	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		FCL033016	B. WING			R-C 09/06/2024	
IAME OF P	F PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CHILD'	S HOPE FAMILY CAN	REHOME	KAVENUE MT, NC 27801				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
	survey and complathrough 09/06/24.	ensure conducted a follow-up int investigation on 09/04/24 The Edgecombe County ial Services initiated the 5/24.					
C 141	10A NCAC 13G .04 Qualification	406 (a)(1) Other Staff	C 141				
	<ul><li>(a) Each staff pers</li><li>shall:</li><li>(1) have a job desc</li></ul>	406 Other Staff Qualifications on of a family care home cription that reflects actual sibilities and is signed by the he employee;					
	Based on record re facility failed to ens reflects actual dutie	et as evidenced by: eview and interviews, the sure a job description that es and responsibilities was inistrator and the employee for off (Staff B).					
	The findings are:						

Division	of Health Service Re	gulation			FORMAPPROVED	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL033016	B. WING		R-C <b>09/06/2024</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	REET ADDRESS, CITY, STATE, ZIP CODE			
A CHILD	'S HOPE FAMILY CAR		( AVENUE IT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
C 141	Continued From pa	ge 1	C 141			
	-There was a signed care aide (PCA)/"ke 04/10/24. -There was no signed Supervisor-In-Charg Interview with the S revealed: -She was not the SI training little by little -She was the only s overnight at the fact Second interview w 4:16pm revealed: -She began working -The Administrator s about becoming the at that time. -She was learning the providers and write -She had not signed the Administrator. Interview with the A 2:45pm revealed: -Staff B was "acting across the street fro -Staff B was still in the was based on the A description from wh -Staff B was not foll Administrator's stark knew the basics. -Staff B continued to	IC on 09/06/24 at 8:11am IC but was working on the taff when she stayed ility with the residents. ith the SIC on 09/06/24 at g at the facility in July 2024. spoke with her in August 2024 e SIC and she began training o make notifications to notes. d a job description for SIC with dministrator on 09/04/24 at as" SIC because she lived om the facility. training for SIC and training dministrator's old job				

OF CORRECTION	ENCIES (X1) PROVIDER/SUPPLIER/CLIA TION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED		
	FCL033016	B. WING		R-C 09/06/2024			
ROVIDER OR SUPPLIER	STREET A	STREET ADDRESS, CITY, STATE, ZIP CODE					
S HOPE FAMILY CAR	REHOME	-					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE	(X5) COMPLET DATE		
Continued From pa	ge 2	C 141					
09/06/24 at 3:22pm -Staff B was a perse temporary SIC and position. -There was no SIC -She did not know a	revealed: onal care aide (PCA) and was still in training for the SIC job description for Staff B. a job description should be	;					
10A NCAC 13G .06 Other Staff	i01 (e)(f) Management And	C 187					
10A NCAC 13G .06 Staff	01 Management And Other						
supervisor-in-charg within 500 feet of th two-way telecommu supervisor-in-charg assuring that all req the facility and for a resident left alone in member. (f) When the admir supervisor-in-charg within 500 feet of th meets the staff qua Subchapter shall be staff person shall be more than eight hou	e shall be in the facility or be facility with a means of unication. The administrator of e is directly responsible for juired duties are carried out in issuring that at no time is a in the facility without a staff histrator or e are not in the facility or be facility, a staff person who lification requirements of this e on duty in the facility. The e on duty in the facility no urs per 24 hours and no more						
	SHOPE FAMILY CAR SUMMARY STA (EACH DEFICIENCY REGULATORY OR LI Continued From pa Second interview w 09/06/24 at 3:22pm -Staff B was a perse temporary SIC and position. -There was no SIC -She did not know a signed by her and S personal file. 10A NCAC 13G .06 Other Staff 10A NCAC 13G .06 Staff (e) At all times the supervisor-in-charg within 500 feet of th two-way telecommu supervisor-in-charg assuring that all rec the facility and for a resident left alone in member. (f) When the admin supervisor-in-charg within 500 feet of th member. (f) When the admin supervisor-in-charg	ROVIDER OR SUPPLIER       STREET A         SHOPE FAMILY CARE HOME       329 PAR ROCKY         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 2         Second interview with the Administrator on 09/06/24 at 3:22pm revealed: -Staff B was a personal care aide (PCA) and temporary SIC and was still in training for the SIC position.         -There was no SIC job description for Staff B.         -She did not know a job description should be signed by her and Staff B and maintained in the personal file.         10A NCAC 13G .0601 (e)(f) Management And Other Staff         10A NCAC 13G .0601 Management And Other Staff         (e) At all times the administrator or supervisor-in-charge shall be in the facility or within 500 feet of the facility with a means of two-way telecommunication. The administrator or supervisor-in-charge is directly responsible for assuring that all required duties are carried out in the facility and for assuring that at no time is a resident left alone in the facility without a staff member.         (f) When the administrator or supervisor-in-charge are not in the facility or within 500 feet of the facility, a staff person who meets the staff qualification requirements of this Subchapter shall be on duty in the facility. The staff person shall be on duty in the facility. The	FCL033016       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, ST         SHOPE FAMILY CARE HOME       329 PARK AVENUE ROCKY MT, NC 27801         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 2       C 141         Second interview with the Administrator on 09/06/24 at 3:22pm revealed: -Staff B was a personal care aide (PCA) and temporary SIC and was still in training for the SIC position.       C 141         -There was no SIC job description for Staff B. -She did not know a job description should be signed by her and Staff B and maintained in the personal file.       C 187         10A NCAC 13G .0601 (e)(f) Management And Other Staff       C 187         (e) At all times the administrator or supervisor-in-charge shall be in the facility or within 500 feet of the facility with a means of two-way telecommunication. The administrator or supervisor-in-charge is directly responsible for assuring that all required duties are carried out in the facility and for assuring that at no time is a resident left alone in the facility without a staff member.       (f) When the administrator or supervisor-in-charge are not in the facility or within 500 feet of the facility, a staff person who meets the staff qualification requirements of this Subchapter shall be on duty in the facility. The staff person shall be on duty in the facility no more than eight hours per 24 hours and no more	FCL033016         B. WING           ROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE           329 PARK AVENUE ROCKY MT, NC 27801         329 PARK AVENUE ROCKY MT, NC 27801           SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         PREFIX PREFIX TAG         PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) (EACH CORRECTIVE ACT) (EACH CORRECTIVE ACT) REGULATORY OR LSC IDENTIFYING INFORMATION)         D PREFIX TAG         PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) (EACH CORRECTIVE ACT) (EACH CORRECTIVE ACT) (EACH CORRECTIVE ACT) (EACH CORRECTIVE ACT) REGULATORY OR LSC IDENTIFYING INFORMATION)         D PREFIX TAG         PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) (EACH CORRECTIVE ACT) (EACH CORRECTIVE ACT) (EACH CORRECTIVE ACT) (CONSTRETER Staff B was a personal care aide (PCA) and temporary SIC and was still in training for the SIC position.         C 141           Staff B was a personal care aide (PCA) and temporary SIC and was still in training for the SIC position.         C 141           Other Staff         Sold description for Staff B. -She did not know a job description should be signed by her and Staff B and maintained in the personal file.         C 187           10A NCAC 13G .0601 (e)(f) Management And Other Staff         C 187           (e) At all times the administrator or supervisor-in-charge is directly responsible for assuring that all required duties are carried out in the facility and for assuring that at no time is a resident left alone in the facility without a staff member.         Staff person who meets the staff qualification requirements of this Subchapter shall be on duty in	FCL033016         E. WING         Revine         Revine           ROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE         329 PARK AVENUE ROCKY MT, NC 27801           SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (EACH OEDFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (EACH OENFECTIVE ACTION SHOULD BE PREFIX 7 AG           Continued From page 2         C 141           Second interview with the Administrator on supervisor-in-charge shall be in the facility or within 500 feet of the facility with a means of two-way telecommunication. The administrator or supervisor-in-charge is directly responsible for assuring that all required duties are carried out in the facility and for assuring that at no time is a resident left alone in the facility or within 500 feet of the facility without a staff member.         IN When the administrator or supervisor-in-charge are not in the facility or within 500 feet of the facility. The staff qualification requirements of this Subchapter shall be on duty in the facility. The staff qualificat		

Division	of Health Service Re	egulation				APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		FCL033016	B. WING		R-C 09/06/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET A				
		329 PAR	K AVENUE			
ACHILD	'S HOPE FAMILY CAF	RE HOME ROCKY	MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	ON SHOULD BE	(X5) COMPLETE DATE
				DEFICIENCY	)	
C 187	Continued From pa	ige 3	C 187			
	reviews, the Admini times there was a s	et as evidenced by: ions, interviews and record istrator failed to ensure at all staff member on duty and ty to supervise residents.				
	The findings are:					
	handbook revealed	Offered in an undated facility the facility would provide ty-four-hour supervision by t trained staff.				
		facility on 09/04/24 at 8:10am istrator arrived and unlocked e facility.				
	09/21/23 revealed: -Diagnoses include impulse control, sch type, borderline inte hearing loss. -The resident was a disoriented. -The resident wand abusive.	t #3's current FL-2 dated d intellectual disability, hizoaffective disorder bipolar ellectual functioning, and ambulatory and constantly lered and was verbally				
	family care home.	ommended level of care was				
	10/03/23 revealed: -The resident wand abusive.	t #3's current care plan dated lered and was verbally sometimes disoriented,				
vision of !!	forgetful and neede -The resident requi					

Division of Health Service Regulation STATE FORM

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	СОМ	E SURVEY PLETED	
		FCL033016	B. WING	B. WING		R-C 09/06/2024	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
CHILD'	S HOPE FAMILY CA	REHOME					
			MT, NC 27801			(1.1-)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
C 187	Continued From pa	age 4	C 187				
	8:15am revealed: -Resident #3 walke morning because h -The resident report another resident report another resident to -The resident mission transportation to a Program (PSR) earlieft the facility. -She did not know h usually walked to do community. -She left the facility. Second interview w 09/04/24 at 9:19am -She had to leave to nonresident to a mage the facility. -She was not award located; he had not -She looked for Re the facility at 8:10a time. -The SIC who lived cameras and was r #3 back in the facility	rted he was "mad" because ok his cigarettes. ed the bus that provided Psychosocial Rehabilitation rlier this morning because he where Resident #3 was, he lifferent businesses in the r earlier this morning and with the Administrator on					
	of the facility. -The resident talke and down the stree	revealed: ed up the street to the driveway d in a loud voice, looking up et, and walked into a neighbor's					
	yard. -The resident conti while smoking a ci	nued to talk to himself loudly garette.					

STATE FORM

93ZD11

If continuation sheet 5 of 77

TATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL033016	B. WING		R-C 09/06/2024	
IAME OF	PROVIDER OR SUPPLIER	STREET AI	TATE, ZIP CODE			
A CHILD	S HOPE FAMILY CAR	RE HOME	KAVENUE MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 187	Continued From pa	ge 5	C 187			
	street from the curb the street. -The resident walke the facility when two -The resident walke driveway and nodde he walked around th -The resident sat or and then returned to facility. -The SIC, who lived the facility at 9:37ar unlocked the facility with Resident #3. Observation of Res 09/04/24 at 9:51am Resident #3 left the the SIC returned to #3 at 10:30am. Interview with Resid revealed: -His psychiatrist app of unsupervised tim -He enjoyed walking in the community. -There were a few t facility and the door the front porch step him in the facility. Interview with the S revealed: -She was currently had not given her a	d a few steps up and down the of the street to the middle of ed onto the sidewalk in front of o cars drove down the street. Ed up to the van in the facility ed his head several times as ne van back to the street. In the front steps of the facility of the street in front of the across the street, walked to m, spoke to Resident #3, and walked into the facility ident #3 and the SIC on revealed the SIC and facility on a facility van and the facility without Resident dent #3 on 09/06/24 at 8:00am proved for him to have 2 hours e in the community. g to visit friends at local stores imes he walked back to the was locked; so, he waited on s for someone to come let IC on 09/04/24 at 10:30am off duty, and the Administrator ny instructions regarding what at #3 returned to the facility or				

Division	of Health Service Re	egulation				APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		FCL033016	B. WING			-C <b>06/2024</b>
NAME OF	AME OF PROVIDER OR SUPPLIER STREET			TATE, ZIP CODE		
A CHILD	'S HOPE FAMILY CAR	2F HOME	KAVENUE MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 187	-	-	C 187			
	see that Resident # -The facility was loc returned to the facil Administrator, and	at her house and happened to 3 had returned to the facility. ked when Resident #3 ity, so she called the the Administrator instructed n Resident #3 so he could be				
C 243	10A NCAC 13G .09 Supervision	01(b) Personal Care and	C 243			
	Supervision (b) Staff shall provi	01 Personal Care And de supervision of residents in ch resident's assessed needs nt symptoms.				
	This Rule is not me FOLLOW-UP TO T	et as evidenced by: YPE A1 VIOLATION				
	Based on these find Violation was not al	dings, the previous Type A1 pated.				
	reviews, the facility for 1 of 4 residents being constantly dis	ons, interviews, and record failed to provide supervision (#3) who was assessed as soriented, wandered around and eloped to a town that from the facility.				
	The findings are:					
	Supervision of Wan revealed: -The facility would i developed disorient behaviors and keep	y's undated Identification and idering Residents policy dentify residents who tation and wandering them safe until a secured be obtained for the resident.				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _		—   R-C	
		FCL033016	B. WING			06/2024
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	'S HOPE FAMILY CAF					
			MT, NC 27801			(1.1-)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 243	Continued From pa	ige 7	C 243			
	wander, staff should or perimeter to safe -Staff would be train preventing unsafe v would be provided to the resident. -The Administrator, and staff should ob resident at risk for e communication bet transfer information behaviors that indic Review of Services handbook revealed -The facility would p twenty-four hour su and trained staff. -The facility would p	provide residents with pervision by compassionate provide immediate response in ncy, accident, or incident				
	09/21/23 revealed: -Diagnoses include impulse control, scl type, borderline inte hearing loss. -The resident was a disoriented. -The resident wand abusive. -The resident's reco family care home. Review of Resident 10/03/23 revealed:	t #3's current FL-2 dated d intellectual disability, hizoaffective disorder bipolar ellectual functioning, and ambulatory and constantly lered and was verbally ommended level of care was t #3's current care plan dated lering behaviors and was				

STATE FORM

93ZD11

If continuation sheet 8 of 77

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI F	CONSTRUCTION	(X3) DATE	SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		FCL033016	B. WING	R WING		R-C 09/06/2024	
		FCE033010			09/	00/2024	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE			
A CHILD	S HOPE FAMILY CAP	REHOME	K AVENUE MT, NC 27801				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
C 243	Continued From pa	ige 8	C 243				
	-The resident was	sometimes disoriented,					
	forgetful and neede						
	0	red limited assistance with					
	•	thing, dressing, and grooming.					
	Review of Resident #3's Independent						
	Assessment for Personal Care completed by a						
	home health (HH) agency dated 06/19/24						
	revealed:						
		vas completed by a home					
	health (HH) agency						
		red extensive assistance with					
	bathing and person						
		cognitively unable to assessor how to transfer into					
	the shower without						
		itor's report, staff had to hold					
		assist him with getting in and					
		lue to his cognition and lack of					
	balance.	5					
	-The resident requi	red extensive assistance with					
	dressing with clothi	ng, socks and shoes and					
	removing clothing,						
		cognitively unable to put on his	5				
		nts or pull up his pants to his					
	waist.						
		red set up and supervision for					
		om to room in the facility. observed occasionally					
		o steady himself without					
	assistance.	o steady minsen without					
		reported to the assessor that					
	Resident #3 wande						
		ble to verbalize his name but					
	unable to verbalize	his date of birth, current					
	location, month or y	year.					
		ss note completed by the					
	Administrator dated	d 08/12/24 at 7:00pm revealed					
	the Administrator d	ocumented that staff was in					

