

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411282 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/26/2025 |
| NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS CARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 4504 HARVARD AVENUE GREENSBORO, NC 27407 | | |
| (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 | INITIAL COMMENTS An annual survey was completed on June 26, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| V 108 | 27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their | V 108 | | |

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

TITLE

(X6) DATE

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| V 108 | <p>Continued From page 1</p> <p>equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain documentation of staff training to meet the mh/dd/sa needs of each client as specified in each client's treatment plan for 3 of 3 audited staff (Staff #1, #2 and #3). The findings are:</p> <p>Review on 6/26/25 of Staff #1's personnel record revealed: -Hire date of 4/10/24. -Position as House Director/Paraprofessional. -No documentation of client-specific training for Clients #1, #2 and #3.</p> <p>Review on 6/26/25 of Staff #2's personnel record revealed: -Hire date of 4/10/24. -Position as Resource Counselor/Paraprofessional. -No documentation of client-specific training for Clients #1, #2 and #3.</p> <p>Review on 6/26/25 of Staff #3's personnel record revealed: -Hire date of 2/22/25. -Position as Associate Professional (AP). -No documentation of client-specific training for</p> | V 108 | | |

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| V 108 | Continued From page 2 Clients #1, #2 and #3. Interview on 6/24/25 with Staff #1 revealed: -The Executive Director/Qualified Professional (ED/QP) talked with him about the clients' diagnoses and behaviors. Interview on 6/24/25 with Staff #2 revealed: -He learned about Clients #1, #2 and #3 by having read their charts and "checking in" with them (clients). Interview on 6/24/25 with Staff #3 revealed: -She learned about Clients #1, #2 and #3 by having read their PCP (Person-Centered Plans), observations made of each client, talking with various staff and talking with the ED/QP about each client. Interview on 6/26/26 with the ED/QP revealed: -He had documentation of having conducted client-specific training with all staff. -The documentation was on his laptop which broke during a client altercation. -He thought he had uploaded the documents but was unable to locate the information. | V 108 | | |
| V 111 | 27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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: (1) the client's presenting problem; (2) the client's needs and strengths; | V 111 | | |

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| V 111 | <p>Continued From page 3</p> <p>(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;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</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 review and interview, the facility failed to ensure an assessment was completed for 3 of 3 clients (Clients #1, #2, #3) prior to the delivery of services. The findings are:</p> <p>Review on 6/25/25 of Client #1's record revealed: -Admission date of 8/27/24. -Diagnoses of Oppositional Defiant Disorder (ODD), Attention-Deficit Hyperactivity Disorder (ADHD), Seasonal Allergies. -Age of 11 years.</p> | V 111 | | |

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| V 111 | <p>Continued From page 4</p> <p>-No documentation an assessment was completed which included Client #1's needs, strengths, admitting diagnoses, pertinent social and family history, and medical and behavioral history related to what presenting problems needed to be addressed upon Client #1's admission.</p> <p>Review on 6/25/25 of Client #2's record revealed: -Admission date of 5/8/25. -Diagnoses of ODD and ADHD. -Age of 13 years. -No documentation an assessment was completed which included Client #2's needs, strengths, admitting diagnoses, pertinent social and family history, and medical and behavioral history related to what presenting problems needed to be addressed upon Client #2's admission.</p> <p>Review on 6/25/25 of Client #3's record revealed: -Admission date of 3/10/25. -Diagnoses of ADHD, Post-Traumatic Stress Disorder (PTSD), Disruptive Mood Dysregulation, and Reactive Attachment Disorder of Childhood. -Age of 17 years. -No documentation an assessment was completed which included Client #3's needs, strengths, admitting diagnoses, pertinent social and family history, and medical and behavioral history related to what presenting problems needed to be addressed upon Client #3's admission.</p> <p>Interview on 6/25/25 with the Executive Director/Qualified Professional revealed: -He believed he had something such as an assessment which he did not use during the first year as a licensed facility. -He would ensure an admission or screening</p> | V 111 | | |

