

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/12/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>RENEWED BEGINNINGS HOME INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13113 LAKEMORE DRIVE CHARLOTTE, NC 28278</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 3-12-25. Two complaints were substantiated (intake #NC00227235 and #NC00226677) and two complaints were unsubstantiated (intake #NC00227124 and #NC00226993). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children Or Adolescents.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(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;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol>	V 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 111	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that an admission assessment was completed prior to the delivery of services affecting 3 of 3 current clients (client #1, #2 and #3). The findings are:</p> <p>Review on 2-13-25 of client #1's record revealed: -Date of admission: 12-5-24. -Age: 16. -Diagnoses: Autism, Attention Deficit Hyperactive Disorder (ADHD), Unspecified Trauma and Stressor Related Disorder. -No documentation of an admission assessment present in client #1's record.</p> <p>Review on 2-13-25 of client #2's record revealed: -Date of admission: 11-26-24. -Age: 14. -Diagnoses: ADHD, Intellectual Developmental Disability, Post-Traumatic Stress Disorder, Disruptive Mood Dysregulation. -No documentation of an admission assessment</p>	V 111		

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V 111	<p>Continued From page 2</p> <p>present in client #2s record.</p> <p>Review on 2-13-25 of client #3's record revealed: -Date of admission: 2-8-25. -Age: 11. -Diagnoses: Unspecified Trauma and Stressor Related Disorder, Major Depressive Disorder. -No documentation of an admission assessment present in client #3's record.</p> <p>Interview on 2-13-25 with the Director/Licensee revealed: -"I will get you the assessments, I have them on my computer."</p> <p>Review on 2-14-25 of an email received at 8:04am on 2-14-25 from the Director/Licensee revealed: -An undated/unsigned document titled "Admission Assessment" for client #1. -An undated/unsigned document titled "Admission Assessment" for client #2. -An undated/unsigned document titled "Admission Assessment" for client #3. -There was no established diagnosis determined within 30 days of admission, or pertinent social, family and medical history included in the assessments for client #1, client #2 or client #3.</p> <p>Interview on 2-24-25 with the Qualified Professional (QP) revealed: -"Going forward I will be responsible for completing the admission assessments." -The QP did not complete the admission assessments because the Director/Licensee had completed the assessments.</p> <p>Interview on 2-19-25 with the Director/Licensee revealed: - The QP was responsible for completing the</p>	V 111		

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V 111	Continued From page 3  admission assessments however she was completing the assessments prior to the QP being hired (1-7-25). -"No reason (why she was completing the assessments and not the QP), I just wanted to do them."	V 111		
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 obtained.	V 112		

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V 112	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to have a treatment plan with written consent or agreement by the client or legally responsible person or a written statement stating why consent could not be obtained affecting 2 of 3 current clients (clients #1, #2), and failed to update treatment plans within 30 days of admission for 1 of 3 clients (client #2). The findings are:</p> <p>Review on 2-13-25 of client #1's record revealed: -Date of admission: 12-5-24. -Age: 16. -Diagnoses: Autism, Attention Deficit Hyperactive Disorder (ADHD), Unspecified Trauma and Stressor Related Disorder. -There was no written consent from the guardian or legally responsible person on client #1's treatment plan dated 12-17-24.</p> <p>Review on 2-13-25 of client #2's record revealed: -Date of admission: 11-26-24. -Age: 14. -Diagnoses: ADHD, Intellectual Developmental Disability, Post-Traumatic Stress Disorder, Disruptive Mood Dysregulation. -Person Centered Plan dated 3-6-24. -There was no written consent from the guardian or legally responsible person on client #2's treatment plan dated 3-6-24.</p> <p>Interview on 2-13-25 add 2-19-25 with the Licensee/Director revealed: -"Yes, I have the signature pages, (for client #1, and #2) on my computer. I will send them to you.</p>	V 112			

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V 112	Continued From page 5  "We just had [client #1's] CFT (child and family team meeting) Monday (2-17-25) I'm waiting on [client #1's] guardian to sign hers (treatment plan). I don't have the other one (clients #2's signature page)."  Interview on 2-24-25 with the Qualified Professional revealed: -"As of now I will be responsible for making sure the PCPs (treatment plans) are updated timely. I wasn't doing any of that (PCPs, or CFTs) but going forward I will be leading the CFTs... and participating in the meetings (PCP) and making sure they (the PCPs) are updated and in the records."	V 112		
V 113	27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (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	V 113		

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V 113	<p>Continued From page 6</p> <p>and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (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: Based on record review and interviews the facility failed to maintain a client record for each client admitted to the facility for 3 of 3 current clients (client #1, #2 and #3) and failed to ensure a client record was present in the facility for 1 of 1 former clients (FC #4). The findings are:</p> <p>Review on 2-13-25 of client #1's record revealed: -Date of admission: 12-5-24. -Age: 16. -Diagnoses: Autism, Attention Deficit Hyperactive Disorder (ADHD), Unspecified Trauma and Stressor Related Disorder.</p>	V 113		

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V 113	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>-No identification face sheet.</li> <li>-No documentation of screening and assessment.</li> <li>-No emergency information.</li> <li>-No signed statement from the legally responsible person granting permission to seek emergency care from a hospital or physician.</li> <li>-No documentation of services.</li> <li>-No documentation of progress towards outcomes.</li> </ul> <p>Review on 2-13-25 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-Date of admission: 11-26-24.</li> <li>-Age: 14.</li> <li>-Diagnoses: ADHD, Intellectual Developmental Disability, Post-Traumatic Stress Disorder, Disruptive Mood Dysregulation.</li> <li>-No identification face sheet.</li> <li>-No documentation of screening and assessment.</li> <li>-No emergency information.</li> <li>-No signed statement from the legally responsible person granting permission to seek emergency care from a hospital or physician.</li> <li>-No documentation of services.</li> <li>-No documentation of progress towards outcomes.</li> </ul> <p>Review on 2-13-25 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Date of admission: 2-8-25.</li> <li>-Age: 11.</li> <li>-Diagnoses: Unspecified Trauma and Stressor Related Disorder, Major Depressive Disorder.</li> <li>-No identification face sheet.</li> <li>-No documentation of screening and assessment.</li> <li>-No emergency information.</li> <li>-No signed statement from the legally responsible person granting permission to seek emergency care from a hospital or physician.</li> <li>-No documentation of services.</li> <li>-No documentation of progress towards outcomes.</li> </ul>	V 113		



