T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
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INITIAL COMMEN	TS	V 000			
category: 10A NCA	C 27G .1700 Residential				
27G .0207 Emerge	ncy Plans and Supplies	V 114			
AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lea repeated for each s under conditions th (d) Each facility sha	an for each facility and plan shall be developed and by the appropriate local be made available to all staff becedures and routes shall be y. er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
Based on record refacility failed to con least quarterly and findings are: Interview on 11/6/1 Manager/Associate	eviews and interviews the duct fire and disaster drills at repeated for each shift. The 9 the Residential e Professional (AP) stated:				
	OF CORRECTION PROVIDER OR SUPPLIER DUSE SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT An annual and follo on 11/6/19. Deficient This facility is licens category: 10A NCA Treatment Staff Se Adolescents. 27G .0207 Emerge 10A NCAC 27G .02 AND SUPPLIES (a) A written fire plat area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation proposted in the facility (c) Fire and disaster shall be held at leat repeated for each se under conditions the (d) Each facility sha accessible for use. This Rule is not me Based on record ref facility failed to con least quarterly and findings are: Interview on 11/6/1 Manager/Associated	OF CORRECTION IDENTIFICATION NUMBER: MHL078-150 MHL078-150 PROVIDER OR SUPPLIER STREET A DUSE 3775 OL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on 11/6/19. Deficiencies were cited. INITIAL COMMENTS An annual and follow up survey was completed on 11/6/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to conduct fire and disaster drills at least quarterly and repeated for each shift. The findings are: Interview on 11/6/19 the Residential Manager/Associate Profession	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL078-150 B. WING	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL078-150 B. WING 'ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES ID SUMMARY STATEMENT OF DEFICIENCIES ID REGULATORY OR LSC IDENTIFYING INFORMATION) PREY TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREY INITIAL COMMENTS V 000 An annual and follow up survey was completed on 11/6/19. Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. V 114 (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. ID Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be creacessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews the facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to conduct fire and disaster drills at least quarterly and repeated for each shift. The findings are: Interview on 11/6/19 the Residential	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM MHL078-150 B. WING 11/1 PROVIDER OR SUPPLER STREET ADDRESS. CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION ACTION SHOULD BE WEGULATORY ON LSC DENTIFYING INFORMATION) ID PREFIX CROSS-REFERENCE INITIAL COMMENTS V 000 V 000 CROSS-REFERENCE OF CORRECTION SHOULD BE INITIAL COMMENTS V 000 V 000 CROSS-REFERENCE OF CORSS-REFERENCE An annual and follow up survey was completed on 11/6/19. Deficiencies were cited. V 000 DEFICIENCY This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Addlescents. V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 IDA NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. V 114 (b) The plan shall be made available to all staff and evacuation procedures and noutes shall be posted in the facility. Contact and the second the shall be repeated for each shift. The findings are: This Rule is not met as evidenced by: Based on record reviews and interviews t

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
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V 114	Continued From pa	ige 1	V 114			
