	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _	·····		R
		MHL0601328	B. WING			24/2019
NAME OF F	ROVIDER OR SUPPLIER		DRESS, CITY, ST			
HOPEWA	Y		RON ROAD W			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC ¹	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
	completed on 4/24/ substantiated (intal #NC00150397 and was cited. This facility is licens	int and follow-up survey was (19. The complaints were (e #NC00150389, #NC149602). A deficiency sed for the following service (C 27G .5600A Supervised				
V 512	Living for Adults wit		V 512			
	 (a) Employees sha abuse, neglect and with G.S. 122C-66. (b) Employees sha sort of abuse or neg 27C .0102 of this C (c) Goods or service purchased from a c established govern (d) Employees sha necessary to repel aggressive client an governing body pol is necessary depen characteristics of th and physical and m of aggressiveness of intervention proced Subchapter 10A NC (e) Any violation by 	EGLECT OR EXPLOITATION all protect clients from harm, exploitation in accordance all not subject a client to any glect, as defined in 10A NCAC chapter. ces shall not be sold to or client except through ing body policy. all use only that degree of force or secure a violent and nd which is permitted by icy. The degree of force that nds upon the individual ne client (such as age, size nental health) and the degree displayed by the client. Use of lures shall be compliance with CAC 27E of this Chapter. y an employee of Paragraphs nis Rule shall be grounds for				
	This Rule is not me	et as evidenced by:				

Division	of Health Service Re	gulation	T			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
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			TTE, NC 2821	PROVIDER'S PLAN OF (CORRECTION	(275)
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V 512	Continued From pa	ge 1	V 512			
	<pre>staff (Staff #1 and # #3) subjected client</pre>	views and interviews, 2 of 2 ⁽²⁾ and 1 of 1 former staff (FS s to exploitation, affecting 2 of the findings				
	Finding #1					
	 Admission date of 11/30/18 Diagnoses of Dep Disorder and Border Presented with po 	of FC #1's record revealed: 10/22/18; Discharge date of ression, Generalized Anxiety rline Traits st-partum psychosis, and suicidal ideation				
	- Admission date of 11/28/18	of FC #2's record revealed: 10/30/18; Discharge date of or Depressive Disorder and lity Disorder				
	Review on 3/19/19 - Hire date of 11/29. - Behavioral Health					
	Review on 3/19/19 - Hire date of April 2 - Behavioral Health					
	record revealed:	of Former Staff (FS) #3's 8; Termination date of Technician				
	- She had been adr and left at the end o	9 with FC #1 revealed: nitted to the facility in October of November. ere, she had an inappropriate				

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	ECONSTRUCTION		E SURVEY PLETED
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		MHL0601328	B. WING			R 24/2019
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
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IOPEWA	AY	CHARLC	OTTE, NC 282 ⁻	10		
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V 512	Continued From pa	ige 2	V 512			
	relationship with St	aff #1. There was heavy				
	flirting in the beginn	ning and then it became very				
		een the two of them. "It wasn't				
		too. Now looking back, I feel				
	very taken advanta					
		f touching that was sexual in				
		come into my room by making as needing to fix my alarm				
		ve me hugs a lot and get				
	aroused."	ve me nugs a lot and get				
		(date unknown), Staff #1 took				
		ubbed it on his private part.				
	This happened in F	C #1's bedroom.				
		ion (date unknown), Staff #1				
		nd slid her down his body with				
		round him. FC #1 kissed Staf ng this time. This happened ir				
	FC #1's bedroom.					
		er occasion (date unknown)				
		as doing her laundry, Staff #1				
		is and stated, "look what you				
		ouched his penis. "The first nd on his private. This time, I				
	touched his private					
		⁻ C #1 on her buttocks. Most				
		e touching and interactions				
		's room and the laundry room.				
		#1 for her phone number and				
		didn't have to save it in his				
		ontacted FC #1 by phone.				
		FC #1's phone and saw				
	had sent to her hus	er bra and underwear that she				
		1 listen to songs that talked				
		or that was about sex				
		n a "very very low dark place"				
		facility. She had just had a				
	baby and was suffe	ering from post-partum				
	depression and any	kiety. "If I didn't have my				
	children. I wouldn't	be here!" FC #1 was suicidal				