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V 113	<p>Continued From page 8</p> <p>Review on 2-19-25 of documents submitted by the Director/Licensee revealed: -A documented titled "Client Face Sheet" signed by the Director/Licensee and dated 2-17-25 for client #1. -A documented titled "Client Face Sheet" signed by the Director/Licensee and dated 2-17-25 for client #2. -A documented titled "Client Face Sheet" signed by the Director/Licensee and dated 2-17-25 for client #3.</p> <p>Review on 2-19-25 of a spiral note book, submitted by the Director/Licensee as documentation of client progress notes revealed: -Daily shift notes for each shift dated from 12-1-24 to 2-18-25 that documented the shift schedule, activities the clients completed, behaviors of the clients that occurred on the shift and a general description of how the shift went. -No documentation of services provided. -No documentation of progress towards outcomes.</p> <p>Interview on 2-24-25 with staff #1 revealed there was no other documentation completed on the clients (clients #1, #2, #3) other than the communication log (spiral notebook).</p> <p>Interview with the Operations Manager on 2-26-25 and 3-10-25 revealed: -Staff was not completing progress notes. "Me and the QP have told her (Licensee/Director) that she was going to have to get some type of note taking system. When we first opened (the facility), I told her we were required to do progress notes. She asked me to look into some systems (electronic systems), and I did.: -"I have limited knowledge but I told her what I</p>	V 113		

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V 113	<p>Continued From page 9</p> <p>knew of just from working in other group homes. I gave her information on [ShareNote], [Therap] and [Theranest] but I'm just staff, that's all I can do. I can't make her do anything."</p> <p>Interview on 2-24-25 with the QP revealed: -Staff were not completing progress notes. -The Facility was going to be transitioning to an electronic note system in the next two months (April 2025).</p> <p>Interview on 2-13-25 and 2-19-25 with the Director/Licensee revealed: -"I have that (face sheet and emergency information), I'll send that to you." -She was responsible for completing the face sheets, emergency information. -"I will make sure these (face sheet, emergency information and emergency consent) are completed and put in the record during admission (client admission)." -The facility staff used the spiral notebook to document the clients' activities during each shift. -"That (notebook) is what we've used since day one (since the facility opened). They (staff) document everything that happened on the shift." -"We (facility) are going to be getting an electronic note system (unknown date). We have been looking at a couple of system." .</p> <p>Finding #2:</p> <p>Attempted review on 3-10-25 of FC #3's record revealed there was no record or client information in the facility.</p> <p>A email request on 3-10-25 to the Director/Licensee requesting FC #4's guardian contact, admission assessment, service plan, discharge plan and documentation or any</p>	V 113		

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V 113	Continued From page 10  discharge planning was made on 3-10-25 at 1:07pm.  Review on 3-11-25 of an email chain from the Director/Licensee to the QP and Operations Manager revealed the following: Director/Licensee: "On Mon, Mar 10, 2025 at 1:21?PM [Director/Licensee] <email> wrote: Hi [Operations Manager] and [QP], can you all help with this (request from Department of Health Service Regulations) asking for FC #4's)?" QP: " On Mon, Mar 10, 2025 at 3:37?PM [QP] <QP email> wrote: When was she (FC #4) admitted, did we (facility) even have a CFT yet for her? some of these items should be in the paperwork they sent over at admission. As a team we had no plan for her in place as everything happened so fast." Operations Manager: "On Mar 10, 2025, at 4:11?PM, [Operations Manager] <Operations Manager email> wrote: "I believe it was on the 16th of January (FC #4's admission date). So she was with us roughly 2 weeks. Okay thanks Sent from my iPhone"  Interview on 3-10-25 with the Operations Manager revealed: -"We don't have a record for [FC #4]. She (FC #4) was only here a few weeks." -"All the paperwork we had for her was sent with her, for her guardian when she went to the hospital (1-29-25). I'll cal her guardian and see if we can get it (paperwork) back." -No paperwork for FC #4 was received by survey exit date.	V 113		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION	V 118		

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V 118	<p>Continued From page 11</p> <p><b>REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(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> </p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation the facility failed to ensure medications were administered on the written</p>	V 118		

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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 118	<p>Continued From page 12</p> <p>order of a physician and failed to ensure the MARs were kept current affecting 2 of 3 clients (clients #1 and #2). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V123). Based on record reviews and interviews the facility failed to ensure all medications errors were reported immediately to a pharmacy or physician affecting 2 of 4 clients (client #1, #2).</p> <p>Review on 2-13-25 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>-There were no physicians' orders prior to 1-13-25 for the following medications:</li> <li>- Loratadine (allergies) 10 milligrams (mg) one tablet by mouth at bedtime.</li> <li>-Atomoxetine (ADHD) 40mg one tablet by mouth daily.</li> <li>-Olanzapine (aggression) 20mg one tablet by mouth at bedtime.</li> <li>-Caitlin Iron (FE) 0.8-25mg-micrograms (mcg) one by mouth daily.</li> <li>-There were no physicians' orders prior to 1-17-25 for the following medications:</li> <li>-Fluoxetine (for mood) 20mg one by mouth daily.</li> <li>-Clonidine 0.1mg one tablet by mouth twice daily.</li> <li>-Haloperidol (aggression) 5mg one tablet by mouth twice daily.</li> <li>-Melatonin (sleep) 3mg one tablet by mouth at bedtime.</li> <li>-There were no physicians' orders prior to 1-17-25 for the following medications:</li> <li>-Lorazepam (agitation) 2mg one tablet by mouth every 8 hours as needed (PRN).</li> <li>-There were no physicians' orders prior to 1-24-25 for the following medications:</li> <li>-Multivitamin (supplement) one by mouth every day.</li> <li>-Bisacodyl (constipation) 5mg take one to two tablets nightly for five to seven days then</li> </ul>	V 118		

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V 118	<p>Continued From page 13</p> <p>PRN.</p> <ul style="list-style-type: none"> <li>-Miralax (constipation) 17gms (grams) take once daily in 4 to 8 oz liquid.</li> <li>-There was no documentation of physicians orders for the following medication:</li> <li>-Nitrofurantoin (antibiotic) 100mg one capsule two times a day for 7 days.</li> <li>-Norethindrone (menstrual regulation/dysmenorrhea) 0.8mg by mouth twice Daily.</li> <li>-Tylenol 325mg (pain relief) two tablets by mouth every 6 hours for headache.</li> <li>-Magnesium Hydroxide (constipation) 80mg 30ml (milliliter) by mouth every 72 hours as needed if no bowel movement</li> </ul> <p>Review on 2-13-25 of client #1's MARs for December 5, 2024 to February 13, 2025 revealed the following medications were documented as administered without a physicians order:</p> <ul style="list-style-type: none"> <li>-Loratadine: 12-10-24 to 12-30-24, 1-1-25 to 1-12-25.</li> <li>-Atomoxetine: 12-10-24 to 12-25-24, 12-27-24 to 12-31-24, 1-1-25 to 1-12-25.</li> <li>-Olanzapine: 12-18-24 to 12-30-24, 1-1-25 to 1-12-25.</li> <li>-Kaitlib FE: 12-20-24 to 12-31-24, 12-27-24 to 12-31-24 1-1-25 to 1-12-25.</li> <li>-Fluoxetine: 12-10-24 to 12-25-24, 12-27-24 to 12-31-24, 1-1-25 to 1-16-25.</li> <li>-Clonidine: 12-10-24 to 12-17-24 (am/pm), 12-20-24 to 12-30-24 (am/pm), 12-31-24 (am), 1-1-25 to 1-3-25 (am/pm), 1-5-25 to 1-16-25 (am/pm)</li> <li>-Haloperidol: 12-10-24 to 12-17-24 (am/pm), 12-20-24 to 12-25-24, 12-26-24 (pm), 12-27-24 to 12-30-24 (am/pm), 12-31-24 (am), 1-16-24 to 12-30-24 (am/pm), 1-1-25 to 1-16-25 (am/pm).</li> <li>-Melatonin: 12-18 to 12-30, 1-1 to 1-27, 1-29 to</li> </ul>	V 118			