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| V 111 | Continued From page 5 assessment was completed for each client moving forward. | 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 6</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have client treatment plans with written consent or agreement by the client's guardian or responsible party affecting 3 of 3 clients (Clients #1, # 2, #3). The findings are:</p> <p>Review on 6/25/25 of Client #1's record revealed: -Admission date of 8/27/24. -Diagnoses of Oppositional Defiant Disorder (ODD), Attention-Deficit Hyperactivity Disorder (ADHD), Seasonal Allergies. -Age of 11 years. -5/1/25 treatment plan revealed no signature or written consent of Client #1's legal guardian in the treatment plan which confirmed the guardian's involvement in the development of the plan and agreement with the services or supports to be provided.</p> <p>Review on 6/25/25 of Client #2's record revealed: -Admission date of 5/8/25. -Diagnoses of ODD and ADHD. -Age of 13 years. -5/23/25 treatment plan revealed no signature or written consent of Client #2's legal guardian in the treatment plan which confirmed the guardian's involvement in the development of the plan and agreement with the services or supports to be provided.</p> <p>Review on 6/25/25 of Client #3's record revealed: -Admission date of 3/10/25. -Diagnoses of ADHD, Post-Traumatic Stress Disorder (PTSD), Disruptive Mood Dysregulation, and Reactive Attachment Disorder of Childhood. -Age of 17 years. -12/30/24 treatment plan revealed no signature or written consent of Client #3's legal guardian in the treatment plan which confirmed the guardian's</p> | V 112 | | |

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| V 112 | Continued From page 7 involvement in the development of the plan and agreement with the services or supports to be provided. Interview on 6/26/25 with the Executive Director/Qualified Professional revealed: -He signed as Client #1, #2 and #3's legally responsible person on the clients' treatment plan signature page. -He thought because he was responsible for the care of each of the clients, he was their guardian. -He would make sure each of the client's treatment plans included the signed consent of their (clients') legal guardian to confirm the guardians had involvement in development of the plans and agreed with the services to be provided. | V 112 | | | |
| V 114 | 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have a first aid kit | V 114 | | | |

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| V 114 | <p>Continued From page 8</p> <p>accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were held quarterly and repeated for each shift. The findings are:</p> <p>Review on 6/25/25 of the fire and disaster drill log revealed no documentation of disaster drills for: -1st quarter (January 2025, February 2025 and March 2025). -2nd quarter (April 2025, May 2025 and June 2025). -3rd quarter (July 2024, August 2024, September 2024). -4th quarter (October 2024, November 2024, December 2024).</p> <p>Interview on 6/24/25 with Client #1 revealed: -No disaster drills had been held since his admission. -He was familiar with disaster drills in previous placements.</p> <p>Interview on 6/24/25 with Client #2 revealed: -No disaster drills had been held since his admission.</p> <p>Interview on 6/24/25 with Client #3 revealed: -No disaster drills had been held since his admission.</p> <p>Interview on 6/24/25 with Staff #1 revealed: -Clients went into the hallway where there was no glass during disaster drills.</p> | V 114 | | |

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| V 114 | Continued From page 9 Interview on 6/24/25 with Staff #3 revealed: -She had not held or participated in a disaster drill at the facility. Interview on 6/26/25 with the Executive Director/Qualified Professional revealed: -The first client was admitted to the facility the end of August 2024 or beginning of September 2024. -He would ensure disaster drills were held and documented for each quarter and on every shift. | V 114 | | |
| V 118 | 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and | V 118 | | |

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| V 118 | <p>Continued From page 10</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>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to keep current the Medication Administration Record (MAR) for 3 of 3 clients (Clients #1, #2, #3). The findings are:</p> <p>Review on 6/25/25 of Client #1's record revealed: -Admission date of 8/27/24. -Diagnoses of Oppositional Defiant Disorder (ODD), Attention-Deficit Hyperactivity Disorder (ADHD), Seasonal Allergies. -Age of 11 years. -Physician-ordered medications included: -4/25/25, Qelbree Extended Release (ER) 200 milligrams (mg) (ADHD), 1 capsule (cap) every morning. -5/12/25, Hydroxyzine Pamoate 25 mg (anxiety), 1 cap as needed. -No physician order for Hydroxyzine 10 mg.</p> <p>Review on 6/25/25 of Client #1's MARs from 4/1/25 through 6/25/25 revealed: -Qelbree-no documentation on 4/9/25, 4/12/25, 4/19/25 and 5/1/25 at 7:00 am dosage time as to whether Client #1 received this medication. No code or explanation was documented on the MAR which explained why there was no</p> | V 118 | | |