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
		FCL033016	B. WING		R-C <b>09/06/2024</b>	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S			
	'S HOPE FAMILY CAF		K AVENUE			
		ROCKY	MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 243	Continued From pa	ige 9	C 243			
		nen they came back into the ent #3 cut off the door alarm he facility.				
	-The facility sign in/ completed with the returned to facility, signature. -There was no doct in/out log that the re	ty sign in/out log revealed: 'out log had six columns to be date, time out of facility, time resident's signature, and staff umentation on the facility sign esident left the facility on and there was no return time				
	Administrator dated -Resident #3 was in Administrator obset door alarm at the k leave the facility.	ss note completed by the d 08/13/24 at 7:30am revealed in the kitchen and the rved the resident cut off the itchen door and attempted to umentation of whether the ility.				
	Resident #3 signed	ty sign in/out log revealed l out of the facility on 08/13/24, of when he left, and no time of				
	personal care aide -There was a time I not indicated. -Resident #3 ran ou staff and the reside	ss note completed by a (PCA) on 08/18/24 revealed: listed of 8:58; am or pm was ut of the facility on weekend ont was instructed to return. umentation when the resident lity.				
vision of LL	Resident #3 signed	ty sign in/out log revealed l out of the facility on 08/18/24, of when he left, no time of				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		FCL033016	B. WING		R-C <b>09/06/2024</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
A CHILD	'S HOPE FAMILY CAF	REHOME	KAVENUE MT, NC 27801	l.		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
C 243	Continued From pa	age 10	C 243			
	return, and no staff	signature.				
	Review of a progre	ss note completed by the				
	Administrator dated	08/21/24 at 8:30pm revealed	:			
		#3 at 8:30pm that he needed in 15 to 30 minutes or else				
	staff would call law					
	-She documented t	he resident responded, "okay."				
		e SIC at 9:15pm and the SIC				
	of the facility.	nt had been walking in and out	[			
	-She instructed the	SIC to contact law				
		resident had not returned in 15	5			
	to 30 minutes.					
		ss note completed by the				
		08/22/24 at 7:30am revealed	:			
	enforcement was p	at the facility at 7:30am, law				
		e SIC about why law				
		t the facility and was told				
		ot returned to the facility last				
	night (08/21/24). -She asked the SIC	C why she did not call her back				
	last night or called l	law enforcement when the				
	resident had not re					
	- There was no doci response to the Ad	umentation of the SIC's ministrator.				
		ent Report dated 08/23/24				
	revealed:	on report dated 00/20/24				
		cident was 08/22/24 at 6:15am				
		was a missing person.				
	- The missing perso	on was identified as Resident				
		nent was called due to				
	Resident #3 not ret	urning to the facility in a timely				
		no date or time documented.				
	-Staff made a miss no date or time doo	ing person's report; there was				
vision of L	ealth Service Regulation	unioniou.				

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		FCL033016	B. WING		R-C 09/06/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		329 PAR	K AVENUE			
A CHILD	'S HOPE FAMILY CAF	RE HOME ROCKY	MT, NC 27801			
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	E APPROPRIATE	COMPLET DATE
C 243	Continued From pa	ge 11	C 243			
	time documented. -Follow-up actions is protect the resident made with the resident was obtained from obtained for his saf Interview with a Sup 09/06/24 at 4:16pm -She did not know v facility on 08/21/24 the facility when she -She sent a text to be approximately 11:00 returned, and the A call local law enforce an hour. -It was not unusual out of the facility an porch until approxim	bund; there was no date or included extra precautions to it's safety, an appointment was dent's psychiatrist and an order Resident #3's psychiatrist was ety. pervisor-In-Charge (SIC) on a revealed: what time Resident #3 left the because he had already left e arrived to work at 7:00pm. the Administrator at 0pm when he had not dministrator instructed her to cement if he did not return in for Resident #3 to go in and id would sometimes sit on the	r 🛛			
	the next morning be the facility calling th #3 walking out. -She thought Resid facility because he	e local law enforcement until ecause they got mad due to lem often regarding Resident lent #3 would return to the always returned. text the Administrator after				
	11:00pm on 08/21/2 not call or text to se during the night. Review of a commu local law enforceme -The call was received	24 and the Administrator did be if Resident #3 had returned unications Event Report from ent dated 08/22/24 revealed: ved on 08/22/24 at 6:41am. event was a "Missing/Found				

	of Health Service Re		1		1		
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		FCL033016	B. WING			R-C <b>09/06/2024</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
		329 PARI	<b>AVENUE</b>				
A CHILD	'S HOPE FAMILY CAF	RE HOME ROCKY N	NT, NC 27801				
(X4) ID			ID	PROVIDER'S PLAN OF C		(X5)	
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	HE APPROPRIATE	COMPLETE DATE	
C 243	Continued From pa	ge 12	C 243				
	at approximately 8: 08/21/24. -Resident #3 was w approximately 2 blo Administrator stopp to the facility to take -It was reported by return to the facility Interview with the A 2:45pm revealed: -She left the facility 08/21/24. -She was in her car when she told Resi within 15 to 30 minu would be called; Re facility at the curb s time. -She spoke with the 9:15pm and told he if he did not return v -When she arrived 08/22/24, local law facility. -She was not notifie arrival that Residen facility all night and	bocks from the facility when the bed to instruct him to go back a his medications. staff that Resident #3 did not throughout the night. administrator on 09/04/24 at at approximately 8:30pm on in the driveway of the facility dent #3 to go into the facility dent #3 to go into the facility utes or local law enforcement esident #3 was outside the moking a cigarette at that a SIC on duty via phone at or to call local law enforcement					
	08/22/24 of the elop found in another to	l guardian was notified on bement, Resident #3 was wn with a family member n 08/22/24, and he was					
	returned to the facil	lity after midnight on 08/23/24. sident hitchhiked to visit a					
	-Resident #3 receiv psychiatrist for 2 ho	red an order from his ours of unsupervised leave on t have an order for any					

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		FCL033016	B. WING		R-C 09/06/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		329 PAR	K AVENUE			
	'S HOPE FAMILY CAF	ROCKY	MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 243	Continued From pa	ige 13	C 243			
	unsupervised leave -She spoke with Re 08/23/24 and agree hour supervision fro he attended his PS -She spoke with Re 08/28/24 or 08/29/2 unsupervised leave resident's psychiatr -Resident #3's lega provider's recomme voiced concerns or Interview with Resid revealed: -He walked away fr business and obtain -He was upset with she talked "ugly" to -He was upset with she talked "ugly" to -He was almost bac walked in the comm told him he needed -The Administrator men in this home to it, I'll get my husbar -The Administrator "home" if he did no -He was scared to g not know how he w -Resident #3 report Administrator and le -He went to a local provide him with a n was afraid the Adm "home."	e at the time of the elopement. esident #3's guardian on ed Resident #3 would need 24 om facility staff except when R program. esident #3's guardian again on 24 about the 2 hour e order that was written by the fist. Il guardian told her to go with endations with no protest, instructions given. dent #3 on 09/05/24 at 8:00am om the facility to a local ned a ride to visit his family. the Administrator because him. ck to the facility after he had nunity and the Administrator to return to the facility. told him, "I'm gonna get the b beat you up, if they can't do nd to knock you out." threatened to put him in a t listen to her. go to a "home" because he did ould be treated. ted he cursed at the eft the facility. business owner if he could ride to his family because he inistrator would place him in a				

STATE FORM

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If continuation sheet 14 of 77

Division	of Health Service Re	egulation				APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		FCL033016	B. WING		R-C 09/06/2024	
	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
		329 PAR	K AVENUE			
A CHILD	'S HOPE FAMILY CAF	2E HOME	MT, NC 27801			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	HE APPROPRIATE	COMPLETI DATE
C 243	Continued From pa	age 14	C 243			
	08/21/24 and left her a voicemail that he had					
		the facility because he did not				
	go to a day treatme					
		by the Administrator of the				
		that the resident was missing				
		ility on the evening of				
	08/21/24.	, ,				
	-She contacted loca	al law enforcement where the				
		to report the resident as a				
	missing person on					
		d local law enforcement where				
	•	lived to file a missing person				
	report.					
		al business near the facility				
		nt called her often from that				
	location.					
		ocal business reported that				
		to his business on 08/21/24 been kicked out of the facility.				
		ed a ride to a family member				
		oproximately 66 miles away				
	from the facility.					
		er provided a ride to Resident				
		mbers location and left the				
	resident with his fai	ed a telephone call from local				
		10:00 pm on $08/22/24$ that the				
		located with his family member				
		town, which was 66 miles				
	away.					
		dministrator that Resident #3				
		nd staff with DSS would be				
	driving him back to	the facility on 08/22/24 so the				
	Administrator could	I notify local law enforcement				
		resident had been found at				
	10:00pm.					
	-Staff with DSS pro					
		to the facility on 08/22/24 and				
		the facility at approximately				
	12:00am on 08/23/2	24.				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		FCL033016	B. WING		R-C 09/06/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		329 PAR	K AVENUE			
A CHILD	'S HOPE FAMILY CAP	RE HOME ROCKY	MT, NC 27801			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLET DATE
C 243	Continued From pa	ige 15	C 243			
	-She spoke with the Administrator of the facility					
		3/23/24 to inform her that				
		ed constant supervision due to				
	his mental health c					
	•	he Administrator several times				
		mstances should the resident				
	be without supervis	informed her that staff at the				
		to provide the resident with				
		on because he walked out, and				
		e the resident to stay at the				
	home.	·				
	-The legal guardiar	reinforced with the				
		she had to ensure Resident #3				
		vision due to his mental health	l I			
	crisis.					
		informed her that Resident #3				
		ppointment with his le would request 2 hours of				
		for the resident because he				
		he did not have any time that				
	was unsupervised.					
		e Administrator via telephone				
		in an update on Resident #3,				
		formed her that the resident's				
		tten an order that the resident				
		of unsupervised time.				
		again explained to the				
		Resident #3 continued to pervision to ensure his safety				
		nt and mental health crisis.				
		asked her if she agreed to the				
		ours of unsupervised time and				
		lized that she did not agree to				
	any unsupervised t	ime for Resident #3.				
		he Administrator that Resident				
		d before and this was a				
		for him; he was unhappy at				
		not want to be there, so the				
	ealth Service Regulation	supervised at all times to				

		(X1) PROVIDER/SUPPLIER/CLIA	. ,	CONSTRUCTION		E SURVEY PLETED	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	······	COM	PLETED	
		FCL033016	B. WING			R-C 09/06/2024	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
		329 PAR	K AVENUE				
CHILD	S HOPE FAMILY CAI	RE HOME ROCKY	MT, NC 27801				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID			(X5) COMPLE	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	THE APPROPRIATE	DATE	
				DEFICIENC	CY)		
C 243	Continued From pa	age 16	C 243				
	ensure his safety.						
	Interview with the c	owner of the identified local					
		24 at 5:18pm revealed:					
	-Resident #3 came	to his business every day.					
		lly called his family member					
	when he visited.	e to his business on 08/21/24					
		n and reported he had been					
	kicked out of the fa	cility.					
		upset, agitated and angry.					
	visit his family.	d if he would transport him to					
		nd transported Resident #3 on					
	08/21/24 at 5:30pm						
		ely one hour and 10 minutes to #3's family members location.					
		st.com on 09/06/24 revealed:					
		s was located on a five-lane					
	highway. -The estimated dis	tance from the facility to the					
	local business was						
		of walking distance from the					
		business was 7 minutes. acility to the local shop					
	Resident #3 would						
	intersections of two						
	2	ction had traffic that traveled					
	four different ways.	n the two five lane highways					
	was 35 miles per h						
	Telephone interview	w with Resident #3's family					
		24 at 1:40pm revealed:					
		nd drove him to visit family.					
		rted that he had been kicked nd did not want to live there					
	anymore.						
		frustrated, angry and agitated					

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМ	E SURVEY PLETED	
		FCL033016	B. WING	B. WING		R-C 09/06/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
A CHILD	'S HOPE FAMILY CAF	REHOME	K AVENUE MT, NC 27801				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
C 243	Continued From page 17		C 243				
	threatened to send	r of the facility because she him to another facility. see the resident and the siting his family.					
	Resident #3 attend revealed: -Resident #3 had a would have a full co others could hear. -The resident would heard and shared v go home. -The resident was e became agitated fro -All residents at the with constant super	bsent from the PSR program					
	09/04/24 at 3:15pm -She asked Reside 08/23/24 what she resident's safety. -She reported that it to follow the resider not recommend the constant supervisio -She had no conce because he was no and people called the walking in the comment -The Administrator for any of the resider after 8:00pm becau- -She would not war	nt #3's legal guardian on recommended to ensure the the legal guardian directed her nt's psychiatrist orders and did e resident to be placed under on. rns for the resident's safety of a threat, everyone knew him he facility when they saw him					

