

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-434 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/18/2025 |
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| NAME OF PROVIDER OR SUPPLIER RENEWED BEGINNINGS HOME INC. | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CLUB DRIVE GASTONIA, NC 28054 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>A complaint survey was completed on December 18, 2025. Eight complaints were substantiated (intakes #NC00233747, #NC00233980, #NC00234015, #NC00234276, #NC00234629, #NC00234687, #NC00234769 and #NC00233492), and two complaints were unsubstantiated (intakes #NC00233711 and NC00234351). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 4 current clients and 3 former clients.</p> <p>This survey was originally opened on 10/14/25 and closed on 11/4/25. It was reopened on 11/26/25 (14 days later) due to additional complaints.</p> | V 000 | | |
| V 107 | <p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director,</p> | V 107 | | |

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

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| V 107 | <p>Continued From page 1</p> <p>each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain a personnel record with required documentation affecting 3 of 8 Staff (#2,</p> | V 107 | | |

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| V 107 | <p>Continued From page 2</p> <p>#8 and Qualified Professional (QP)). The findings are:</p> <p>Review on 10/14/25 of Staff #2's personnel record revealed: -Hired 7/1/25. -No documentation of a written job description.</p> <p>Review on 10/14/25 of Staff #8's personnel record revealed: -Hired 9/8/25. -No documentation of required training, experience and other qualifications.</p> <p>Review on 10/14/25 of the QP's personnel record revealed: -Hired 7/16/25. -No documentation of a written job description.</p> <p>Interview on 10/16/25 with Staff #2 revealed: -"Yes, I have a job description." -Was not sure why the information (signed job description) was not in her personnel folder.</p> <p>Interview on 10/14/25 with Staff #8 revealed: -"I really didn't have any training because I knew everything. I told her (Director/Chief Executive Officer (CEO/ Licensee)) I knew how to do the medication because I was a medication assistant." -"I did not get medication administration training; I didn't need it because I already knew; she (Director/CEO/Licensee) walked me through it (administering medications)." -"I had the background, I have a medical assistant diploma; it does not have to be updated because it's a diploma, not a certificate or a certification; my diploma should be in my file, I gave it to her (Director/CEO/Licensee)."</p> | V 107 | | |

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| V 107 | Continued From page 3 Interview on 11/14/25 with the Director/CEO/Licensee revealed: -"I have that (signed job descriptions) and I can send that to you"and "I will get that information (signed job description and training certificates) for you." -Had no explanation for why the documents were not in the staff's personnel files. Did not receive any documents prior to the survey exit date. | V 107 | | |
| V 109 | 27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for | V 109 | | |

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| V 109 | <p>Continued From page 4</p> <p>MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement policies and procedures (P & P) for the initiation of an individualized supervision plan for 1 of 2 Associate Professionals (AP #1) and the Qualified Professional (QP) failed to supervise the AP. The findings are:</p> <p>Review on 10/14/25 of the facility's records revealed: -No policies and procedures for the initiation of an individualized supervision plan for AP #1. -No documentation of supervision for AP #1 by the QP.</p> <p>Review on 10/14/25 of the AP #1's Personnel record revealed: -Hire date of 10/1/25. -Job description for AP signed and dated 10/2/25. -Scheduled hours Monday-Friday 8:00am-4:00pm and Saturday 8:00am-8:00pm. -The offer letter stated AP #1's responsibilities were to "...supervision of paraprofessionals</p> | V 109 | | |

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| V 109 | <p>Continued From page 5</p> <p>regarding responsibilities related to the implementation of each child or adolescent's treatment plan...assisting QP with administrative tasks. Attending weekly leadership meetings with owners and QP...Supervision shall be provided by a Qualified Professional with experience serving the population until you reach four (4) years of experience. An individualized plan will be developed upon hiring and reviewed annually by both parties..."</p> <p>Review on 10/14/25 of the QP's personnel record revealed: -Hire date of 7/16/25. -No documentation of job description. -The offer letter stated that the QP responsibilities were to "Supervise all staff...Supervise paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan..."</p> <p>Interview on 10/21/25 with AP #1 revealed: -Started working at the facility on 10/2/25. -"[Director/Chief Executive Officer (CEO)/Licensee] does my supervision." -Was not sure who the QP was. -Was not aware that she was an AP and had not discussed a plan for her supervision.</p> <p>Interview on 10/22/25 with the QP revealed: -"I'm in the facility four days a week to get my hours." -"I'm on site for interventions...they (facility) have 24/7 access to me...they know to call me for de-escalation." -"I don't supervise anyone. That's not my job." -Did not supervise and did not provide supervision. -"I'm not sure who the AP (AP #1) is."</p> | V 109 | | |

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| V 109 | Continued From page 6 Interview on 11/4/25 with the Director/CEO/Licensee revealed: -The QP provided supervision to the AP. -"She (QP) knew she was supposed to be providing supervision to the AP. That's what I hired her (QP) for." -"She (QP) supervises the AP. She's just tired of answering questions." -Would make sure the QP and AP understood their job duties. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A rule violation and must be corrected within 23 days. | V 109 | | |
| 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 | V 112 | | |

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| V 112 | <p>Continued From page 7</p> <p>provider stating why such consent could not be obtained.</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 from the client's legal guardian affecting 2 of 4 audited current Clients (#5 and #6) and 1 of 3 Former Clients (FC #3) and failed to implement goals and strategies for 1 of 4 audited current Clients (#6) and 1 of 3 former clients (FC #3) . The findings are:Treat</p> <p>Review on 10/15/25 of FC #3's record revealed: -Admission date of 9/6/25. -Discharge date: 10/9/25. -Age 14 years old. -Diagnoses: Major Depressive Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD) and Marijuana Use Disorder. -Admission assessment: a history of suicidal ideation, hospitalizations for mental health and self-harming. -Hospitalized on 9/22/25, 9/25/25, 10/1/25 and 10/4/25 for suicidal ideation. -Undated treatment plan with no signature for consent from the legal guardian.</p> <p>Review on 11/26/25 of the facility's internal incident reports from 9/1/25 through 11/26/25</p> | V 112 | | |

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| V 112 | <p>Continued From page 8</p> <p>revealed:</p> <ul style="list-style-type: none"> -On 10/1/25 FC #3 "made staff aware of her attempt to self-harm in the bathroom. She (FC #3) called 911 and told the dispatcher she wanted to kill herself. She (FC #3) was taken to the hospital by paramedics." -On 10/8/25 FC #3 "Self-harmed with her nails. She was upset because it was bedtime and she did not want to go to bed. She said she wanted to go to the hospital." <p>Interview on 11/3/25, with FC #3's Department of Social Services (DSS) Legal Guardian revealed:</p> <ul style="list-style-type: none"> -FC #3 had a history of self-harming and suicidal ideation. -"She (FC #3) scored high risk on several suicide assessments but the staff did not take it serious (did not take FC #3 to the hospital for evaluation)." -FC #3's suicidal ideation was "becoming worse at the facility and school." <p>Review on 10/14/25 of Client #5's record revealed:</p> <ul style="list-style-type: none"> -Admission date: 9/6/25. -Age 15 years old. -Diagnoses: Oppositional Defiant Disorder (ODD) and Disruptive Mood Dysregulation Disorder. -Admission assessment: a history of eloping, engaging in risky behaviors, substance abuse, verbal and physical aggression, and impulsiveness. -There were no updates to the treatment plan following Client #5's Absent Without Leave (AWOL) incidents. -No dates or signatures on the treatment plan. <p>Review on 11/26/25 of the facility's internal incident reports from 9/1/25 through 11/26/25 revealed:</p> | V 112 | | |

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| V 112 | <p>Continued From page 9</p> <p>-On 9/15/25 Client #5 eloped and was absent without leave (AWOL) for 12 hours.</p> <p>-On 10/3/25 Client #5 did not get on the bus after school and eloped.</p> <p>-On 10/23/25 Client #5 "was at the group home (facility) and had been questioned by a Department of Social Service (DSS) worker. After being interviewed [Client #5] proceeded to go to her room and move furniture in front of the bedroom door. [Client #5] then proceeded to open the window bust the screen out of the window and flee. Police were called and [Client #5] returned four hours later."</p> <p>-On 11/8/25 "[Client #5] became irate when she was not allowed on an outing due, to stealing alcohol while on an outing the previous days. When [Client #5] was told she was unable to go on an outing, [Client #5] began to tear all the cameras off the walls in the group home. [Client #5] ran outside and destroyed the ring camera attached to the home. [Client #5] then proceeded to write all over the walls and put holes in numerous walls. [Client #5] then disarmed the security system and began saying she wanted to kill herself. Police authorities were called; [Client #5] was removed from the premises via paramedics for a full psychological assessment."</p> <p>Attempted interview with Client #5's DSS Legal Guardian on 10/27/25, 10/31/25 and 11/4/25 but was unsuccessful because she did not return phone calls prior to survey exit date.</p> <p>Review on 12/1/25 of Client #6's record revealed: -Admission date: 8/4/25. -Age 16 years old. -Diagnoses: PTSD, ODD, Generalized Anxiety Disorder, ADHD, Unspecified Personality Traits, Major Depressive Disorder, Unspecified Mood Disorder.</p> | V 112 | | |