	-3rd shift - 12: -Fire and disaster d -The book that cont was lost around the January or Februar why some of the qu disaster drill docum Review on 11/6/19 between 10/1/18 ar -Quarter 4/1/19 - 6/3 documented for the -Quarter 7/1/19 - 9/ documented for the Review on 11/6/19 between 10/1/18 ar -Quarter 1/1/19 - 3/ documented for the	Irills were done each quarter. tained documentation of drills e beginning of the year around y, 2019. This could explain larters did not have a fire or nented. of fire drills documented nd 9/30/19 revealed: 31/19: No fire drills e 2nd shift. 30/19: No fire drills e 1st or 2nd shifts. 30/19: No fire drills e 2nd and 3rd shifts. of disaster drills documented nd 9/30/19 revealed: 31/19: No disaster drill e 3rd shift. 30/19: No disaster drill				
V 115	27G .0208 Client S	ervices	V 115			
	 (a) Facilities that prassure that: (1) space and super the safety and welfa (2) activities are suit and treatment/habit served; and (3) clients participation activities. (h) Facilities or program 	208 CLIENT SERVICES ovide activities for clients shall prvision is provided to ensure are of the clients; itable for the ages, interests, litation needs of the clients te in planning or determining grams designated or described 24-hour" shall make services				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			E SURVEY PLETED
			A. BUILDING:			
		MHL078-150	B. WING		R 11/06/2019	
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V 115	Continued From pa	ge 2	V 115			
	unless otherwise sp (c) Facilities that se clients shall ensure (d) When clients wh are transported, the with secure adaptiv (e) When two or more require special assi in a vehicle are transport	rve or prepare meals for that the meals are nutritious. to have a physical handicap e vehicle shall be equipped e equipment. ore preschool children who stance with boarding or riding ported in the same vehicle, adult, other than the driver, to				
	facility failed to prov the needs of two of #2). The findings ar Finding #1: Review on 11/5/19 o -15 year old male a -Diagnoses include Dysregulation Disor	views and interviews, the ride nutritious meals to meet three audited clients (#1 and e: of client #2's record revealed: dmitted 7/25/19. d Disruptive Mood rder; Attention Deficit				
	Hyperactivity Disord Motor Tic Disorder Perpetrator. Interview on 11/5/19 -He had lived at the -He could not get a -He usually only drin 1 to 2 times a week	der-Combined Type; Chronic and Child Sexual Abuse D client #2 stated: facility about 3 months. snack when he wants one. nks water but may have juice				

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ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
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V 115	Continued From pa	age 3	V 115			
	and jelly sandwiche -He does not like s -"The more kids the Finding #2: Review on 11/5/19 -14 year old male a -Diagnoses include Anxiety. Interview on 11/5/1 -He had been living -Sometimes net felt sometimes not. -Sometimes he wo He was not allowed hungry between me -Usually they would snack was for that -They usually juice or milk, not both. H option was water if -They were not allowed had 3 clients they w	weet peas. ey have the less food we get." of client #1's record revealed: admitted 5/13/19. ed Adjustment Disorder with 9 client #1 stated: 9 in the facility about 6 months. The got enough to eat, and uld get hungry between meals. 4 to request a snack if he felt eals. 5 get 1 item of whatever the time. ad water to drink with meals. gs they would get milk or juice. . The facility would serve juice he did not like milk, so his only				
	revealed: -1 partial 1/2 gallon juice -1 partial 1/2 gallon juice	6/19 at approximately 1:30 pm size container labeled grape size container labeled orange e container of milk, expiration				

	NT OF DEFICIENCIES	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
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V 115	Continued From pa	nge 4	V 115				
	11/10/19 revealed: -Week 11/4/19 (Mo listed as a beverage other dairy items lis for dinner on 11/4/1 No vegetable listed -Week 10/28/19 (M Milk listed as a bev Tuesday and Sunda for the week. -Week 10/21/19 (M Milk listed as a bev and Sunday and wi Friday. Macaroni ar Wednesday dinner listed for Tuesday, -Week 10/14/19 (M Milk listed with cere as a beverage for b cheese and egg bis Wednesday. No oth Monday, Tuesday, -Week 10/7/19 (Mo Milk listed as a bev and Sunday and wi Friday. Macaroni a Wednesday dinner listed for Tuesday, -Week 9/30/19 (Mo listed as a beverage with cereal for brea dairy listed for the v the Thursday dinner	of health.gov dietary ales required about 2,800 3 servings of	y y				