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED R	
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NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
HOPEW	AY		ARON ROAD V DTTE, NC 2821				
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE	
V 512	Continued From pa	ge 3	V 512				
	facility. "I had to be until I could get son - "This inappropriate treatment thereI a advantage of." - There was anothe something going or [Alcoholics Anonym pissed that [Staff #' a note to give to [St happened to you "b what this means. If and signed her nam HopeWay at 4am lo already discharged client a note to give game room sitting a walked in and gave here, [FC #3] wante [Staff #1] read it and - "The staff know w #1 was aware of the The nurses and do only a problem with "some of them has residential!" Attempted Interview revealed: - "I don't feel comfo - FC #3 hung up Telephone call on 3 - She wanted to kno involved and being Attempted Interview Staff #1 was unsuc	eeks to get admitted into the with my mom or husband he help." e relationship distracted my feel completely taken ar client (FC #3) that also had h with Staff #1. "During hous] meeting, she showed up 1] wasn't there. She gave me aff #1]. The note said "What eing there"? Hope you know in not, f**k it." She drew a heart he. She also came up to boking for him after she was . [FC #3] also gave another to Staff #1. We were in the at the table when the client Staff #1 the note and said ed me to give this to you. d put it in his pocket." hat they are doing and Staff e rules." It was a nice facility. ctors were pretty good. It was the behavioral technicians ive no business being in with FC #3 on 3/28/19 rtable talking about this."					

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
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		CHARLC	OTTE, NC 2821	10		
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From pa	ige 4	V 512			
	and voicemail from attorney left a mess talk with me regard interview Staff #1 a as to what the inves questions surveyor call and left a mess surveyor could not attorney or commu attorney for Staff #1	eyor received telephone call Staff #1's attorney. The sage saying that she wanted to ing surveyor needing to nd wanted to get more details stigation was about and had. DHSR surveyor returned sage with the office that dhsr discuss investigation with nicate questions through 1 but that Staff #1 was lhsr surveyor a call back for an	ł			
	Finding #2					
	- On November 29, "super high" on ma bedroom and told r high. She said she asked me if I could So I ordered her so delivery company]. our cellphones at 8 some food, she let and I had it until I le day). She signed n would think it was t -FC #1 and Staff #2 numbers and Staff because she would - After FC #1's disc	2 had exchanged phone #2 told her not to tell anyone I get fired. harge, Staff #2 had reached				
	out to her a few tim asking how FC #1	es through text message was doing. Then, Staff #2 16/19 and told FC #1 that her				