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| V 112 | <p>Continued From page 10</p> <ul style="list-style-type: none"> -Admission assessment: a history of self-harm/ suicidal thoughts, depression/anxiety, and trauma/ abuse, hospitalizations. -Undated treatment plan did not have goals and strategies for suicidal thoughts. <p>Interview on 11/26/25 with Client #6's DSS Legal Guardian revealed:</p> <ul style="list-style-type: none"> -"They (facility's staff) weren't taking her (Client #6) mental health seriously." -The facility's staff (all) thought Client #6 was "attention seeking and not really suicidal." -"She (Client #6) had a history of hospitalizations for her mental health." <p>Interview on 10/31/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She was responsible for treatment plans. -The reason FC #3 did had not have a current treatment plan because she (FC #3) had not been at the facility for 30 days. -Was using the treatment plan from FC #3's previous placement (facility). -Client #5's treatment plan needed to be signed by her guardian. -"She (Client #5) was going to therapy for her behaviors and alarms were put on the windows to prevent eloping." -Was not aware Client #5 had a history of substance abuse. -There were no goals and strategies for substance abuse for Client #5. -There were no goals and strategies for suicidal ideation for FC #3. -Client #6 "was not really suicidal. She would claim to be (suicidal) as a manipulation tactic." <p>Interview on 11/4/25 with the Director/CEO/Licensee revealed:</p> <ul style="list-style-type: none"> -There was a signature page for Client #5's | V 112 | | |

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| V 112 | Continued From page 11 treatment plan. -"The QP should have made sure that was done (signatures for consent were on file)." -Not aware of FC #3's suicidal ideation. -"She (FC #3) was not experiencing suicidal ideation from my knowledge. No one told me." -"[Client #6] will claim to be suicidal for attention or when she was not getting what she want. I think it was hormonal changes." -Would make sure the QP developed treatment plans to address all of the clients needs. Did not produce a signature page by the time of exit. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A rule violation and must be corrected within 23 days. | V 112 | | |
| 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 interview and record review, the facility failed to ensure the North Carolina Health Care | V 131 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-434 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/18/2025 |
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| NAME OF PROVIDER OR SUPPLIER RENEWED BEGINNINGS HOME INC. | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CLUB DRIVE GASTONIA, NC 28054 |
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| V 131 | <p>Continued From page 12</p> <p>Personnel Registry (HCPR) was accessed prior to hire for 1 of 8 audited Staff (#2). The findings are:</p> <p>Review on 10/8/25 of staff #2's personnel record revealed: -Hired 7/1/25. -Offer letter signed and dated 7/1/25. -HCPR accessed on 7/10/25.</p> <p>Interview on 10/22/25 with the Qualified Professional revealed: -The Director/Chief Executive Officer (CEO)/Licensee was responsible for doing HCPR checks.</p> <p>Interviews on 11/4/25 with the Director/CEO/Licensee revealed: -Was responsible for human resource duties. -She was aware of the rule that the HCPR needed to be accessed before date of hire. -Would do HCPR checks prior to employees' start date.</p> | V 131 | | |
| V 132 | <p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>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.</p> | V 132 | | |

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| V 132 | <p>Continued From page 13</p> <p>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.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>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 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, observation and interview, the facility failed to protect clients from harm during an investigation. The findings are:</p> <p>Review on 11/26/25 of the facility's incident reports from 9/1/25 to 11/26/25 revealed: -On 11/9/25 Client #7 had to be restrained due to aggressive behavior, and alleged Staff #5 slapped her in the face causing a scratch on her (Client #7) cheek.</p> <p>Review on 12/16/25 of a document titled "Internal Investigation" revealed: -There was no date on the document. -All clients had been interviewed. -Staff had been interviewed. -It was determined Client #7 was scratched on her face due to a restraint.</p> | V 132 | | |

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| V 132 | <p>Continued From page 14</p> <p>-There was no signature on the document.</p> <p>Interview and observation on 12/1/25 at 3:30 pm with Client #7 revealed:</p> <p>-On 11/9/25 she and Client #8 had an argument over a laptop.</p> <p>-"They (Staff #5 and #6) said I started it and they (Staff #5 and #6) got all up in my face. I was sitting on the chair and they (Staff #5 and #6) were standing over me so I stood up too."</p> <p>-Staff #5 pushed her back down when she stood up.</p> <p>-Pushed Staff #5 backed.</p> <p>-"When I pushed her back she slapped me and scratched my cheek."</p> <p>-Gestured her finger and across her left cheek.</p> <p>-Staff #5 did not leave the facility until her shift was over.</p> <p>-Reported the allegation to the Director/Chief Executive Officer (CEO)/Licensee.</p> <p>Staff #5 and Staff #6 did not return phone calls on 12/4/25, 12/5/25, 12/8/25 and 12/10/25.</p> <p>The Director/CEO/Licensee said she would have Staff #5 and Staff #6 return phone calls but they did not return calls by the exit date.</p> <p>Interview on 12/16/25 with the Director/CEO/Licensee revealed:</p> <p>-On 11/9/25 Client #7 alleged Staff #5 slapped her and scratched her cheek.</p> <p>-Saw scratch on Client #7's cheek.</p> <p>-She did an internal investigation.</p> <p>-Did not get written statements just verbal interviews.</p> <p>-Based on Client #7's history of assaultive behavior, she determined that "[Client #7] scratched herself as she struggled with staff (Staff #5 and #6) during the restraint."</p> | V 132 | | |

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| V 132 | Continued From page 15 -Staff #5 was allowed to continue working with the clients until the internal investigation was completed on 11/9/25. -Will protect the clients in internal investigations going forward. | 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 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 | V 133 | | |

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| V 133 | <p>Continued From page 16</p> <p>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 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</p> | V 133 | | |

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| V 133 | <p>Continued From page 17</p> <p>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 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> <ol style="list-style-type: none"> (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 | V 133 | | |

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| V 133 | Continued From page 18 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 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 | V 133 | | |

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| V 133 | <p>Continued From page 19</p> <p>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 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 reviews and interview, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting 1 of 8 Staff (#1). The findings are:</p> | V 133 | | |

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| V 133 | Continued From page 20 Review on 10/14/25 of staff #1's personnel record revealed: -Hire date: 9/2/25. -Position: Direct Care Staff. -Criminal record check completed 10/16/25. Interview on 10/14/25 with the Director/Chief Executive Officer/Licensee stated: -She was aware criminal background checks were required to be requested within five business days of employment. -Moving forward, criminal background checks would be completed within five business days of employment. | V 133 | | |
| V 293 | 27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: | V 293 | | |

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| V 293 | <p>Continued From page 21</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to operate within the scope of their license, failed to provide supervision, structure of daily living and failed to coordinate with other agencies within the adolescent's system of care, and failed to provide</p> | V 293 | | |

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| V 293 | <p>Continued From page 22</p> <p>services to address the functioning level of the children or adolescents services affecting 4 of 4 audited current Clients (Client #4, #5, #6 and #7) and 3 of 3 Former Clients (FC #1, #2, and #3).</p> <p>Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on record reviews and interviews the facility failed to develop and implement policies and procedures for the initiation of an individualized supervision plan for the Associate Professional (AP #1) and the Qualified Professional (QP) failed to supervise AP #1.</p> <p>Cross Reference: 10A NCAC 27G .205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record reviews and interviews, the facility failed to have a treatment plan with written consent from the client's legal guardian affecting 2 of 4 audited current Clients (#5 and #6) and 1 of 3 Former Clients (FC #3) and failed to implement goals and strategies for 1 of 4 audited current Clients (#6) and 1 of 3 Former Clients (FC #3) .</p> <p>Cross Reference: 10A NCAC 27G .1703 Requirements for Associate Professionals (V295). Based on record reviews and interviews, the facility failed to ensure it had at least one full time direct care staff who meets or exceeds the requirements of an Associate Professional (AP).</p> <p>Cross Reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). Based on observations and interviews the facility failed to ensure the minimum staffing ratio.</p> <p>Cross Reference: 10A NCAC 27G .1705 Requirements of Licensed Professionals (V297).</p> | V 293 | | |

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| V 293 | <p>Continued From page 23</p> <p>Based on record reviews and interviews the facility failed to ensure the Licensed Professional (LP) supervised the Qualified Professional (QP).</p> <p>Cross Reference: G.S. 122C - 62 Additional Rights in 24-Hr Facility (V364). Based on record reviews and interviews, the facility failed to ensure client rights to privacy in a 24 hour facility.</p> <p>Cross Reference: 10A NCAC 27G .0603 Incident Response Requirements (V366). Based on record reviews and interviews, the facility failed to implement a policy governing their response to Level I and II incidents as required and failed to immediately notify the Local Management Entity/Managed Care Organization (LME/MCO) within the facility's catchment area of all level I and II incidents.</p> <p>Cross Reference: 10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices used for Behavioral Control (V521). Based on record review and interviews the facility failed to ensure whenever a restrictive intervention was utilized, documentation was in the clients' records.</p> <p>Cross Reference: 10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices used for Behavioral Control (V525). Based on interviews and record review, the facility failed to maintain a log of all restrictive interventions, conduct reviews and reports on any and all use of restrictive interventions including a regular review by a designee of the governing body and review by the Client Rights Committee.</p> <p>Cross Reference: 10A NCAC 27E .0107 Client Rights-Training on Alternatives to Restrictive</p> | V 293 | | |

