

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 04/11/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOPE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3775 OLD LOWERY ROAD SHANNON, NC 28386</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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed April 11, 2019. The complaint was unsubstantiated (intake #NC00150442). A deficiency was 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	<div data-bbox="938 602 1328 678" style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p><small>By DHR - Mental Health Lic. &amp; Cert. Section at 11:13 am, May 06, 2019</small></p> </div>	
V 752	<p><b>27G .0304(b)(4) Hot Water Temperatures</b></p> <p><b>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</b></p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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.</p> <p>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:</p> <p>Observations on 04/10/19 at 3:00pm of the facility revealed:</p> <ul style="list-style-type: none"> <li>- The hot water temperature in the kitchen sink was 122 degrees Fahrenheit.</li> <li>- The hot water temperature in the client bathroom was 122 degrees Fahrenheit.</li> </ul> <p>Interview on 04/10/19 the Licensee stated:</p> <ul style="list-style-type: none"> <li>-The hot water temperature would often vary.</li> <li>-She had reported the concern of the hot water temperature changes to the owner of the facility.</li> </ul>	V 752	<p>The hot water has been an issue for awhile. The landlord has adjusted the water temp several times and it continues to be too hot or too cold.</p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Elaborate Leason*  
*Program Director*

**Appendix 1-B: Plan of Correction Form**

<b>Plan of Correction</b> 04/11/2019	
Please complete all requested information and mail completed Plan of Correction form to: Division of Health Service Regulation Mental Health Licensure and Certification Section Attn: Gloria Locklear 2718 Mail Services Center Raleigh, NC 27699-2718	In lieu of mailing the form, you may e-mail the completed electronic form to:
Provider Name: Life Opportunities, Inc. – Hope House Provider Contact: Dean & Deborah Pearson Person for follow-up:	Phone: (910) 733-2519 Fax: (910) 227-2488 Email: <a href="mailto:deborah.pearson@life-ops.org">deborah.pearson@life-ops.org</a>
Address: 3775 Old Lowery Road Shannon, NC 28386	Provider #: MHL-078-150
<b>Finding</b> V752.27G.0304 (b) (4) Hot Water Temperature  Fail to maintain the water temperature of the water shall be maintained between 100-116 degrees Fahrenheit.	<b>Corrective Action Steps</b> Life Opportunities, Inc. will ensure that the water temperature is checked weekly and maintain a log, verifying the temperature is between 100-116 degrees Fahrenheit. Life Opportunities, Inc. will notify the landlord so that he can adjust the temperature if it reads outside the standard range of between 100-116 degrees Fahrenheit. Life Opportunities, Inc. is in the process of moving this license to another home, which we hope will eliminate this issue.
<b>Responsible Party</b> Administrator/Owner - will provide staff with a thermometer and log and verify its being checked weekly  LP/QA Committee – monitor/review	<b>Time Line</b> Implementation Date: 05/06/2019 -- On going  Projected Completion Date: 05/30/2019

Life Opportunities Inc  
P. O. Box 448  
Shannon, NC 28386  
Phone: (910) 733-2519  
Fax: (910) 227-2488

**FAX COVER SHEET**

**DATE: 05-04-19**

**TO: DHSR Licensure**

**ATTN: Gloria Locklear**

**FAX NO: (919) 715-8078**

**SUBJECT: Plan of Correction MHL-078-150**

**FROM: Life Opportunities –**

**NO OF PAGES: 3**  
**(INCLUDING COVER SHEET)**

**COMMENTS:**

**Life Opportunities Inc**