

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/28/2018
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NAME OF PROVIDER OR SUPPLIER HOPE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3775 OLD LOWERY ROAD SHANNON, NC 28386
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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 November 28, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 295	<p>27G .1703 Residential Tx. Child/Adol - Req. for A P</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS</p> <p>(a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).</p> <p>(b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:</p> <p>(1) management of the day to day day-to-day operations of the facility;</p> <p>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</p> <p>(3) participation in service planning meetings.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure at least one full-time direct</p>	V 295		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 295	Continued From page 1 care staff who meets or exceeds the requirements of an Associate Professional (AP). The findings are: The findings are: Interview on 11/27/18 client #1, #2 and #4 stated: - They did not know who the AP was at the facility. Interview on 11/27/18 the Licensee stated: - She was in the process of seeking applicants for the full time position for the AP at the facility.	V 295		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are: Observations on 11/27/18 at 3:15pm of the facility revealed: - The hot water temperature in the kitchen sink was 132 degrees Fahrenheit. - The hot water temperature in the client bathroom was 102 degrees Fahrenheit. Interview on 11/28/18 the Licensee stated:	V 752		

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V 752	<p>Continued From page 2</p> <ul style="list-style-type: none"> -The hot water temperature would often vary. -She had reported the concern of the hot water temperature changes to the owner of the facility. - She would attempt to have the water issue resolved. <p>[This deficiency constitutes a recited deficiency and must be corrected within 30 days.]</p>	V 752		