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| V 293 | <p>Continued From page 24</p> <p>Interventions (V536). Based on record reviews and interviews, the facility failed to ensure 2 of 9 paraprofessional staff (#3, and #4), received initial training in alternatives to restrictive interventions.</p> <p>Review on 12/1/25 of the facility's incident reports revealed:</p> <ul style="list-style-type: none"> - On 11/14/25 Client #7 "complained of chest pain" and she called 911 for medical assistance. -Client was transported to the local emergency room for medical treatment with no supervision. <p>Interview on 12/1/25 with Client #7 revealed:</p> <ul style="list-style-type: none"> -On 11/14/25 she was having "severe" stomach pains. - "My chest was hurting, my stomach was hurting, I felt sick." -Staff (she could not remember who) would not call 911 for her or take her to the hospital. - "It was only one staff and she (the staff) said she wasn't calling the ambulance or taking me to the hospital so I called myself." -Rode to the hospital alone in the ambulance. -Waited in the emergency room alone. - "The nurse called them (facility) to pick me up after I was seen." <p>Interview on 12/5/25 with Associate Professional (AP #2) revealed:</p> <ul style="list-style-type: none"> -There is always one staff per shift. -Was not present when Client #7 went to the emergency room unsupervised on 11/14/25. -There was only one staff (don't know who the staff was) and she could not leave the other clients. -This incident was reported to the Director/Chief Executive Officer (CEO)/Licensee. <p>Interview on 12/12/25 with the</p> | V 293 | | |

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| V 293 | <p>Continued From page 25</p> <p>Director/CEO/Licensee revealed: -She had no knowledge of Client #7 going to the emergency room unsupervised. -She would schedule at least two staff on each shift.</p> <p>Review on 12/17/25 of the Plan of Protection signed by the Director/Licensee and dated 12/17/25 revealed: -"1. Staffing Coverage Plan of Protection: Effective immediately on 12/16/2025, Renewed Beginnings Group Homes will maintain a minimum of two staff members on-site at all times, regardless of census. Staffing schedules have been adjusted, and staffing coverage will be verified daily. Responsible Party: Director (Director/CEO/Licensee)</p> <p>2. Personnel Documentation Plan of Protection: Effective immediately on 12/16/2025, all employees will sign their job descriptions and offer letters prior to beginning employment, with two required signatures (employee and Director/CEO/Licensee). No staff member will be permitted to work until both signatures are completed and the documents are placed in the personnel file. Responsible Party: Director (Director/CEO/Licensee)</p> <p>3. Professional Supervision Plan of Protection: Effective immediately on 12/16/2025, the Qualified Professional will provide ongoing supervision to the Associate Professional. A supervision log has been implemented and will be maintained to document supervision activities.</p> | V 293 | | |

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| V 293 | <p>Continued From page 26</p> <p>Responsible Party: Director (Director/CEO/Licensee)</p> <p>4. Client Phone Privacy Plan of Protection: Effective immediately on 12/16/2025, consumers will not be placed on speaker phone or involved in three-way calls unless there is a documented court order or legal requirement. Staff have been instructed to protect client privacy at all times. Responsible Party: Director (Director/CEO/Licensee)</p> <p>5. Associate Professional Assignment Plan of Protection: Effective immediately, each location will have its own dedicated full-time Associate Professional. A new Associate Professional, [AP #2], was hired on 12/15/2025 to ensure appropriate coverage. Responsible Party: Director (Director/CEO/Licensee)</p> <p>6. Licensed Professional Supervision Plan of Protection: Effective immediately on 12/16/2025, the Licensed Professional [LP] will provide clinical supervision to the Qualified Professional [QP]. A Licensed Professional supervision log will be maintained to document supervision. Responsible Party: Director (Director/CEO/Licensee)</p> <p>7. Background Checks Plan of Protection: Effective immediately on 12/16/2025, criminal background checks will be completed prior to issuing any offer letter and before any individual begins work. No staff member will be allowed to work without clearance on file. Responsible Party: Director</p> | V 293 | | |

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| V 293 | <p>Continued From page 27 (Director/CEO/Licensee)</p> <p>8. Registry Checks Plan of Protection: Effective immediately on 12/16/2025, registry checks will be completed prior to issuing offer letters. Documentation will be maintained in each personnel file. Responsible Party: Director (Director/CEO/Licensee)</p> <p>9. Utilities and Essential Services Plan of Protection: Effective immediately on 12/16/2025, the facility will ensure that electricity and water services remain on at all times. Utility accounts will be monitored to prevent any interruption of essential services. Responsible Party: Director (Director/CEO/Licensee)</p> <p>10. Person-Centered Plans and Implementation Plan of Protection: Effective immediately on 12/16/2025: All person-centered plans will be fully signed and maintained in both physical and digital client files. Treatment goals, safety strategies, and interventions will be implemented daily. All services and interventions will be documented in Therap and printed and filed monthly. Responsible Party: Director (Director/CEO/Licensee)</p> <p>Describe your plans to make sure the above happens.</p> <p>The Director (Director/CEO/Licensee) (Director/CEO/Licensee) will maintain direct oversight and accountability for all corrective actions outlined in the Plan of Protection.</p> | V 293 | | |

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| V 293 | <p>Continued From page 28</p> <p>Effective immediately, the following measures are in place to ensure continuous compliance: The Director (Director/CEO/Licensee) will review daily staffing schedules and verify that a minimum of two staff members are present on-site at all times. Any staffing gaps will be addressed immediately through on-call coverage or management coverage to ensure uninterrupted supervision.</p> <p>All personnel documentation, including offer letters, job descriptions, background checks, and registry checks, will be reviewed and approved by the Director (Director/CEO/Licensee) prior to employment. No staff member will be permitted to begin work until all required documents are completed, signed by both the employee and the Director, and placed in the personnel file.</p> <p>The Director (Director/CEO/Licensee) will oversee all clinical and professional supervision, including QP-to-AP supervision and Licensed Professional-to-QP supervision. Supervision logs will be reviewed monthly by the Director (Director/CEO/Licensee) to confirm that supervision is occurring as required and is properly documented.</p> <p>The Director (Director/CEO/Licensee) will ensure staff compliance with client rights and privacy protections by reinforcing expectations during staff meetings, orientation, and ongoing supervision. Any violations of client rights will be addressed immediately through corrective coaching and, if necessary, disciplinary action.</p> <p>The Director (Director/CEO/Licensee) will verify that each location maintains its own dedicated Associate Professional and will review staffing assignments routinely to prevent overlap or noncompliance.</p> <p>Utility accounts will be monitored by the Director (Director/CEO/Licensee) to ensure continuous</p> | V 293 | | |

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| V 293 | <p>Continued From page 29</p> <p>access to electricity and water. Any potential service interruption will be addressed immediately to prevent disruption of essential services. The Director (Director/CEO/Licensee) will conduct regular audits of person-centered plans to ensure all plans are signed, current, and properly implemented. Documentation in [electronic medical records system] will be reviewed, and printed records will be maintained monthly to verify that treatment goals, safety strategies, and interventions are implemented daily."</p> <p>"Describe your plans to make sure the above happens.</p> <p>The Director (Director/CEO/Licensee) will maintain direct oversight and accountability for all corrective actions outlined in the Plan of Protection. Effective immediately, the following measures are in place to ensure continuous compliance:</p> <p>The Director (Director/CEO/Licensee) will review daily staffing schedules and verify that a minimum of two staff members are present on-site at all times. Any staffing gaps will be addressed immediately through on-call coverage or management coverage to ensure uninterrupted supervision.</p> <p>All personnel documentation, including offer letters, job descriptions, background checks, and registry checks, will be reviewed and approved by the Director (Director/CEO/Licensee) prior to employment. No staff member will be permitted to begin work until all required documents are completed, signed by both the employee and the Director (Director/CEO/Licensee), and placed in the personnel file.</p> <p>The Director (Director/CEO/Licensee) will oversee all clinical and professional supervision,</p> | V 293 | | |