STATEME	of Health Service Re NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL0601328	B. WING		R 04/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
HOPEW	AY		ARON ROAD V			
			TTE, NC 2821			
(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 TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From pa	ge 5	V 512			
	out to celebrate bed money. FC #1 ask Staff #2 asked for F she didn't have that asked Staff #2 how Staff #2 told her shu cash app it. FC #1 run it by her husbar didn't want FC #1's not to worry about t text message on 2/ respond. Interview on 4/1/19 - She worked in the year as a Behaviora worked 3rd shift. - She never went in - No clients had eve she never asked ar - "It is against rule p go due to giving clie Review on 3/28/19 revealed: - a food order was p at approximately 8: Review on 4/1/19 o revealed: - Staff #2 worked ar 7pm-7:30am Review on 3/28/19 messages between - 1/31/19- general c is doing, how her tr	er purchased her any food and ny clients for money policy. I have seen people let ents their phone numbers." of FC #1's food order receipt purchased online on 11/29/18 42pm for delivery f the facility's staff schedule t the facility on 11/29/19 of screenshots of text n FC #1 and Staff #2 revealed: conversation about how FC #1 eatment in Intensive is going, and about family and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	BERTH TO/THOR HOMBER.	A. BUILDING:				
	MHL0601328	8 B. WING			R / 24/2019	
IAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
IOPEWAY		ARON ROAD V DTTE, NC 2821				
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 512 Continued From pa	ige 6	V 512				
- 2/16/19- text mess	sages:					
Staff #2- "Hey friend						
	y!!!! How are you doing?"					
Staff #2- "I'm good	nru [*] rised to see your text, I was					
	earlier (and [Staff #1] too of					
	Missing you guys. Your bday					
is the 20th right?"						
	a girl wish u were here to					
	e I'm so sad someone stole my	/				
money and now I ca						
	at really sucks! Do you want ne money? How much do you					
need girl???"						
	e you serious if you can send					
	25 I'll give it back Friday					
	n. How do I get it to you?"					
	e cash app. If you don't it's ok	C C				
western union is the						
he'll be fine with it."	it by my husband but I'm sure	•				
	n't want him involved Its ok					
but thank you anyw						
- 2/17/19- staff #2-						
	f a screenshot of staff #2					
•	FC #1's phone revealed:					
- It is the same pho record for Staff #2	ne number the facility has on					
Finding #3						
-						
Review on 3/20/19 revealed:	of the facility's incident reports	5				
- 11/19/18 Incident:						
FC #2 and FS #3	ploitation was made involving					
- "Per consume	er report, consumer and staff					

STATE FORM

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	1717 SH	DDRESS, CITY, S		04/2	24/2019
HOPEWAY			TATE, ZIP CODE		
TOPEWAT	CHARLO	ARON ROAD \	WEST		
		DTTE, NC 282 ⁻	10		
(X4) ID SUMMARY STATEMENT OF DE PREFIX (EACH DEFICIENCY MUST BE PRE TAG REGULATORY OR LSC IDENTIFYIN	CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLET DATE
V 512 Continued From page 7		V 512			
 member shared indecent photo another via social media (speci - "Per consumer report, consur- member exchanged accounts, exchange of nuse pictures. Su unable to validate proof of alleg- reported by consumer." - "As a result of this incident, the staff member was instructed to make clients." - 11/21/18 Incident: - "Per consumer report, a g- consumers were listening to dif- milieu, when staff member lear the consumer to enter his phor- phone." Attempted interview on 4/18/19 unsuccessful due to no answer Interview on 3/28/19 with FC #" - FS #3 was new. "We (FC #1 talking about music and he said reggae. I asked him if he had I artist and song. He said no, no when I get my phone I will let ye ok. Later, [FS #3] came up and going to let him hear the song. said put my number in your pho- phone. He asked me to text hi didn't. - FC #1 reported what happene administration. FS #3 was fired Interview on 4/18/19 with FS #" - He had been working in the fa weeks and was still in training. terminated.	fically SnapChat). ner and staff which led to an pervisor was led actions as e newly employed work only with roup of ferent artists in the led in and advised e number into her with FC #2 was and no return cal I revealed: and FS #3) were d something about heard a certain t sure. I said bu hear it. He said d asked if I was He came up and one. I put it in my m that night but I ed to staff and d. revealed: acility for about 2-3				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		MHL0601328	B. WING			R 24/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		1717 SHA	ARON ROAD	WEST		
HOPEWA	AY	CHARLO	TTE, NC 282	10		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR		(X5)
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V 512	Continued From pa	ge 8	V 512			
	 FC #2 reached out wasn't sure how shoup I think." FC #2 sent FS #3 accepted it unknow client." FC #2 sent FS #3 back. "The photo we regular picture of me - He thought about he shouldn't have a blocked FC #2. He administration. Review on 4/24/19 4/24/19 submitted b Officer revealed: "What immediate a ensure the safety of 1) Terminate [Staff administrative leaver receipt and review of deficiencies/finding: 2) Terminate [Staff administrative leaver receipt and review of deficiencies/finding: 3) Schedule a ma re-review Policies a to proper boundaries 4) Schedule a ma residential staff to re expectations and co to HopeWay P&Ps. 5) Notify the Board Plan of Protection. 6) Recruit strong I 	to him on social media. He e found him"she looked me a friend request and he ingly. "I didn't know it was a a photo. He sent her a photo vasn't explicitit was a e." what took place and realized ind then deleted the app and went in to work and notified of the Plan of Protection dated by the CEO/Chief Medical ction will the facility take to f the consumers in your care? ff #1] (currently on e since 03.14.19) status post of DHSR report of s. ff #2] (currently on e since 04.19.19) status post of DHSR report of s. if #2] (currently on e since 04.19.19) status post of DHSR report of s. ndatory training with all staff to and Procedures (P&Ps) related es with all clients. ndatory training with the e-review mission, values, onsequences for not adhering d of Directors of report and eadership for residential unit.				
		a "secret shopper" to come in				
Division of H	ealth Service Regulation		P			1