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NAME OF PROVIDER OR SUPPLIER  <b>RENEWED BEGINNINGS HOME INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13113 LAKEMORE DRIVE CHARLOTTE, NC 28278</b>		
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V 118	Continued From page 14  1-31 - Multivitamin: 12-10-24 to 12-19-24 12-20-24 to 12-28-24, 12-30-24, 12-31-24, 1-1-25 to 1-16-25. -Bisacodyl: 12-12-24 to 12-17-24,12-18-24. 12-21-24, 12-24-24, 12-27-24, 12-30-24, 1-2-25, 1-5-25, 1-8-25, 1-14-25. -Miralax 1-6-25, 1-23-25, 1-24-25, 1-25-25. -Nitrofurantoin: 12-10-24 to 12-19-24 (am), 12-10-24 to 12-17 (pm). -Norethindrone: 12-10-24 to 12-17-24. -Tylenol: 12-14-24, 12-15-24, 12-17-24, 12-19-24, 1-20-25, 1-21-25. -Lorazepam: 12-10-24 to 12-12-24 (am) 12-14-24 to 12-17-24 (am), 12-10-24(pm), 12-18-24 to 12-30-24, 1-15-25, 1-16-25, 1-22-25, to 1-26-25. -Fluticasone: 12-14-24, 1-1-25 to 1-3-25, 1-5-25, 1-6-25, 1-8-25, 1-9-25, 1-15-25, 1-23-25 to 1-26-25. -Milk of magnesium: 1-5-25, 1-7-25, 1-15-25 to 1-17-25, 1-23-25, 1-24-25. -PRN's administered and there was no documentation of the dose administered or the reason for administration for: -Tylenol: 12-14-24, 12-15-24, 12-17-24, 12-19-24, 1-20-25, 1-21-25. -Fluticasone: 12-14-24, 1-1-25 to 1-3-25, 1-5-25, 1-6-25, 1-8-25, 1-9-25, 1-15-25, 1-23-25 to 1-26-25. -Lorazepam: 12-10-24 to 12-12-24 (am) 12-14-24 to 12-17-24 (am), 12-10-24(pm), 12-18-24 to 12-30-24, 1-15-25, 1-16-25, 1-22-25, to 1-26-25. -Fluticasone: 1-1-25 1-2-25 ,1-3-25, 1-5-25 1-6-25, 1-8-25, 1-9-25 1-15-25, 1-23-25, 1-26-25. -Lorazepam: 1-15-25, 1-16-25, 1-22-25, 1-23-25, 1-24-25, 1-26-25.  Observation on 2-13-25 of Client #1's	V 118		

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NAME OF PROVIDER OR SUPPLIER  <b>RENEWED BEGINNINGS HOME INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13113 LAKEMORE DRIVE CHARLOTTE, NC 28278</b>		
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V 118	<p>Continued From page 15</p> <p>medications at approximately 12:30pm revealed of client #1's Kaitlib was not available for administration in the medication container.</p> <p>Further review of client #1's record revealed: -1-24-25 physicians' order for Bisacodyl 5mg - take one to two tablets nightly for five to seven days then PRN. -Client #1's January 2025 MAR documents administration of Bisacodyl as take two tablets every 3 days.</p> <p>Client #1 had a handwritten MAR for December 2024 that revealed: -Medication administration was documented from 12-10-24 to 12-19-24 and from 1-18-25 to 1-31-25. -A typed MAR for December 2024 that medication administration was documented from 12-18-24 to 12-31-24 and 1-18-25 to 1-31-25.</p> <p>Review on 2-13-25, 2-20-25 and 3-11-25 of client #2's record revealed: -There were no physicians' orders prior to 1-28-25 for the following medications: -1-28-25 physicians' order for the following medications. -Aripiprazole 15mg (depression), take one tablet by mouth daily in the morning. -Lamotrigine 150mg (bi-polar), one tablet by mouth once daily. -Norethindrone ((birth control) 0.3mg, one tablet by mouth daily. -Cyproheptadine HCL (allergies), 4 mg, one tablet by mouth two times a day. -Clonidine (sleep), 0.1mg, one by mouth at bedtime. -Sertraline (depression/anxiety) 25mg, take one tablet by mouth daily in the morning. -There was no documentation of physicians</p>	V 118			



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V 118	<p>Continued From page 16</p> <p>orders for the following medication:</p> <ul style="list-style-type: none"> <li>-Aptensio XR (ADHD) 40mg, take one capsule by mouth in the morning.</li> <li>-Aptensio (ADHD) 40mg, take one capsule by mouth in the morning.</li> <li>-Hydroxyzine (anxiety) 10mg, take one tablet by mouth every 8 hours as needed.</li> <li>-Mirtazapine (depression), no instructions for administration on MAR.</li> <li>-Aptensio XR (ADHD) 40mg take one capsule by mouth in the morning:</li> <li>-Cetirizine (allergies) 10mg take one tablet by mouth daily:</li> <li>-Hydroxyzine 10mg take one tablet by moth every 8 hours as needed for anxiety</li> <li>-Famotidine 20mg take one tablet by mouth every night at bedtime as needed for indigestion or heartburn</li> <li>-Vyvanse (ADHD) 60mg one tablet by mouth every morning</li> </ul> <p>Review on 2-13-25 of client #2's MARs for November 26, 2024 to February 13, 2025 revealed the following medications were documented as administered without a physicians order:</p> <ul style="list-style-type: none"> <li>-Aripiprazole: 2-8-25 to 2-12-25.</li> <li>-Lamotrigine: 2-1-25 to 2-2-25, and 2-8-25 to 2-12-25.</li> <li>-Norethindrone: 2-1-25 to 2-3-25, 2-8-25 to 2-12-25.</li> <li>-Cyproheptadine HCL: 2-1-25 (am), 2-2-25 (am), 2-7-25 (am), 2-8-25 to 2-12-25 (am/pm), and 2-12-25 (am/pm).</li> <li>-Clonidine: 2-3-25, 2-7-25 to 2-12-25.</li> <li>-Sertraline: 2-8-25 to 2-12-25.</li> <li>-Aptensio XR: 2-8-25 to 2-12-25.</li> <li>-Mirtazapine: 12-12-24 to 12-17-24, 12-19-24 (twice), 12-23-24 to 12-26-24.</li> </ul>	V 118			