Division	of Health Service Re	egulation				APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		FCL033016	B. WING		R-C <b>09/06/2024</b>	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
A CHILD	'S HOPE FAMILY CAF		KAVENUE MT, NC 27801			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)		COMPLETE DATE
C 243	Continued From pa	ge 18	C 243			
	psychiatrist dated 0 -The resident need times until he could appointment for an -The resident was a mental health statu resident to be unac facility. -The facility needed for Resident #3 to be the building. -The resident was a with his psychiatrist Review of the facilit -Resident #3 signed facility at 1:00pm, a return. -Resident #3 signed a second time, ther and no time of return	ed to be supervised at all be seen for a follow up evaluation. a flight risk, and due to his s, it was a safety issue for the companied outside of the d to provide accommodations be escorted by staff to leave scheduled for an appointment t on 08/27/24 at 9:00am. ty sign in/out log revealed: d out of the facility on ent documented that he left the and there was no time of d out of the facility on 08/23/24 re was no time of when he left				
	return, and no staff	of when he left, no time of signature. ty sign in/out log revealed				
	Resident #3 signed	out of the facility on 08/25/24, of when he left and no time of				
	revealed:	ent Report dated 08/26/24				
	-Resident #3 walke	ident was 08/26/24 at 9:55pm d out of the facility and law alled to report the resident left				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		BENTI ICATION NOMBER.	A. BUILDING:			
		FCL033016	B. WING			R-C <b>06/2024</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	'S HOPE FAMILY CAF	329 PAR	K AVENUE			
		ROCKY	NT, NC 27801			
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION		(X5) COMPLETI
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	DATE
C 243	Continued From pa	ge 19	C 243			
	the facility.					
		ned to the facility on 08/26/24				
	at 10:26pm.					
	-She did not call local law enforcement since the					
	resident returned by 10:26pm.					
	Review of a second Incident Report dated					
	08/26/24 revealed:					
		documented that local law called a few times due to the				
		facility and not returning				
		utes of signing out in the				
	facility sign in/out lo					
		notified the resident's				
	psychiatrist and his	guardian.				
		scheduled for an appointment				
	with his psychiatrist	: on 08/27/24.				
		unications Event Report from				
		ent dated 08/26/24 revealed:				
		ved on 08/26/24 at 9:26pm.				
		event was a "Missing/Found				
	Person."	that Resident #3 was advised	4			
		the facility, however the	4			
	resident walked aw					
		rcement received a call from				
		at Resident #3 had returned to				
	the facility.					
		atrist visit note for Resident #3				
	dated 08/27/24 reve					
		seen for evaluation of				
	medication.	of the facility was present for				
	the appointment.	of the facility was present for				
		I he could "survive by himself."				
		reported that the resident's				
		ed the resident to visit his				
		ry 3 months; this put a toll on				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	`´СОМ	E SURVEY PLETED
		FCL033016	B. WING			06/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
A CHILD	'S HOPE FAMILY CAF	REHOME	KAVENUE MT, NC 27801			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	HE APPROPRIATE	COMPLET DATE
C 243	Continued From pa	ge 20	C 243			
	the resident, he walked out of the facility and law enforcement had to be called.					
		a high liability because he				
	would walk out and leave the facility.					
	-The Administrator reported that the resident's					
	guardian with Department of Social Services (DSS) was looking for alternative placement for					
	the resident.	for alternative placement for				
		alled the resident's guardian				
		e appointment and obtained ar	h			
	update from the gu					
	-The Administrator reported that the resident					
	continued to walk away from the facility without					
	supervision and the facility did not have extra staff		f			
	to supervise the res					
		was quoted in the psychiatrist				
		ve him a probation period				
		2 hours unsupervised, the				
		upervised, we are a licensed we have to have orders, we				
	are like their maids					
		od was alert and angry, his				
		d, and his judgement was				
	impaired.					
		agitated during the visit.				
		ted that he felt like he was				
	-	he wanted to be able to do				
		dent did and be on his own.				
		scussed with the Administrator				
		ided she consult with the				
	resident's guardian resident's needs.	if she could not meet the				
		so recommended the resident				
		higher level of care due to				
		er of other issues if needed.				
		r was unable to obtain a higher	r			
		sident #3, the psychiatrist				
		al period of 2 hours of				
	unsupervised time	per the Administrators request				
	of 2 hours unsuper	vised time "if safety and injury				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
					R-C	
		FCL033016	B. WING		09/	06/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
CHILD'	S HOPE FAMILY CAF					
			MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 243	Continued From pa	ige 21	C 243			
	was not a foreseea	ble problem".				
	psychiatrist dated 0 -The Administrator resident's guardian meet the resident's -The psychiatrist al- be transferred to a safety and endange needed. -The psychiatrist do Administrator repor him to go see his fa months, it is putting and we have to call for us because he I needs to go to an in has missed some of sitter and he walked don't have extra sta -If the Administrator level of care for Re recommended a tri- unsupervised time if safety and injury v problem. -There was an order with check in and c Administrator's required Review of an Incide 8:40pm revealed: -Resident #3 walke enforcement was c the facility.	needed to consult with the if the Administrator could not needs. so recommended the resident higher level of care due to erment due to other issues if ocumented that the ted, "they (DSS) only allow amily member every three g a toll on him so he walks out I the cops, he is a high liability leaves/walks out, maybe he npatient psychiatry hospital, he of his medications, he had a d away from supervision, we aff. r was unable to obtain a higher sident #3, the psychiatrist al period of 2 hours of per the Administrators request was not a foreseeable er for 2 hours unsupervised heck out procedure, per the				
	left the facility.					
	Review of a progres	ss note completed by the SIC				

STATEME	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
						R-C	
		FCL033016	B. WING		09/06/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
A CHILD	'S HOPE FAMILY CAF	REHOME	( AVENUE 1T, NC 27801				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF C		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLET DATE	
C 243	Continued From pa	ige 22	C 243				
	Resident #3 left the 8:55pm. -The SIC called law Resident #3 left the 9:55pm. -The SIC called the and 08/27/24 to rep facility. Review of a commu local law enforceme -The call was receiv -The nature of the e Person." -The Administrator enforcement that R identified the street toward when he left mental health issue -Local law enforcement	v enforcement because e facility on 08/27/24 at v enforcement because e facility on 08/26/24 at e Administrator on 08/26/24 port Resident #3 had left the unications Event Report from ent dated 08/27/24 revealed: ved on 08/27/24 at 8:26am. event was a "Missing/Found called to inform local law tesident #3 left the facility, she s that the resident walked t and reported the resident had es. nent located Resident #3 at a store at 8:54pm and was					
	Report from local la 08/27/24 at 7:19pm -The call was receiv -The nature of the of Person." -A staff person calle report the resident -The officer stopper the resident who has purchase cigarettes Review of mapques	ved on 08/27/24 at 7:19pm. event was a "Missing/Found ed local law enforcement to had returned to the facility. d at the facility and spoke with ad walked to the store to					

Division of Health Service Regulation STATE FORM

If continuation sheet 23 of 77

	of Health Service Re NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
AND PLAN	OF CORRECTION	DENTIFICATION NUMBER:	A. BUILDING:			PLETED
		FCL033016	B. WING			e-C <b>06/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	'S HOPE FAMILY CAF	SE HOME 329 PAR	K AVENUE			
	S HOPE FAMILET CAP	ROCKY	MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
C 243	Continued From pa	ge 23	C 243			
	<ul> <li>The estimated dist convenience store y 5:20pm was 0.3 mi</li> <li>The average time of facility to the conver- to walk from the fastore, Resident #3 y intersections of two or the major intersective two different ways.</li> <li>The speed limit on mph.</li> <li>Review of the facilitic Resident #3 signed the resident docum 3:45pm, there was signature.</li> <li>Review of the facilitic Resident #3 signed there was no time of documentation the and there was no sing Review of a progres on 08/30/24 at 10:3 -Resident #3 left the 6:30pm.</li> <li>She called law enfor the resident did not hours of unsupervise -The SIC called the resident to adult pro- Review of a commu- local law enforceme -The call was received</li> </ul>	ance from the facility to the was observed 09/05/24 at les. of walking distance from the nience store was 7 minutes. acility to the convenience would cross 3 residential plane streets ction had traffic that traveled the five lane highways was 35 ty sign in/out log revealed out of the facility on 08/28/24, ented that he left the facility at no time of return, and no staff ty sign in/out log revealed out of the facility on 08/29/24, of when he left, there was resident returned at 6:30pm, taff signature. ss note completed by the SIC 42pm revealed: e facility on 08/30/24 at orcement at 8:45pm because return to the facility after his 2 sed time. e local DSS and reported the				

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES I OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМ	E SURVEY PLETED
		FCL033016	B. WING		R-C 09/06/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
A CHILD	S HOPE FAMILY CAP	REHOME	K AVENUE MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
C 243	Continued From pa	ge 24	C 243			
	report the resident facility since 6:30pr -Law enforcement is staff person that Refacility at 10:16pm. Review of the facilities Resident #3 signed there was no time of return, and no staff Review of the facilities Resident #3 signed there was no time of return, and no staff Observation of the revealed the Administ the front door to the signed the facilities of the facilities of the revealed the Administ the front door to the revealed the Administ the front door to the signed the resident #3 walke morning because h -The resident report another resident toor -The resident misse transportation to a Program (PSR) ear left the facility. -She did not know of usually walked to d community. -She left the facility. Second interview wo 09/04/24 at 9:19am	received a call from the same esident #3 returned to the ty sign in/out log revealed out of the facility on 08/31/24 of when he left, no time of signature. ty sign in/out log revealed out of the facility on 09/01/24 of when he left, no time of signature. facility on 09/04/24 at 8:10am istrator arrived and unlocked e facility. dministrator on 09/04/24 at d out of the facility earlier this e was "mad." ted he was "mad" because ok his cigarettes. ed the bus that provided Psychosocial Rehabilitation dier this morning because he where Resident #3 was, he ifferent businesses in the earlier this morning and				

STATE FORM

Division	of Health Service Re	egulation			FURIN	APPROVE	
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
			A. BOILDING		R-C		
		FCL033016	B. WING		09/06/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
	'S HOPE FAMILY CAF	329 PAR	K AVENUE				
		ROCKY	MT, NC 27801			-	
(X4) ID PREFIX	_	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH		(X5) COMPLETE	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE API DEFICIENCY)		DATE	
				DEFICIENCY			
C 243	Continued From pa	ge 25	C 243				
	resident to a medic facility.	al appointment and locked the					
		e of where Resident #3 was as					
	he had not returned						
		d for Resident #3 when she y at 8:10am because she did					
	not have time.	y at 0. Ioani because she ulu					
	-The SIC who lived	across the street had					
		esponsible for letting Resident					
	#3 back in the facili	ty when he returned.					
	Observation of the	facility on 09/04/24 from					
	9:26am to 9:37am	revealed:					
		d up the street to the driveway					
	of the facility. -The resident was t	alking to himself in a loud					
		nd down the street, and					
	walked into a neigh						
	-The resident contin while smoking a cig	nued to talk to himself loudly					
		d a few steps up and down the					
		o of the street to the middle of					
	the street.						
		ed onto the sidewalk in front of o cars drove down the street.					
		ed up to the van in the facility					
	driveway and nodde	ed his head several times as					
		he van back to the street.					
		n the front steps of the facility of the street in front of the					
	facility.						
		across the street, walked to					
		m, spoke to Resident #3,					
	with Resident #3.	/ and walked into the facility					
		ident #3 and the SIC on					
		revealed the SIC and					
		e facility in a facility van and the facility without Resident #3 at					
ision of H	ealth Service Regulation		1			1	

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	ECONSTRUCTION	(X3) DATE	E SURVEY
AND PLAN	OF CORRECTION	DENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		FCL033016	B. WING		R-C 09/06/2024	
	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
		329 PAR	K AVENUE	TATE, ZIF CODE		
A CHILD	'S HOPE FAMILY CAF	REHOME	MT, NC 27801			
(X4) ID			ID			(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	EAPPROPRIATE	COMPLETE DATE
				DEFICIENCE		
C 243	- •	ige 26	C 243			
	10:30am.	10:30am.				
	Interview with the S	SIC on 09/04/24 at 10:30am				
	revealed:					
	-She was not currently on duty, and the Administrator had not given her any instructions					
	regarding what to do when Resident #3 returned					
	to the facility or if h	e did not return to the facility				
	that morning when					
		at her house and happened to 分 had returned to the facility.				
		cked when Resident #3				
	returned to the faci	returned to the facility, so she called the				
		she drove Resident #3 to				
	instructed her to do	rator was as the Administrator				
	Review of an Incide revealed:	ent Report dated 09/06/24				
		ot return to the facility after his				
		d visit; the resident left at				
		ot returned by 4:30pm.				
	0	ardian and local Adult Home				
	returned by 4:40pm	ailed that the resident had not				
		attempted to contact the				
		ist, but the provider was not				
	available.					
	Review of the facili	ty sign in/out log revealed				
	Resident #3 signed	his name on the form on				
		s no time of when he left, no				
	time of return, and	no staff signature. Administrator on 09/06/24 at				
		none call with local law				
	enforcement revea	led:				
		orcement to report that				
		ot returned to the facility after				
	his 2 hours of unsu the facility at 2:30p	pervised time; the resident left				
vision of L	ealth Service Regulation					

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		FCL033016	B. WING			R-C <b>09/06/2024</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
		329 PARK	AVENUE				
	'S HOPE FAMILY CAF	ROCKY N	IT, NC 27801				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
C 243	Continued From pa	ge 27	C 243				
	law enforcement wi after his 2 hours of 30 minutes. -She reported the re- -There were 2 addi staff were observed resident. -The Administrator guardian to report t because the reside facility. -The legal guardian that the resident red and he was not to b time due to his rece -The Administrator that it was her under was allowed to hav time in the commun an order for 2 hours -The legal guardian that the facility was	it was the facility's policy to call hen the resident did not return unsupervised time within 15 to esident as a missing resident. tional staff at the facility; no d attempting to locate the called Resident #3's legal hat she called the police nt had not returned to the reminded the Administrator quired 24 hour supervision, be left unsupervised at any ent mental health crisis. explained to the legal guardian erstanding that the resident e 2 hours of unsupervised nity since his psychiatrist wrote s of unsupervised time reminded the Administrator responsible for Resident #3 hour supervision to ensure his					
	from local law enfor revealed: -The call was receiv -The Administrator to report Resident #	unications List of Events Log rcement dated 09/06/24 ved on 09/06/24 at 4:36pm. called local law enforcement #3 had not returned to the burs of unsupervised time and					
	was wandering. -Local law enforcer local convenience s neighbor near the f resident had been h home repairs.	nent located the resident at a store after speaking with a acility who reported the nelping the homeowner with nent transported the resident					

Division	of Health Service Re	egulation			FURIV	IAPPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		FCL033016	B. WING	B. WING		R-C <b>06/2024</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
	'S HOPE FAMILY CAF	2E HOME	K AVENUE			
		ROCKY	MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 243	Continued From pa	ge 28	C 243			
		valked to the convenience nacks and a soft drink.				
	-The convenience s five-lane highway. -The estimated dist convenience store v 5:20pm was 0.3 mil -To walk from the fa store, Resident #3 v intersections of two -The major intersect two different ways.	acility to the convenience would cross 3 residential	5			
	from local law enfor revealed: -The call was receive -A staff person called report Resident #3 returned. -The staff person in the resident walked -Local law enforcent walking on a five lat -The resident return and reported to locat to go get a cigarette Observation of the revealed: -A police officer ent the Administrator.	nent observed the resident ne highway at 8:41pm. ned to the facility at 9:10pm, al law enforcement that he left				

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		FCL033016	B. WING		R-C 09/06/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	'S HOPE FAMILY CAF	RE HOME 329 PAR	K AVENUE			
		ROCKY	MT, NC 27801			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTIV			(X5) COMPLET DATE
C 243	Continued From pa	ige 29	C 243			
	missing person rep -The officer reviews the last time she wa due to Resident #3 returning, that the A the resident require -The Administrator informed the police leave the facility un returned to the faci -The police officer was conflict with the Add Interview with the p 5:35pm revealed: -She was informed 08/22/24, the reside unsupervised in the required to return to evening. -She was very family she had been called times by staff who to missing. Review of a text me local law enforcement revealed the serges report they received facility that Resider missing.	ort. ed with the Administrator that as at the facility on 08/22/24 leaving the facility and not Administrator informed her that ed 24 hour supervision. explained that she had last officer that Resident #3 could supervised as long as he lity by 8:00pm. went outside to avoid further				
	9:40am revealed: -She attended Resi evaluation on 08/27 -She informed the p was not a danger to	ident #3's psychiatrist 7/24. psychiatrist that the resident p himself or others, and she that the resident would				