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| V 118 | <p>Continued From page 11</p> <p>documentation on 4/9/25, 4/12/25, and 5/1/25 at the 7 am dosage time.</p> <p>-Hydroxyzine 10 mg was staff-initialed as administered from 5/24/25- 5/29/25 at 7:00 am dosage time. "D/C (Discontinued)" was handwritten on the May 2025 MAR with no discontinued physician order.</p> <p>-Hydroxyzine Pamoate 25 mg was staff-initialed as administered from 5/24/25- 5/29/25 at 7:00 am dosage time. No documentation on the MAR as to the reason this medication was administered and the effectiveness of having administered this medication.</p> <p>Review on 6/25/25 of Client #2's record revealed:</p> <p>-Admission date of 5/8/25.</p> <p>-Diagnoses of ODD and ADHD.</p> <p>-Age of 13 years.</p> <p>-Physician-ordered medications included:</p> <p>-9/20/24, 12/18/24 and 6/6/25, Guanfacine 3 mg (ADHD), 1 tab every morning.</p> <p>-No physician order for Guanfacine 1 mg.</p> <p>-9/20/24, Risperidone 2 mg (agitation), 1 tab at 7:00 am, 3:00 pm and as needed at 7:00 pm.</p> <p>Review on 6/25/25 of Client #2's MARs from 4/1/25 through 6/25/25 revealed:</p> <p>-Guanfacine 1 mg, staff-initialed as administered from 5/10/25-5/26/25 at 6:00 am and 7:00 pm and then 5/27/25-5/29/25 at 6:00 am with D/C (Discontinued)" was handwritten on the May 2025 MAR. No documentation of Client #2 having received this medication on 5/30/25 and 5/31/25.</p> <p>-Risperidone- no documentation on 6/3/25 at 7:00 am dosage time. No code or explanation was documented on the MAR which explained why there was no documentation for the 6/3/25 at 7:00 am dosage time.</p> <p>Review on 6/25/25 of Client #3's record revealed:</p> | V 118 | | |

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| V 118 | <p>Continued From page 12</p> <ul style="list-style-type: none"> -Admission date of 3/10/25. -Diagnoses of ADHD, Post-Traumatic Stress Disorder (PTSD), Disruptive Mood Dysregulation, and Reactive Attachment Disorder of Childhood. -Age of 17 years. -Physician-ordered medications included: <ul style="list-style-type: none"> -1/16/25, Divalproex Delayed Release (DR) 500 mg tab (mood stabilizer), 2 tabs every morning and 1 every night at bedtime. -1/16/25, Risperidone 1 mg (agitation), 1 tab at 8:00 am and 1 tab at 8 pm. -No physician order for Risperidone 1 mg three times daily. -1/16/25, Hydroxyzine HCL 25 mg tab (anxiety), 1 tab twice daily as needed. -No discontinued physician order for the 3:00 dosage time -1/16/25, Sertraline 100 mg (depression), 1 tab daily. Review on 6/25/25 of Client #3's MARs from 4/1/25 through 6/25/25 revealed: <ul style="list-style-type: none"> -Divalproex- no documentation on 5/22/25 at 7:00 pm dosage time. No code or explanation was documented on the MAR which explained why there was no documentation on 5/22/25 for the 7:00 pm dosage time. -Risperidone-staff-initialed as administered this medication from 5/1/25-5/21/25 at 3:00 pm dosage time, and no documentation on 5/22/25 at 7:00 pm dosage time with no code or explanation documented on the MAR which explained why there was no documentation on 5/22/25 at the 3:00 dosage time. -Hydroxyzine-staff initialed as administered to Client #3 daily except for 4/19/25 and 5/2/25 with no documentation on the back of the MARs as to the reason Client #3 received the medication and the effectiveness of having received the medication. | V 118 | | |

