PRINTED: 02/10/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPL IDENTIFICATION NI MHL058-050		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED		
		MHL058-050					
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, 8	STATE, ZIP CODE			
1980.000.00	EGINNINGS WITH LOV	WILLIA	RRIS STREET MSTON, NC 2	7892			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	D BF COMPLE	
V 513	standard level defice 1/30/25. This was a 10A NCAC 27G .02 (V108), 10A NCAC Treatment/Habilitati 10A NCAC 27G .03 Requirements (V73 compliance. The foll compliance: 10A NC Requirements (V10A Assessment and Treservice Plan (V112) Location and Exterior following was not real a service category: 5 Supervised Living - deficiency was cited This facility is licensed category: 10A NCAC Treatment Staff Sec Adolescents. This facility is licensed category: 10A NCAC Treatment Staff Sec Adolescents. This facility is licensed category: 10A NCAC Treatment Staff Sec Adolescents. This facility is licensed category: 10A NCAC Treatment Staff Sec Adolescents. This facility is licensed category: 10A NCAC Treatment Staff Sec Adolescents. This facility is licensed category: 10A NCAC Treatment Staff Sec Adolescents. This facility is licensed category: 10A NCAC Treatment Staff Sec Adolescents. This facility is licensed category: 10A NCAC Treatment Staff Sec Adolescents.	ed follow up survey for the iencies was completed on limited follow up survey, only 02 Personnel Requirements 27G .0205 Assessment and on or Service Plan (V112), 03 Location and Exterior 6) were reviewed for lowing were brought back into CAC 27G .0202 Personnel 3), 10A NCAC 27G .0205 eatment/Habilitation or , 10A NCAC 27G .0303 or Requirements (V736). The viewed for compliance due to hange: 10A NCAC 27G .5603 Operations (V291). A ed for the following service 2 27G .1700 Residential ure for Children or ed for 4 and has a current vey sample consisted of and 1 former client. hts - Least Restrictive 1 LEAST RESTRICTIVE I provide services/supports and respectful environment.		New Beginnings with Love will end that daily allotted snacks are avaited the common area while maintain security and management of the remaining snack supplies. Firstly, we will review current sna allotment practices and identify a ssues or inconsistencies in the ordistribution and storage processions taff on proper snack allotment a storage procedures while also emphasizing the importance of an to the new system to be sure to possible to the new system to be sure to possible to staff to replenish the daily allot snacks in the two-shelf basket, end they are easily accessible to residences in the pantry due to knives, utensils and sharp objects housed in the pantry. A key will be provided for authorized personne ensuring controlled access to the supply. To help the Client learn how to earn moderation Specific, measurable achievable goals will be added to treatment plain that will also teach clients about Healthy eating habits portion control, and the nutritional of various Snacks.	illable in ing the ack ny urrent of for and dhering provide ks. We had ay transfer the selection of the suring dents. It being snacks the selection of the source of the source of the source of the selection of		

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED MHL058-050 B. WING 01/30/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NEW BEGINNINGS WITH LOVE INC ADULT FAI 121 HARRIS STREET WILLIAMSTON, NC 27892 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 513 Continued From page 1 V 513 skills that are alternatives to injurious behavior to This plan will be evaluated by the self or others; Director, QP and AP by conducting (3) providing choices of activities daily checks to ensure the plan is meaningful to the clients served/supported; and being followed correctly. We will sharing of control over decisions with Evaluate the effectiveness by the client/legally responsible person and staff. bbservations and feedback from (b) The use of a restrictive intervention staff and clients. We will also procedure designed to reduce a behavior shall Inform all residents about the new always be accompanied by actions designed to snack allotment system ensuring insure dignity and respect during and after the that there are clear communication intervention. These include: channels between staff and (1)using the intervention as a last resort; residents regarding any changes or and updates. (2)employing the intervention by people By following this plan, we can trained in its use. ensure a fair and efficient snack allotment system while keeping the remaining snacks secure. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the least restrictive and most appropriate settings and methods were used. The findings are: Observation on 1/29/25 at approximately 12:15pm revealed: key lock doorknob on the pantry door where the snacks and dry foods were kept the Director used a key to unlock the pantry oatmeal, potato chips, peanut butter, fruit cups, and canned vegetables were in the pantry no snacks or dry foods were out and accessible to the clients Interview on 1/30/25 the Qualified Professional (QP) reported: the pantry had been locked since she could remember, "since I started"

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL058-050 01/30/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 121 HARRIS STREET NEW BEGINNINGS WITH LOVE INC ADULT FAI WILLIAMSTON, NC 27892 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 513 Continued From page 2 V 513 she was told that residents would sneak food to take in their rooms when they were not allowed to eat in their rooms the clients would leave the trash or food under their beds there were designated times for snacks sometimes the clients did ask for snacks outside of the snack times and sometimes "we will give them snacks outside of the snack times" sometimes they wouldn't give snacks outside of snack times because they had a lot of snacks with a lot of sugar and if the clients ate too much, their behaviors would increase Interview on 1/29/25 & 1/30/25 the Director reported: that if she didn't keep the pantry locked, the clients would eat all the food "I have always had a lock on the pantry since I opened the facility" the clients had to ask for a snack and staff would unlock the pantry and get it for them that one night, staff put a bag of oranges out on the counter, and all of the oranges ended up in a clients room "if you don't have any control over the food, they will walk by and grab it all" the kids would get up all hours of the night and eat food if it out she would speak with the QP to come up with a solution to leave some food items accessible for the clients



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February 17, 2025

Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re:

Annual Survey completed 1/30/25 New Beginnings with Love, Inc.

121 Harris Street Williamston, NC 27892

MHL-058-050

Dear Ms.

Many thanks for the courtesy and professionalism you demonstrated during our annual survey. It was very much appreciated.

Attached is NBWL Plan of Correction (POC), along with a photo of the plan. If you have any questions, please advise.

Sincerely

Betty Wilkins, Director/President

y Wilkeria

New Beginnings with Love, Inc.

121 Harris Street

Williamston, NC 27892

Attachments