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V 118	<p>Continued From page 17</p> <p>-Cetirizine: 12-14-25 to 12-25-24, 12-27-24 to 12-31-24.</p> <p>-Hydroxyzine 10mg take one tablet by mouth every 8 hours as needed for anxiety</p> <p>-Vyvanse: 12-12-25 to 12-19-25.</p> <p>-PRN's administered and there was no documentation of the dose administered or the reason for administration for:</p> <p>-Hydroxyzine: (on MAR twice) administered 12-15-24 to 12-17-25, 1-7-25 to 1-9-25, 1-13-25 and 1-14-25, 1-21-25 to 1-28-25 and 1-30-25 to 1-31-25.</p> <p>-Famotidine (on MAR twice) PRN at night (8pm) documented as administered on 12-12-24 to 12-17-24 and 12-19-24 (twice).</p> <p>Further review of client #2's MARs from November, 26, 2024 to February 13, 2025 revealed:</p> <p>-Aripiprazole, Lamotrigine, Methylphenidate, Sertraline, Cyproheptadine: no administration instruction on MAR, documented as administered on 11-1-24 (client #2 was admitted on 11-26-24) and 11-30-24 by check marks instead of initials.</p> <p>-Clonidine, Hydroxyzine and Mirtazapine were on the December 2024 MAR with no instructions on how to administer the medications.</p> <p>-Tri-Estarylla 0.18% On the December MAR but never documented as administered.</p> <p>Client #2 had a handwritten MAR for December 2024 that revealed:</p> <p>-Medication administration was documented from 12-10-24 to 12-19-24 and from 1-18-25 to 1-31-25.</p> <p>-A typed MAR for December 2024 that medication administration was documented from 12-18-24 to 12-31-24 and 1-18-25 to 1-31-25.</p> <p>Interview on 2-13-25 with Client #1 revealed:</p>	V 118		

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V 118	<p>Continued From page 18</p> <p>- "Yes," she takes medications. - She takes her medications daily and has not missed any medications.</p> <p>Interview on 2-13-25 with client #2 revealed: - Staff help her to take her medications. - She gets her medications daily and has not missed any medications that she is aware of.</p> <p>Interview on 2-13-25 and 2-26-25 with the Operations Manager revealed: - "We have the orders. The orders are in the record. I got them (orders) from the pharmacy." - "I wasn't aware that we couldn't use that (printed medication list from pharmacy) as our order, I thought that was the order." - "She's (client #1) not even on that med (medication) (Kaitlib FE) anymore it was discontinued a couple of weeks ago at the end of January (2025) the last time she went to the doctor. I'll have to look for the paperwork." - "That med (Kaitlib FE) shouldn't even be on the MAR, I don't know why they (staff) are signing off on it, it ain't even in there (in the facility)." - "She did not contact the pharmacy or doctor about medication errors because the clients were getting their meds. We had some documentation errors but the meds were being given."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 3-12-25 of the facility's plan of protection dated 3-12-25 and signed by the Director/Licensee revealed: - "What immediate action will the facility take to ensure the safety of the consumers in your care?"</p>	V 118		

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V 118	Continued From page 19  Immediate Actions Taken: 1. Staff Re-Training - All direct care staff responsible for medication administration will undergo mandatory retraining on MAR documentation, medication administration protocols, and compliance requirements. This training will be conducted by our RN and will include competency assessments to ensure full understanding. 2. RN (registered nurse) Oversight & Auditing - Our Registered Nurse (RN) will conduct daily audits of MARs to ensure that all medications are properly documented, administered as prescribed, and that any discrepancies are immediately addressed. A weekly MAR review will also be implemented to proactively monitor compliance. 3. Updated MAR Documentation Procedures - We are implementing enhanced documentation protocols to ensure that MARs are accurately maintained. This includes requiring a second staff(Manager) verification for all medication entries and a daily review log to confirm completeness. 4. Communication with Prescribing Physicians & Families - In cases where medication doses were missed, we are notifying the prescribing pharmacist. 5. Quality Assurance Monitoring - In addition to our RN audits, we will implement a monthly compliance review conducted by our administrative team to identify trends, gaps, and additional areas of improvement in medication administration practices. 6. Double-Checking MAR Instructions for Accuracy - Before administering any medication,	V 118		

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V 118	Continued From page 20  staff will double-check the MARs for accuracy against the prescribed medication orders. If any discrepancies are found, we will immediately contact the pharmacy to correct and resend the updated MARs before medication is given." Describe your plans to make sure the above happens. 1. Staff Re-Training & Competency Checks · Mandatory Medication Training: All staff responsible for medication administration will complete a refresher training session by 3/19/2025. This training will be led by our Registered Nurse (RN) and will cover: o Proper MAR documentation procedures o Medication administration protocols o Recognizing and addressing discrepancies in MARs o Emergency procedures for missed medications · Competency Assessments: o After training, staff will be required to complete a competency test and practical demonstration immediately to confirm they understand proper procedures. o Any staff who do not pass will be required to retake the training before administering medications again. · Ongoing Training Schedule: o We will conduct quarterly refresher courses to ensure continuous compliance. 2. RN Oversight & Auditing · Daily MARs Audits: Our RN will conduct daily reviews of MARs to identify and correct discrepancies before they lead to medication errors. · Weekly Compliance Reports: A weekly audit report will be prepared and reviewed by	V 118		

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V 118	Continued From page 21  management to track trends and ensure issues are being addressed. · Corrective Action for Non-Compliance: Staff found with repeated documentation errors will receive additional training or disciplinary action as needed. 3. Double-Checking MARs Instructions for Accuracy · Pre-Administration Verification: Before giving medication, staff will be required to: o Double-check MARs instructions against the medication label. o If there is any discrepancy, immediately contact the pharmacy to verify and obtain updated MARs. o Staff will not administer medication if there is any uncertainty about accuracy. · Documentation of Corrections: o Any MAR updates will be recorded and reviewed by the RN before medications are given. o All updates will be communicated in staff shift reports to maintain continuity. 3. Updated MAR Documentation Procedures - We are implementing enhanced documentation protocols to ensure that MARs are accurately maintained. This includes requiring a second staff(Manager) verification for all medication entries and a daily review log to confirm completeness 4. Enhanced Documentation Procedures · Second Staff Verification(Group Home Manager): A second trained staff member will cross-check all MARs entries before the medication is given. · Daily Review Logs: o A medication review log will be introduced to track completed MARs checks by 3/19/2025. o This will be reviewed by the RN and facility	V 118		