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| V 118 | <p>Continued From page 13</p> <p>-Sertraline-no documentation on 5/2/25 at 7:00 am dosage time. No code or explanation was documented on the MAR which explained why there was no documentation on 5/2/25 at the 7:00 am dosage time.</p> <p>Interview on 6/24/25 with Client #1 revealed: -He took medication for his ADHD, mood and behaviors. -He had medications changed in 2024 when he was hospitalized a second time. -Staff gave him his medications. -He had not refused any of his medications.</p> <p>Interview on 6/24/25 with Client #2 revealed: -He took Guanfacine in the mornings; he did not know what this medication was used for. -He took Risperidone to help him calm down. -Staff gave him his medication.</p> <p>Interview on 6/24/25 with Client #3 revealed: -He took Depakote twice daily; he did not know what this medication was used for. -He took additional medications but could not remember his medications. -Staff gave him his medications.</p> <p>Interview on 6/24/25 with Staff #1 revealed: -Clients #1, #2 and #3 have had some changes in their medications. -If there were medications or medication dosage times that had "D/C" on the clients' MARs, this meant the doctor had changed or discontinued a medication. -He did not know why Client #1's Hydroxyzine 10 mg was staff-initialed 5/24/25- 5/29/25 at 7:00 am dosage time and his Hydroxyzine 25 mg was staff-initialed as administered from 5/24/25- 5/29/25 at 7:00 am dosage time. -Some physician orders for Clients #1-#3 were</p> | V 118 | | |

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| V 118 | Continued From page 14 present at the facility but not all orders were present. -2 staff had recently been let go from their positions because they were not doing their job duties as expected by the Executive Director/Qualified Professional (ED/QP). Interview on 6/25/25 with the ED/QP revealed: -He reviewed Clients #1, #2 and #3's medication books when he was present at the facility. -If he observed mistakes on the client MARs, he would make staff aware of the mistakes with explicit instructions to correct. -He was aware there were areas of services which needed improvement. -He would follow up on the medication issues to ensure accuracy. | V 118 | | |
| V 131 | G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the North Carolina Health Care Personnel Registry (HCPR) prior to the date of | V 131 | | |

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| V 131 | Continued From page 15 hire for 2 of 3 audited staff. The findings are: Review on 6/26/25 of Staff #2's personnel record revealed: -Hire date of 4/10/24. -No documentation that the HCPR was accessed for Staff #2. Review on 6/26/25 of Staff #3's personnel record revealed: -Hire date of 2/22/25. -No documentation that the HCPR was accessed for Staff #3. Interview on 6/25/25 with the Executive Director/Qualified Professional revealed: -It was an oversight that the HCPR was not accessed for Staff #2 and #3. -He would make sure the process was corrected moving forward. | V 131 | | |
| 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 | V 133 | | |

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| V 133 | Continued From page 16 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 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 | V 133 | | |

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| V 133 | <p>Continued From page 17</p> <p>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 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"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <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</p> | V 133 | | |

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

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| V 133 | <p>Continued From page 19</p> <p>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 Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five</p> | V 133 | | |

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| V 133 | <p>Continued From page 20</p> <p>business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure criminal background checks were ordered within 5 business days of making a conditional offer for employment. The findings are:</p> <p>Review on 6/26/25 of Staff #1's personnel record revealed: -Hire date of 4/10/24. -Position as House Director/Paraprofessional. -A qualification letter dated 1/8/25 by another state division which did not include criminal background findings or information for the Executive Director/Qualified Professional (ED/QP) to consider the employability of Staff #1.</p> <p>Review on 6/26/25 of Staff #2's personnel record revealed: -Hire date of 4/10/24. -Position as Resource Counselor/Paraprofessional. -A qualification letter dated 5/14/24 by another state division which did not include criminal background findings or information for the ED/QP to consider the employability of Staff #2.</p> <p>Review on 6/26/25 of Staff #3's personnel record revealed: -Hire date of 2/22/25.</p> | V 133 | | |