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| V 293 | <p>Continued From page 30</p> <p>including QP-to-AP supervision and Licensed Professional-to-QP supervision. Supervision logs will be reviewed monthly by the Director to confirm that supervision is occurring as required and is properly documented.</p> <p>The Director (Director/CEO/Licensee) will ensure staff compliance with client rights and privacy protections by reinforcing expectations during staff meetings, orientation, and ongoing supervision. Any violations of client rights will be addressed immediately through corrective coaching and, if necessary, disciplinary action.</p> <p>The Director (Director/CEO/Licensee) will verify that each location maintains its own dedicated Associate Professional and will review staffing assignments routinely to prevent overlap or noncompliance.</p> <p>Utility accounts will be monitored by the Director (Director/CEO/Licensee) to ensure continuous access to electricity and water. Any potential service interruption will be addressed immediately to prevent disruption of essential services.</p> <p>The Director (Director/CEO/Licensee) will conduct regular audits of person-centered plans to ensure all plans are signed, current, and properly implemented. Documentation in Therap will be reviewed, and printed records will be maintained monthly to verify that treatment goals, safety strategies, and interventions are implemented daily.</p> <p>The Director (Director/CEO/Licensee) will maintain direct oversight of all reporting and protective actions related to client safety. Effective immediately, the Director (Director/CEO/Licensee) will ensure that:</p> <p>Any allegation or suspicion of harm, abuse, neglect, or exploitation is reported immediately to local DSS, documented in IRIS, and reported to HCR (Healthcare Registry) when applicable.</p> | V 293 | | |

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| V 293 | <p>Continued From page 31</p> <p>No employee under investigation or with substantiated findings will be permitted to work in the facility. Staff receive ongoing instruction and reinforcement on mandatory reporting responsibilities during orientation, supervision, and staff meetings. Incident reports and follow-up actions are reviewed by the Director (Director/CEO/Licensee) to ensure timely reporting, documentation, and resolution. Personnel files are monitored to ensure compliance with registry checks and reporting requirements prior to employment and on an ongoing basis."</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>1. Staffing Coverage Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that the facility maintains a minimum of three (3) staff on-site during daytime hours.</p> <p>2. Client Rights - Phone Privacy Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that clients are not placed on speaker phone or involved in three-way calls unless required by a court order or documented legal requirement.</p> <p>3. Training on Alternatives to Restrictive Interventions Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that all staff receive training on de-escalation techniques and alternatives to restrictive interventions, with documentation maintained in personnel files.</p> <p>4. Associate Professional Assignment Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that each location has its own dedicated full-time</p> | V 293 | | |

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| V 293 | <p>Continued From page 32</p> <p>Associate Professional, and that the Gastonia and Charlotte locations do not share an Associate Professional.</p> <p>5. Licensed Professional Supervision Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that the Licensed Professional, [LP], provides ongoing clinical supervision to the Qualified Professional, [QP's name], with supervision documented.</p> <p>6. Person-Centered Plans and Implementation Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that all person-centered plans are fully signed, maintained in physical and digital records, and that treatment goals and safety strategies for [FC #3] are implemented daily and documented in Therap.</p> <p>7. Scope and Coordination of Care Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that the facility coordinates care with the school anytime a client experiences suicidal ideation while at school, with all communication documented.</p> <p>8. Client Supervision at the Hospital Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that staff on shift remain with the client at the hospital at all times and that no client is left unattended.</p> <p>9. Documentation of Restraints Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that all restraints are fully documented in the client's digital record by the Associate Professional, including reason, duration, and follow-up.</p> <p>10. Restraint Log Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that</p> | V 293 | | |

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| V 293 | <p>Continued From page 33</p> <p>a centralized restraint log is maintained by the Associate Professional and reviewed regularly.</p> <p>11. Response to Suicidal Ideation Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that anytime a client expresses suicidal ideation, the Qualified Professional, [QP], completes a suicide risk assessment, and staff on shift will transport the client to the hospital for evaluation if needed when clinically indicated."</p> <p>Describe your plans to make sure the above happens.</p> <p>1. Staffing Coverage How Compliance Will Be Ensured: [Director/CEO/Licensee], Director, will review and approve staffing schedules weekly and verify staffing levels at shift change to ensure three (3) staff are present during daytime hours.</p> <p>2. Client Rights - Phone Privacy How Compliance Will Be Ensured: [Director/CEO/Licensee], Director, will reinforce client privacy expectations during staff meetings and orientation and will monitor compliance through ongoing supervision and incident review.</p> <p>3. Training on Alternatives to Restrictive Interventions How Compliance Will Be Ensured: [Director/CEO/Licensee], Director, will verify that all staff complete de-escalation and alternative intervention training prior to independent work and will conduct monthly personnel file reviews to confirm training documentation.</p> <p>4. Associate Professional Assignment How Compliance Will Be Ensured: [Director/CEO/Licensee], Director, has hired own dedicated full-time Associate Professional, [AP] as of 12/16/2025</p> <p>5. Licensed Professional Supervision How Compliance Will Be Ensured:</p> | V 293 | | |

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| V 293 | <p>Continued From page 34</p> <p>[Director/CEO/Licensee], Director, will review licensed professional supervision logs monthly to ensure that clinical supervision of the Qualified Professional is occurring as required and documented.</p> <p>6. Person-Centered Plan (PCP) Implementation How Compliance Will Be Ensured: [Director/CEO/Licensee], Director, will conduct monthly chart audits to confirm that all PCPs (Person Centered Plans) are fully signed, current, and that treatment goals and safety strategies are being implemented and documented.</p> <p>7. Scope and Coordination of Care How Compliance Will Be Ensured: [Director/CEO/Licensee], Director, will review incident reports and follow-up documentation monthly to ensure coordination of care with schools and external providers occurs whenever clinically indicated.</p> <p>8. Client Supervision at the Hospital How Compliance Will Be Ensured: [Director/CEO/Licensee], Director, will have a meeting with staff on 12/17/2025 and send an email to staff letting them know we are always stay with consumer.</p> <p>9. Documentation of Restraints How Compliance Will Be Ensured: [Director/CEO/Licensee], Director, will review client digital records monthly to confirm that all restraint incidents are fully documented by the Associate Professional.</p> <p>10. Restraint Log How Compliance Will Be Ensured: [Director/CEO/Licensee], Director, will conduct monthly reviews of the centralized restraint log to ensure all restraint incidents are accurately recorded and reconciled with client records. Our AP will print the Restraints Log."</p> <p>This facility serviced clients with diagnoses to</p> | V 293 | | |

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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 |
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| V 293 | Continued From page 35 include Substance Use Disorders, Conduct Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Generalized Anxiety, Major Depressive Disorder and Oppositional Defiance Disorder. Clients' were not allowed privacy to make telephone calls. FC #1, FC #2 and Client #5 continuously eloped and admitted to using drugs while away from the facility. The facility did not develop and implement treatment strategies to address the needs of clients. The facility did not supervise the clients as required and failed to maintain the required number of staff for 6 clients. The facility also failed to document client restraints in the clients record and keep a restraint log. The facility did not coordinate services with Client #6's school during crises. This deficiency constitutes a Type A1 rule violation for serious harm and must be corrected within 23 days. | V 293 | | |
| V 295 | 27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (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). (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: (1) management of the day to day | V 295 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-434 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/18/2025 |
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| V 295 | <p>Continued From page 36</p> <p>day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure it had at least one full time direct care staff who meets the requirements of an Associate Professional (AP). The findings are:</p> <p>Review on 10/14/25 of the facility's Client Staff Census revealed: -Census was completed by the Director/Chief Executive Officer (CEO)/Licensee. -Staff #1 was listed as the facility's AP.</p> <p>Review on 10/14/25 of the AP's personnel record revealed: -Hired 10/2/25. -Offer letter and job description for Associate Professional signed and dated 10/2/25. -Scheduled hours Monday-Friday 4:00pm-10:00pm and Saturday 8:00am-8:00pm. -Responsibilities included "...supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan...assisting QP (Qualified Professional) with administrative tasks. Attending weekly leadership meetings with owners and QP...Supervision shall be provided by a Qualified Professional with experience serving the population until you reach four (4) years of</p> | V 295 | | |

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| V 295 | <p>Continued From page 37</p> <p>experience. An individualized plan will be developed upon hiring and reviewed annually by both parties..."</p> <p>Interview on 10/15/25 with Staff #1 revealed: -Did not know who the AP was. -"You may have to ask [Director/CEO/Licensee]. I'm not sure who the AP is."</p> <p>Interview on 10/15/25 and on 12/1/25 with Staff #2 revealed: -"The AP comes on Tuesday and Saturdays for a few hours."</p> <p>Interview on 11/4/25 with the AP revealed: -She was hired 10/1/25. -She was a contracted staff. -She worked at the facility and its sister facility as the AP. -Did not work full time at the facility. -"I'm usually there on Saturdays." -Was not aware she was supposed to be full time staff.</p> <p>Interview on 11/4/25 with the Director/CEO/Licensee revealed: -AP was full time at the facility and sister facility. -Not aware the AP could not work full time at both of her facilities. -Would make AP full time at one facility. -Would hire another AP.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A rule violation and must be corrected within 23 days.</p> | V 295 | | |
| V 296 | 27G .1704 Residential Tx. Child/Adol - Min. Staffing | V 296 | | |

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| V 296 | <p>Continued From page 38</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 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</p> | V 296 | | |