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Division of Health Service Regulation (x1) PROVEENSUPPLENCIA INFLIENCE OF DEFICIENCES (x2) MULTIPLE CONSTITUCTION (x3) DATE SURVEY CONTENTS MALE OF PROVIDER OR SUPPLIER IDENTIFICATION NUMBER: A BULDING:	Division	of Health Service Re	aulation			FORM	APPROVED
MHL0601328 B. WIND Od/24/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2/P CODE 17/7 58/HARON ROAD WEST HOPEWAY CHARLOTTE, NC 28210 PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY WUST BE PRECEDED BY FULL (EACH DEPICIENCY OR LSC IENTIFYING INFORMATION) PREX TAG PROVIDER'S PLAN OF CORRECTION (EACH ODRECTIVE ACTION (EACH ODRECTIVE ACTION (EACH ODRECTIVE ACTION (EACH ODRECTIVE OR USC IENTIFYING INFORMATION) PREX TAG PROVIDER'S PLAN OF CORRECTION (EACH ODRECTIVE ACTION (EACH O	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			COM	PLETED
1712 SHARON ROAD VEST UHARLOTTE, NC 28210 CMAILDTE, NC 28210 Description Description PROVIDERS PLAN OF CORRECTION (EACH DEPROPENDENT SINTERENT OF DEPROPENDER) Description Providers PLAN OF CORRECTION (EACH DEPROPENDENT SINTERENT OF DEPROPENDER) Description Construction Construct			MHL0601328	B. WING			
HOPEway CHARLOTTE, NC 28210 (X4)_0 SUMMARY STATEMENT OF DEFICIENCES. 0 PROVIDERS PLAN OF CONFECTION 000000000000000000000000000000000000	NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
CHARLOTTE, NC 28210 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX (CASS-REFERENCE) TO THE APPROPRIATE 00001 (CAST CORRECTIVATION BIOLID BE CONSTREEMENDED TO THE APPROPRIATE DEFICIENCY) 00001 (CAST CONSTREEMENDED TO THE APPROPRIATE DEFICIENCY) 00001 (CAST CONSTREEMENDED TO THE APPROPRIATE DEFICIENCY) 00001 (CAST CONSTREEMENDED TO THE APPROPRIATE DEFICIENCY) 00001 (CAST CONSTREEMENDED DEFICIENCY) 00001 (CAST CONSTREEMENDED DEFICIENCY) 00001 (CAST CONSTREEMEND	HOPEWA	Y					
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and explore potential vulnerabilities. 8) Focused review of P&Ps to ensure highest protections for our clients and HopeWay. 9) Implement quarterly review of P&Ps, state statue, expectations, and consequences at department staff meetings. 10) Implement quarterly auditing to ensure compliance with mandatory in-service attendance and quarterly reviews at department staff meetings. Describe your plans to make sure the above happens. 1) [Staff #1] will remain on administrative leave until he is terminated. Termination will occur, in consultation with legal counsel, status post receipt and review of DHSR report of deficiencies/findings. 2. [Staff #2] will remain on administrative leave until she is terminated. Termination will occur, in consultation with legal counsel, status post receipt and review of DHSR report of deficiencies/findings. 3. a. Estimated accountability date: 05/10/2019 i. Estimated accountability date: 05/10/2019 j. Out/2019 @ 1500 j. 04/29/2019 @ 1500 j. 04/29/2019 @ 1500 j. 04/29/2019 @ 1500 j. 04/30/2019 @ 1520 j. 04/30/2019 @ 1520 j. 04/30/2019 @ 1520 j. 04/30/20	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP	IOULD BE	COMPLETE
 8) Focused review of PRPs to ensure highest protections for our clients and HopeWay. 9) Implement quarterly review of PRP, state statue, expectations, and consequences at department staff meetings. 10) Implement quarterly auditing to ensure compliance with mandatory in-service attendance and quarterly reviews at department staff meetings. Describe your plans to make sure the above happens. 1) [Staff #1] will remain on administrative leave until he is terminated. Termination will occur, in consultation with legal counsel, status post receipt and review of DHSR report of deficiencies/findings. a. Estimated accountability date: 05/10/2019 i. Estimated accountability date: 05/10/2019 j. [Staff #2] will remain on administrative leave until she is terminated. Termination will occur, in consultation with legal counsel, status post receipt and review of DHSR report of deficiencies/findings. a. Estimated accountability date: 05/10/2019 i. 64/29/2019 @ 1800 ii. 04/29/201	V 512	Continued From page	ge 9	V 512			
		 and explore potentia Focused review protections for our of 9) Implement quar statue, expectations department staff me 10) Implement quar compliance with ma and quarterly review meetings. Describe your plans happens. 1) [Staff #1] will re until he is terminate consultation with leg receipt and review of deficiencies/findings a. Estimated accoo i. Estimated accoo dependent upon reor report of deficiencie 2) [Staff #2] will re until she is terminate consultation with leg receipt and review of deficiencies/findings a. Estimated accoo dependent upon reor report of deficiencie 2) [Staff #2] will re until she is terminate consultation with leg receipt and review of deficiencies/findings a. Estimated accoo i. Estimated accoo dependent upon reor report of deficiencie 3) Mandatory train a. Scheduled on: i. 04/29/2019 @ ii. 04/30/2019 @ iii. 04/30/2019 @ iii. 04/30/2019 @ v. 05/01/2019 @ 	al vulnerabilities. v of P&Ps to ensure highest clients and HopeWay. rterly review of P&P, state s, and consequences at eetings. rterly auditing to ensure andatory in-service attendance vs at department staff a to make sure the above main on administrative leave d. Termination will occur, in gal counsel, status post of DHSR report of s. untability date: 05/10/2019 untability date may be altered ceipt and review of DHSR es/findings. main on administrative leave ed. Termination will occur, in gal counsel, status post of DHSR report of s. untability date: 05/10/2019 untability date: 05/10/2019 untability date: 05/10/2019 untability date: 05/10/2019 untability date may be altered ceipt and review of DHSR es/findings. ing with all staff 1600 1830 1200 1230 1400				

