STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601347	A. BUILDING: _____ B. WING _____	12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FOUNDATION	5419 TWIN LANE CHARLOTTE, NC 28269

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on December 9, 2024. The complaint was substantiated (intake #NC00223159). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be	V 112		

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V 112	Continued From page 1 obtained. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to meet the individual needs of 2 of 3 clients (#1 and #3). The findings are: Review on 10/23/24 of Client #1's record revealed: -Admission date of 8/19/24. -Diagnosis of Oppositional Defiant Disorder. -History of elopements and required vigilant adult supervision at all times. Review on 10/23/24 of Client #3's record revealed: -Admission date of 8/27/24. -Diagnosis of Oppositional Defiant Disorder. -History of elopements and required vigilant adult supervision at all times. Review on 11/19/24 of the North Carolina Incident Response Improvement System (IRIS) from 7/1/24 to 10/21/24 revealed: -On 10/18/24, 10/19/24 and 10/21/24 Client #1 eloped from the facility. -On 10/18/24, 10/19/24 and 10/28/24 Client #3 eloped from the facility. Interview on 11/19/24 with Counselor/Qualified	V 112		

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V 112	Continued From page 2 Professional (QP) #1 revealed: -Client #1 and Client #3 "constantly eloped." -"I believe the cell phones played a rule in the elopements." -"[Client #1 and Client #3] would use their cell phones to arrange for people to pick them up from the facility." -"We could not restrain [Client #1] due to her medical condition (Client #1 had a catheter)." -"It was too difficult to stop them (Client #1 and Client #3)." -"I am responsible for treatment plans." -Did not develop and implement goals and strategies to address the elopements for Client #1 and Client #3. -"They (Client #1 and Client #3) were given a 30 day discharge so I did not update their treatment plans." Interview on 11/22/24 with Licensee/QP #2 revealed: -Aware Client #1 and Client #3 had a history of eloping. -Did not develop and implement goals and strategies to address the elopements for Client #1 and Client #3.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.	V 118		

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V 118	Continued From page 3 (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure 1 of 6 staff who administered medications were trained by a legally qualified and privileged person who could prepare and administer medications. The findings are: are: Review on of Staff #4's personnel record revealed: -Hire date of 9/6/23. -Job title of Direct Care Staff. -No record of medication administration training.	V 118		

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V 118	Continued From page 4 Interview on 11/6/24 with Staff #4 revealed: -Received Medication Administration Training during orientation. -Counselor/Qualified Professional (QP) #1 facilitated her Medication Administration Training. -"[Counselor/QP #1] trained me in medication administration." -Did not know if Counselor/QP #1 was a registered nurse or pharmacist. Interview on 11/19/24 with Counselor/QP #1 revealed: -He does not any staff trainings. -He did not train Staff #4 in Medication Administration. "She (Staff #4) is mistaking. I don't facilitate medication administration training." -"We (facility) have a licensed nurse that does our Medication Administration Training." Attempted interview on 11/25/24, 11/26/24 and 12/4/24 with Registered Nurse but she did not respond to contact notices. Interview on 11/22/24 with the Licensee/QP #2 revealed: -"I paid a registered nurse to do all the Medication Administration Training." -The registered nurse trained Staff #4 in Medication Administration Training. -He would ensure all staff was properly trained in Medication Administration.	V 118		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE	V 536		

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V 536	Continued From page 5 INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (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. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (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. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (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. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities;	V 536		

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V 536	Continued From page 6 (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by	V 536		

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V 536	Continued From page 7	V 536		

observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(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.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(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.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may request and review this documentation any time.
(k) Qualifications of Coaches:
(1) Coaches shall meet all preparation requirements as a trainer.

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V 536	Continued From page 8 (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 6 staff (#5) received initial training in Alternatives Restrictive Interventions. The findings are: Review on of Staff #5's personnel record revealed: -Hire date of 7/24/24 -Job title of Direct Care Staff -No record of initial training in Crisis Prevention and Intervention Training (CPI). Interview on 10/21/24 with Staff #5 revealed: -She had not had CPI Training. -"[Licensee/Qualified Professional (QP) #2] said he was going to train me soon." Interview on 11/22/24 with Qualified Professional/ Licensee revealed: -He thought Staff #5 had been trained in crisis prevention and intervention. "It was an oversight on my behalf" -He has scheduled Staff #5 for Crisis Prevention	V 536		

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V 536	Continued From page 9 and Intervention Training.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to maintain the facility and its grounds in a clean, safe, attractive and orderly manner. The findings are: Observation on 10/21/24 from 11:00 am to 12:00 pm of the facility revealed: -There was a drawer missing above base cabinet in the kitchen. -The light switch in the hallway and Client #3's bedroom did not have a cover. -The light switch in the hallway did not work. -There was writing in black ink on the wall in the hallway that was approximately a foot long that read "@princessH". -There was writing in black ink on the wall in Client #1's bedroom approximately 15 inches long that read "(infinity sign) love urself!" -There was a hole the size of soccer ball on the upper left side of Client #2's bedroom door. -There was 2-3 feet hole in the ceiling in the clients bathroom over the toilet exposing the cracked plaster underneath the paint. -The entire tub in the bathroom had a brown substance around the inside of it. Interview on 10/21/24 with Staff #5 revealed:	V 736		

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V 736	Continued From page 10 -"I don't know how long the facility has looked like this (all of the things that needed to be repaired)." -Licensee/Qualified Professional (QP) #2 is responsible for repairs at the facility. Interview on 10/21/24 with Staff #6 revealed: -Licensee/QP #2 was responsible for making repairs and he is making repairs to the facility. -"[Licensee/QP #2] is aware of the repairs that need to be made." Interview on 11/22/24 with the Licensee/QP #2 revealed: -"I didn't realize it was so many repairs that needed to be done." -"I've hired contractors to go in and make repairs." -He was responsible for ensuring the repairs were made at the facility.	V 736		
V 742	27G .0304(a) Privacy 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide clients' privacy while bathing, dressing or using toilet facilities. The findings are: Observation on 10/21/24 at 11:25 am at the facility revealed: -There were no window coverings in Client #3's bedroom.	V 742		

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V 742	Continued From page 11 -The windows in Client #3's bedroom faced the neighbors' homes. Interview on 10/21/24 with Staff #5 revealed: -Qualified Professional (QP)/Licensee put window coverings in Client #3's bedroom. -Client #3 removed the window coverings. -"We (staff) will put them (window coverings) up but she (Client #3) will just take them back down." Interview on 10/21/24 with Staff #6 revealed: -Client #3 had window covering but she removed them. -"She [Client #3] has curtains in her bedroom, she just likes to take them down." Interview on 11/22/24 with the QP/Licensee revealed: -"I put up curtains in [Client #3] bedroom, but she pulls them down when she sneaks out the window." -"I've purchased new curtains." -Would put new curtains up in Client #3's bedroom.	V 742		