Division of Health Service Regulation STATE FORM

If continuation sheet 30 of 77

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	СОМ	E SURVEY PLETED	
		FCL033016	B. WING			R-C 09/06/2024	
IAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
	'S HOPE FAMILY CAP	SE HOME					
			MT, NC 27801				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
C 243	Continued From pa	age 30	C 243				
	resident to be super appointment with h -Resident #3's legates resident not being s psychiatrist evaluated goal was for Reside eventually. -The psychiatrist prethat the resident coursupervised time -She did not rement guardian ever telling be supervised at all was evaluated by h -Resident #3 should unsupervised after safety issue for the car, harmed by som trafficking. -She did not agree guardian's recomment supervised at all the hours of unsupervise psychiatrist ordered -She directed the fat enforcement if the his 2 hours of unsuper person. Interview with Reside Department of Soc at 9:45am revealed -She spoke with the on 08/22/24 and 08 Resident #3 requires his mental health c	d not be out of the facility 8:00pm because it was a resident; he could get hit by a neone, or picked up for human with the resident's legal hendation that the resident be nes; she allowed the resident 2 sed visits a day as the d. acility staff to call law resident had not returned from ort the resident as a missing dent #3's legal guardian with a ial Services (DSS) on 09/04/24 t: e Administrator of the facility 8/23/24 to inform her that ed constant supervision due to risis. he Administrator several times					

Division	of Health Service Re	equiation			FORM APPROVEI
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FCL033016	B. WING	R-C 09/06/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE	
A CHILD	'S HOPE FAMILY CAR	2E HOME	KAVENUE MT, NC 27801		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIESIDPROVIDER'S PLAN OF CORRECTION(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)IDPREFIX TAG(EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)			
C 243	Continued From pa	ge 31	C 243		
	be without supervis	ion.			
	Attempted telephone calls to Resident #3's psychiatrist on 09/05/24 at 1:20pm, 09/06/24 at 9:10am, and 09/06/24 at 1:46pm were unsuccessful.				
	Resident #3 who wa wandered, had a di disability and schize the facility without s eloped from the fac transportation from his family over an h not actively search or file a report to loo resident was missir	provide supervision to as constantly disoriented, agnoses of intellectual ophrenia who repeatedly left upervision; one of which he ility and obtained a local business owner to visit our away. The facility staff did for the resident over 13 hours cal law enforcement that the ng. This failure of the facility neglect and constitutes a Type			
		d a plan of protection in S. 131D-34 on September 6, on.			
C 301	10A NCAC 13G .09 Services	06 (f)(1)-(4) Other Resident	C 301		
	10A NCAC 13G .09	06 Other Resident Services			
	reasonable hours s arranged through th of the residents and (2) There must be visitation in the hom community. If a ho	ome and community at hall be encouraged and he mutual prior understanding d administrator; at least 10 hours each day for he by persons from the me has established visiting tions on visitation, information			

	of Health Service Re		I			
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		FCL033016	B. WING		R-C 09/06/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	'S HOPE FAMILY CAF	329 PARI	<b>K AVENUE</b>			
		ROCKY	MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 301	Continued From pa	ge 32	C 301			
	included in the hous at the time of admis conspicuously in the (3) A signout regist planned visiting and which indicates the expected time of re telephone number of (4) If the whereabo and there is reason safety, the person i immediately notify t person, the appropri					
	This Rule is not me TYPE A2 VIOLATIO					
	reviews the facility f local law enforceme Social Services and resident (#3) who w	ions, interviews, and record failed to immediately notify ent, the County Department of d the guardian for 1 of 1 vas constantly disoriented and the resident were unknown.				
	The findings are:					
		ty's undated Identification and idering Residents policy				
	-The facility would i developed disorient behaviors and keep	dentify residents who tation and wandering them safe until a secured				
	environment could	be obtained for the resident.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:				
		FCL033016	B. WING			R-C 09/06/2024	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
		329 PAR	K AVENUE				
	'S HOPE FAMILY CA	RE HOME ROCKY	MT, NC 27801				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO 1	THE APPROPRIATE	DATE	
				DEFICIENC	(Y)		
C 301	Continued From pa	age 33	C 301				
	-When a cognitively impaired resident began to						
		ld provide a secure boundary					
		ely accommodate the resident. ined on the importance of					
		wandering and supervision					
		to meet the identified needs of	:				
	the resident.						
		, Supervisor- In- Charge (SIC),					
		oserve the location of each elopement with ongoing					
		tween staff if necessary to					
		n related to the presence of					
	behaviors that indic	cate elopement is likely.					
	Review of Services	Review of Services Offered in an undated facility					
	handbook revealed	1:					
		provide residents with					
	twenty-four hour su and trained staff.	upervision by compassionate					
		provide immediate response ir	h				
		ncy, accident, or incident					
	involving a residen	t.					
	Review of Residen	t #3's current FL-2 dated					
	09/21/23 revealed:						
		ed intellectual disability,					
		hizoaffective disorder bipolar e intellectual functioning.					
		ambulatory and constantly					
	disoriented.	, , , , , , , , , , , , , , , , , , ,					
		dered and was verbally					
	abusive.	ommended level of care was					
	family care home.						
		t #3's current care plan dated					
	10/03/23 revealed:						
	- The resident wand abusive.	dered and was verbally					
	-The resident was	E State Contraction (State Contr					

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY IPLETED	
		FCL033016	B. WING			R-C <b>09/06/2024</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE			
A CHILD	'S HOPE FAMILY CAR	2F HOME	KAVENUE MT, NC 27801				
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
PRÉFIX	REGULATORY OR LSC IDENTIFYING INFORMATION)						
	-The nature of the e Person". -Resident #3 was la at approximately 8: -Resident #3 was w approximately 2 blo stopped to instruct take his medication -It was reported by return to the facility 08/21/24. Review of a progres Administrator dated -Law enforcement v at the facility at 7:30 -She was not aware	cks from the facility when she him to go back to the facility to s. staff that Resident #3 did not throughout the night on ss note completed by the 08/22/24 at 7:30am revealed: was present when she arrived					

STATEME	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY	
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:	······			
		FCL033016	B. WING	B. WING		R-C <b>09/06/2024</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
	'S HOPE FAMILY CAP	329 PAR	K AVENUE				
		ROCKY	MT, NC 27801				
(X4) ID			ID	PROVIDER'S PLAN OF CO		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE		COMPLETE DATE	
				DEFICIENCY)			
C 301	Continued From page 35		C 301				
	Review of an electronic chart note from Resident						
	#3's psychiatrist dated 08/22/24 revealed:						
		of the facility called and					
	informed staff that Resident #3 had eloped on 08/22/24.						
	-The Administrator	reported that she called law					
	enforcement and filed a missing person report.						
		reported that she called the					
	resident's guardian	to report the resident eloped.					
		Incident Report dated					
	08/23/24 revealed:	vident was 09/22/24 at 6:15 am					
	-The date of the incident was 08/22/24 at 6:15am. -The incident type was a missing person.		•				
		on was identified as Resident					
	#3.						
		nent was called due to					
		urning to the facility in a timely	,				
		no date or time documented. ing person's report; there was					
	no date or time doc	••••					
		notified Resident #3's					
	guardian and psych						
		ound; there was no date or					
	time documented.						
		included extra precautions to t's safety, an appointment was					
		lent's psychiatrist and an orde					
		Resident #3's psychiatrist was					
	obtained for his saf						
	Review of an electr	onic order from Resident #3's					
	psychiatrist dated 0						
		ed to be supervised at all					
		l be seen for a follow up					
	appointment for an						
		a flight risk, and due to his					
		s, it was a safety issue for the companied outside of the					
	facility.						
ision of H	lealth Service Regulation		ļ				

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C 09/06/2024	
		FCL033016	B. WING			
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
	'S HOPE FAMILY CAP	REHOME	K AVENUE			
		ROCKY	MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
C 301	Continued From pa	age 36	C 301			
	for Resident #3 to h the building. -The resident was a with his psychiatrist Interview with Resid Department of Sociat 9:45am revealed -Resident #3 called 08/21/24 and left he been kicked out of go to his psychosod (PSR). -She was informed facility on 08/22/24 and left the facility of -She contacted location facility was located missing person on -She also contacted his family member report. -She called the location facility because the that location. -The local business #3 came to his bus he had been kicked -The resident want who was located 66 one hour and six m -The local business Resident #3 to his left the resident wit -Her agency receiv	d her from a local business on er a voicemail that he had the facility because he did not cial rehabilitation program by the Administrator of the that the resident was missing on the evening of 08/21/24. al law enforcement where the to report the resident as a 08/22/24. d local law enforcement where lived to file a missing person al business owner near the e resident called her often from s owner reported that Resident siness on 08/21/24 upset that d out of the facility. ed a ride to a family member 6.8 miles away from the facility	;			
sion of L	resident had been l 66.8 miles away fro	located with his family member om the facility. dministrator that Resident #3				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:	A. Boilding.		
		FCL033016	B. WING		R-C 09/06/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	'S HOPE FAMILY CAF		K AVENUE			
		ROCKY	MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
C 301	Continued From pa	ge 37	C 301			
	<ul> <li>had been located and staff with DSS would b driving him back to the facility on 08/22/24 so Administrator could notify the local law enforcement near the facility that the resident been found at 10:00pm.</li> <li>Staff with DSS provided the resident transportation back to the facility on 08/22/24 he arrived back at the facility at approximately 12:00am on 08/23/24.</li> </ul>		Ŀ			
	local Department of at 11:19am reveale report from the faci	dult Home Specialist for the f Social Services on 08/30/24 d she received an incident lity on 08/23/24 reporting the lent #3 that occurred on				
	09/06/24 at 4:16pm -She did not know v facility on 08/21/24 the facility when she and she did not see -She sent a text to approximately 11:00 returned, and the A	pervisor-In-Charge (SIC) on revealed: what time Resident #3 left the because he had already left e arrived to work at 7:00pm him the rest of the night. the Administrator at 0pm when he had not dministrator instructed her to cement if he did not return in				
	-It was not unusual out of the facility an porch until approxir -She checked the p Resident #3 did not -She did not call the the next morning be the facility calling th #3 walking out.	for Resident #3 to go in and ad would sometimes sit on the nately 4:00am. borch through the night but t return to the facility. e local law enforcement until ecause they got mad due to nem often regarding Resident tent #3 would return to the				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		FCL033016	B. WING		R-C <b>09/06/2024</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	'S HOPE FAMILY CAF	329 PARI	<b>AVENUE</b>			
		ROCKY	IT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 301	Continued From pa	ge 38	C 301			
	11:00pm on 08/21/24 and the Administrator did not call or text to see if Resident #3 had returned during the night.					
	Interview with the Administrator on 09/04/24 at 2:45pm revealed: -She left the facility at approximately 8:30pm on 08/21/24.					
	-She was in her car when she told Resi within 15-30 minute would be called; Re	r in the driveway of the facility dent #3 to go into the facility as or local law enforcement asident #3 was outside the moking a cigarette at that				
	9:15pm and told he if he did not return -When she arrived	e SIC on duty via phone at or to call local law enforcement within the hour. to work just after 7:00am on enforcement was at the				
	- She was not notifi Resident #3 did not and that staff had n enforcement until th -Resident #3's lega 08/22/24 of the elop found in another to around 10:00pm an	ne morning of 08/22/24. I guardian was notified on bement, Resident #3 was wn with a family member nd he was returned to the nt on 08/23/24; she thought he				
	enforcement, the C Services and the re Resident #3 was m whereabouts were diagnoses which in impulse control diso disorder, bipolar typ	immediately notify local law ounty Department of Social esident's guardian that issing from the facility and his unknown. Resident #3 had cluded intellectual disability, order and schizoaffective be and was constantly the facility on the evening of				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C 09/06/2024	
		FCL033016	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
A CHILD	'S HOPE FAMILY CAR	2E HOME	( AVENUE 1T, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 301	and the County Dep were not notified un found in a town ove facility with family m in substantial risk for resident and constit The facility provided accordance with G. amendment on 09/0 THE CORRECTION	ge 39 w enforcement, his guardian partment of Social Services till 8/22/24. Resident #3 was r an hour's drive from the nembers. This failure resulted or serious physical harm to the tutes a Type A2 Violation. d a plan of protection in S. 131D-34 on 08/28/24 with 06/24 for this violation. N DATE FOR THE TYPE A2 NOT EXCEED OCTOBER 6,	C 301			
C 311	10A NCAC 13G .09 A family care home all residents guarar Declaration of Resi and may be exercis This Rule is not me FOLLOW-UP TO T The Type A1 Violati continues. THIS IS A TYPE B Based on observati reviews, the facility residents were trea related to the Admin to the facility and sp	shall assure that the rights of iteed under G.S. 131D-21, dents' Rights, are maintained ed without hindrance. et as evidenced by: YPE A1 VIOLATION on is abated. Non-compliance	C 311			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		ECI 022016	B. WING		R-C	
		FCL033016			09/	06/2024
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
A CHILD	'S HOPE FAMILY CAP		K AVENUE MT, NC 27801			
(X4) ID			ID	PROVIDER'S PLAN OF COF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLET DATE
C 311	Continued From pa	age 40	C 311			
	The findings are:					
	Review of Declarat	ion of Resident Rights in an				
	undated facility han					
		I the right to be treated with ion, dignity, and full				
	recognition of their	individuality and their right to				
	privacy.	uld receive care and convises				
		ould receive care and services e, appropriate, and in				
		levant federal and state laws				
	and rules and regu	lations.				
	a. Review of Resid	lent #1's current FL-2 dated				
	08/13/24 revealed:					
		d schizoaffective disorder				
	and asthma.	onal disorder, hyperthyroidism				
	-He was constantly					
		er for 3 hours of unsupervised ck in and out of facility.				
	Review of Resident 08/13/24 revealed:	t #1's current care plan dated				
		ousive and injurious to				
	property. -He had a history o	f developmental disabilities.				
		d assistance from staff for				
		thing, dressing and personal				
	hygiene.	endent of staff for medication				
	administration.					
	Interview with Residual Interview with Residual 11:45am revealed:	dent #1 on 09/04/24 at				
		said she gave residents the				
		for 3 hours out of the facility				
	each day. -The Administrator	made him take 3 hours of				
ision of H	ealth Service Regulation					

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
and plan	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		FCL033016	B. WING		R-C 09/06/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	S HOPE FAMILY CAF	329 PARI	<b>K AVENUE</b>			
	3 HOPE FAMILE CAP	ROCKY N	MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
				DEFICIENC	Y)	
C 311	Continued From pa	ige 41	C 311			
	unsupervised leave outside of the facility whether					
	he wanted to or not					
	at the facility during	did not want to hire staff to be				
		ed to leave the facility, then				
	she made them go outside.					
	-Sometimes it was too hot, or he did not have					
		ot want to go out of the facility				
		would make him go with her				
		s that she operated where he				
	sat outside under a	dministrator that it looked like				
		but she told him it was time to				
	sign out of the facili					
	0	with the Administrator about				
		eing forced to leave each day feel like she would listen.				
	Interview with the A 2:45pm revealed:	dministrator on 09/04/24 at				
	outside for unsuper	times did not want to go vised leave each day.				
		ent #1 and the other residents of another shop that she owns				
		me if they chose not to go out.				
	Refer to interview w (SIC) on 09/04/24 a	vith the Supervisor in Charge at 10:30am.				
	Refer to interview w 09/04/24 at 2:45pm	vith the Administrator on				
	08/14/24 revealed:	lent #2's current FL-2 dated				
	5	d neurocognitive disorder.				
		ry, hyponatremia and ropriate antidiuretic hormone				
		(SIADH is a metabolic				
		the body to produce too much				
	urine and results in					

TATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		R-C	
		FCL033016	B. WING	B. WING		06/2024
IAME OF I	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S <sup>-</sup>	TATE, ZIP CODE		
A CHILD	'S HOPE FAMILY CAP		RK AVENUE MT, NC 27801			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	HE APPROPRIATE	COMPLET DATE
C 311	Continued From pa	age 42	C 311			
	dehydration.)					
		y and constantly disoriented.				
		er for 3 hours of unsupervised				
	daily with check in	and out of facility.				
		Review of Resident #2's current care plan dated				
	07/25/24 revealed:	07/25/24 revealed: -The resident was verbally abusive and injurious				
		verbally abusive and injurious				
	to property.	bistory of dovelopmental				
		a history of developmental ntal health diagnosis.				
		red limited assistance with				
		thing, dressing, and grooming				
	Interview with Resi	dent #2 on 09/04/24 at				
	12:35pm revealed:					
		pproved by his psychiatrist for				
		vised time daily away from the	9			
	facility.	wardel tall bins web an bis 0				
		would tell him when his 3				
	choice.	sed time began; it was not his				
		would direct the residents to				
		in/sign out log and they had				
		when she said it's time to go.				
		o leave the facility for their				
		when the Administrator told				
	them it was time to					
		I walk to the community cente	r			
	and local stores.					
		locked the facility so if he got				
		to go back to the facility he facility because the				
		eft and locked the facility.				
		usually had them sign out				
		Opm for their unsupervised				
	time.					
		id not feel well, he would go				
		tor to her shop and sit under a	a			
	canopy on a bench	and wait until they could				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			B. WING		— R-C	
		FCL033016	B. WING	· · · · · · · · · · · · · · · · · · ·	09/	06/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
A CHILD	'S HOPE FAMILY CAF	REHOME	K AVENUE MT, NC 27801			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT)		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
C 311	Continued From pa	ge 43	C 311			
	return to the facility					
	Refer to interview w	vith the SIC on 09/04/24 at				
	10:30am.					
	Refer to interview with the Administrator on 09/04/24 at 2:45pm. c. Review of Resident #3's current FL-2 dated 09/21/23 revealed: -Diagnoses included intellectual disability, impulse control, schizoaffective disorder bipolar type, borderline intellectual functioning, and hearing loss. -The resident was ambulatory and constantly disoriented. -The resident wandered and was verbally abusive. -The resident's recommended level of care was family care home.					
	10/03/23 revealed: -The resident wand	t #3's current care plan dated lered and was verbally				
	forgetful and neede	sometimes disoriented, d reminders. red limited assistance with				
		thing, dressing, and grooming.				
	psychiatrist dated 0 -The Administrator	needed to consult with the if the Administrator can not				
	be transferred to a	so recommended the resident higher level of care due to er of other issues if needed.				
	-If the Administrator	r was unable to obtain a higher sident #3, the psychiatrist	r			

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		FCL033016	B. WING		R-C 09/06/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	'S HOPE FAMILY CAF	329 PAR	K AVENUE			
CHILD	S HUPE FAMILI CAP	ROCKY	MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
C 311	Continued From page 44		C 311			
	recommended a trial period of 2 hours of unsupervised time per the Administrators request if safety and injury was not a foreseeable problem. -There was an order for 2 hours unsupervised with check in and check out procedure.					
	Interview with Resident #3 on 09/06/24 at 8:00am revealed: -His psychiatrist approved for him to have 2 hours of unsupervised time in the community. -Sometimes when he was at the facility with the other residents after their PSR program, the Administrator made them sign out, leave the facility and the Administrator locked the facility. -He enjoyed walking to visit friends at local stores in the community, he helped some shops with taking the trash out and was given a little bit of money. -There were a few times he walked back to the facility and the door was locked; so, he waited on the front porch steps for someone to come let		5			
	him in the facility. Refer to interview w 10:30am.	vith the SIC on 09/04/24 at				
	Refer to interview w 09/04/24 at 2:45pm	vith the Administrator on				
	01/29/24 revealed: -Diagnoses include schizoaffective disc hyperlipidemia. -The resident was a disoriented.	lent #4's current FL-2 dated d intellectual disabilities, order bipolar type, and ambulatory and constantly				
	abusive.	ered and was verbally ommended level of care was				

Division of Health Service STATE FORM

6899

93ZD11

If continuation sheet 45 of 77

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		FCL033016	B. WING	B. WING		R-C 06/2024
	PROVIDER OR SUPPLIER		 DDRESS, CITY, S			00/2024
	ROVIDER OR SUPPLIER		KAVENUE	TATE, ZIP CODE		
CHILD	'S HOPE FAMILY CAF		MT, NC 27801			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET
C 311	Continued From pa	Continued From page 45				
	family care home.	family care home.				
	Review of a psychiatrist order for Resident #4 dated 08/27/24 revealed the resident could have 3 hours unsupervised time with check in and check out of facility.					
	Interview with Resident #4 on 09/04/24 at 12:40pm revealed: -His psychiatrist approved him to have 3 hours of unsupervised time daily. -The residents were not always allowed to choose					
	Administrator would a group. -The Administrator come back to the fa -There were times that it looked like it	anted to be unsupervised; the d tell them when to sign out as would lock the facility and acility within 3 hours. that he told the Administrator was going to rain when they				
	facility so residents rained, or they beca	usually left a facility van at the could get in the van if it ame tired. ne van a few times because he				
	Refer to interview v 10:30am.	vith the SIC on 09/04/24 at				
	Refer to interview v 09/04/24 at 2:45pm	vith the Administrator on				
	revealed: -She lived across th -She had cameras	FIC on 09/04/24 at 10:30am ne street from the facility. at her house and could see urned from their unsupervised	1			
	time. -If she was at home	e and saw a resident return to ne Administrator returned, she				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building:	E CONSTRUCTION		E SURVEY PLETED
		FCL033016	B. WING			-C 06/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
		329 PAR	K AVENUE			
ACHILD	'S HOPE FAMILY CAF	REHOME ROCKY	MT, NC 27801			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	EAPPROPRIATE	COMPLETE DATE
C 311	Continued From pa	ge 46	C 311			
	would unlock the facility and sit with the resident until the Administrator returned to the facility.					
	Interview with the Administrator on 09/04/24 at 2:45pm revealed:					
	-She encouraged the residents to sign out after they returned from their Psychosocial					
	Rehabilitation Prog					
	-Residents usually	signed out of the facility from				
	3:00pm to 6:00pm.					
		ally took their unsupervised ime and the facility was locked				
		during that time.				
	-The residents coul	d get in the facility van if it				
		she had not returned to the				
	facility from the sho	p. sidents chose to ride with her				
		nd they would hang out at her				
		ed to the facility earlier than				
	across the street, h	visor in Charge (SIC) lived ad cameras that faced the				
	resident.	would open the facility for the				
		turned to the facility and the ility; the SIC would stay with				
		ther staff returned to the home				
	to relieve her.					
	2. Interview with R	esident #1 on 09/04/24 at				
	11:45am revealed:					
		was not always truthful, so he ecause when he brought up				
		ministrator, she threatened to				
		the hospital and this made				
	him feel angry.	·				
		ninistrator did not care about				
	his wishes.	propted tension in the feetline				
		created tension in the facility and how she spoke with				
ivision of H	ealth Service Regulation	and new one opoile with				

Division of Health Service Regulation STATE FORM

93ZD11

If continuation sheet 47 of 77

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		FCL033016	B. WING		R-C <b>09/06/2024</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
A CHILD	'S HOPE FAMILY CA	REHOME	KAVENUE MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
C 311	controlling; the tens communication. -He felt she talked disrespectful. -He was bitter about are her prey. P-R-E Interview with Res 12:35pm revealed: -The Administrator and could be harsh them. -He figured it was j but he tried not to a questions. Interview with Res 8:00am revealed: -The Administrator rude. -He got frustrated ff Administrator talke down to him and di -She often threater did not listen to her he did not want to g Interview with Resi 12:40pm revealed: -The Administrator when she talked to	was argumentative and sion she created impeded down to him and was at the situation and said, "we E-Y." ident #2 on 09/04/24 at talked down to the residents in at time when she spoke with ust her way of communicating; ask the Administrator any ident #3 on 09/06/24 at talked down to him and was frequently when the d to him, he felt she talked id not treat him with respect. ned to send him to a home if he and that scared him because go to a home. dent #4 on 09/04/24 at e Administrator talking down to was demanding and loud the residents. uiet to keep the Administrator				
vision of H		Administrator with staff and and #4 on 09/06/24 at 3:10pm				

Division of Health Service Regulation STATE FORM

93ZD11

If continuation sheet 48 of 77

FCL033016           B. WING           STREET ADDRESS, CITY, STATE, ZIP CODE           329 PARK AVENUE RCCKY MT, NC 27801           CONTROL STREET OF DEFICIENCIES (EACH DEFICIENCY MUST BE PROVIDER'S PLAN OF COR (EACH DEFICIENCY MUST BE PROCEEDE BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH ODRECTORY MUST BE PRECEDED BY FULL (EACH		NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 329 PARK AVENUE ROCKY MT, NC 27801 (M4) ID FRONDEFFAMILY CARE HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH MERICIENCY MUST BE PRECEDED BY FULL TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH MERICIENCY MUST BE PRECEDED BY FULL TAG CONTINUED FOR page 48 C 311 Continued From page 48 C 311 revealed: -The Administrator held a meeting with staff and residents in the family room to review resident rights and resident's unsupervised time at the facility. -The Administrator informed residents that she was requesting as of today (09/06/24) that they not call her at night with questions or concerns but to report any questions or concerns, they needed to contact the staff on duty and they would not be working any shifts after today; if resident's from feeling that she spoke with them disrespectfully. -She explained to residents that she wanted to ensure that "y'all don't think I'm talking to you aggressively." -A personal care aide (PCA) in the meeting told to the Administrator, "The issue is not how we feel, but how the resident's feel when we speak with them." -Resident #2 told the Administrator, "The way you speak now. I get over it." - APCA responded to Resident #2, "I don't want to the att". - The PCA stated to the group, "the only one that tried to talk back at me was Resident #3 and I told him to get out."			ECI 033016	B. WING		R-C <b>09/06/2024</b>		
ACHILD'S HOPE FAMILY CARE HOME     329 PARK AVENUE ROCKY MT, NC 27801       (X4) ID TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PREFIX TAG     PROVIDER'S PLAN OF COR (EACH ORRECTIVE ACTION)       C 311     Continued From page 48     C 311       revealed: -The Administrator held a meeting with staff and residents in the family room to review resident rights and resident's unsupervised time at the facility. -She informed the residents that she was requesting as of today (09/06/24) that they not call her at night with questions or concerns but to report any questions or concerns, they needed to contact the staff on duty and they would not be working any shifts after today; if resident's from feeling that she spoke with them disrespectfully. -She explained to residents that she would inform her of any concerns residents had. -She explained to tastiff with resident's present that the new change in procedure was to prevent resident's from feeling that she spoke with them disrespectfully. -A personal care aide (PCA) in the meeting told to the Administrator, "The issue is not how we feel, but how the resident's feel when we speak with them." -Resident #2 told the Administrator, "The way you speak now, I get over it." - APCA responded to Resident #2, "I don't want to hear it." - The PCA stated to the group, "the only one that tried to talk back at me was Resident #3 and I told him to get out."     329 PARK AVENUE PREFIX TAG								
CALLOS HOPE FAMILY CARE HOME         ROCKY MT, NC 27801           (X4) ID PREFIX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PROVIDERS PLAN OF COR (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         D PREFIX TAG         PROVIDERS PLAN OF COR (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG         D PREFIX TAG         C 311           C 311         Continued From page 48 revealed: - The Administrator held a meeting with staff and residents in the family room to review resident rights and resident's unsupervised time at the facility. - She informed the residents that she was requesting as of today (09/06/24) that they not call her at night with questions or concerns but to report any questions or concerns, they needed to contact the staff on duty and they would inform her of any concerns residents had. - She explained to staff with resident's present that the new change in procedure was to prevent resident's from feeling that she spoke with them disrespectfully. - She explained to residents that she wanted to ensure that "yall don't think I'm talking to you aggressively." - A personal care aide (PCA) in the meeting told to the Administrator, "The issue is not how we feel, but how the resident's feel when we speak with them." - Resident #2 told the Administrator, "The way you speak now, I get over it." - APCA responded to Resident #2, "I don't want to hear it." - The PCA stated to the group, "the only one that tried to talk back at me was Resident #3 and I told him to get out."		PROVIDER OR SUPPLIER			TATE, ZIP CODE			
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       CCH CORRECTVE ACTION: TAG         C 311       Continued From page 48       C 311         revealed: -The Administrator held a meeting with staff and residents in the family room to review resident rights and resident's unsupervised time at the facility. -She informed the residents that she was requesting as of today (09/06/24) that they not call her at night with questions or concerns but to report any questions or concerns, they needed to contact the staff on duty and they would inform her of any concerns residents that. -She explained to staff with resident's present that the new change in procedure was to prevent resident's from feeling that she spoke with them disrespectfully.         -She explained to residents that she was the administrator. "The issue is not how we feel, but how the resident's feel when we speak with them."         -A personal care aide (PCA) in the meeting told to the Administrator. "The issue is not how we feel, but how the resident's feel when we speak with them."         -Resident #2 told the Administrator, "The way you speak now, I get over it." -A PCA responded to Resident #2, "I don't want to hear it."         -The PCA stated to the group, "the only one that tried to talk back at me was Resident #3 and I told him to get out."	CHILD	S HOPE FAMILY CAP						
TAG       REGULATORY OR LSC IDENTIFYING INFORMATION)       TAG       CROSS-REFERENCED TO THE A DEFICIENCY)         C 311       Continued From page 48       C 311       C 311         C model       -The Administrator held a meeting with staff and residents in the family room to review resident rights and resident's unsupervised time at the facility.       C 311       C 311         She informed the residents that she was requesting as of today (09/06/24) that they not call her at night with questions or concerns but to report any questions or concerns to the staff on duty.       - The Administrator informed residents that she would not be working any shifts after today; if residents had any questions or concerns, they needed to contact the staff on duty and they would inform her of any concerns residents had.       - She explained to staff with resident's present that the new change in procedure was to prevent resident's from feeling that she spoke with them disrespectfully.       - She explained to residents that she wanted to ensure that "yill don't' think I'm talking to you aggressively."       - A personal care aide (PCA) in the meeting told to the Administrator, "The issue is not how we feel, but how the resident's feel when we speak with them."       - Resident #2 told the Administrator, "The way you speak now, I get over it."         - A PCA responded to Resident #2, "I don't want to hear it."       - The PCA stated to the group, "the only one that tried to talk back at me was Resident #3 and I told him to get out."	(X4) ID						(X5)	
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<ul> <li>The Administrator held a meeting with staff and residents in the family room to review resident rights and resident's unsupervised time at the facility.</li> <li>She informed the residents that she was requesting as of today (09/06/24) that they not call her at night with questions or concerns but to report any questions or concerns to the staff on duty.</li> <li>The Administrator informed residents that she would not be working any shifts after today; if residents had any questions or concerns, they needed to contact the staff on duty and they would inform her of any concerns residents had.</li> <li>She explained to staff with resident's present that the new change in procedure was to prevent resident's from feeling that she spoke with them disrespectfully.</li> <li>She explained to residents that she wanted to ensure that "y'all don"t think I'm talking to you aggressively."</li> <li>A personal care aide (PCA) in the meeting told to the Administrator, "The issue is not how we feel, but how the resident's feel when we speak with them."</li> <li>Resident #2 told the Administrator, "The way you speak now, I get over it."</li> <li>A PCA responded to Resident #2, "I don't want to hear it."</li> <li>The PCA stated to the group, "the only one that tried to talk back at me was Resident #3 and I told him to get out."</li> </ul>	C 311	Continued From pa	age 48	C 311				
revealed: -It was the resident's right to have unsupervised time and leave the facility unsupervised when they wanted a break.		<ul> <li>The Administrator residents in the familist and resident's facility.</li> <li>She informed the prequesting as of too call her at night with report any question duty.</li> <li>The Administrator would not be working residents had any of needed to contact the would inform her of -She explained to est the new change in resident's from feel disrespectfully.</li> <li>She explained to rensure that "y'all do aggressively."</li> <li>A personal care ai the Administrator, "but how the resident #2 told the speak now, I get ow -A PCA responded to the revealed:</li> <li>Interview with the Frevealed:</li> <li>It was the resident time and leave the</li> </ul>	hily room to review resident is unsupervised time at the residents that she was day (09/06/24) that they not h questions or concerns but to is or concerns to the staff on informed residents that she ng any shifts after today; if questions or concerns, they the staff on duty and they f any concerns residents had. staff with resident's present tha procedure was to prevent ling that she spoke with them esidents that she wanted to on't' think I'm talking to you de (PCA) in the meeting told to The issue is not how we feel, nt's feel when we speak with the Administrator, "The way you ver it." to Resident #2, "I don't' want the group, "the only one that the was Resident #3 and I " PCA on 09/06/24 at 3:36pm t's right to have unsupervised facility unsupervised when					

