deficiency has been cited two times since the original cite on April 21, 2022 and must be corrected within 30 days.</p>  | V 131         |   |                    |
| V 133              | <p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.<br/>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.<br/>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for</p> | V 133         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| V 133              | Continued From page 32<br><br>five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this | V 133         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| V 133              | <p>Continued From page 33</p> <p>section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> | V 133         |   |                    |

Division of Health Service Regulation

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| V 133              | <p>Continued From page 34</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments;</p> | V 133         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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|--------------------|--|---------------|---|--------------------|
| V 133              | <p>Continued From page 35</p> <p>Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> | V 133         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| V 133              | <p>Continued From page 36</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to ensure the state criminal record check was ordered within five business days of making the conditional offer of employment for one of three audited staff (#2). The findings are:</p> <p>Review on 8/27/24 of the facility records revealed:<br/>-There was no personnel record for Staff #2.<br/>-There was no hire date.<br/>-The criminal record check was ordered 11/3/21.<br/>-There was no evidence the criminal record check was ordered.</p> <p>Interview on 8/21/24 with Staff #2 revealed:<br/>-She was not hired to work at the facility.<br/>-She was staff #1's friend.<br/>-She was helping staff #1.<br/>-She had been at the facility since 8/14/24 or 8/15/24.<br/>-She cleaned the house and prepared meals for the clients.</p> <p>Interview on 8/27/24 with the Owner revealed:<br/>-Staff #2 was not an employee.<br/>-She knew staff #2 personally through staff #1.<br/>-Staff #2 was not supposed to be in the facility.<br/>-She did not order a criminal record check on staff #2.<br/>-Staff #2 was removed from the facility on 8/21/24.</p> <p>This deficiency has been cited two times since the original cite on April 21, 2022 and must be corrected within 30 days.</p> | V 133         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>R<br><b>08/27/2024</b> |
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| V 536              | Continued From page 37   | V 536         |   |                    |
| V 536              | <p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> | V 536         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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|--------------------|---|---------------|---|--------------------|
| V 536              | <p>Continued From page 38</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence</p> | V 536         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>R<br><b>08/27/2024</b> |
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| V 536              | <p>Continued From page 39</p> <p>by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> | V 536         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| V 536              | <p>Continued From page 40</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to ensure the two of three audited staff (#1 and #2) had current training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 8/27/24 of Staff #1's personnel record revealed:<br/>-Hire date of 8/23/24 as a paraprofessional.<br/>-Provided coverage in the facility from 8/17/24 to 8/22/24.<br/>-Completed Evidence Based Protective Intervention training on 8/21/24.</p> <p>Review on 8/27/24 of the facility records revealed:<br/>-There was no personnel record for Staff #2.<br/>-There was no hire date.<br/>-There was no evidence of alternative to</p> | V 536         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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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 536              | <p>Continued From page 41</p> <p>restrictive intervention training.</p> <p>Interview on 8/21/24 with Staff #1 revealed:<br/>-He provided staff coverage at the facility from 8/17/24 to 8/22/24.<br/>-He provided coverage while the house manager was on vacation.<br/>-He was at the facility since 8/14/24 or 8/15/24.<br/>-The house manager showed him what to do before she left.<br/>-He completed EBPI training the evening of 8/21/24.</p> <p>Interview on 8/21/24 with Staff #2 revealed:<br/>-She was not hired to work at the facility.<br/>-She was staff #1's friend.<br/>-She was helping staff #1.<br/>-She had been at the facility since 8/14/24 or 8/15/24.<br/>-She cleaned the house and prepared meals for the clients.</p> <p>Interview on 8/27/24 with the Owner revealed:<br/>-Staff #1 completed EBPI training on 8/21/24.<br/>-Staff #2 was not an employee.<br/>-She knew staff #2 personally through staff #1.<br/>-Staff #2 was not supposed to be in the facility.<br/>-Staff #2 did not received EBPI training.<br/>-Staff #2 was removed from the facility on 8/21/24.<br/>-All staff would be trained in EBPI prior to working in the facility.</p> <p>This deficiency has been cited two times since the original cite on April 21, 2022 and must be corrected within 30 days.</p> | V 536         |   |                    |
| V 736              | 27G .0303(c) Facility and Grounds Maintenance   | V 736         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL001-224</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/27/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW BEGINNINGS GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>326 BALDWIN ROAD</b><br><b>BURLINGTON, NC 27217</b> |
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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 736              | <p>Continued From page 42</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br/>(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.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview, the facility was not maintained in a safe, clean, and attractive manner. The findings are:</p> <p>Observation on 8/21/24 at 10:30 a.m. of facility revealed:<br/>-The curtain rod in the living room was bent.<br/>-The vent in the living room was covered with brown dust or rust.<br/>-Client #5's window blinds were broken.<br/>-The bathroom shower handle was broken.<br/>-Three light bulbs in the bathroom were missing from the overhead light fixture.<br/>-The electrical socket above the kitchen counter was missing a cover.</p> <p>Interview on 8/27/24 with the Owner revealed:<br/>-She was fixing minors things, "here and there."<br/>-She had to fix all the damages.<br/>-She asked the landlord to fix some things but refused.<br/>-She did all the maintenance in the facility.<br/>-She would implement a maintenance check list to identify things that need to be replace and/or fixed.<br/>-The house manager would be responsible for inspecting the facility for damages.</p> <p>This deficiency has been cited two times since the original cite on April 21, 2022 and must be corrected within 30 days.</p> | V 736         |   |                    |