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Division	of Health Service Re	aulation			FORM APPROVED
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		MHL0601328	B. WING		R 04/24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE	
		1717 SH	ARON ROAD	WEST	
HOPEW	Α Υ	CHARLO	TTE, NC 282	10	
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	
1110		,	1710	DEFICIENCY)	
V 512	Continued From pa	ge 10	V 512		
	i. DO. MRO. FAF	A - Chief Executive Officer &			
	Chief Medical Offic				
		NP-C, CPCO - Chief			
	Compliance Officer				
	iii. Director of Hun				
	 c. Topics to be dis i. Policies & Proc 				
		equies. eping Clients Safe from Abuse,			
	Neglect, and/or Exp				
	2. EC - 002: Incid				
	Management				
	3. HR - 002: Code				
		al Media and Networking			
		tigating and Reporting of			
	Abuse and Exploita 6. RI - 004: Client				
	ii. Employee Han				
	. ,	Internet Access, Right to			
		ilities and Obligations, Email,			
	Confidentiality of El	ectronic Mail, Social Media			
		lephones, Fax and Copy			
	Machines	0204 Droto otion from Ularra			
		0.0304 Protection from Harm,			
	Abuse, Neglect, an 4) Schedule a ma	ndatory training with the			
		e-review mission, values,			
		onsequences for not adhering			
	to HopeWay P&Ps.				
	a. Scheduled on:	2700			
	i. 05/01/2019 @ 0				
	ii. 05/01/2019 @ iii. 05/02/2019 @				
	iv. 05/02/2019 @				
	b. To be conducte				
		A - Chief Executive Officer &			
	Chief Medical Offic	er			
		NP-C, CPCO - Chief			
	Compliance Officer				
		of Medical Services			
Division -f.'	iv. PhD, RN - Dire	CLOF OF INUTSING			
uvision of H	ealth Service Regulation				