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| V 296 | <p>Continued From page 39</p> <p>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 observation, record review and interviews the facility failed to ensure the minimum staffing ratio. The findings are:</p> <p>Observation on 10/15/25 from 1:00pm until 2:00pm at the facility revealed: -Staff #7 worked alone and was the only staff present with Client #5.</p> <p>Review of the facility's internal incident reports revealed: -On 11/14/25 Client #7 went to the local hospital's emergency room (ER) for stomach pains.</p> <p>Interview on 12/2/25 with the Hospital Social Worker revealed: -On 11/14/25 Client #7 was seen for stomach pains. -Client #7 was at the local hospital's ER unsupervised by staff. -Director/License picked Client #7 up from the hospital.</p> <p>Interview on 10/21/25 with Client #4 revealed: -There is always one staff on each shift.</p> <p>Interview on 10/15/25 with Client #5 revealed: -One staff per shift.</p> | V 296 | | |

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| V 296 | <p>Continued From page 40</p> <p>- "That one time (did not know the date) we left (eloped) it was just one person (staff) here (facility)."</p> <p>- There was only one staff when elopements happened (could not remember the date).</p> <p>Interview on 10/20/25 with Client #6 revealed: - "There is always one staff there (at the facility)." - "[Client #7] called 911 (on 11/14/25) to come get her because [Staff #8] would not take her (to the hospital)." - Staff #8 would not take Client #7 to the ER because she (Staff #8) was the only staff working.</p> <p>Interview on 12/1/25 with Client #7 revealed: - "Sometimes it's two staff, but at night it's one (staff)." - On 11/14/25 she was having severe stomach pains and asked Staff #8 to take her to the hospital. - "She (Staff #8) would not call 911 or take me to the hospital because it was just her working, so I called (911) myself." - Went to the ER alone. - "They (hospital staff) called [Director/CEO/Licensee] to come pick me up."</p> <p>Interview on 12/15/25 with Staff #7 revealed: - "I always work alone."</p> <p>Interview on 12/2/25 with Staff #8 revealed: - On 11/14/25 she was the only staff and could not get Client #7 to the hospital. - "I asked her (Client #7) if it could wait and she said no." - Client #7 called 911 and left the facility with paramedics. - No staff accompanied Client #7 to the hospital. - Client #7 called Director/CEO/Licensee to pick her up from the hospital.</p> | V 296 | | |

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| V 296 | <p>Continued From page 41</p> <p>-"I didn't know what else to do. I could not leave them (Clients) there (facility) alone."</p> <p>Interview on 12/1/25 with the Associate Professional revealed: -"There is always one staff when I get there (facility)." -"I don't know how many staff are there during the week." -"I wasn't aware there were to be three staff on each shift." -Confirmed there was one staff for each shift.</p> <p>Interview on 10/31/25 with the Qualified Professional revealed: -"Ask [Director/CEO/Licensee] about any staffing. I don't have anything to do with how employees are scheduled."</p> <p>Interview on 11/4/25 with Director/CEO/Licensee revealed: -There are 3 shifts 8am-3pm, 3pm-11pm, and 11pm-8am. -Was not aware Client #7 went to the ER alone until she was called to pick her up. -Was not aware there were supposed to be three staff on each shift. -Would start scheduling three staff on each shift. -Agreed it was to be 3 staff on each shift. -Did not provide the staff schedule by the exit date as requested.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A rule violation and must be corrected within 23 days.</p> | V 296 | | |
| V 297 | 27G .1705 Residential Tx. Child/Adol - Req. for L P | V 297 | | |

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| V 297 | <p>Continued From page 42</p> <p>10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS</p> <p>(a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.</p> <p>(b) The consultation specified in Paragraph (a) of this Rule shall include:</p> <p>(1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;</p> <p>(2) individual, group or family therapy services; or</p> <p>(3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure the Licensed Professional (LP) supervised the Qualified Professional (QP). The findings are:</p> <p>Review 10/14/25 on of the QP's personnel record revealed: -Hired 7/16/25. -No supervision notes or documentation.</p> <p>Interview on 10/22/25 with the QP revealed: -Had never met with the LP. -Does not have supervision meetings with the LP.</p> | V 297 | | |

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| V 297 | <p>Continued From page 43</p> <p>"I don't even know who that is (LP)."</p> <p>Interview on 10/23/25 with the LP revealed: -She was a contracted LP. -Did not supervise anyone. -Never met the QP. -Never had supervision meetings with the QP.</p> <p>Interview on 11/4/25 with the Director/Chief Executive Officer/Licensee revealed: -The LP supervised the QP. -Did not know if the LP and QP had supervision meetings.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A rule violation and must be corrected within 23 days.</p> | V 297 | | |
| V 364 | <p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may</p> | V 364 | | |

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| V 364 | <p>Continued From page 44</p> <p>exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use</p> | V 364 | | |

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| V 364 | <p>Continued From page 45</p> <p>personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private</p> | V 364 | | |

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| V 364 | <p>Continued From page 46</p> <p>physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum</p> | V 364 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-434 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/18/2025 |
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| NAME OF PROVIDER OR SUPPLIER RENEWED BEGINNINGS HOME INC. | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CLUB DRIVE GASTONIA, NC 28054 |
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| V 364 | Continued From page 47 of his own money; and (10)Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. | V 364 | | |

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| V 364 | <p>Continued From page 48</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that clients have the opportunity to make and receive confidential telephone calls. The findings are:</p> <p>Review on 10/15/25 of Client #4's record revealed: -Admission date of 9/5/25. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder, Post Traumatic Stress Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder. -No documentation in treatment plan regarding monitoring telephone calls.</p> <p>Review on 10/15/25 of Client #5's record revealed: -Admission date of 9/5/25. -Diagnoses of Oppositional Defiant Disorder and Disruptive Mood Dysregulation Disorder. -No documentation in treatment plan regarding monitoring telephone calls.</p> <p>Called and left voicemail for Client #4 and Client #5's Department of Social Services Legal Guardians on 10/28/25 and 10/31/25 but they did not return phone calls by the survey exit date.</p> <p>Interview on 10/21/25 with Client #4 revealed: -She was allowed to use the phone but it had to be on speaker. -Sometimes she had to make 3 way calls so staff could monitor her call. -No goals or strategies about monitoring phone calls.</p> | V 364 | | |

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| V 364 | <p>Continued From page 49</p> <p>Interview on 10/15/25 with Client #5 revealed: -Had to make calls on speaker phone.</p> <p>Interview on 10/14/25 with Staff #1 revealed: -Clients were allowed to make telephone calls. -Clients' calls had to to be monitored.</p> <p>Interview on 10/31/25 with the Qualified Professional revealed: -"Telephone calls are a privilege not a right." -"They (Clients) cannot use the telephone if they misbehave." -Telephone calls had to be monitored.</p> <p>Interview on 11/4/25 with the (Director/Chief Executive Officer (CEO)/Licensee) revealed: -"Some clients have that (monitor calls) in their treatment plans." -Was not aware staff could not monitor clients' calls. -Would give clients' privacy while using the telephone.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A rule violation and must be corrected within 23 days.</p> | V 364 | | |
| V 366 | <p>27G .0603 Incident Response Requirements</p> <p>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;</p> | V 366 | | |

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| V 366 | <p>Continued From page 50</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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</p> | V 366 | | |

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| V 366 | <p>Continued From page 51</p> <p>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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(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</p> <p>(D) issue a final written report signed by the 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</p> | V 366 | | |

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| V 366 | <p>Continued From page 52</p> <p>provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to Level I and II incidents. The findings are:</p> <p>Review on 12/1/25 of Client #6's record revealed: -Admission date: 8/4/25 -Age: 16 years old. -Diagnoses: Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Generalized Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Unspecified Personality Traits, Major Depressive Disorder, Unspecified Mood Disorder. -History of self-harm/ suicidal thoughts, depression/anxiety, and trauma/ abuse, hospitalizations.</p> <p>Review on 11/26/25 of the Local Department of Social Services report submitted by the School Social Worker revealed: -In November 2025, (unspecified date) Client #6 experienced a crisis at school. -Client #6 said she wanted to "kill herself" and destroyed school property. -The school social worker and school resource officer were having Client #6 involuntarily committed for her suicidal behavior.</p> | V 366 | | |

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| V 366 | <p>Continued From page 53</p> <p>-School Social Worker called the facility and spoke with Staff #7 and Staff #7 said she would take Client #6 to the local hospital. -Later that day the School Social Worker went to the facility to visit Client #6 and Staff #4 had not gotten Client #6 medical attention.</p> <p>Interview on 12/2/25 with the School Social Worker revealed: -Client #7 "struggled with her mental health at school often." -Reported her concerns about Client #6's mental health to the Director/Chief Executive Officer (CEO)/Licensee. -"She (Director/Chief Executive Officer (CEO)/Licensee) did not take it serious and thought [Client #6] was faking for attention." -"She (Client #6) was destroying property, throwing things, screaming, it was a very scary situation. The School Resource Officer had to get involved." -"I spoke to [Staff #7]to inform her [Client #6] was being involuntarily committed for her suicidal behavior and she (Staff #7) said she would pick [Client #6] up from school and take her to the hospital instead of [Client #6] going by Emergency Medical Services." -I went by (the facility) later that day to check on her (Client #6) and she had not been seen at the hospital. [Staff #7] said she (Client #6) was fine and did not need to go to the hospital." -Staff #7 was supposed to take Client #6 to the hospital but didn't. -The facility did not respond to Client #6's mental crisis.</p> <p>Interview on 12/5/25 with Staff #7 revealed: -Picked Client #6 up from school on the day of the incident. -School Social Worker did not tell her that Client</p> | V 366 | | |