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
AND FEAN OF CONNECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COM	FLLILD
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V 115 Continued From pa	ige 5	V 115			
 There was enough -A certain amount of the week and kept more snacks locke Clients would get a pm daily. Clients w snack outside of th On week ends the 9:00 am, lunch arous 5:00 pm. They had enough second helpings. "Every now and ag they would like more Interview on 11/5/1 He thought enough clients. The same amount census of 3 or 4 cli The clients liked it because they got n Interview on 11/6/1 stated: Clients were not a -Clients were not a Clients were only Snacks were only Snacks were choss reached the "junior "level" they would b 	 ager did the grocery shopping. a food in her opinion. of snacks were taken out for in the bread box. There were d up. a snack at 3:30 pm and 8:00 vere not allowed to have a ese snack times. y cooked breakfast around und 1:00 pm, and dinner at food for the clients to get gain" a client may complain the snacks. 9 Staff #3 stated: a food was prepared for a ents. when there were only 3 clients hore to eat. 9 the Residential Manager/AP llowed to go in the refrigerator. e amendments to the grocery 				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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V 115	Continued From pa	ge 6	V 115			
	-There was no dieti prepare/review mer	•				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	 only be administered order of a person a drugs. (2) Medications shat clients only when an client's physician. (3) Medications, include the distribution of the privileged to prepare of the privileged to prepare of the privileged to prepare of the distribution of the distrest of the distributication	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				

STATEMENT OF DE AND PLAN OF CORI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
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			DN, NC 28386			
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V 118 Contir	nued From pa	ige 7	V 118			
Based facility ordera and re admin #2 and Findin Revie -16 ye -Diagr Disord Dysre Hyper -Phys (used capsu -Phys -C disord mornii -E of anti tablet -0 15mg Revie MAR 1 7:00al	d on record re r failed to adm ed by the physic cord medical istration affect d #3) The find g #1: w on 11/5/19 ear old male a hoses include der-Unspecifie gulation Disord active Disord active Disord active/Impuls ician order da to treat acid n le every morr ician order da Dxcarbazepine ler) 300mg, 1 ng and 1 table Benztropine M i-psychotic me by mouth eve Dianzapine (us tablet, take 1 w on 11/15/19 revealed: m	of client #3's record revealed: dmitted 10/25/19. d Conduct ed; Disruptive Mood rder; Attention Deficit er (ADHD), Predominately ive Autism Spectrum Disorder ted 6/25/19 for Omeprazole reflux) 20 mg (milligrams), 1 ning. ted 10/10/19 for the following: e (used to treat bi-polar tablet by mouth every et at 6 pm. les (used to treat side effects edicine), 1mg tablet, take 1 ery night at bedtime. sed to treat bi-polar disorder) tablet by mouth at 6 pm. 9 of client #3's October 2019				
10/26/ admin -Oxca	/19-10/28/19 listered for 10 rbazepine 30 nented as adr), the letter "X" documented had not been documented as 0/31/19. Omg had not been ministered for 10/31/19.				
		0mg had not been				

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If continuation sheet 8 of 26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
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V 118	Continued From pa	ge 8	V 118			
	-Benztropine MES documented as adr -Olanzapine 15mg, administered for 10 Finding #2: Review on 11/5/19 -14 year old male a -Diagnoses include Anxiety. -Orders dated 9/20/ -Sertraline 150 -Atomoxetine 1 Hyperactivity Disord -Hydroxyzine 10 sedative to treat an nausea and vomitin reactions) -Clonidine 0.3 r ADHD, high blood p -Order dated 10/11/ bedtime (Used to tr disorder, depressio -Order dated 7/16/1	ministered for 10/31/19. had not been documented as /31/19. of client #1's record revealed: dmitted 5/13/19. d Adjustment Disorder with /19 for the following: mg daily (Antidepressant) 0 mg daily (Attention Deficit der (ADHD)) 00 mg at bedtime (Used as a xiety; also used to control ng, or treat allergic skin mg at bedtime (Used to treat pressure, and drug withdrawal /19 for Aripiprazole 15 mg at eat schizophrenia, bipolar n, and Tourette syndrome) I9 for Melatonin 10 mg at				