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V 118	<p>Continued From page 22</p> <p>director to ensure compliance.</p> <p>5. Accountability &amp; Corrective Actions</p> <ul style="list-style-type: none"> <li>Immediate Action for Non-Compliance: <ul style="list-style-type: none"> <li>o Any staff member who fails to document properly will receive a written warning and be required to attend an immediate retraining session.</li> <li>o Repeated violations will result in progressive disciplinary action, including suspension or termination if necessary.</li> </ul> </li> </ul> <p>6. Communication with Physicians</p> <ul style="list-style-type: none"> <li>Missed Medication Protocol: <ul style="list-style-type: none"> <li>o Any missed medications will be reported to the prescribing physician immediately for further instructions.</li> </ul> </li> </ul> <p>7. Quality Assurance &amp; Ongoing Monitoring</p> <ul style="list-style-type: none"> <li>Monthly Compliance Review: <ul style="list-style-type: none"> <li>o A formal monthly compliance review will be conducted to assess overall medication administration practices.</li> <li>o This will be done by the RN and facility director, with findings discussed in staff meetings.</li> </ul> </li> <li>Intervention if Trends Are Found: <ul style="list-style-type: none"> <li>o If recurring issues are identified, we will implement additional staff training, revised procedures, or updated policies as needed."</li> </ul> </li> </ul> <p>The facility served children between the ages of 11 years and 16 years old with diagnoses that include Autism, Attention Deficit Hyperactivity Disorder, Mood Dysregulation Disorder, Major Depression and Post-Traumatic Stress Disorder. The facility was administering medications for client #1 from December 5th 2024 to January 13, 2025 without a physicians order and for client #2 from November 26, 2024 to January 28, 2025 without a physicians order. Client #1 had a total of ten medications in January 2025 that were not documented as having been administered and a total of 58 medication from February 1 to</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER  <b>RENEWED BEGINNINGS HOME INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13113 LAKEMORE DRIVE</b> <b>CHARLOTTE, NC 28278</b>		
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V 118	Continued From page 23  February 13, 2025 that were not documented as having been administered, which included Fluoxetine, Haloperidol, Lorazepam and Atomoxetine. Client #2 had four medications in January 2025 that were not documented as having been administered, and 71 medications in that were not documented as having been administered from February 1 to February 13, 2025, which included Aripiprazole, Lamotrigine, and Sertraline. On client #2's December 2024 and January 2025 MARs, Aptensio XR 40mg, one capsule by mouth in the morning is listed on the MAR twice with staff initials documented double administration on 12-19-24 and 12-23-24. On the December 2024 MAR, Famotidine 20mg, one tablet by mouth every night at bedtime as needed is listed on the MAR twice with staff initials documented double administration on 12-19-24.  This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 118		
V 123	27G .0209 (H) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.  .	V 123		



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V 123	<p>Continued From page 24</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all medications errors were reported immediately to a physician or pharmacist affecting 2 of 3 clients (client #1, #2). The findings are:</p> <p>Review on 2-13-25, 2-20-25 and 3-11-25 of client #1's record revealed: -Date of admission: 12-5-24. -Age: 16 years. -Diagnoses: Autism, Attention Deficit Hyperactivity Disorder (ADHD), Unspecified Trauma and Stressor Related Disorder. -1-13-25 physicians' orders for the following medications: -Loratadine (allergies) 10 milligrams, (mg) one tablet by mouth at bedtime. -Atomoxetine (ADHD) 40mg, one tablet by mouth daily. -Olanzapine (aggression) 20mg, one tablet by mouth at bedtime. -Kaitlib (menstrual regulation/dysmenorrhea;) FE (Iron) 0.8-25mg-micrograms (mcg) one by mouth daily -1-17-25 physicians' orders for the following medications: -Fluoxetine (mood) 20mg, one by mouth daily. -Clonidine (impulsivity) 0.1mg, one tablet by mouth twice daily. -Haloperidol (aggression) 5mg, one tablet by mouth daily. -Melatonin (sleep) 3mg one tablet by mouth at bedtime. -1-24-25 physicians' order for the following medications:</p>	V 123		

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NAME OF PROVIDER OR SUPPLIER  <b>RENEWED BEGINNINGS HOME INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13113 LAKEMORE DRIVE CHARLOTTE, NC 28278</b>		
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V 123	<p>Continued From page 25</p> <ul style="list-style-type: none"> <li>-Multivitamin (supplement), one by mouth every day.</li> <li>-Bisacodyl (constipation), 5mg take one to two tablets nightly for five to seven days then as needed (PRN).</li> <li>-Miralax (constipation), 17 grams (gm) take once daily in 4 to 8 oz liquid.</li> <li>-1-28-25 physicians' orders for the following medications:</li> <li>-Lorazepam (agitation) 2mg, one tablet by mouth every 8 hours as needed.</li> </ul> <p>Review on 2-13-25 of client #1's MAR from December 5, 2024 to February 13, 2025 revealed: There were no staff initials for administration of the following medications on these dates:</p> <ul style="list-style-type: none"> <li>-Loratadine: 1-28-25, 2-4-25 to 2-6-24.</li> <li>-Atomoxetine: 2-3-25 to 2-7-25, 2-13-25.</li> <li>-Olanzapine: 1-28-2, 2-4-25 to 2-6-25</li> <li>-Kaitlib FE: 1-27-25, 2-3-25 to 2-7-25.</li> <li>-Fluoxetine: 2-3-25 to 2-7-25, 2-13-25</li> <li>-Clonidine: 1-28-25 (pm), 2-2-25 (pm), 2-3-25 (am) 2-4-25 to 2-7-25 (am/pm), 2-13-25 (am)</li> <li>-Haloperidol: 1-28-25 (pm), 2-2-25 (pm), 2-3-25 (am), 2-4-25 to 2-7-25 (am/pm), 2-13-25 (am).</li> <li>-Melatonin: 1-28-25, 2-1-25 to 2-6-25.</li> <li>-Multivitamin: 1-27-25, 1-31-25, 2-4-25 to 2-7-25, 2-13-25</li> <li>-Bisacodyl: 2-7-25, 2-10-25, 2-13-25.</li> <li>-Miralax: 1-26-25 to 1-31-25, 2-3-25 to 2-7-25, 2-10-25 to 2-13-25</li> </ul> <p>-For the month of January 2025, client #1 missed a total o of 10 medications.</p> <p>-For the month of February 2025, client #1 missed a total of 58 medications.</p> <p>Review on 2-13-25 of client #2's record revealed:</p>	V 123		

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NAME OF PROVIDER OR SUPPLIER  <b>RENEWED BEGINNINGS HOME INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13113 LAKEMORE DRIVE CHARLOTTE, NC 28278</b>		
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V 123	<p>Continued From page 26</p> <ul style="list-style-type: none"> <li>-Date of admission: 11-26-24.</li> <li>-Age: 14 years.</li> <li>-Diagnoses: ADHD, Intellectual Developmental Disability, Post-Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder.</li> <li>-1-28-25 physicians' order for the following medications.</li> <li>-Aripiprazole 15mg (depression), take one tablet by mouth daily in the morning.</li> <li>-Lamotrigine 150mg (bi-polar), one tablet by mouth once daily.</li> <li>-Norethindrone ((birth control) 0.3mg, one tablet by mouth daily.</li> <li>-Cyproheptadine HCL (allergies), 4 mg, one tablet by mouth two times a day.</li> <li>-Clonidine (sleep), 0.1mg, one by mouth at bedtime.</li> <li>-Sertraline (depression/anxiety) 25mg, take one tablet by mouth daily in the morning.</li> <li>-There was no documentation of a physicians' order for:</li> <li>-Famotidine (reflux) 20mg, take one tablet by mouth every night at bedtime as needed for heartburn or indigestion.</li> <li>-Hydroxyzine (anxiety) 10mg, take one tablet by mouth every 8 hours as needed.</li> </ul> <p>Review on 2-13-25 of client #2's MAR from November 26, 2024 to February 13, 2025 revealed: There were no staff initials for administration of the following medications on these dates:</p> <ul style="list-style-type: none"> <li>-Aripiprazole: 2-1-25 to 2-7-25 and 2-13-25.</li> <li>-Lamotrigine: 2-3-25 to 2-7-25, 2-13-25.</li> <li>-Cyproheptadine HCL: 1-28-25 (pm) 1-30-25 (noon), 1-31-25 (noon), 2-1-25 (pm), 2-2-25 (noon), 2-4-25 to 2-6-25 (noon or pm), 2-7-25 (noon), 2-13-25 (noon).</li> <li>-Clonidine: 1-28-25, 12-10-24 to 12-17-24</li> </ul>	V 123			