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| V 366 | <p>Continued From page 54</p> <p>#6 needed to go to the hospital. -The Director/CEO/Licensee was responsible for incident responses.</p> <p>Interview on with the Director/CEO/Licensee revealed: -Denied knowledge of the incident. -Denied speaking to school staff about Client #6's mental health. -She was responsible for responding to incidents. -Would take all clients that express suicidal thoughts to the hospital to be evaluated.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A rule violation and must be corrected within 23 days.</p> | V 366 | | |
| V 500 | <p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of</p> | V 500 | | |

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| V 500 | <p>Continued From page 55</p> <p>each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> | V 500 | | |

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| V 500 | <p>Continued From page 56</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all incidents of alleged or suspected abuse to the local Department of Social Services (DSS) for 1 of 4 audited current Clients (#7). The findings are:</p> <p>Review on 12/1/25 of Client #7's record revealed: -Admission date: 11/5/25. -Age: 15 years old. -Diagnoses of Conduct Disorder. -History of aggressive behavior, conflict with others and marijuana use.</p> <p>Review on 12/1/25 of the facility's records revealed: -On 11/9/25 Client #7 had to be restrained due to aggressive behavior and alleged Staff #5 slapped her in the face leaving a scratch on her cheek. -No documentation that the allegation was reported to DSS as of 12/1/25.</p> <p>Interview on 12/4/25 with the Qualified Professional revealed: -The Director/Chief Executive Officer (CEO)/Licensee was responsible for reporting to DSS.</p> <p>Interview on 12/4/25 with the Director/CEO/Licensee revealed: -"I reported it (the incident on 11/9/25) to her (Client #7's) DSS guardian (Department of Social Services Legal Guardian), not local DSS." -Reported the incident to Client #7's DSS Legal Guardian on 11/10/25. -Responsible for reporting incidents to local DSS. -Would report all allegations of abuse to local</p> | V 500 | | |

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| V 500 | Continued From page 57 DSS. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A rule violation and must be corrected within 23 days. | V 500 | | |
| V 512 | 27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (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. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on record review, observations and | V 512 | | |

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| V 512 | <p>Continued From page 58</p> <p>interviews, 1 of 8 Staff (#5) abused 1 of 4 audited current Clients (#7). The findings are:</p> <p>Review on 12/1/25 of Client #7's record revealed: -Admission date: 11/5/25. -Age: 15 years. -Diagnoses of Conduct Disorder. -History of aggressive behavior, conflict with others and marijuana use.</p> <p>Review of the facility's incident reports from 11/26/25- 12/1/25 revealed: -There was no documentation of an internal investigation for the incident that took place on 11/9/25 when Client #7 alleged Staff #5 slapped her in the face before Staff #5 and Staff #6 put her in a restraint for aggressive behavior. -On 12/17/25 the Director/Chief Executive Officer (CEO)/Licensee provide a document with Staff #5 and #6's interviews with no title, date or signature.</p> <p>Review on 12/1/25 of the facility's reports in the North Carolina Incident Reporting Improvement System reports revealed: -On 11/9/25 "Consumer 1 (Client #7) took Consumer 2's (Client #8) laptop and refused to return it. Staff (Staff #5) utilized multiple verbal intervention techniques, including redirection, offering choices, and calm communication, in an effort to de-escalate the situation. Despite these attempts, Consumer 1 (Client #7) became physically aggressive toward staff (Staff #5). As staff initiated a therapeutic intervention in accordance with agency policy to maintain safety, Consumer 1 (Client #7) verbally objected and began pushing staff (Staff #5). While Staff 1 (Staff #5) and Staff 2 (Staff #6) attempted to implement a therapeutic hold to prevent injury, Consumer 2 (Client #8) intervened by pushing staff (Staff #5), requiring staff to use approved therapeutic</p> | V 512 | | |

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| NAME OF PROVIDER OR SUPPLIER RENEWED BEGINNINGS HOME INC. | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CLUB DRIVE GASTONIA, NC 28054 |
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| V 512 | <p>Continued From page 59</p> <p>blocking techniques for safety. During this process, Consumer 1 (Client #7) struck staff (Staff #5) multiple times in the head, chest, and back. While staff (Staff #5 and #6) were performing defensive blocking to prevent further injury, Consumer 1 (Client #7) sustained a minor scratch on the face. Staff (Staff #5 and #6) followed all agency procedures and ensured that safety was maintained for all individuals involved."</p> <p>Observations on 12/1/25 while interviewing clients revealed:</p> <ul style="list-style-type: none"> -at 3:12pm during Client #7's interview, when describing the scratch on her face she used her finger to make a line from the middle of her left cheek going toward her mouth. -at 3:19pm during Client #8's interview when describing the scratch on Client #7's face she used her finger to make a line from the middle of her left cheek going toward her mouth the same as Client #7. -at 3:23pm during Client #9's interview when describing the scratch on Client #7's face she used her finger to make a line from the middle of her left cheek going toward her mouth the same as Client #7. <p>Interview on 12/1/25 with Client #7 revealed:</p> <ul style="list-style-type: none"> -On 11/9/25 she and Client #8 had an argument over a laptop. -"They (Staff #5 and #6) said I started it and they (Staff #5 and #6) got all up in my face. I was sitting on the chair and they (Staff #5 and #6) were standing over me so I stood up too." -Staff #5 pushed her back down when she stood up. -She pushed Staff #5 back. -"When I pushed her back she slapped me and scratched my cheek." -Client #8 and Client #9 witnessed Staff #5 slap | V 512 | | |

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| V 512 | <p>Continued From page 60</p> <p>her.</p> <p>-Reported the allegation to the Director/Chief Executive Officer (CEO)/Licensee (11/9/25).</p> <p>Interview on 12/1/25 with Client #4 revealed: -"I did not see what happened. I just heard everyone arguing (on 11/9/25)." -Did not see Staff #5 "slap [Client #7] in the face. I just saw the scratch (on Client #7's face)."</p> <p>Interview on 12/1/25 with Client #8 revealed: -On 11/9/25 she and Client #7 were arguing over a laptop. -Client #7 took the laptop away from her then Staff #5 and Staff #6 got involved. -"They (Staff #5 and Staff #6) were in her (Client #7) face. She (Client #7) was sitting down and they (Staff #5 and Staff #6) were standing over her (Client #7)." -Client #7 tried to get up and Staff #5 pushed her back down. -"[Client #7] pushed her (Staff #5) back and [Staff #5] slapped her (Client #7)." -Client #7 had a scratch on her cheek. -"After she (Staff #5) slapped [Client #7], they (Staff #5 and Staff #6) tried to restrain her (Client #7)." -"I tried to jump in and stop them (Staff #5 and Staff #6)." -Tried to tell the Director/Licensee but the Director/Licensee would not listen. -"She [Director/CEO/Licensee] took [Staff #5's] side."</p> <p>Interview on 12/1/25 with Client #9 revealed: -On 11/9/25 she witnessed Staff #5 slap Client #7. -Client #7 and Client #8 were arguing over a laptop. -Staff #5 "got in" Client #7's face.</p> | V 512 | | |

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| V 512 | <p>Continued From page 61</p> <p>"[Client #7] pushed [Staff #5] and [Staff #5] slapped her in the face." -Client #7 had a scratch on her cheek after the slap from Staff #5. -Reported what she saw to the Director/CEO/Licensee on 11/9/25.</p> <p>Called and left voicemails for Staff #5 and Staff #6 on 12/4/25, 12/5/25, 12/8/25 and 12/10/25 but they did not return calls by the exit date.</p> <p>On 12/8/25 The Director/Licensee said she would have Staff #5 and Staff #6 return my phone calls but they did not return calls by the exit date.</p> <p>Interview on with the Director/CEO/Licensee revealed: -On 11/9/25 Staff #6 called and informed her that there was an altercation between Client #7 and Client #8, and Client #7 had to be restrained. -She started an internal investigation immediately. -"[Staff #5] was asked to leave the premises that same day (11/9/25)." -Completed the North Carolina Incident Response Improvement System (IRIS) report on 11/9/25. -Did not provide documentation of an internal investigation report until 12/17/25. -Denied any clients told her that Staff #5 slapped Client #7. -"[Client #7] is very combative and she has a history of being physically abusive to staff. She was restrained for being aggressive and she received the scratch on her face while being combative during the restraint." -Did not meet with staff or do any additional trainings.</p> <p>Review on of the Plan of Protection dated and signed by the Director and dated 12/17/25</p> | V 512 | | |