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| V 133 | Continued From page 21 -Position as Associate Professional (AP). -A qualification letter dated 2/16/23 by another state division which did not include criminal background findings or information for the Executive Director/Qualified Professional (ED/QP) to consider the employability of Staff #3. Interview on 6/25/25 with the ED/QP revealed: -He believed the qualification letters for Staff #1, #2 and #3 complied with required criminal background checks. -Staff #2 had some legal issues from prior years which had been "flagged" with his qualification. -He did not know what the legal issues were prior to hiring Staff #2. -He would make sure to have criminal background checks done on each of his staff during the hiring process. | V 133 | | |
| V 296 | 27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (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. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. | V 296 | | |

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| V 296 | <p>Continued From page 22</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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure additional staffing to address the supervision needs of clients when they are away from the facility. The findings are:</p> <p>Review on 6/25/25 of Client #3's record revealed:</p> | V 296 | | |

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| V 296 | <p>Continued From page 23</p> <p>-Admission date of 3/10/25. -Diagnoses of ADHD, Post-Traumatic Stress Disorder (PTSD), Disruptive Mood Dysregulation, and Reactive Attachment Disorder of Childhood . -Age of 17 years. -12/30/24 treatment plan included strategies of "close supervision and close monitoring" of Client #3 "to implement techniques necessary to manage anger and aggression."</p> <p>Review on 6/24/25 of a Level II incident report dated 5/25/25 for Client #5 in the North Carolina Incident Response Improvement System (IRIS) revealed: -At 4:40 pm, Client #3 became frustrated after being corrected by Staff #2 in the facility vehicle and sustained physical injuries. -Staff #2's written statement had him (Staff #2) driving the vehicle when he observed Client #3 with a vape. When Staff #2 tried to address this observation along with previous behaviors, Client #3 became verbally aggressive and turned the radio volume to the maximum level . When Staff #2 "reached to adjust (the) radio volume, Client (Client #3) "clicked" his seatbelt off, opened the door and exited the vehicle while in motion." -A written statement by Client #2 had him seated in the back seat of the facility vehicle and observed Client #3 "jump out of the front passenger seat of the vehicle."</p> <p>Interview on 6/24/25 with Client #3 revealed: -He "jumped" out of the facility van 2 weeks ago because he was in an argument about "something," and did not want to hear what Staff #2 was saying to him. -Staff #2 was the only staff in the facility van with him and Client #2. -He had injuries to his head and was hospitalized for 2 weeks for his injuries.</p> | V 296 | | |

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| V 296 | <p>Continued From page 24</p> <p>- "I could have died and I'm so glad to still be living."</p> <p>Interview on 6/24/25 with Staff #2 revealed: - Confirmed he was the only staff in the facility van at the time Client #3 became "elevated," "frustrated" and "jumped" out the van while he was driving Clients #2 and #3 back to the facility from a community outing. - Client #3 did not want to listen to staff earlier in the day, was mad at Client #2 for spitting, and when he was confronted with having the vape, he elevated out of frustration. - This was an isolated incident.</p> <p>Interview on 6/25/25 with the Executive Director/Qualified Professional revealed: - On 5/25/25, Staff #2 was the only staff on the facility van and he was driving Clients #2 and #3 back to the facility from a community outing which was 2 minutes away. - Client #2 said something to Client #3 which upset him and the situation over in the van. While on the van, Staff #2 saw Client #3 with a vape and when he confronted him, Client #3 escalated and jumped from the vehicle while the vehicle was in motion. Client #3 was sitting in the front passenger seat. This led to Client #3's hospitalization. - Confirmed this was an isolated incident. - Staff #2 should have pulled the vehicle over during the transport to de-escalate the situation. - There were van rules posted in the van for staff which included seatbelts fastened before the vehicle is moved, no clients allowed in the front passenger seat or seated behind the driver and the driver is to pull the vehicle over and resolve any distraction. - Client #3 was older in age and Staff #2 gave him some responsibility and allowed him to sit in the</p> | V 296 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411282 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/26/2025 |
| NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS CARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 4504 HARVARD AVENUE GREENSBORO, NC 27407 | | |
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| V 296 | Continued From page 25 front passenger seat. -He addressed the incident with Staff #2 with disciplinary action. -He did not disagree with having 2 staff present in the vehicle when clients were present and being transported. -"At the end of the day we have to do what's best for the kids (clients)." | V 296 | | |
| V 736 | 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to be maintained in a clean and attractive manner. The findings are: Observation on 6/25/25 between 1:24 pm to 2:06 pm of the facility revealed: -Plastered and unpainted areas on the walls in the following rooms: -10" x 10" circular area on the wall in the dining room and on the wall opposite from the location of the dining table. -A rectangle area of approximately 8"x 8" was on the hallway wall near Client #1's bedroom. -9.5" circular area on the wall adjacent to Client #3's bedroom. -2 areas, 1 area approximately 7"x 7" and circular in shape and 1 area approximately 10" x 17" and rectangular in shape, on Client #3's bedroom wall near the light switch. -1 area approximately 3"x 3" and circular in | V 736 | | |