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V 123	<p>Continued From page 27</p> <p>(am/pm), 12-18-24 (pm), 12-20-24 to 12-25-24 (am/pm), 12-27-24 to 12-31 (pm).</p> <p>-Sertraline: 2-1-25, to 2-7-25, 2-13-25.</p> <p>-Norethindrone: 2-4-25 to 2-7-25, 2-13-25.</p> <p>Further review on 2-13-25 of client #2's January 2025 MAR revealed:</p> <p>-Lamotrigine was documented as administered twice on 1-29-25 and 1-30-25.</p> <p>-Famotidine was documented as administered twice on 12-19-24.</p> <p>-Hydroxyzine was documented as administered twice on 12-19-24.</p> <p>For the month of January 2025, client #2 missed a total of 4 medications.</p> <p>For the month of February 2024, client #2 missed a total of 71 medications.</p> <p>Interview on 2-13-25 with Client #1 revealed:</p> <p>- "Yes," she takes medications.</p> <p>- She takes her medications daily and has not missed any medications.</p> <p>Interview on 2-13-25 with client #2 revealed:</p> <p>- Staff help her to take her medications.</p> <p>- She gets her medications daily and has not missed any medications that she is aware of.</p> <p>Interview on 2-26-25 with the Operations Manager revealed:</p> <p>- "She did not contact the pharmacy or doctor about medication errors because the clients were getting their meds. We had some documentation errors but the meds were being given."</p> <p>Interview on 2-24-25 with the Qualified Professional:</p> <p>- "When I'm in the home (facility) I look at the</p>	V 123		

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V 123	<p>Continued From page 28</p> <p>MARs and make sure they are completed. If someone forgets to sign off the first thing I do is pull the med (medications) to see if the med was actually administered. If the staff is there I remind them to go ahead and sign off on the MAR. If the staff is not there, I will call them or let [Operational Manager] know and she will follow up with the staff. If there is a med error the staff is suppose to complete the incident report. [Director/Licensee] or [Operations Manager] calls the pharmacy. It's probably [Operations Manager] cause she is the one that keeps up with the appointments (doctor's).</p> <p>Interview on 2-19-25 with the Director/Licensee revealed: -"[Operations Manager] is responsible for the MARs. [QP] monitors as well as part of his monitoring. -"That would be [Operations Manager], (Operations Manager is responsible for making sure the doctor/pharmacist were notified of any med errors.)"</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 123			
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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>	V 131			

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V 131	<p>Continued From page 29</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to access the Health Care Personnel Registry (HCPR) prior to making an offer of employment affecting 4 of 4 audited staff (staff #1), the Operations Manager, the Associate Professional (AP) and the Qualified Professional (QP). The findings are:</p> <p>Review on 2-19-25 of staff #1's record revealed: -Date of hire: 12-9-24. -No documentation of a HCPR report.</p> <p>Review o 2-13-25 of the Operations Managers record revealed: -Date of hire: 7-11-24. -No documentation of a HCPR report.</p> <p>Review on 2-13-25 of the Qualified Professionals record revealed. -Date of hire: 1-6-25. No documentation of a HCPR report.</p> <p>Review on 2-13-25 of the Associate Professionals record revealed: -Date of hire: 7-1-24. -No documentation of a HCPR report.</p> <p>Interview on 2-13-25 with the Director/Licensee revealed: -She was responsible for completing the HCPR checks. -"I don't have copies of the HCPR. I didn't print</p>	V 131			

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V 131	Continued From page 30  those (HCPR checks) off. Nobody told me I had to print them off." -"I did the HCPR on all the staff when they were hired. I just didn't print them because I didn't know I was suppose to print them."	V 131		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the	V 132		

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V 132	<p>Continued From page 31</p> <p>Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of all allegations against healthcare personnel, failed to investigate the alleged acts, failed to protect the client while the investigation was in progress and failed to report the results of the investigation within five working days of the initial notification. The findings are:</p> <p>Review on 2-13-25 of the facility's incidents from 11-26-24 to 2-13-24 revealed no documentation of an allegation client #1 made on 2-6-25 stating on 2-5-25 the Operations Manager removed all of her stuff from the room, threatened to hit or restrain client #1 because she was self harming, hit client #1 on the right side of her head and that staff #1 and the Operations Manager held client #1 down, plugged client #1's nose and forced client #1 to take medications. -No documentation the above allegations were reported to the HCPR or investigated.</p> <p>Review on 2-13-25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No documentation or reporting of the Operations Manager or staff #1 to the HCPR for client #1's allegations that the Operations Manager removed all of her stuff from the room, threatened to hit or restrain client #1 because she was self harming, hit client #1 on the right side of her head and that staff #1 and the Operations manager held client #1 down, plugged client #1's nose and forced client #1 to take medications.</p> <p>Review of an email from the Director/Licensee on</p>	V 132		



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V 132	<p>Continued From page 32</p> <p>2-13-25 at 1:29pm with the following undated and unsigned attachment: "On February 6th, Renewed did an internal investigation on an abuse complaint by interview staff who was present which was [staff #1] and [Operations Manager]. We interviewed resident [client #2] and she stated the abuse allegations didn't happen. We also checked the cameras and saw none of these things occurred."</p> <p>Interview on 2-13-25 with client #1 revealed: -"That was a long time ago (when she made the allegations against the Operations Manager and staff #1) I would rather not talk about it ... It wasn't true (the allegations), no nothing happened, I made it up because I was mad. I wasn't mad, I didn't want to be here. I want to go back to live with my dad. I thought that if I kept saying things (against the facility) they would let me go back to living with my dad. The staff here are great, they treat us good."</p> <p>Interview on 2-26-24 with staff #1 revealed: -She was working on 2-5-25 with client #1. "Me and [Operations Manger] worked 2-5-25. We had a good day, I mean I can't think of anything really that happened. [client #1] had a good day, all of the girls were good that day. Nothing happened. She wasn't even self harming that day." -Denied she or the Operations Manager held client #1 down and forced her to take medications. -Denied seeing or having any knowledge of the Operations Manager threatening client #1 or hitting client #1. -"Yeah [client #1] had self harming behaviors. She (client #1) would pick at her skin, try to cut herself, although I don't think she was really trying to seriously hurt herself. She would make like superficial cuts, where it would barely break the</p>	V 132		