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| V 512 | <p>Continued From page 62</p> <p>revealed:</p> <p>Review on 12/17/25 of the Plan of Protection signed by the Director/Licensee and dated 12/17/25 revealed:</p> <p>-"1. Staffing Coverage Plan of Protection: Effective immediately on 12/16/2025, Renewed Beginnings Group Homes will maintain a minimum of two staff members on-site at all times, regardless of census. Staffing schedules have been adjusted, and staffing coverage will be verified daily. Responsible Party: Director</p> <p>2. Personnel Documentation Plan of Protection: Effective immediately on 12/16/2025, all employees will sign their job descriptions and offer letters prior to beginning employment, with two required signatures (employee and Director/CEO/Licensee). No staff member will be permitted to work until both signatures are completed and the documents are placed in the personnel file. Responsible Party: Director (Director/CEO/Licensee)</p> <p>3. Professional Supervision Plan of Protection: Effective immediately on 12/16/2025, the Qualified Professional will provide ongoing supervision to the Associate Professional. A supervision log has been implemented and will be maintained to document supervision activities. Responsible Party: Director (Director/CEO/Licensee)</p> <p>4. Client Phone Privacy Plan of Protection:</p> | V 512 | | |

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| V 512 | <p>Continued From page 63</p> <p>Effective immediately on 12/16/2025, consumers will not be placed on speaker phone or involved in three-way calls unless there is a documented court order or legal requirement. Staff have been instructed to protect client privacy at all times. Responsible Party: Director (Director/CEO/Licensee)</p> <p>5. Associate Professional Assignment Plan of Protection: Effective immediately, each location will have its own dedicated full-time Associate Professional. A new Associate Professional, [new AP], was hired on 12/15/2025 to ensure appropriate coverage. Responsible Party: Director (Director/CEO/Licensee)</p> <p>6. Licensed Professional Supervision Plan of Protection: Effective immediately on 12/16/2025, the Licensed Professional [LP] will provide clinical supervision to the Qualified Professional [QP]. A Licensed Professional supervision log will be maintained to document supervision. Responsible Party: Director (Director/CEO/Licensee)</p> <p>7. Background Checks Plan of Protection: Effective immediately on 12/16/2025, criminal background checks will be completed prior to issuing any offer letter and before any individual begins work. No staff member will be allowed to work without clearance on file. Responsible Party: Director (Director/CEO/Licensee)</p> <p>8. Registry Checks Plan of Protection: Effective immediately on 12/16/2025, registry</p> | V 512 | | |

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| V 512 | <p>Continued From page 64</p> <p>checks will be completed prior to issuing offer letters. Documentation will be maintained in each personnel file. Responsible Party: Director (Director/CEO/Licensee)</p> <p>9. Utilities and Essential Services Plan of Protection: Effective immediately on 12/16/2025, the facility will ensure that electricity and water services remain on at all times. Utility accounts will be monitored to prevent any interruption of essential services. Responsible Party: Director (Director/CEO/Licensee)</p> <p>10. Person-Centered Plans and Implementation Plan of Protection: Effective immediately on 12/16/2025: All person-centered plans will be fully signed and maintained in both physical and digital client files. Treatment goals, safety strategies, and interventions will be implemented daily. All services and interventions will be documented in Therap and printed and filed monthly. Responsible Party: Director (Director/CEO/Licensee)</p> <p>Describe your plans to make sure the above happens.</p> <p>The Director(Director/CEO/Licensee) will maintain direct oversight and accountability for all corrective actions outlined in the Plan of Protection. Effective immediately, the following measures are in place to ensure continuous compliance: The Director (Director/CEO/Licensee) will review daily staffing schedules and verify that a minimum of two staff members are present on-site at all</p> | V 512 | | |

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| V 512 | <p>Continued From page 65</p> <p>times. Any staffing gaps will be addressed immediately through on-call coverage or management coverage to ensure uninterrupted supervision.</p> <p>All personnel documentation, including offer letters, job descriptions, background checks, and registry checks, will be reviewed and approved by the Director (Director/CEO/Licensee) prior to employment. No staff member will be permitted to begin work until all required documents are completed, signed by both the employee and the Director, and placed in the personnel file.</p> <p>The Director (Director/CEO/Licensee) will oversee all clinical and professional supervision, including QP-to-AP supervision and Licensed Professional-to-QP supervision. Supervision logs will be reviewed monthly by the Director (Director/CEO/Licensee) to confirm that supervision is occurring as required and is properly documented.</p> <p>The Director (Director/CEO/Licensee) will ensure staff compliance with client rights and privacy protections by reinforcing expectations during staff meetings, orientation, and ongoing supervision. Any violations of client rights will be addressed immediately through corrective coaching and, if necessary, disciplinary action.</p> <p>The Director (Director/CEO/Licensee) will verify that each location maintains its own dedicated Associate Professional and will review staffing assignments routinely to prevent overlap or noncompliance.</p> <p>Utility accounts will be monitored by the Director (Director/CEO/Licensee) to ensure continuous access to electricity and water. Any potential service interruption will be addressed immediately to prevent disruption of essential services.</p> <p>The Director (Director/CEO/Licensee) will conduct regular audits of person-centered plans</p> | V 512 | | |

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| V 512 | <p>Continued From page 66</p> <p>to ensure all plans are signed, current, and properly implemented. Documentation in Therap will be reviewed, and printed records will be maintained monthly to verify that treatment goals, safety strategies, and interventions are implemented daily."</p> <p>"Describe your plans to make sure the above happens.</p> <p>The Director (Director/CEO/Licensee) will maintain direct oversight and accountability for all corrective actions outlined in the Plan of Protection. Effective immediately, the following measures are in place to ensure continuous compliance: The Director (Director/CEO/Licensee) will review daily staffing schedules and verify that a minimum of two staff members are present on-site at all times. Any staffing gaps will be addressed immediately through on-call coverage or management coverage to ensure uninterrupted supervision. All personnel documentation, including offer letters, job descriptions, background checks, and registry checks, will be reviewed and approved by the Director (Director/CEO/Licensee) prior to employment. No staff member will be permitted to begin work until all required documents are completed, signed by both the employee and the Director, and placed in the personnel file. The Director (Director/CEO/Licensee) will oversee all clinical and professional supervision, including QP-to-AP supervision and Licensed Professional-to-QP supervision. Supervision logs will be reviewed monthly by the Director (Director/CEO/Licensee) to confirm that supervision is occurring as required and is properly documented. The Director (Director/CEO/Licensee) will ensure</p> | V 512 | | |

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| V 512 | <p>Continued From page 67</p> <p>staff compliance with client rights and privacy protections by reinforcing expectations during staff meetings, orientation, and ongoing supervision. Any violations of client rights will be addressed immediately through corrective coaching and, if necessary, disciplinary action. The Director (Director/CEO/Licensee) will verify that each location maintains its own dedicated Associate Professional and will review staffing assignments routinely to prevent overlap or noncompliance.</p> <p>Utility accounts will be monitored by the Director (Director/CEO/Licensee) to ensure continuous access to electricity and water. Any potential service interruption will be addressed immediately to prevent disruption of essential services.</p> <p>The Director (Director/CEO/Licensee) will conduct regular audits of person-centered plans to ensure all plans are signed, current, and properly implemented. Documentation in Therap will be reviewed, and printed records will be maintained monthly to verify that treatment goals, safety strategies, and interventions are implemented daily.</p> <p>The Director (Director/CEO/Licensee) will maintain direct oversight of all reporting and protective actions related to client safety. Effective immediately, the Director will ensure that:</p> <p>Any allegation or suspicion of harm, abuse, neglect, or exploitation is reported immediately to local DSS, documented in IRIS, and reported to HCR when applicable.</p> <p>No employee under investigation or with substantiated findings will be permitted to work in the facility.</p> <p>Staff receive ongoing instruction and reinforcement on mandatory reporting responsibilities during orientation, supervision, and staff meetings.</p> | V 512 | | |

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| V 512 | <p>Continued From page 68</p> <p>Incident reports and follow-up actions are reviewed by the Director (Director/CEO/Licensee) to ensure timely reporting, documentation, and resolution. Personnel files are monitored to ensure compliance with registry checks and reporting requirements prior to employment and on an ongoing basis.</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ol style="list-style-type: none"> 1. Staffing Coverage Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that the facility maintains a minimum of three (3) staff on-site during daytime hours. 2. Client Rights - Phone Privacy Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that clients are not placed on speaker phone or involved in three-way calls unless required by a court order or documented legal requirement. 3. Training on Alternatives to Restrictive Interventions Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that all staff receive training on de-escalation techniques and alternatives to restrictive interventions, with documentation maintained in personnel files. 4. Associate Professional Assignment Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that each location has its own dedicated full-time Associate Professional, and that the Gastonia and Charlotte locations do not share an Associate Professional. 5. Licensed Professional Supervision Effective immediately on 12/16/2025, | V 512 | | |