	November 2019 MA -The following med 7:00 am had not be administered on 10 -Sertraline 100 -Sertraline 50 m -Atomoxetine 1	of client #1's October and ARs revealed: ications scheduled daily at en documented as /31/19: mg ng 0 mg ications scheduled daily at en documented as				

T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
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Continued From pa	age 9	V 118				
-Clonidine 0.3 mg, had not been docur 10/29/19, 10/30/19 Finding #3: Review on 11/5/19 -15 year old male a -Diagnoses include Dysregulation Diso Chronic Motor Tic I Abuse Perpetrator. -Physician orders of to treat constipation -Physician orders of -Clonidine 0.1m -Trazodone 500 insomnia). -Geodon 80 mg bipolar disorder). -Clonidine 0.3 mg	scheduled for 7:00 pm daily, mented as administered on , 10/31/19, or 11/4/19. of client #2's record revealed: admitted 7/25/19. ad Disruptive Mood rder; ADHD-Combined Type; Disorder and Child Sexual lated 8/21/19 for Miralax (Used n) 15 cc scoop daily. lated 9/26/19 for the following: ng twice daily. mg at bed time (Used to treat g at bedtime (Used to treat					
Review on 11/5/19 and October 2019 -Miralax documente 9/30/19. -The following med 7:00 pm had not be administered on 10 -Trazodone 50 -Ziprasidone (C -Ketoconazole Interview on 11/5/1 -Staff gave him his initials on it. -He had not refuse	MARs revealed: ed as discontinued 9/3/19 thru lications scheduled daily at een documented as 0/31/19: mg. Geodon) 80 mg. 2%. 9 client #2 stated: medications in a cup with his					
	T OF DEFICIENCIES DF CORRECTION ROVIDER OR SUPPLIER DUSE SUMMARY STA (EACH DEFICIENC' REGULATORY OR L -Melatonin 10 r -Clonidine 0.3 mg, had not been docuu 10/29/19, 10/30/19 Finding #3: Review on 11/5/19 -15 year old male a -Diagnoses include Dysregulation Diso Chronic Motor Tic I Abuse Perpetrator. -Physician orders of to treat constipation -Physician orders of to treat constipation -No physician order of misomnia). -Geodon 80 mg bipolar disorder). -Clonidine 0.3 n -No physician orde available. Review on 11/5/19 and October 2019 -Miralax document 9/30/19. -The following med 7:00 pm had not be administered on 10 -Trazodone 50 -Ziprasidone (C -Ketoconazole Interview on 11/5/1	OF CORRECTION IDENTIFICATION NUMBER: MHL078-150 ROVIDER OR SUPPLIER STREET A SUSSE 3775 OL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INFORMATION) Continued From page 9 -Melatonin 10 mg -Clonidine 0.3 mg, scheduled for 7:00 pm daily, had not been documented as administered on 10/29/19, 10/30/19, 10/31/19, or 11/4/19. Finding #3: Review on 11/5/19 of client #2's record revealed: -15 year old male admitted 7/25/19. Diagnoses included Disruptive Mood Dysregulation Disorder; ADHD-Combined Type; Chronic Motor Tic Disorder and Child Sexual Abuse Perpetrator. -Physician orders dated 8/21/19 for Miralax (Used to treat constipation) 15 cc scoop daily. -Physician orders dated 9/26/19 for the following: -Clonidine 0.1mg twice daily. -Trazodone 50mg at bedtime (Used to treat bipolar disorder). -Clonidine 0.3 mg at bedtime -No physician order to discontinue Miralax available. Review on 11/5/19 of client #2's September 2019 and October 2019 MARs revealed: -Miralax documented as discontinued 9/3/19 thru 9/30/19. -The following medications scheduled daily at 7:00 pm had not been documented as administered on 10/31/19: -Trazodone 50mg. -Ziprasidone (Geodon) 80 mg. -Ketoconazole 2%. Interview on 11/5/19 client #2 stated: -Staff gave him his medications in a cup with his initials on it.	