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V 132	<p>Continued From page 33</p> <p>skin." -"Yeah, we, or I would make a note about it in the notebook we use."</p> <p>Interview on 3-7-25 with the Operations Manager revealed: -Denied hitting client #1. "Absolutely not, no I never put my hands on her or any client." -Denied threatening to remove client #1's items from her room. "No, actually that day she was not self harming. She had a good day that day." -Denied she and staff #1 held client #1 down and forced her to take medications.</p> <p>Interview on 2-13-25 with the Director/Licensee revealed: -She became aware of the allegation on 2-6-25 when the Department of Social Services (DSS) came to the facility to investigate the allegation. -" [client #1] recanted the whole story. As soon as she came home she was saying she lied and that she was sorry. She told DSS she lied." -She did not suspend the operations manager or staff #1 during her investigation of the allegations that the Operations Manager removed all of client #1's stuff from he room, threatened to hit or restrain client #1 because she was self harming, hit client #1 on the right side of her head and that staff #1 and the operations manager held client #1 down, plugged client #1's nose and forced client #1 to take medications. -"Yes I investigated it (the allegation). I talked to all the girls and I talked to [Operations Manager] and [staff #1], they all said nothing happened. No I didn't document it." -"I didn't do a HCPR report because it wasn't true (the allegation) she (client #1) admitted she told a lie, so therefore was nothing to report. I didn't know I still had to report it ( allegation) if it (allegation) wasn't true.</p>	V 132		

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V 132	Continued From page 34  Interview on 2-24-25 and 3-12-25 with the Qualified Professional revealed: -"I'm not quite sure of the exact date I became aware of the incident it might have been that same night or the next day. [Operations Manger] called me and told me about the allegations. I told them to make sure they documented, do the incident report and the IRIS (Incident Response Improvement System). I wasn't involved in the investigation."	V 132			
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (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. (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 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	V 133			

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V 133	Continued From page 35  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 section within five business days of the conditional offer of employment by the provider. All criminal history information received by the	V 133		

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V 133	<p>Continued From page 36</p> <p>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> <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</p>	V 133		

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V 133	Continued From page 37  civil liability for: (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. (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. (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; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public	V 133		

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V 133	Continued From page 38  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. (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. (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: (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. (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.)	V 133		

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V 133	Continued From page 39  This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to request a criminal history record check within 5 days of making a conditional offer of employment affecting 4 of 4 audited staff (staff #1, the Associate Professional, The Qualified Professional and the Operations Manager. The findings are:  Review on 2-19-25 of staff #1's record revealed: -Date of hire: 12-9-24. Criminal history record check requested on 2-14-25.  Review o 2-13-25 of the Operations Managers record revealed: -Date of hire: 7-11-24. -Criminal history record check requested on 8-6-24.  Review on 2-13-25 of the Qualified Professionals record revealed. -Date of hire: 1-6-25. -Criminal history record check: 2-5-25.. Review on 2-13-25 of the Associate Professionals record revealed: -Date of hire: 7-1-24. -Criminal history record check requested on: 8-5-24.  Interview on 2-13-25 with the Director/Licensee revealed: -She was responsible for completing the criminal history record checks.	V 133			
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P	V 295			



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V 295	<p>Continued From page 40</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS</p> <p>(a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).</p> <p>(b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:</p> <p>(1) management of the day to day day-to-day operations of the facility;</p> <p>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</p> <p>(3) participation in service planning meetings.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to employ an Associate Professional (AP) who provided services to the facility on a full time basis. The findings are:</p> <p>Review on 2-13-25 of the AP's personnel record revealed: -Date of Hire: 7-1-24. -Job description: Associate Professional. -Master of Science in Accounting.</p> <p>Interview on 2-13-25 and 2-24-25 with the AP revealed:</p>	V 295		

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V 295	Continued From page 41  -He is in the facility "about 10 to 12 hours a week." -"I check on the girls (clients), ask them how they are doing, how their day went. I ask them about school, I talk to them if they are having any issues and try to help them deal with whatever problem they are having." -He does not provide supervision for any other staff. "No I don't supervise anyone, that would be [Director/Licensee]." -He does not participate in Child and Family Team meeting or Person Centered Planning meetings. "No, I don't do anything clinical, [Director/Licensee] handles the all clinical stuff."  Interview on 2-19-25 with the Director/Licensee revealed: -AP was responsible for supervising the Qualified Professional and the direct care staff. -AP was responsible for monitoring and supporting the clients as well as some clinical duties (attending CFT/PCP meetings, monitoring the day to day activities in the facility and for helping to ensure data and documentation was accurate and timely. -"I thought he was here (in the facility) more than 10 hours."	V 295			
V 300	27G .1708 Residential Tx. Child/Adol - Trans or dischg  10A NCAC 27G .1708 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility. (b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written	V 300			

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V 300	<p>Continued From page 42</p> <p>notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule. (c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility.</p> <p>(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.</p> <p>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to coordinate service planning decisions prior to discharge affecting 1 of 4 clients (Former Client #4). The findings are:</p> <p>Attempted review on 3-10-25 of FC #4's record revealed there was no record or client information in the facility.</p>	V 300			

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V 300	<p>Continued From page 43</p> <p>Interview with the Operations Manager on 2-24-25 and 3-10-25 revealed: -"There was an incident at school earlier that day (1-30-25), She (FC #4) was trying to hurt herself. The school actually sent her to the hospital to be checked out she was there an hour or so but by the time she got to the hospital she had calmed down so the hospital released her back to the group home (facility). When she got home (facility) she continued to try to hurt herself, so me and [Director/Licensee] made the decision to discharge her. I called her social worker (guardian)... She (guardian) told me she was out of the office and for me to call her supervisor. I called the supervisor and told her that we were discharging [FC #4] because of her (FC #4) behaviors, she was trying to hurt herself and we couldn't keep her safe. The supervisor told me point blank that they were not coming to get her because they did not have any place for her to go. I told her we (facility) could not keep her because of the behaviors..."</p> <p>Interview on 3-12-25 with the Qualified Professional (QP) revealed: -He wasn't involved in the decision to discharge FC #4 (from the facility) . He participated in the emergency meeting on 1-31-25. -"We were willing to take her back. We informed the guardian that we would be willing to take her back for 30 days if they could guarantee us that they would be here on day 30 to pick her up. The supervisor refused to give us (facility) that guarantee. She said we can't guarantee we can find placement in that 30 day period and we would have to agree to keep her until they found placement for her then we asked if we could get extra funds to hire extra staff for her. We were told, "we will look into it. We never heard</p>	V 300		