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| V 512 | <p>Continued From page 69</p> <p>[Director/CEO/Licensee], Director, will ensure that the Licensed Professional,, provides ongoing clinical supervision to the Qualified Professional, [QP's name], with supervision documented.</p> <p>6. Person-Centered Plans and Implementation Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that all person-centered plans are fully signed, maintained in physical and digital records, and that treatment goals and safety strategies for [FC #3] are implemented daily and documented in Therap.</p> <p>7. Scope and Coordination of Care Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that the facility coordinates care with the school anytime a client experiences suicidal ideation while at school, with all communication documented.</p> <p>8. Client Supervision at the Hospital Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that staff on shift remain with the client at the hospital at all times and that no client is left unattended.</p> <p>9. Documentation of Restraints Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that all restraints are fully documented in the client's digital record by the Associate Professional, including reason, duration, and follow-up.</p> <p>10. Restraint Log Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure that a centralized restraint log is maintained by the Associate Professional and reviewed regularly.</p> <p>11. Response to Suicidal Ideation Effective immediately on 12/16/2025, [Director/CEO/Licensee], Director, will ensure</p> | V 512 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-434 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/18/2025 |
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| NAME OF PROVIDER OR SUPPLIER RENEWED BEGINNINGS HOME INC. | STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CLUB DRIVE GASTONIA, NC 28054 |
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| V 512 | <p>Continued From page 70</p> <p>that anytime a client expresses suicidal ideation, the Qualified Professional, [QP's name], completes a suicide risk assessment."</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Effective immediately on 12/16/2025, Director, will ensure that any allegation or suspicion of abuse is reported immediately to the local Department of Social Services, that the Director reports to the Health Care Personnel Registry, and that the Qualified Professional, completes the IRIS report. The way this will happen is by providing a training on how to handle abuse allegations.</p> <p>Describe your plans to make sure the above happens. To ensure this occurs consistently, all staff, Director (Director/CEO/Licensee), Associate Professional, and Qualified Professional will participate in a mandatory meeting/training to review and implement updated reporting procedures and internal processes. During this meeting, staff roles and responsibilities for reporting will be clearly defined, reporting timelines will be reviewed, and step-by-step reporting protocols will be reinforced. Also, an updated policy will be given to each individual."</p> <p>The facility served clients between the ages of 11-17 years old and diagnoses to include, Conduct Disorder, Major Depressive Disorder, Substance Use Disorder and Mood Dysregulation Disorder. On 11/9/25 Staff #5 slapped Client 7 in the face causing a scratch on her cheek which was witnessed by other clients, and reported it to the Director/CEO/Licensee. The Director did not protect the clients from Staff #5.</p> | V 512 | | |

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| V 512 | Continued From page 71 This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. | V 512 | | |
| V 521 | 27E .0104(e9) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum: (A) notation of the client's physical and psychological well-being; (B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date, time and duration of its use; (E) a description of accompanying positive methods of intervention; (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions; (G) a description of the debriefing and planning with the client and the legally responsible person, | V 521 | | |

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| V 521 | <p>Continued From page 72</p> <p>if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure whenever a restrictive intervention was utilized, documentation was in the clients' records for 2 of 4 audited current Clients (Client #5 & Client #7)'s records. The findings are:</p> <p>Review on of Client #5's record revealed: -Admission date of 9/6/25. -Age: 15 years. -Diagnoses of Oppositional Defiant Disorder and Disruptive Mood Dysregulation Disorder. -History of eloping, engaging in risky behaviors, substance abuse, verbal and physical aggression, and impulsiveness. -No documentation of restraint on 11/8/25.</p> <p>Review on 12/1/25 of Client #7's record revealed: -Admission date of 11/5/25. -Age 15 years. -Diagnoses of Conduct Disorder. -History of aggressive behavior, conflict with others and marijuana use. -No documentation of restraint on 11/9/25.</p> <p>Review on 12/1/25 of the facility's incident reports from 10/1/25 to 12/1/25 revealed: -On 11/8/25 Client #5 was restrained for destroying property. -On 11/9/25 Client #7 was restrained for</p> | V 521 | | |

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| V 521 | <p>Continued From page 73</p> <p>aggressive behavior.</p> <ul style="list-style-type: none"> -No documentation for the restraint on 11/8/25 with Client #5 and 11/9/25 with Client #7. -No notation of the clients physical and psychological well being. -No notation of the frequency, intensity, and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior. -The rationale for the use of the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used. -No notion of the description of the restrictive intervention, or the date, time, and duration of its use. -No notion of a description of accompanying positive methods of intervention. -No notion of debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions. -No description of the debriefing and planning with the clients and their legally responsible person for the planned use of seclusion, physical restraint or isolation time out if determined to be clinically necessary. -No documentation of the signature and title of the facility employee who initiated the use of the restrictive interventions. <p>Interview on with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Was not aware a record of restrictive intervention had to be in the clients' records. -Would put documentation of restraints in the clients' records going forward. | V 521 | | |

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| V 521 | Continued From page 74 Interview on 12/12/25 with the Director/Chief Executive Officer/Licensee revealed: -Was not aware restraints had to be documented in clients' records. -Would put documentation of restraints in the clients' records going forward. This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A rule violation and must be corrected within 23 days. | V 521 | | |
| V 525 | 27E .0104(e17) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (17) The facility shall conduct reviews and reports on any and all use of restrictive interventions, including: (A) a regular review by a designee of the governing body, and review by the Client Rights Committee, in compliance with confidentiality rules as specified in 10A NCAC 28A; (B) an investigation of any unusual or possibly unwarranted patterns of utilization; and (C) documentation of the following shall be maintained on a log: (i) name of the client; (ii) name of the responsible professional; (iii) date of each intervention; (iv) time of each intervention; (v) type of intervention; (vi) duration of each intervention; (vii) reason for use of the intervention; | V 525 | | |

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| V 525 | <p>Continued From page 75</p> <p>(viii) positive and less restrictive alternatives that were used or that were considered but not used and why those alternatives were not used;</p> <p>(ix) debriefing and planning conducted with the client, legally responsible person, if applicable, and staff, as specified in Parts (e)(9)(F) and (G) of this Rule, to eliminate or reduce the probability of the future use of restrictive interventions; and</p> <p>(x) negative effects of the restrictive intervention, if any, on the physical and psychological well-being of the client.</p> <p>This Rule is not met as evidenced by: Based on interviews and record review the facility failed to maintain a log of all restrictive interventions, conduct reviews and reports on any and all use of restrictive interventions including a regular review by a designee of the governing body and review by the Client Rights Committee. The findings are:</p> <p>Review on 11/26/25 of the facility's North Carolina Incident Reporting Improvement System reports revealed: -On 11/8/25 Client #5 was restrained for destroying property. -On 11/9/25 Client #7 was restrained for aggressive behavior.</p> <p>Review of the facility's records on 12/1/25 revealed: -No log of all restrictive interventions.</p> <p>Interview on 12/12/25 with the Qualified Professional revealed: -"All of your questions should be directed to [Director/Chief Executive Officer (CEO)/Licensee]."</p> | V 525 | | |

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| V 525 | Continued From page 76 Interview on 12/12/25 with the Director/CEO/Licensee revealed: -Documented restrictive interventions but did not keep a log. -Did not produce evidence of documentation of restrictive interventions by exit date. -"I will create a log and inform my staff to document all restrictive interventions in the log." This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A rule violation and must be corrected within 23 days. | V 525 | | |
| V 536 | 27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of | V 536 | | |

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| V 536 | <p>Continued From page 77</p> <p>behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> | V 536 | | |

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| V 536 | <p>Continued From page 78</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> | V 536 | | |

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| V 536 | <p>Continued From page 79</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed ensure the Qualified Professional (QP) and 1 of 8 of Staff (#6), received initial training in alternatives to restrictive interventions</p> | V 536 | | |

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| V 536 | <p>Continued From page 80</p> <p>by a qualified trainer prior to providing services to clients. The findings are:</p> <p>Review on 10/14/25 of Staff #6's personnel record revealed: -Hired 7/1/25. -Received initial training in alternatives to restrictive interventions 6/26/25 and Director/Chief Executive Officer (CEO)/Licensee was the instructor for the training.</p> <p>Review on 10/14/25 of the QP's personnel record revealed: -Hired 7/16/25. -Received initial training in alternatives to restrictive interventions 7/17/25 and Director/CEO/Licensee was the instructor for the training.</p> <p>Review on 10/14/25 of the Director/CEO/Licensee's record revealed: -Was not trained to facilitate alternatives to restrictive interventions by a qualified trainer.</p> <p>Interview on 10/16/25 with Staff #6 revealed: -Had not had de-escalation training. -Had "never used restraints, have not had the training; they (facility) are supposed to be setting up training. I don't need the training. At this moment I don't do restraints because they (clients) don't give me a problem."</p> <p>Interview on 12/4/25 with the Director/CEO/Licensee revealed: -Was not aware that staff #6 did not have documentation for initial training in alternatives to restrictive interventions -"I will get that (documentation Staff #6 had initial training in alternatives to restrictive interventions) for you."</p> | V 536 | | |

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| V 536 | <p>Continued From page 81</p> <p>Did not provide documentation by the exit date.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A rule violation and must be corrected within 23 days.</p> | V 536 | | |