

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/08/2025
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NAME OF PROVIDER OR SUPPLIER RENEWED BEGINNINGS HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13113 LAKEMORE DRIVE CHARLOTTE, NC 28278
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 9/8/25. The complaints were substantiated (intakes #NC00232977 and #NC00232975). 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 has a current census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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 means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p>	V 367		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 367	<p>Continued From page 1</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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 or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(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</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (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>This Rule is not met as evidenced by: Based on record review and interview the facility failed to submit a level II incident report to the LME/MCO (Local Management Entity/Managed Care Organization) within 72 hours. The findings are:</p> <p>Review on 8/20/25 of the facility's internal incident report dated 7/28/25 revealed: -On 7/28/25 Former Client (FC) #1 spit in Former Associate Professional 's (AP) face and Former AP spit back in FC #1's face 6 times. -An internal investigation began on 7/28/25. -Former AP was reported to the Healthcare Personnel Registry.</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>-Former AP was terminated on 7/28/25.</p> <p>Review on 8/20/25 of the North Carolina Incident Reporting Improvement System (NC IRIS) revealed:</p> <p>-The facility had no incident reports in NC IRIS from 7/28/25 to 8/20/25 in reference to the incident on 7/28/25 between Former AP and FC #1.</p> <p>Attempted interviews on 8/22/25, 8/26/25 and 8/27/25 with FC #1 but she was hospitalized and could not take calls according to her Department of Social Services Legal Guardian.</p> <p>Attempted interviews on 8/26/25, 8/27/25, and 8/29/25 with Former AP and FS #2 but neither of them returned calls.</p> <p>Interview on 8/26/25 with the Director revealed:</p> <p>-The previous Qualified Professional was responsible for completing the NC IRIS report for the incident that occurred on 7/28/25 between Former AP and FC #1.</p> <p>-Was not aware the IRIS report had not been submitted successfully.</p> <p>-Would properly complete the IRIS reports and train the new Qualified Professional on how to submit NC IRIS reports.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p>	V 512		

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V 512	<p>Continued From page 4</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Former Associate Professionals (AP) abused 1 of 1 Former Clients (FC) #1. The findings are:</p> <p>Review on 8/27/25 of the Former AP's personnel record revealed: -Hire date of 3/22/25. -Job Title of Associate Professional. -Termination date of 7/28/25.</p> <p>Review on 8/25/25 of FC #1's record revealed: -Admission date of 12/10/24. -Age 17. -Diagnoses of Autism, Intellectual Developmental Disabilities, Attention Deficit Hyperactivity Disorder, Unspecified Trauma and Stress Related</p>	V 512		

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V 512	<p>Continued From page 5</p> <p>Disorder, Adjustment Disorder with Anxiety and Depressed Mood. -Discharge date of 8/7/25.</p> <p>Review on 8/27/25 of video and audio dated 7/28/25 at 8:48 am revealed: -FC #1 was requesting a snack from the kitchen. -Former Staff (FS) #2 redirected FC #1 to her room. -Former AP was sitting across the room on the couch. Former AP yelled across the room for FC #1 to go to her room as FC #1 was talking to FS #2. -FC #1 replied to Former AP and said , "Don't talk to me." -Former AP got up from the couch and walked up to FS #2 and FC #1 and yelled in FC #1's face to go to her room. -FC #1 told Former AP, "I'm not talking to you. Don't talk to me." FS #2 tried to get in between Former AP and FC #1. -Former AP was face to face with FC #1 and told her to get out and go to her room. FC #1 replied, "You get out, you get out, you get out!" -FC #1 spit in Former AP's face. FS #2 stepped back. -Former AP spit back in FC #1's face 7 times while walking toward her and FC #1 was backing up down the hall into her room and the video ended.</p> <p>Interview on 8/29/25 with FC #1's Department of Social Service (DSS) Legal Guardian revealed: -Found out about the incident that occurred between FS #1 and FC #1 on 7/28/25 during FC #1's discharge planning meeting. -Saw the video of the incident on 8/7/25. -"In my opinion, staff (Former AP) was not trying to deescalate the situation. She (Former AP) got up in her (FC #1) face, [FC #1] spit first but the</p>	V 512		