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V 300	<p>Continued From page 44</p> <p>anything else about the funding or anything."</p> <p>Interview with the Director/Licensee on 3-7-25 revealed: -"She (FC #4) was discharged. On the day she went to the hospital (1-30-25) she didn't come back." -"We discharged her because of her behaviors. She was trying to hurt herself, hurt the staff and the other kids in the home. We couldn't keep her because of that." -"We, both, me and [Operations Manager] told her (FC #4's) guardian we couldn't keep her. We called her guardian that day (1-30-25) and told her we couldn't keep her (FC #4)." -"No, we didn't have any meetings before then, she hadn't been here very long. We (Director/Licensee, QP, Operations Manager, guardian and supervisor as well as the hospital social worker) had a emergency Child and Family Team meeting the next day and discussed the discharge."</p> <p>Interview on 3-11-25 with FC #4's Department of Social Services guardian revealed: -"It (FC #4's discharge) really was a dump and run. They really did just dump her and left her there (at the hospital)." -"She called me (Operations Manager) (1-30-25) and told me that they were discharging [FC #4], She said because of her behaviors. They knew about her (FC #4's) behaviors when they admitted her. When [Operations Manager] called me I was out of the office with another child... so I told her to reach out to my supervisor. She was able to get my supervisor and she told my supervisor they were discharging [FC #4]..." -"We (guardian and supervisor) reached out to the rapid response team and held an emergency meeting the next day (1-31-25). It was a lot of</p>	V 300			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/12/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>RENEWED BEGINNINGS HOME INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13113 LAKEMORE DRIVE CHARLOTTE, NC 28278</b>		
(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 300	Continued From page 45  people on that call. [Operations Manger], [Director/Licensee], the QP, my supervisor, about 10 people from the hospital were on the call. We asked them (facility) for a 30 day (discharge notice) but they refused. The hospital told them they were going to call DSS and report them for abandonment but that didn't seem to phase them. They just said they were not taking her back." -"She (FC #4) is still in the hospital."	V 300		
V 366	27G .0603 Incident Response Requirements  10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/12/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>RENEWED BEGINNINGS HOME INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13113 LAKEMORE DRIVE CHARLOTTE, NC 28278</b>		
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V 366	Continued From page 46  shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/12/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>RENEWED BEGINNINGS HOME INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13113 LAKEMORE DRIVE CHARLOTTE, NC 28278</b>		
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V 366	<p>Continued From page 47</p> <p>owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to implement written policies governing their response to level I and level II incidents. The findings are:</p>	V 366		



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/12/2025</b>
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V 366	<p>Continued From page 48</p> <p>Review on 2-13-25 of the facility's records 11-26-25 to 2-13-25 revealed</p> <ul style="list-style-type: none"> <li>-No documentation an of client #1 self-harming.</li> <li>-No documentation of at least 3 restraints involving client #1.</li> <li>-No documentation of incidents involving former client (FC) #4's self- harming, aggressive behaviors towards staff and peers.</li> <li>-No documentation of a 911 response due to former client (FC) #4 self harming and aggressive behavior on 1-30-25.</li> </ul> <p>No documentation to support the above incidents had been evaluated to:</p> <ul style="list-style-type: none"> <li>-Attended to the health and safety needs of individuals involved in the incident.</li> <li>-Determined the cause of the incident.</li> <li>-Developed and implemented corrective measures according to provider specified timeframes not to exceed 45 days.</li> <li>-Developed and implemented measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days.</li> <li>-Assigned person(s) to be responsible for implementation of the corrections and preventive measures.</li> </ul> <p>Interview on 2-19-25 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>-She had been restrained on at least 3 occasion (dates unknown) due to self- harming behaviors.</li> <li>-Police and ambulance had been to the home.</li> </ul> <p>"Yes, one time (1-30-25) for a girl (FC #4) that's not here anymore."</p> <p>Interview on 2-13-25 with the Operations Manager revealed:</p> <ul style="list-style-type: none"> <li>-She thought there should be some incident reports for FC #4 documenting her self- harming and aggressive behaviors (between 1-16-25 to 1-30-25). "Yeah if we have any incident reports it would be on [FC #4]. She had a lot of behaviors</li> </ul>	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/12/2025</b>
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V 366	Continued From page 49  where she tried to hurt herself or she would get aggressive with the staff or the other clients."  Interview on 2-13-25 and 2-19-25 with the Director/Licensee revealed: -Staff were responsible for documenting level 1 incidents that occur on their shift. -The QP was responsible for ensuring level II and III incident reports were reported to IRIS timely.  Interview on 3-12-25 with the QP revealed: -He was responsible for making sure level I and II incident reports were completed by staff. -"She (Director/Licensee) and I had a discussion (unknown date) and I told her, we agreed, that I would be responsible for making sure that level I and II incidents were completed by staff and that I would do my part (of the report), and she (Director/Licensee) would be responsible for the IRIS reports.	V 366		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/12/2025</b>
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V 367	Continued From page 50  means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/12/2025</b>
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V 367	<p>Continued From page 51</p> <p>or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure all level II and III incidents were reported to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours of learning of the incident.</p> <p>Review on 2-13-25 and 2-19-25 of the NC IRIS</p>	V 367			

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V 367	<p>Continued From page 52</p> <p>(North Carolina Incident Response Improvement System) from 11-26-24 to 2-13-25 revealed:</p> <ul style="list-style-type: none"> <li>-No documentation an of client #1 self-harming.</li> <li>-No documentation of at least 3 restraints involving client #1.</li> <li>-No documentation of incidents involving former client (FC) #4's self- harming, aggressive behaviors towards staff and peers.</li> <li>-No documentation of a 911 response due to former client (FC) #4 self harming and aggressive behavior on 1-30-25.</li> <li>-No documentation of allegations that the Operations Manager removed all of her stuff from he room, threatened to hit or restrain client #1 because she was self harming, hit client #1 on the right side of her head and that staff #1 and the Operations Manager held client #1 down, plugged client #1's nose and forced client #1 to take medications.</li> </ul> <p>Interview on 2-19-25 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>-She had been restrained on at least 3 occasion due to self harming behaviors.</li> <li>-Police and ambulance had been to the home.</li> </ul> <p>"Yes, one time for a girl that's not here anymore."</p> <p>Interview on 2-13-25 with the Operations Manager revealed:</p> <ul style="list-style-type: none"> <li>-She thought there should be some incident reports for FC #4 documenting her self harming and aggressive behaviors. "Yeah if we have any incident reports it would be on [FC #4]. She had a lot of behaviors where she tried to hurt herself or she would get aggressive with the staff or the other clients."</li> </ul> <p>Interview on 2-13-25 and 2-19-25 with the Director/Licensee revealed:</p> <ul style="list-style-type: none"> <li>-The Qualified Professional was responsible for ensuring level II and III incident reports were</li> </ul>	V 367			

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V 367	Continued From page 53  reported to IRIS timely. -She did not know why the IRIS reports had not been completed.  Interview on 3-12-25 with the QP revealed: -He was responsible for making sure level I and II incident reports were completed by staff. -"She (Director/Licensee) and I had a discussion (unknown date) and I told her, we agreed, that I would be responsible for making sure that level I and II incidents were completed by staff and that I would do my part (of the report), and she (Director/Licensee) would be responsible for the IRIS reports.	V 367			