Division of Health Service Regulation

STATE FORM

L0YM11

If continuation sheet 11 of 15

Division of Health Service STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		A. BUILDING:			
	MHL0601328	B. WING		R 04/24/2019	
NAME OF PROVIDER OR SUPPLIE	R STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
HOPEWAY	1717 SH	ARON ROAD	WEST		
	CHARLO	DTTE, NC 2821	10		1
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 512 Continued From	page 11	V 512			
 c. Topics to be i. HopeWay's N ii. Expectations HopeWay policie well as to 10A NG iii. Consequence termination, for s to HopeWay policie as well as failure .0304. 5) Notify the Bo Plan of Protection a. Notification m Executive Officer 04/18/2019. 6) Recruit stront to support and st staff mentoring. a. Estimated ac sooner dependint i. Estimated ac dependent upon report of deficien 7) Explore hiring and explore opport a. Estimated ac dependent upon report of deficien stimated ac dependent upon report of deficien and explore opport a. Estimated ac dependent upon report of deficien b) Focused revi protections for ou a. Scheduled ou i. 05/02/2019 b. To be conduce i. DO, MRO, F. Chief Medical Of 	es, up to and including taff members who fail to adhere bies, procedures, and practices, to adhere to 10A NCAC 27D and of Directors of report and h. hade by DO, MRO, FAPA - Chief & Chief Medical Officer on g leadership for residential unit rengthen current leadership and countability date: 90 days, if not g on recruitment countability date may be altered receipt and review of DHSR cies/findings. g a "secret shopper" to come in htial vulnerabilities, and evaluate s, procedures, and practices, intunities for improvement. countability date: w/in 120 days countability date may be altered receipt and review of DHSR cies/findings. ew of P&Ps to ensure highest in clients and HopeWay. h: cted by: APA - Chief Executive Officer &	F			

