

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BLESSED NEW BEGINNINGS

**1002 WAKEFIELD DRIVE
GREENSBORO, NC 27410**

(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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 4, 2025. 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 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>RECEIVED APR 14 2025 DHSR-MH Licensure Sect</p>	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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

Bobby C. Smith TITLE **DIRECTOR**

(X6) DATE **4/9/2025**

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct disaster drills once per shift per quarter. The findings are:</p> <p>Review on 4/4/25 of the facility's fire and disaster drill logs from April 4, 2024 to April 4, 2025 revealed: -No documentation of any disaster drills.</p> <p>Interviews on 4/3/25 with clients #1, #2 and #3 revealed: -They had not participated in any disaster drills.</p> <p>Interview on 4/4/25 with the Qualified Professional/Director revealed: -Disaster drills should "be in the notebook with the fire drills." -Was unable to produce any documentation disaster drills were conducted once per shift per quarter. -Would ensure moving forward, disaster drills were conducted as required.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114	<p>The program director conducted a staff training regarding the the process of conducting a disaster drill. Staff was trained on the use of the test option on the smoke and fire detectors in place in the group home; staff was trained on the process of instructing consumers on where to go (hallways/lower level) and what to bring with them to help secure their safety (Pillows/mattress) during a Tornado or Hurricane or Severe Storm.</p> <p>A disaster schedule has been put into place for the remaining of the 2025 year. Adherence to this schedule will prevent this problem from occurring again.</p> <p>The program director will monitor this situation to ensure it will not occur again,</p> <p>The monitoring process will take place every three months to ensure adherence to the disaster drill schedule.</p> <p>A disaster drill was conducted on the evening of 4/4/2025 as a part of the disaster schedule for the rest of the 2025 year. Please see a copy of the disaster schedule for 2025 attached.</p>	<p>04/09/25</p> <p>04/09/2025</p>
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff</p>	V 296		

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V 296	<p>Continued From page 2</p> <p>required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p>	V 296		

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V 296	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the minimum number of direct care staff required were present when children or adolescents were present and awake for 3 of 4 audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 4/3/25 of client #1's record revealed: -An admission date of 7/17/23 -Diagnoses of Major Depressive Disorder, Gastroesophageal Reflux Disorder GERD, and Dysmenorrhea (painful menstruation)</p> <p>Review on 4/3/25 of client #2's record revealed: -An admission date of 9/4/24 -Diagnoses of Major Depressive Disorder MDD and Anxiety Disorder</p> <p>Review on 4/3/25 of client #3's record revealed: -An admission date of 9/6/24 -Diagnoses of Disruptive Mood Dysregulation Disorder DMDD, Post Traumatic Stress Disorder PTSD, and Attention Deficit Hyperactivity Disorder ADHD</p> <p>Interviews on 4/3/25 with clients #1, #2 and #3 revealed: -Only 1 staff worked on third shift (11pm to 7am)</p> <p>Interview on 4/3/25 with staff #1 and #2 revealed: -The facility was short staffed and only 1 staff worked on third shift.</p> <p>Interview on 4/4/25 with the Associate Professional revealed:</p>	V 296	<p>The measures put in place to correct this deficiency an application process and interview of prospective hire for the needed position.</p> <p>To prevent this situation from happening again, the program director, assistant manager and manager will work any shift that has a staff member missing due to termination or an individual quitting a position and leaving only one staff.</p> <p>The program Qualified Professional will monitor staffing patterns to ensure this situation will not occur again.</p> <p>Staffing patterns will be monitored monthly during staff supervision to ensure program coverage compliance with the state rule.</p> <p>As indicated to the reviewer, an interview was conducted on 04/08/25. A new staff person was hired for the Third Shift position and will start right away.</p> <p>Training on all needed program training as well as medication training will be conducted by our program trainer and program nurse in the next 30 days</p>	04/09/25

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V 296	<p>Continued From page 4</p> <p>-Was responsible for the staff's schedule -Only had 1 staff on third shift due to "a former staff had to be terminated because she was not a good fit. -I take responsibility for not having enough staff to cover third shift."</p> <p>Interview on 4/4/25 with the Qualified Professional/Director revealed: -Was aware there were to be 2 staff on every shift -"We have applications out there for a third shift staff. In fact, we have an interview scheduled for Tuesday (4/8/25) with someone that has group home experience." -Would ensure there were 2 staff on third shift.</p>	V 296			

DISASTER DRILL SCHEDULE

04/04/2025: 2nd SHIFT

04/18/2025: 1st SHIFT

05/02/2025: 3rd SHIFT

07/01/2025: 3RD SHIFT

07/15/2025: 1ST SHIFT

07/29/2025: 2ND SHIFT

10/01/2025: 2ND SHIFT

10/15-2025: 1ST SHIFT

10/30/2025: 3RD SHIFT

12/07/2025: 1ST SHIFT

12/21/2025: 3RD SHIFT

12/31/2025: 2ND SHIFT

All disaster drills are to be documented on the appropriate form and logged in the Fire/disaster drill book