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		FCL033016	B. WING		R-C 09/06/2024	
	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
		329 PARI	<b>AVENUE</b>	,		
A CHILD	'S HOPE FAMILY CAR	RE HOME ROCKY N	MT, NC 27801			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (		(X5) COMPLETI
PRÉFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
C 311	Continued From pa	ge 49	C 311			
	going to chase then	n, tackle them, or put her				
	hands on them in a					
		o force residents to stay at the				
	facility.					
		when she had to speak directly	/			
	understood the rule	residents to ensure they				
		5.				
	Interview with the A	dministrator on 09/04/24 at				
	3:30pm revealed:					
		ne residents to sign out after				
	they returned from					
	Rehabilitation Prog					
		signed out of the facility from				
	3:00pm to 6:00pm.	sidents chose to ride with her				
		nd they would hang out at her				
	shop.	id they would hang out at her				
		the residents had left for their				
		she locked the facility.				
		ed to the facility earlier than				
		/isor in Charge (SIC) lived				
		ad cameras that faced the				
		would open the facility for the				
	resident.	turned to the facility and the				
		ility; the SIC would stay with				
		ther staff returned to the home				
	to relieve her.					
	The facility failed to	ensure residents were treated				
		pect related to residents that				
	were constantly dis	oriented being forced to sign				
		l unsupervised leave for up to				
		access to enter the facility				
		ked, no staff were present in				
		were unable to gain access				
		/ until someone came to ich resulted in residents sitting				
		ty if it began to rain and				

STATEME	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		FCL033016	B. WING		R-C 09/06/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
A CHILD	'S HOPE FAMILY CAF	REHOME	KAVENUE MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 311	complaints of not had or drinks during hot spoken to by the Actione that created teresidents to fear brith Administrator becaut upsetting the Admir detrimental to the had the residents which Violation. The facility provided accordance with G. 2024, for this violation DATE CORRECTION DATE to the base of the term of the second accordance with G. 2024, for this violation the term of the term of the second accordance with G. 2024, for this violation the term of term	aving money to purchase food weather, and resident's being Iministrator in a demeaning nsion in the home and caused nging up any concerns to the use they were afraid of istrator. This failure was ealth, safety and welfare of constitutes a Type B				
C 330	<ul> <li>(a) A family care he preparation and add prescription and no by staff are in accord (1) orders by a licer which are maintained (2) rules in this Sec and procedures.</li> <li>This Rule is not me Based on observati reviews, the facility were administered additional statements.</li> </ul>	04 Medication Administration ome shall assure that the ministration of medications, n-prescription and treatments rdance with: used prescribing practitioner ed in the resident's record; and tion and the facility's policies				

	of Health Service Re					
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL033016	B. WING	B. WING		e-C 06/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
	'S HOPE FAMILY CAF	SE HOME 329 PAR	K AVENUE			
		ROCKY	MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
C 330	Continued From pa	ge 51	C 330			
	The findings are:					
	Review of Resident #4's current FL-2 dated 01/29/24 revealed diagnoses included intellectual disabilities, schizoaffective disorder bipolar type, and hyperlipidemia.					
	Review of Resident #4's dermatologist visit note dated 08/20/24 revealed: -Resident #4 was seen for a rash on his face. -The resident complained of scaly and flaky skin on his face after he shaved. -The resident denied itching or irritated skin on his face.					
	revealed: -There was an order ointment; apply top skin irritation at 8:00 do not apply on the applied (Hydrocortis conditions that caus and rashes). -There was an order unit/gram, apply top 8:00am, 2 days on,	an's order dated 08/20/24 er for Hydrocortisone 2.5% ically on face daily for rash or 0am; 2 days on and 2 days off same days that Nystatin is sone is used to treat skin se swelling, redness, itching, er for Nystatin 100,000 bically to face daily for rash at then 2 days off, alternating sone (Nystatin is used to treat ctions in the skin).				
	administration reco -There was a handwide Hydrocortisone 2.5° face daily for rash of days on and 2 days days that Nystatin is -There was docume 2.5% ointment was	written entry for % ointment; apply topically on or skin irritation at 8:00am; 2 s off; do not apply on the same				

	of Health Service Re					
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		FCL033016	B. WING	B. WING		R-C 06/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	S HOPE FAMILY CAR	REHOME	<b>K AVENUE</b>			
		ROCKY	MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 330	Continued From pa	ge 52	C 330			
	<ul> <li>There was a handy 100,000 unit/gram, rash at 8:00am, 2 d alternating with the -There was docume unit/gram was adm 08/21/24, 08/24/24,</li> <li>Review of Resident revealed:</li> <li>There was a handy Hydrocortisone 2.55 face daily for rash of 2 days off, do not a Nystatin.</li> <li>There was docume 2.5% ointment was 09/04/24.</li> <li>There was a handy 100,000 unit/gram, rash, 2 days on, the Hydrocortisone 2.55</li> <li>There was docume 2.5%</li> <li>Interview with Resid revealed he felt tha there was not as m face.</li> <li>Telephone interview facility's contracted 1:20pm revealed:</li> <li>The facility should Hydrocortisone and -The instructions we 2.5% ointment to the</li> </ul>	written order for Nystatin apply topically to face daily for lays on, then 2 days off, Hydrocortisone. entation that Nystatin 100,000 inistered at 8:00am on 08/27/24, and 08/30/24. ##4's September 2024 MAR written entry for % ointment, apply topically on or skin irritation, 2 days on and pply on days when using entation that Hydrocortisone administered on 09/01/24 and written entry for Nystatin apply topically to face daily for en 2 days off, alternating with % ointment. entation that Nystatin 100,000 inistered on 09/01/24 and dent #4 on 09/05/24 at 9:15am t his face was doing better; uch flaking of his skin on his w with a pharmacist with the pharmacy on 09/06/24 at alternate the application of I Nystatin for Resident #4. ere to apply Hydrocortisone ie resident's face for 2 days; tatin 100,000 unit/gram to the				

	IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		E SURVEY PLETED
		FCL033016	B. WING			R-C <b>06/2024</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
A CHILD	'S HOPE FAMILY CAF	REHOME	KAVENUE MT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 330	Continued From pa	Continued From page 53				
	1:30pm revealed: -She had transcribe 2024 MAR for Resi order from his derm -She evidently beca follow the medicatio -She should not hav Nystatin to the reside -She received the p 2024 with instruction Nystatin for Reside -She realized today mistake in Septem Hydrocortisone and daily. -She should have re- instructions more c mistake of applying #4's face daily.	ame confused and did not on instructions as prescribed. Ve applied Hydrocortisone and dent's face at the same time. orinted MAR for September ons for the Hydrocortisone and nt #4's rash. That she made the same over 2024 by applying the I Nystatin to the resident's face ead the prescribing learly to avoid making the I both medications to Resident	9			
	(MA) on 09/05/24 a Attempted telephor	v with the medication aide t 1:55pm was unsuccessful. ne interview with Resident #4's 9/06/24 at 11:21am was				
C 341	10A NCAC 13G .10 Administration	004 (i) Medication	C 341			
	10A NCAC 13G .10	004 Medication Administration				
	medication adminis staff person who ac immediately followi	f the administration on the stration record shall be by the dministers the medication ng administration of the esident and observation of the				

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C		
		FCL033016	B. WING			09/06/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
A CHILD	S HOPE FAMILY CAP		K AVENUE MT, NC 27801				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 341	Continued From pa	nge 54	C 341				
	to the administratio	king the medication and prior n of another resident's narting is prohibited.					
	Based on record re facility failed to ens administration of m administration reco	et as evidenced by: eview and interviews, the ure the recording of the edication on the medication rd immediately following e medication to the resident (#1, #2, #3, #4).					
	The findings are:						
	cart on 09/04/24 re -The binder contair administration reco of the facility. -There was a hand in my days that I we	on the top of the medication vealed: ned the electronic medication rds (eMAR) for each resident written note that read, "I will fill prked in the morning. I did not s with me." (The note was not					
	08/13/24 revealed: -Diagnoses include bipolar type, delusion and asthma. -He was constantly -There was an order administered daily a medication used to -There was an order 300mg to be administered	er for Olanzapine 20mg to be after dinner. (Olanzapine is a					

Division of Health Service Regulation STATE FORM

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If continuation sheet 55 of 77

	of Health Service Realth Service Rea	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		FCL033016	B. WING			R-C 09/06/2024	
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
		329 PAR	K AVENUE	,			
A CHILD	'S HOPE FAMILY CAF		MT, NC 27801				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
C 341	Continued From pa	ige 55	C 341				
	-There was an orde	er for Levothyroxine 25mcg to					
		ery day before breakfast.					
		medication used to treat					
	thyroid disorders.)						
		er for Pantoprazole Sodium					
		mg to be administered every					
	<b>.</b> .	zole is a medication used to geal reflux disease.)					
		er for Fluticasone 0.05%, 1					
		stered into each nostril every					
		one is a medication used to					
	treat seasonal aller						
		er for a nutritional supplement,					
		stered every day. (Nutritional					
		sed for nutritional support.)					
		er for Lorazepam 0.5mg to be					
	is a medication use	night at bedtime. (Lorazepam					
		er for Lithium Carbonate					
		be administered daily after					
	supper.						
		er for Metformin HCL extended					
	release 500mg to b	e administered each day after					
		is a medication used to					
	stabilize blood suga						
		er for Fenofibrate 54 mg to be					
		night after dinner. (Fenofibrate					
		ed to treat high cholesterol.) Fr for Montelukast Sodium					
		stered each night at bedtime.					
	-	nedication used to treat					
	seasonal allergies.						
	Review of Resident						
		rd (MAR) for September 2024					
	on 09/04/24 reveale	ed: outerized entry for Olanzapine					
		stered daily after dinner.					
		umentation Olanzapine 20mg					
		each evening at 5:00pm on					

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED R-C	
		FCL033016	B. WING		09/	06/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	'S HOPE FAMILY CAP	329 PAR	K AVENUE			
		ROCKY	MT, NC 27801			
(X4) ID			ID	PROVIDER'S PLAN OF CO		(X5) COMPLETI
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE		DATE
-				DEFICIENCY)		
C 341	Continued From pa	age 56	C 341			
	-	-				
	09/01/24 through 0					
		puterized entry for Lithium				
		to be administered every				
	morning.	umentation Lithium Carbonate				
		stered each morning at 4 through 09/04/24.				
	-There was a comp					
		cg to be administered every				
	day before breakfa					
	2					
	-There was no documentation Levothyroxine 25mcg was administered each morning at					
		0:00am on 09/01/24 through 09/04/24. There was a computerized entry for				
	pantoprazole sodium delayed release 40mg to be					
	administered every					
		umentation Pantoprazole				
		lease 40mg was administered				
		00am on 09/01/24 through				
	09/04/24.	••••••••••••••••••••••••••••••••••••••				
		outerized entry for Fluticasone				
		be administered into each				
	nostril every mornir					
		umentation Fluticasone 0.05%	,			
	1 spray into each n	ostril was administered each				
	morning at 8:00am	on 09/01/24 through 09/04/24				
	-There was a comp	puterized entry for a nutritional				
	supplement with in	structions to drink one can				
	every day for suppl					
	-There was no doc	umentation the nutritional				
		was administered each				
		on 09/01/24 through 09/04/24				
		outerized entry for Lorazepam				
		istered every night at bedtime.				
		umentation Lorazepam 0.5mg				
	was administered e 09/01/24 through 0	each evening at 8:00pm on 9/03/24.				
		outerized entry for Lithium				
		2 tablets to be administered				
	daily after supper.					
sion of H	ealth Service Regulation		μ			T

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			Сом	E SURVEY PLETED
		FCL033016	B. WING	B. WING		06/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
A CHILD	'S HOPE FAMILY CAF	REHOME	KAVENUE MT, NC 27801			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLET DATE
C 341	Continued From pa	ge 57	C 341			
	300mg, 2 tablets wa at 6:00pm on 09/01 -There was a comp HCL extended release each day after dinm -There was no docu extended release 5 evening at 6:00pm 09/03/24. -There was a comp 54 mg to be admini -There was no docu was administered e 09/01/24 through 09 -There was no docu Sodium 10mg to be bedtime. -There was no docu Sodium 10mg was 8:00pm on 09/01/24 Second review of R September 2024 or -There was docume administered each 09/01/24 through 09 -There was docume 300mg was adminis 8:00am on 09/01/24	umentation Metformin HCL 00mg was administered each on 09/01/24 through puterized entry for Fenofibrate stered each night after dinner. umentation Fenofibrate 54 mg each evening at 6:00pm on 9/03/24. puterized entry for Montelukast administered each night at umentation Montelukast administered each evening at 4 through 09/04/24. Resident #1's MAR for n 09/05/24 revealed: entation Olanzapine 20mg was evening at 5:00pm on 9/04/24. entation Lithium Carbonate stered each morning at				
	delayed release 400 morning at 8:00am -There was docume spray into each nos	entation Pantoprazole Sodium mg was administered each on 09/01/24 through 09/05/24 entation Fluticasone 0.05%, 1 stril was administered each on 09/01/24 through 09/05/24				
		entation the nutritional				