STATE FORM

C

Division	of Health Service Re	aulation				APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/S AND PLAN OF CORRECTION IDENTIFICAT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601328	B. WING		R 04/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
			RON ROAD			
HOPEW	AY		TTE, NC 282			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)		COMPLETE DATE
V 512	Continued From pa	ge 12	V 512			
	 i. CTS - 035: Kee Neglect, and/or Exp ii. EC - 002: Incide Management iii. HR - 002: Code iv. HR - 014: Socia v. LD - 003: Inves Abuse and Exploita vi. RI - 004: Client 9) Implement quars statue, expectations department staff me a. Scheduled: i. Quarterly b. To be conducte i. Department lea c. Topics to be diss i. Policies & Proc 1. CTS - 035: Kee Neglect, and/or Exp 2. EC - 002: Incide Management 3. HR - 002: Code 4. HR - 014: Socia 5. LD - 003: Inves Abuse and Exploita 6. RI - 004: Client ii. Employee Hand 1. Pages 15 - 17: I Monitor, Responsib Confidentiality of El- and Networking, Te Machines iii. 10A NCAC 27D Abuse, Neglect, and iv. Expectations of 	edures to be reviewed: eping Clients Safe from Abuse, ploitation ent Reporting and e of Conduct al Media and Networking tigating and Reporting of tion Rights rterly review of P&P, state s, and consequences at eetings. d by: ders scussed/reviewed: edures: eping Clients Safe from Abuse, ploitation ent Reporting and e of Conduct al Media and Networking tigating and Reporting of tion Rights dbook: nternet Access, Right to illities and Obligations, Email, ectronic Mail, Social Media lephones, Fax and Copy 0.0304 Protection from Harm, d Exploitation f staff members' adherence to procedures, and practices, as				

Division of Health Service Regulation STATE FORM

	Health Service Re	aulation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601328		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING			R 04/24/2019		
NAME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
		1717 SH	ARON ROAD V	VEST			
HOPEWAY		CHARLO	OTTE, NC 2821	0			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE	
V 512 (Continued From pa	ge 13	V 512				
tr tr a. (1) c a. mai. b i. c i. s 12 a. N b M c d e A f. 3 a. M C a. M 4 A 5 H C a. M 4 A 5 H	ermination, for staf o HopeWay policie is well as failure to 0304. 0) Implement quar compliance with main ompliance with main operators of the Director of Hum of Cartery of Complete and Quarterly staff rest of theets Agenda to inclue and Quarterly staff rest Agenda to inclue and Quarterly staff rest Agenda to inclue and CTS - 035: Kee leglect, and/or Exp of CTS - 002: Incide Management and RR - 002: Code and RR - 002: Code and RR - 003: Invest abuse and Exploita RI - 004: Client and Networking, Te Machines and NcAC 27D abuse, Neglect, and and Explored and and NcAC 27D abuse, Neglect, and and States of the states of the states of the states of the and Networking, Te Machines and NcAC 27D abuse, Neglect, and and States of the states of th	nan Resources lited: meetings agenda and sign in de review of edures: ping Clients Safe from Abuse loitation ent Reporting and e of Conduct al Media and Networking tigating and Reporting of tion Rights dbook: nternet Access, Right to ilities and Obligations, Email, ectronic Mail, Social Media lephones, Fax and Copy 0.0304 Protection from Harm, d Exploitation f staff members' adherence to procedures, and practices, as					

C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING DDRESS, CITY, STATE, ZIP CODE		(X3) DATE SURVEY COMPLETED R 04/24/2019	
		MHL0601328				
					04/	24/2019
			ARON ROAD W			
HOPEW		CHARLO	TTE, NC 2821	0		-
(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 HE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From page 14		V 512			
	to HopeWay policies, procedures, and practices, as well as failure to adhere to 10A NCAC 27D .0304. ii. Mandatory staff meetings agenda and sign in sheets"					
	and Anxiety Disorde with post-partum de and suicidal ideatio diagnoses of Major Borderline Persona exploited by staff # inappropriate intera sexual in nature by client with legs wra FC #1's hand on ge FC #1 by having he contact information from her after FC # FS #3 exchanged p exchanged photos and had conversati treatment. The fac exploitation. This of A1 rule violation for be corrected within penalty of \$3,000 is not corrected withir administrative pena	actions with FC #1 that were touching, hugging, lifting up pped around him and placing enital. Staff #2 also exploited er buy food for her, exchanging and attempting to get money 1 was discharged. In addition, ohone numbers with FC #1, with FC #2 via social media on outside of FC #2's cililty subjected these clients to deficiency constitutes a Type serious exploitation and must 23 days. An administrative is imposed. If the violation is n 23 days, an additional alty of \$500.00 per day will be lay the facility is out of				