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V 512	<p>Continued From page 6</p> <p>staff (Former AP) took it too far spitting back six to seven times." -Reported the incident to DSS on 8/7/25.</p> <p>Attempted interviews on 8/22/25, 8/26/25 and 8/27/25 with FC #1 but she was hospitalized and could not take calls according to her DSS Legal Guardian.</p> <p>Attempted interviews on 8/26/25, 8/27/25, and 8/29/25 with Former AP and FS #2 but neither of them returned calls.</p> <p>Interview on 8/26/25 with Client #2 revealed: -Did not witness the incident that occurred between Former AP and FC #1 on 7/28/25. -"I didn't see what happened. I was upstairs and they (Former AP and FC #1) were downstairs, but I just heard the spitting sounds."</p> <p>Interview on 8/26/25 with the Owner/Director revealed: -On 7/28/25 FS #2 called her and informed her about the incident between Former AP and FC #1. -Started the internal investigation on 7/28/25. -"I went to the house (facility) to see what was going on. I spoke to the girls (Clients) then I spoke to the staff (Former AP and FS #2)." -"She (Former AP) admitted to spitting back and I terminated her immediately." -Former AP was terminated on 7/28/25. -Notified local DSS and FC #1's DSS Legal Guardian. -Former AP was reported to the healthcare personnel registry.</p> <p>Review on 9/4/25 of the Plan of Protection dated and signed on 9/4/25 by the Director of Residential Services revealed:</p>	V 512		

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V 512	<p>Continued From page 7</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care? The staff member involved in the alleged abuse was immediately removed from duty and placed on administrative leave pending investigation. The incident was reported within the mandated timeframe to the Local Management Entity/Managed Care Organization (LME/MCO), the Department of Social Services (DSS), and other required regulatory bodies. All consumers in the affected area were evaluated for signs of physical or emotional harm. Consumers involved in or witness to the incident were provided immediate access to behavioral health support and crisis counseling.</p> <p>An internal investigation was initiated, and security footage and documentation from the time of the incident were secured for review.</p> <p>An emergency staff meeting was held to reinforce abuse prevention policies and mandatory reporting procedures.</p> <p>Additional supervisory staff have been assigned to monitor shifts where the incident occurred.</p> <p>Describe your plans to make sure the above happens.</p> <p>HR (Human Resources) and Compliance Officers will oversee the investigation to ensure impartiality and compliance with state regulations. A full retraining on abuse, neglect, exploitation prevention, and reporting policies will be conducted for all staff within 5 business days. Attendance will be documented and monitored.</p> <p>Ongoing supervision will be heightened, including random walkthroughs by administrative staff and</p>	V 512		

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V 512	<p>Continued From page 8</p> <p>Quality Assurance (QA) team audits of documentation and interactions. A third-party consultant will be brought in to conduct a risk assessment and recommend preventive strategies to avoid recurrence.</p> <p>A 30-day monitoring plan will be implemented in the affected program area, with weekly progress reports submitted to facility leadership and the LME/MCO. Consumers will be re-educated on their rights, including how to report concerns anonymously and safely. The facility's Abuse Prevention Policy will be reviewed and revised if necessary to ensure it aligns with best practices and regulatory expectations."</p> <p>Review on 9/5/25 of the amended Plan of Protection signed by the Director of Residential Services and dated 9/5/25: -"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>The staff member involved in the alleged abuse was immediately removed from duty and placed on administrative leave pending investigation. The staff was relieved of duties within hours of the incident. The incident occurred on July 28th and the staff was fired on July 28th. The incident was reported within the mandated timeframe to the Local Management Entity/Managed Care Organization (LME/MCO), the Department of Social Services (DSS), and other required regulatory bodies. All consumers in the affected area were evaluated for signs of physical or emotional harm.</p> <p>Consumers involved in or witness to the incident were provided immediate access to behavioral health support and crisis counseling. An internal investigation was initiated, and security footage and documentation from the time of the incident</p>	V 512		

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V 512	<p>Continued From page 9</p> <p>were secured for review. An emergency staff meeting was held to reinforce abuse prevention policies and mandatory reporting procedures. Additional supervisory staff have been assigned to monitor shifts where the incident occurred."</p> <p>The facility served children and adolescents with diagnoses to include Autism, Attention Deficit Hyperactivity Disorder, Conduct Disorder and other Trauma and Stress related Disorders. On 7/28/25, Former Client #1 asked for a snack. The Former Associate Professional (AP) was sitting on the couch and yelled for Former Client #1 to go to her room. The Former AP then got up from the couch, approached Former Client #1 while yelling for her to go to her room. FC #1 spit in the Former AP's face. The Former AP spit back in FC #1's face 7 times as FC #1 backed away down the hall to a room. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days.</p>	V 512		