If continuation sheet 58 of 77

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	of contraction		A. BUILDING:				
		FCL033016	B. WING		R-C 09/06/2024		
	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
		329 PAR	<b>AVENUE</b>				
	'S HOPE FAMILY CAF	ROCKY I	AT, NC 27801				
(X4) ID			ID	PROVIDER'S PLAN OF (		(X5) COMPLETE	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	HE APPROPRIATE	DATE	
-				DEFICIENC	Y)		
C 341	Continued From pa	ige 58	C 341				
	supplement 1 can	was administered each					
		on 09/01/24 through 09/05/24.					
		entation Lorazepam 0.5mg					
		each evening at 8:00pm on					
	09/01/24 through 0						
	-There was docume	entation Lithium Carbonate					
		ere administered each evening					
		/24 through 09/04/24.					
		entation Metformin HCL					
		00mg was administered each					
		on 09/01/24 through 09/04/24.					
		entation Fenofibrate 54 mg					
	09/01/24 through 09	each evening at 6:00pm on					
		entation Montelukast Sodium					
		tered each evening at 8:00pm					
	on 09/01/24 through						
	Attempted interview	v with the medication aide					
		t 1:55pm was unsuccessful.					
	(	·····					
		vith the pharmacist for the					
		pharmacy on 09/04/24 at					
	2:09pm.						
	Refer to interview w	vith the Administrator on					
	09/04/24 at 8:50am						
	Refer to second int	erview with the Administrator					
	on 09/05/24 at 10:4						
	2 Review of Reside	ent #2's current FL-2 dated					
	08/14/24 revealed:						
	-Diagnoses include	d schizophrenia.					
		order and history of a traumatic					
	brain injury.	2					
	-He was constantly	disoriented.					
	-There was an orde	er for Haldol 10mg to be					
	administered each						
	antipsychotic medic ealth Service Regulation	cation used to treat					

Division of Health Service Regulation STATE FORM

93ZD11

If continuation sheet 59 of 77

TATEMEN	of Health Service R	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
		FCL033016	B. WING			R-C <b>06/2024</b>
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	•	
		329 PAR	K AVENUE			
CHILD	'S HOPE FAMILY CAI	RE HOME ROCKY	MT, NC 27801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE
C 341	Continued From pa	age 59	C 341			
	schizophrenia.)					
		er for Linzess 290 mcg to be				
	water. (Linzess is u	morning with a full glass of used to treat irritable bowel				
	syndrome.)	or for Multivitomin with				
		er for Multivitamin with ninistered each morning.				
		ninerals is used for nutritional				
	support.)					
		er for Benztropine 1mg to be				
		daily. (Benztropine is used to				
		s that can be caused my				
	antipsychotic medi					
		er for Lithium Carbonate histered twice daily with food.				
		is a medication used to				
	,	er for Clonazepam 0.5mg to be				
		daily. (Clonazepam is used to				
		er for Sodium Chloride 1gm, 3				
	Chloride is used to	istered twice daily. (Sodium support sodium levels in the				
	blood.)	ar far Katatifan 0.025% 1 dran				
		er for Ketotifen 0.025%, 1 drop morning and at bedtime.				
		I to treat eye discomfort.)				
		er for Trazodone 100mg, 2				
	tablets to be admin	istered each night at bedtime.				
		to treat insomnia.)				
		er for Haldol 10mg, 2 tablets to				
		ach night at bedtime. er for Ciclopirox 8% to be				
		great toe each morning.				
		to treat fungal infections.)				
	Review of Residen					
		ord (MAR) for September 2024				
	on 09/04/24 reveal					
	- I nere was a comp ealth Service Regulation	puterized entry for Haldol 10mg	J			

Division	of Health Service Re	aulation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		FCL033016	B. WING		R-C 09/06/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		329 PAR	<b>AVENUE</b>			
ACHILD	'S HOPE FAMILY CAR	ROCKY N	IT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 341	Continued From pa	ge 60	C 341			
	to be administered 8:00am. -There was no docu administered on 09. -There was a comp mcg to be administered for 8:00am. -There was no docu was administered o -There was a comp with minerals to be scheduled for 8:00a -There was no docu minerals was admin 09/04/24. -There was a comp 1mg to be administered o -There was a comp 1mg to be administered o -There was a comp Carbonate 300mg t with food and schee -There was no docu 300mg was administ 09/03/24. -There was a comp 0.5mg to be administ 09/03/24. -There was a comp Chloride 1GM, 3 tal morning and after d 8:00am and 5:00pm -There was a comp	each day and scheduled for Imentation Haldol 10mg was /01/24 through 09/04/24. Interized entry for Linzess 290 ered each day and scheduled Imentation Linzess 290 mcg n 09/01/24 through 09/04/24. Interized entry for Multivitamin administered each day and Imentation Multivitamin with histered on 09/01/24 through Interized entry for Benztropine ered twice daily and Im and 8:00pm. Imentation Benztropine 1mg n 09/01/24 through 09/04/24. Interized entry for Lithium o be administered twice daily duled for 8:00am and 8:00pm. Imentation Lithium Carbonate stered on 09/01/24 through Interized entry for Clonazepam stered twice daily and Im and 8:00pm. Imentation Lithium Carbonate stered on 09/01/24 through Interized entry for Sodium bets to be administered in the inner and scheduled for				

Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	CALL CALL CALL CALL CALL CALL CALL CALL	, <i>,</i>	CONSTRUCTION	(X3) DATE	SURVEY	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED	
		FCL033016	B. WING			R-C 09/06/2024	
AME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
		329 PAR	K AVENUE				
CHILD	S HOPE FAMILY CA	RE HOME ROCKY I	MT, NC 27801				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC <sup>\</sup>	HE APPROPRIATE	COMPLE DATE	
C 341	Continued From pa	age 61	C 341				
	in the morning and at bedtime and scheduled for 8:00am and 8:00pm. -There was no documentation Ketotifen 0.025%						
		on 09/01/24 through 09/03/24.					
		puterized entry for Trazodone					
	100mg, 2 tablets to be administered each night at bedtime and scheduled for 8:00pm.		•				
		umentation Trazodone 100mg,					
		nistered on 09/01/24 through					
	09/03/24.	_					
		buterized entry for Haldol					
	bedtime and sched	be administered each night at					
		umentation Haldol 10mg, 2					
		stered on 09/01/24 through					
	-There was a comp	puterized entry for Ciclopirox					
		the right great toe each					
	morning and scheo						
		umentation Ciclopirox 8% was 4 through 09/04/24.					
		Resident #2's medication ord (MAR) for September 2024 ed:					
		entation Haldol 10mg was am on 09/01/24 through					
	-There was docum	entation Linzess 290 mcg was 00am on 09/01/24 through					
		entation Multivitamin with					
		nistered 8:00am on 09/01/24					
		entation Benztropine 1mg was					
	administered at 8:0	00am on 09/01/24 through om on 09/01/24 through					
	09/04/24.	· · · · · · · · · · · · · · · · · · ·					
		buterized entry for Lithium to be administered twice daily					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	CONSTRUCTION		E SURVEY PLETED	
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:				
		FCL033016	B. WING			R-C 09/06/2024	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
		329 PAR	K AVENUE				
	S HOPE FAMILY CAR	RE HOME ROCKY	MT, NC 27801				
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T	THE APPROPRIATE	DATE	
C 341	Continued From pa	age 62	C 341				
	with food and sche	duled for 8:00am and 8:00pm.					
		entation Lithium Carbonate					
		stered at 8:00am on 09/01/24					
		nd at 8:00pm on 09/01/24					
	through 09/04/24.						
		entation Lithium Carbonate					
		stered at 8:00am on 09/01/24					
		nd at 8:00pm on 09/01/24					
	through 09/04/24.						
		entation Sodium Chloride was					
		00am on 09/01/24 through					
	09/05/24 and at 5:0 09/04/24.	00pm on 09/01/24 through					
	-There was docum	entation Ketotifen 0.025% was					
		8:00am on 09/04/24 through					
	09/04/24.	00pm on 09/01/24 through					
		entation Trazodone 100mg, 2					
	through 09/04/24.	istered at 8:00pm on 09/01/24					
	- There was docum	entation Haldol 10mg, 2 iistered at 8:00pm on 09/01/24					
	through 09/04/24.	istered at 8.00pm on 09/01/24					
		entation Ciclopirox 8% was					
		on 09/01/24 through 09/05/24.					
	Attempted interview	w with the medication aide					
	(MA) on 09/05/24 a	at 1:55pm was unsuccessful.					
		with the pharmacist for the					
	facility's contracted 2:09pm.	l pharmacy on 09/04/24 at					
	Refer to interview v 09/04/24 at 8:50am	with the Administrator on า.					
	Refer to second int on 09/05/24 at 10:4	terview with the Administrator 44am.					
	3. Review of Resid	ent #3's current FL-2 dated					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		FCL033016	B. WING		R-C 09/06/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		329 PARK				
A CHILD	'S HOPE FAMILY CAF	RE HOME ROCKY N	IT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
C 341	Continued From pa	ge 63	C 341			
	09/21/23 revealed: -Diagnoses include impulse control, sci type, borderline inter- hearing loss. -The resident was a disoriented. -There was an order administered at 8:00 is a medication helf -There was an order Strength to be adm morning. (Tylenol B used to treat pain). -There was an order take one tablet ever medication used to -There was an order one tablet twice a d (Cogentin is a medi- There was an order spray; spray two sp day (Azelastine is a fever). -There was an order take 4 tablets (2,00 a medication used for -There was an order take 4 tablets (2,00 a medication used for -There was an order inhaler; inhale 2 pur needed for wheezir (Albuterol is a medi- and difficulty breath	d intellectual disability, nizoaffective disorder bipolar ellectual functioning, and ambulatory and constantly er for Fish Oil 1,000mg to be 0am every morning. (Fish oil o reduce pain and swelling.) er for Tylenol 500mg Extra inistered at 8:00am every Extra Strength is a medication er for Vitamin D3 1,000 units, ry morning (Vitamin D3 is a help maintain healthy bones). er for Cogentin 0.5mg, take lay at 8:00am and 8:00pm iation used to treat tremors). er for Azelastine 0.1% nasal rays into both nostrils twice a medication used to treat hay er for Depakote ER 500mg, 0mg), at bedtime (Depakote is to treat mood disorders). er for Invega Trinza 410 10 mg intramuscularly every rinza is a medication used to ). er for Albuterol HFA 90mcg ffs by mouth every 6 hours as ng or shortness of breath cation used to treat wheezing				
	dated 07/08/24 reve	#3's psychiatrist visit note ealed there was an order for blet, take one tablet twice a				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		FCL033016	B. WING			R-C 09/06/2024	
					03/	00/2024	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST <b>( AVENUE</b>	TATE, ZIP CODE			
A CHILD	'S HOPE FAMILY CAF	REHOME	AVENUE IT, NC 27801				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO		(X5) COMPLETE	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	DATE	
C 341	Continued From pa	ige 64	C 341				
	day at 8:00am and medication used to	8:00pm (Lorazepam is a treat anxiety).					
	Review of Resident #3's medication administration record (MAR) for September 2024						
		on 09/04/24 revealed:					
		ed entry for Fish Oil 1,000mg to					
	be administered da	umentation Fish Oil 1,000mg					
		each morning at 8:00am from					
	09/01/24 through 0	5					
		ed entry for Tylenol 500mg					
		e administered daily at					
	8:00am.						
		umentation Tylenol 500mg administered each morning at					
		/24 through 09/04/24.					
		ed entry for Vitamin D3 1,000					
		tered daily at 8:00am.					
		umentation Vitamin D3 1,000					
	from 09/01/24 to 09						
		ed entry for Cogentin 0.5mg to					
		ily at 8:00am and 8:00pm.					
		umentation Cogentin 0.5mg laily at 8:00am and 8:00pm					
	from 09/01/24 to 09						
		ed entry for Azelastine 0.1%					
		administered into both nostrils					
	twice a day at 8:00a						
		umentation Azelastine 0.1%					
		ministered daily at 8:00am 9/01/24 to 09/03/24.					
		ed entry for Depakote ER					
		ets (2,000mg) at 8:00pm.					
		umentation Depakote ER					
	500mg was adminis	stered daily at 8:00 pm from					
	09/01/24 to 09/03/2						
		ed entry for Albuterol HFA					
	90mcg Inhaler; Inha ealth Service Regulation	ale 2 puffs by mouth every 6					

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		FCL033016	B. WING		R-C <b>09/06/2024</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		329 PARK				
ACHILD	'S HOPE FAMILY CAF	ROCKY M	IT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 341	Continued From pa	ge 65	C 341			
0.341	hours as needed. -There was no docu 90mcg inhaler was needed from 09/01/ -There was a printer be administered at anxiety. -There was no docu was administered at 09/01/24 to 09/04/2 Second review of R September 2024 or -There was a printer to be administered administered each 09/01/24 to 09/04/2 -There was docume administered each 09/01/24 to 09/04/2 -There was a printer Extra Strength to be 8:00am. -There was docume Strength was administered units to be administered units to be administered units was administered administered daily at 09/01/24 to 09/04/24. -There was a printer units was administered daily at 09/01/24 to 09/04/24. -There was a printer be administered daily at 09/01/24 to 09/04/24. -There was a printer be administered daily at 09/01/24 to 09/04/24. -There was a printer administered daily at 09/01/24 to 09/04/24. -There was a printer administered daily at 09/01/24 to 09/04/24. -There was a printer hasal spray, to be at twice a day at 8:00a -There was docume	umentation Albuterol HFA administered every 6 hours as /24 to 09/04/24. ed entry for Lorazepam 1mg to 8:00am and 8:00pm for umentation Lorazepam 1mg t 8:00am and 8:00pm from 4. Resident #3's MAR for n 09/05/24 revealed: ed entry for Fish Oil 1,000mcg daily at 8:00am. entation Fish Oil 1,000mg was morning at 8:00am from 4. ed entry for Tylenol 500mg e administered daily at entation Tylenol 500mg Extra nistered at 8:00am from 9/04/24. ed entry for Vitamin D3 1,000 tered daily at 8:00am. entation Vitamin D3 1,000 tered at 8:00am from 09/01/24 ed entry for Cogentin 0.5mg to ily at 8:00am and 8:00pm. entation Cogentin 0.5mg was at 8:00am and 8:00pm from 4. ed entry for Azelastine 0.1% administered into both nostrils am and 8:00pm. entation Azelastine 0.1% nasal				
Division of H	spray was administ 8:00pm from 09/01 lealth Service Regulation	ered daily at 8:00am and /24 to 09/04/24.				

