

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023-176</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/19/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW HOPE HOME II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1102 GROVES STREET</b> <b>KINGS MOUNTAIN, NC 28086</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A limited follow-up survey for the Type A1 was completed on 4/19/18. This was a limited follow-up survey, only 10A NCAC 27G.1701 Scope (V293), 10A NCAC 27E.0107 Training on Alternatives to Restrictive Interventions (V536), and 10A NCAC 27E.0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G.1701 Scope (V293), 10A NCAC 27E.0107 Training on Alternatives to Restrictive Interventions (V536), and 10A NCAC 27E.0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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