

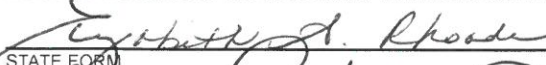

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/23/2018
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NAME OF PROVIDER OR SUPPLIER HOPEWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 SHARON ROAD WEST CHARLOTTE, NC 28210
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 5/23/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure disaster drills in a 24-hour facility were held at least quarterly and were repeated for each shift. The findings are:</p> <p>Interviews on 5/23/18 with the Behavioral Health Technician and the Nurse revealed they worked 12 hour shifts.</p> <p>Interviews on 5/23/18 with client #1 revealed: -admitted to the facility 9 days ago;</p>	V 114	<p>DHSR - Mental Health</p> <p>JUN 14 2018</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
 	<p>CHIEF OPERATIONS OFFICER</p> <p>6899 UUAR11 CEO / Chief Medical Officer</p>	<p>6.8.18</p> <p>If continuation sheet 1 of 2</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/23/2018
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NAME OF PROVIDER OR SUPPLIER HOPEWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 SHARON ROAD WEST CHARLOTTE, NC 28210
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V 114	<p>Continued From page 1</p> <p>-not participated in a disaster drill yet.</p> <p>Interview on 5/23/18 with client #3 revealed: -been at the facility for 31 days; -not participated in a disaster drill yet.</p> <p>Review on 5/23/18 of the facility fire and disaster drill documentation revealed: -shifts were changed from three shifts (first, second and third) within 24 hours to 2 shifts(day and night) within 24 hours on 10/1/17; -no night shift disaster drills were conducted from 10/1/17-12/31/17; -no night shift disaster drills were conducted from 1/1/18-5/23/18.</p> <p>Interview on 5/23/18 with Administration revealed the night shift disaster drills were missed.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL0601328	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/23/2018
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NAME OF FACILITY HOPEWAY	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 SHARON ROAD WEST CHARLOTTE, NC 28210
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0118	Correction	ID Prefix V0131	Correction	ID Prefix V0133	Correction
Reg. # 27G .0209 (C)	Completed	Reg. # G.S. 131E-256 (D2)	Completed	Reg. # G.S. 122C-80	Completed
LSC	05/23/2018	LSC	05/23/2018	LSC	05/23/2018
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Hina McLean</i>	DATE 5/25/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 5/24/2017	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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June 8, 2018

NC Department of Health and Human Services
Division of Health Service Regulation
Mental Health Licensure and Certification Section
2718 Mail Service Center
Raleigh, NC 27699

RE: Cited Deficiency During Annual and Follow up Survey
HopeWay, 1717 Sharon Road West, Charlotte, NC 28210

HopeWay was found to be deficient during Q1, 2018 when the facility failed to conduct a disaster drill for shift 2, also known as the night shift or 'nights'. Only fire drills had been conducted.

It is a requirement that both fire and disaster drills be conducted per shift, per quarter. In the past, HopeWay conducted disaster drills by using a blowhorn to facilitate an emergency. Moving forward, HopeWay will use a whistle (safety coordinators to sound) to begin the drill. The change was prompted by the lack of sound or low-level sound it took to alert all clients and staff that a drill was being conducted.

HopeWay staff will be notified of this change from blowhorn to whistle in an all staff email as well as a town hall meeting. Staff will inform clients of how drills are conducted during the admissions process and reiterated when meeting with their therapists.

HopeWay will conduct both a fire drill and a disaster drill, during both shifts on or before June 22, 2018. The drills will be conducted and monitored by the Safety Officers as well as designated staff during those shifts. Such drills will continue each quarter thereafter, for each shift.

For any questions or clarifications, please contact me at 980.859.2112 or Elizabeth.rhoads@hopewayfoundation.org

Respectfully,

Elizabeth A. Rhoads

A handwritten signature in black ink that reads 'Elizabeth A. Rhoads'.

Chief Operations Officer
HopeWay