Division of Health Service Regulation STATE FORM

93ZD11

If continuation sheet 66 of 77

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED	
		FCL033016	B. WING			R-C 09/06/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET	TADDRESS, CITY, S	TATE, ZIP CODE			
A CHILD	'S HOPE FAMILY CAF		ARK AVENUE Y MT, NC 27801				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
C 341	Continued From pa	ige 66	C 341				
	500mg, take 4 table -There was docume was administered of to 09/04/24. -There was a printe 90mcg inhaler; inha hours as needed. -There was no docu 90mcg inhaler was needed from 09/01. -There was a printe be administered da anxiety. -There was docume administered at 8:0 09/01/24 to 09/04/2 Attempted interview (MA) on 09/05/24 a Refer to interview w	ed entry for Lorazepam 1mg ily at 8:00am and 8:00pm fo entation Lorazepam 1mg wa 0am and 8:00pm from	as to r is				
		vith the Administrator on n.					
	Refer to second int on 09/05/24 at 10:4	erview with the Administrato 4am.	r				
	01/29/24 revealed: -Diagnoses include schizoaffective disc	lent #4's current FL-2 dated d intellectual disabilities, order bipolar type, and					
	disoriented.	ambulatory and constantly er for Fenofibrate 145mcg to					

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING: _			R-C	
		FCL033016	B. WING		09/06/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
A CHILD	'S HOPE FAMILY CAF		KAVENUE MT, NC 27801				
(X4) ID		TEMENT OF DEFICIENCIES	ID			(X5) COMPLETE	
PREFIX TAG	· ·	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE	
C 341	Continued From pa	ige 67	C 341				
	(Fenofibrate is a medication used to treat high cholesterol). -There was an order for Ezetimibe 10mg to be						
	administered at 8:00pm every evening (Ezetimibe		•				
	is a medication used to treat cholesterol). -There was an order for Invega Sustenna inject						
	1ml=156 mg/ml intramuscular every four weeks						
	(Invega Sustenna is	s a medication used to treat					
	schizophrenia).						
	administered at 8:0	er for Olanzapine 20mg to be					
		(Olanzapine is a medication used to treat					
	psychosis).						
	-There was an order for Olanzapine 5mg to be						
	administered at 8:00pm every evening. -There was an order for Omeprazole 20mg to be						
		morning after breakfast at					
		ble is a medication used to					
	treat indigestion).						
	-There was an orde	er for Valproic Acid 250mg;					
		50mg) at 8:00am and 8:00pm					
		stabilization (Valproic Acid is					
		to treat bipolar disorder). er for Trazodone 50mg, take					
		ght at 8:00pm (Trazodone is a					
	medication used to						
		er for Melatonin 10mg, take					
	one tablet every nig medication used to	ght at 8:00pm (Melatonin is a treat insomnia).					
	Review of a dermat dated 08/20/24 reve	tologist order for Resident #4					
		er for Hydrocortisone 2.5%					
	ointment, apply top	ically on face daily for rash or					
		s on and 2 days off, do not					
	apply on days when						
		er for Nystatin 100,000 bically to face daily for rash, 2					
		/s off, alternating with					
	Hydrocortisone 2.5						

Division of Health Service Regulation STATE FORM

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМІ	PLETED	
		FCL033016	B. WING			R-C 09/06/2024	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
		329 PAR	K AVENUE	,			
CHILD	S HOPE FAMILY CA	RE HOME ROCKY	MT, NC 27801				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		SC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE <sup>-</sup> DATE	
C 341	Continued From pa	age 68	C 341				
		Review of Resident #4's medication administration record (MAR) for September 2024					
	on 09/04/24 reveal						
	145mcg to be adm	inistered daily at 8:00am. umentation Fenofibrate					
	145mcg was admir	nistered each morning at					
		/24 through 09/04/24. ed entry for Olanzapine 20mg					
	to be administered	at 8:00pm every evening.					
		umentation that Olanzapine tered from 09/01/24 through					
	09/03/24.	ed entry for Olanzapine 5mg to					
	be administered at	8:00pm every evening.					
		umentation that Olanzapine ered from 09/01/24 through					
	09/03/24.	ed entry for Valproic Acid					
		sules (750mg) at 8:00am and					
		umentation that Valproic Acid istered from 09/01/24 through					
		n and 09/01/24 through					
		ed entry for Trazodone 50mg,					
	-There was no doc	tered from 09/01/24 through					
	09/03/24.	ed entry for Melatonin 10mg,					
	take one tablet eve	ery night at 8:00pm.					
		umentation that Melatonin tered from 09/01/24 through					
	-There was a printe	ed entry for Hydrocortisone					
2	2.5% ointment, app rash or skin irritatio	oly topically on face daily for					

	of Health Service Real TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION	СОМ	E SURVEY PLETED
		FCL033016	B. WING		09/06/2024	
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	'S HOPE FAMILY CAI		<b>AVENUE</b>			
		ROCKY N	IT, NC 27801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE
C 341	Continued From pa	age 69	C 341			
	at 8:00am from 09/ -There was a printer unit/gram, apply top 8:00am, 2 days on with Hydrocortisone -There was no doc 100,000 unit/gram from 09/01/24 through Second review of F September 2024 of -There was a printer 145mcg to be adm -There was a printer be administered at -There was a printer be administered at -There was a printer be administered every 09/01/24 through 0 -There was a printer to be administered every 09/01/24 through 0 -There was a printer to be administered at -There was a printer to be administered every 09/01/24 through 0 -There was a printer be administered at -There was a printer -There was a printer	% ointment was administered (01/24 through 09/04/24. ed entry for Nystatin 100,000 oically to face daily for rash at , then 2 days off, alternating e 2.5% ointment. umentation that Nystatin was administered at 8:00am ugh 09/04/24. Resident #4's MAR for n 09/05/24 revealed: ed entry for Fenofibrate inistered daily at 8:00am. entation Fenofibrate 145mcg each morning at 8:00am from 24. ed entry for Ezetimibe 10mg to 8:00pm every evening. entation Ezetimibe 10mg was r evening at 8:00pm from 9/04/24. ed entry for Olanzapine 20mg at 8:00pm every evening. entation that Olanzapine 20mg at 8:00pm every evening. entation that Olanzapine 5mg to 8:00pm every evening. entation that Olanzapine 5mg overy evening at 8:00pm from 9/04/24. ed entry for Valproic Acid sules (750mg) at 8:00am and entation that Valproic Acid				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>,</i>	CONSTRUCTION		E SURVEY PLETED
ND FLAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING:			
		FCL033016	B. WING		R-C 09/06/2024	
AME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
		329 PAR	K AVENUE			
CHILD	S HOPE FAMILY CAI	RE HOME ROCKY I	MT, NC 27801			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF C		(X5) COMPLET
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	DATE
C 341	Continued From pa	age 70	C 341			
	09/01/24 through 09/04/24.					
		ed entry for Trazodone 50mg,				
		ery night at 8:00pm.				
		entation that Trazodone 50mg				
	09/01/24 through 0	every evening at 8:00pm from				
		ed entry for Melatonin 10mg,				
	take one tablet every night at 8:00pm.					
		entation that Melatonin 10mg				
		every evening at 8:00pm from				
	09/01/24 through 0	9/04/24.				
		ed entry for Hydrocortisone				
		bly topically on face daily for				
		on, 2 days on and 2 days off, do	D			
		when using Nystatin.				
		entation that Hydrocortisone applied at 8:00am on				
	09/01/24 and 09/04	••				
		ed entry for Nystatin 100,000				
		pically to face daily for rash, 2				
	days on, then 2 day	ys off, alternating with				
	Hydrocortisone 2.5					
		entation that Nystatin 100,000				
	unit/gram was appl 09/04/24.	lied at 8:00am on 09/01/24 and				
	•	w with the medication aide				
	( )	at 1:55pm was unsuccessful.				
		with the pharmacist for the				
	facility's contracted 2:09pm.	l pharmacy on 09/04/24 at				
	Refer to interview v 09/04/24 at 8:50am	with the Administrator on า.				
	Refer to second int on 09/05/24 at 10:4	terview with the Administrator 44am.				
	Interview with the r	pharmacist for the facility's				

STATEME	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		FCL033016	B. WING			R-C <b>09/06/2024</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
	'S HOPE FAMILY CAF	329 PAR	K AVENUE				
		ROCKY	NT, NC 27801				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC <sup>1</sup>	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
C 341	Continued From pa	ge 71	C 341				
	revealed: -They entered med medication adminis sent the eMAR to th -MARs were usually month approximate beginning of the ne -The MARS for Sep facility on 08/23/24 available for docum Interview with the A 8:50am revealed: -The handwritten no aide (MA) that more -The MA would doc medications to the -The facility's contract 09/01/24. -She and the MA st	otember 2024 were sent the and would have been nentation on 09/01/24. Administrator on 09/04/24 at ote was left by the medication hing on 09/04/24. Aument the administration of residents later in the day. It received printed MARS from oted pharmacy the before hould have created a o use until the MAR from the					
	09/05/24 at 10:44ar -The MARs were no document the admit the residents on 09 -The MARs came fr arrive at the facility and they were avail medications admini 09/04/24. -The MA document administered on a se documented the additional sectors and the sectors and	ot available for the MA to inistration of medications to /01/4 through 09/03/24. rom the pharmacy and did not until the evening of 09/03/24 lable for documenting the istered on the morning of ed the medications she sheet of paper and lministration of medications for 9/04/24 when she returned to					

STATEMENT OF DEFICIENCIES(X1) PROVIDER/SUPPLIER/CLIAAND PLAN OF CORRECTIONIDENTIFICATION NUMBER:			(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C	
		FCL033016	B. WING			06/2024
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
CHILD	S HOPE FAMILY CAI	RE HOME 329 PARK	-			
(X4) ID	SUMMARY ST		IT, NC 27801	PROVIDER'S PLAN OF C		(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLE DATE
C 341	Continued From pa	age 72	C 341			
		d have been documented at stration but staff did not do what d to do.				
C 342	10A NCAC 13G .10 Administration	004(j) Medication	C 342			
	<ul> <li>(j) The resident's r record (MAR) shall following:</li> <li>(1) resident's name</li> <li>(2) name of the me</li> <li>(3) strength and de medication adminis</li> <li>(4) instructions for or treatment;</li> <li>(5) reason or justifi medications or treat documenting the re</li> <li>(6) date and time of</li> <li>(7) documentation medications or treat omission, including</li> <li>(8) name or initials the medication or t signature equivaler documented and m administration record</li> </ul>	edication or treatment order; osage or quantity of stered; administering the medication cation for the administration of atments as needed (PRN) and esulting effect on the resident; of administration; of any omission of atments and the reason for the g refusals; and of the person administering reatment. If initials are used, a nt to those initials is to be naintained with the medication ord (MAR).				
	Based on observat interviews, the facil accuracy of the me (MARS) for 2 of 4 r	et as evidenced by: ions, record reviews, and lity failed to ensure the edication administration records residents (#1, and #4) including ment (#1) and a medication for				
	The findings are:					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	COMPLETED	
		FCL033016	B. WING			R-C <b>06/2024</b>	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
		329 PAR	K AVENUE				
CHILD	S HOPE FAMILY CAN	RE HOME ROCKY	MT, NC 27801				
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLE	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE	
C 342	Continued From pa	age 73	C 342				
		ent #1's current FL-2 dated					
	08/13/24 revealed:						
		ed schizoaffective disorder onal disorder, hyperthyroidism					
	and asthma.						
	-He was constantly						
		er for nutritional supplement					
	unink, one can to b	e administered every day.					
		refrigerator on 09/05/24 at					
	10:44am revealed there were no nutritional supplement available for Resident #1.						
	supplement availar	ble for Resident #1.					
		t #1's electronic medication					
		ord (eMAR) for September					
	2024 on 09/04/24 r -There was a comr	outerized entry for nutritional					
		structions to drink one can					
		lement and was scheduled for					
	8:00am.	umentation nutritional					
	supplement was ac						
	Review of Residen	t #1's eMAR for September					
	2024 on 09/05/24 r	evealed:					
		outerized entry for nutritional					
		structions to drink one can lement and was scheduled for					
	8:00am.						
		entation nutritional supplement	t				
	was administered e 09/05/24.	each day on 09/01/24 through					
	Interview with Resi	dent #1 on 09/04/24 at					
	10:30am revealed:						
		ack of nutritional supplement					
	drinks approximate have any more.	ely 5 days or so ago and did no	t				
	nave any more.						

		CALL CALL CALL CALL CALL CALL CALL CALL			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R-C		
		FCL033016	B. WING			)9/06/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
CHILD	S HOPE FAMILY CA	REHOME	KAVENUE MT, NC 27801				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE	
C 342	Continued From pa	age 74	C 342				
	available.						
	Telephone interview with pharmacist with the facility's contracted pharmacy on 09/05/24 at 2:00pm revealed: -The pharmacy provided the nutritional supplement as a supplement for nutritional support for Resident #1. -A 24 pack of nutritional supplement drinks for Resident #1 was last dispensed on 08/14/24. -Staff were required to request the supplement for Resident #1 each time it was need and there had been no request for a refill. Interview with the Administrator on 09/05/24 at 10:44am revealed: -There were no nutritional supplement available for Resident #1. -They were stored in the refrigerator when they were available, and Resident #1 would get them						
	out 3 times a day. -He was told he wa but Resident #1 did -She was not awar	as ordered to have 1 each day					
	know if staff had or pharmacy. -She did not know	what should have happened to nent was available for					
		hould not have been ministered when it was not ninistered.					
		ne interview with Resident #1's der on 09/05/24 at 3:15pm was					
	2. Review of Resid 01/29/24 revealed:	dent #4's current FL-2 dated					

STATE FORM

93ZD11

If continuation sheet 75 of 77

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED R-C 09/06/2024	
	FCL033016		B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
A CHILD	'S HOPE FAMILY CAR	2F HOME	KAVENUE MT, NC 27801			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF C		(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETI DATE
C 342	Continued From pa	ge 75	C 342			
	-Diagnoses includes schizoaffective disor hyperlipidemia. -The resident was a disoriented. -There was an order one capsule at 8:00 (Linzess is a medic constipation). Review of a signed #4 dated 06/10/24 r discontinue order for Review of Resident administration recor revealed: -There was a printer take one capsule at water every morning -There was docume administered at 8:0 08/31/24. Review of Resident 2024 on 09/04/24 r -There was a printer take one capsule at water every morning -There was a printer take one capsule at water every morning -There was a printer take one capsule at water every morning -There was a handw "D/C," discontinue.	d intellectual disabilities, rder bipolar type, and ambulatory and constantly er for Linzess 72 MCG, take bar with a full glass of water ation used to treat physician order for Resident revealed there was a or Linzess. #4's medication rd (MAR) for August 2024 d entry for Linzess 72 MCG, 8:00am with a full glass of g. entation Linzess 72 MCG was 0am from 08/09/24 through #4's MAR for September evealed: d entry for Linzess 72 MCG, s: 8:00am with a full glass of				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		FCL033016	B. WING			R-C 09/06/2024	
					09/	06/2024	
IAME OF I	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST <b>RK AVENUE</b>	TATE, ZIP CODE			
CHILD	'S HOPE FAMILY CAP	REHOME	MT, NC 27801				
(X4) ID PREFIX	_	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION		(X5) COMPLET	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY		DATE	
C 342	Continued From pa	age 76	C 342				
	facility's contracted 2:00pm revealed: -There was an orde one capsule at 8:00 every morning. -Linzess 72 MCG v on 10/26/22 for a q capsule every day a Observations of me Resident #4 on 09/ there were no Linze available. Interview with the A 1:30pm revealed: -She was not sure August 2024 MAR she administered F -There was no Linz #4 since his discom -It was her mistake remove the entry fo daily to Resident #4	w with a pharmacist from the pharmacy on 09/05/24 at er for Linzess 72 MCG, take Dam with a full glass of water vas dispensed for Resident #4 uantity of 30 pills, to take one at 8:00am for a 30-day supply edications on hand on for 05/24 at 10:06am revealed ess 72 MCG capsules administrator 09/06/24 at why she documented on the from 08/09/24 to 08/31/24 tha Resident #4 Linzess. tess in the facility for Resident tinue order in June 2024. In ot to notify the pharmacy to or Linzess to be administered 4. the interview with Resident #4's ler on 09/05/24 at 2:10pm was	r. It S				