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| V 736 | <p>Continued From page 26</p> <p>shape on Client #3's bedroom wall on the left side of the window.</p> <p>-On the floor on the left side of Client #3's bed were food wrappers, clothes, about 5 brown-colored particles and a bible next to the baseboard while on the right side of his bed and on the floor were clothing and personal belongings scattered. Although Client #3 had a closet with hangers and a clothes hamper, he had clothing items piled on the floor of his closet with no clothes hanging up in the closet.</p> <p>-The livingroom's ceiling air vent grill had a brown-colored substance covering approximately 90% of the grill.</p> <p>-2 kitchen counters had all of its top drawers missing.</p> <p>-1 unpatched hole approximately 5"x 5" and circular in shape was on the back of the client bathroom door.</p> <p>-1 unpatched hole approximately 2" x 2" and circular in shape was on the client bathroom wall where the door knob would touch when the door was opened.</p> <p>-Client #1's window blinds had about 5 blind slats broken at the top of his bedroom window.</p> <p>-Plant leaves and debris were observed in the top back gutter of the facility and extended from the left side to the right side of the gutter system.</p> <p>Interview on 6/24/25 with Client #1 revealed:</p> <p>-He caused the hole in the wall in the kitchen/dining area by hitting the wall because he had a "rough" day on the previous day.</p> <p>-His window blind broke when it (the blind) fell down while he was playing with balls in his room.</p> <p>-He was concerned his bedroom window did not lock as he demonstrated he could open his window whether the lock was in the locked or unlocked position.</p> | V 736 | | |

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| V 736 | <p>Continued From page 27</p> <p>Interview on 6/24/25 with Client #3 revealed: -Clients #1 and #2 made the holes in the walls while he helped the Executive Director/Qualified Professional (ED/QP) patched the holes up the day before yesterday. -Some of the holes in the wall had been done by previous clients who punched or kicked the walls. -He had "not gotten around to" cleaning his bedroom.</p> <p>Interview on 6/25/25 with Staff #3 revealed: -Confirmed some of the patched holes had been caused by current and former clients. -The ED/QP had been repairing the holes with plaster. -The drawers from the kitchen countertops were removed due to a former client having pulled the drawers out and caused property destruction. -Client #3 was supposed to clean and straighten up his bedroom but it was apparent he had not. Client #3 did not like to hang his clothes up in the closet. She was uncertain which clothes laying on his closet floor needed to be washed and which of his clothing items were clean. -She would bring it to the ED/QP's attention about the dust buildup on the livingroom's ceiling air vent. -The gutters at the back of the house were leaves and debris which had come from recent storms.</p> <p>Interview on 6/25/25 with the ED/QP revealed: -Confirmed he had made repairs to the holes in the walls and needed to have the plastered areas painted. -The holes were made by current and former clients having hit the walls. -He had a handyman to work with him on addressing the facility repairs needed.</p> | V 736 | | |