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: B. WING MHL078-150 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, S STREET ADDRESS, CITY, S SHANNON, NC 28386 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 9 V 118 -Melatonin 10 mg -Clonidine 0.3 mg, scheduled for 7:00 pm daily, had not been documented as administered on 10/29/19, 10/30/19, 10/31/19, or 11/4/19. V 118 Finding #3: Review on 11/5/19 of client #2's record revealed: -15 year old male admitted 7/25/19. V 118 -Diagnoses included Disruptive Mood Dysregulation Disorder; ADHD-Combined Type; Chronic Motor Tic Disorder and Child Sexual Abuse Perpetrator. Physician orders dated 8/21/19 for Miralax (Used to treat constipation) 15 cc scoop daily. -Physician orders dated 9/26/19 for the following: -Clonidine 0.1mg twice daily. -Trazodone 50mg at bed time (Used to treat bipolar disorder). -Clonidine 0.3 mg at bedtime -No physician order to discontinue Miralax available. Review on 11/5/19 of client #2's September 2019 and October 2019 MARs revealed: -Miralax documented as discontinued 9/3/19 thru 9/30/19. -The following medications scheduled daily at 7:00 pm had not been documented as administered on 10/31/19: -Trazodone 50mg. -Ziprasidone (Geodon) 80 mg. -Ketoconazole 2%. Interview on 11/5/19 client #2	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIENCIAL (X2) MULTIPLE CONSTRUCTION DEF CORRECTION MHL078-150 B. WING INFORMER STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE STATE DENT OF DEFICIENCIES USE SHANNON, NC 28386 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX Continued From page 9 V118 -Melatonin 10 mg -Clonidine 0.3 mg, scheduled for 7:00 pm daily, had not been documented as administered on 10/29/19, 10/30/19, 10/31/19, or 11/4/19. Finding #3: Review on 11/5/19 of client #2's record revealed: -15 year old male admitted 7/25/19. Diagnoses included Disruptive Mood Dysregulation Disorder; ADHD-Combined Type; Chronic Motor Tic Disorder and Child Sexual Abuse Perpetrator. -Physician orders dated 8/21/19 for Miralax (Used to treat constipation) 15 cc scoop daily. -Physician orders dated 9/26/19 for the following: -Clonidine 0.3 mg at bedtime (Used to treat bipolar disorder). -Clonidine 0.3 mg at bedtime (Used to treat bipolar disorder). -Clonidine 0.3 mg at bedtime (Used to treat bipolar disorder). -Toto physician order to discontinue Miralax available. Review on 11/5/19 of client #2's September 2019 admin	TOP DEFICIENCIES (X1) PROVIDERSUPPLIENCLA IDENTIFICATION NUMBER: (X2) MULTURE CONSTRUCTION A BUILDING: (X3) DATA OPCOMPRECTION MHL078-150 B. WING 11/// ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11/// SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS VAND OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSS DEATLEYING INFORMATION) ID PROVIDERS VAND OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSS DEATLEYING INFORMATION) ID PROVIDERS VAND OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSS DEATLEYING INFORMATION) ID PROVIDERS VAND OF CORRECTION (EACH CORRECTING AS THE PRECEDED BY FULL RECULATORY OR LSS DEATLEYING INFORMATION) ID PROVIDERS PLAN OF CORRECTION (EACH CORRECTING AS THE PRECEDED BY FULL RECULATORY OR LSS DEATLEYING INFORMATION) ID PROVIDERS PLAN OF CORRECTION (EACH CORRECTING AS THE PRECEDED BY FULL RECULATORY OR LSS DEATLEYING INFORMATION) ID Continue G Jam, Schedulled for 7:00 pm daily, had not been documented as administered on 10/29/19, 10/30/19, 10/31/19, or 11/4/19. V118 ID Finding #3: Review on 11/5/19 of client #2's record revealed: -15 year old male admitted 7/25/19. -Diagnoses included Disruptive Mood Dysregulation Disorder: ADHD-Combined Type; -Chonic Motor ID. Disorder and Child Sexual Abuse Perpetrator. -Clondine 0.1mg twice daily. -Trazodone 50mg -Trazodone 50mg -Trazodone 50mg -Ziprasidon ofder dated 9/26/19 for the following: -Clondine 0.3mg at bedtime -Tra	

(EACH DEFICIENCY REGULATORY OR LS Continued From pa nterview on 11/5/19 He got his medicat reakfast. His medications we o him by staff.	3775 OLD SHANNOI TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) ge 10	A. BUILDING: B. WING DRESS, CITY, S ^T LOWERY RC N, NC 28386 ID PREFIX TAG V 118		RRECTION SHOULD BE	COMPLETED
SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa nterview on 11/5/19 He got his medicat reakfast. His medications we o him by staff.	STREET AD 3775 OLD SHANNOI TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) ge 10 9 client # 3 stated:	DRESS, CITY, S ^T DOUCERY RC N, NC 28386 ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	RRECTION SHOULD BE	06/2019 (X5) COMPLET
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SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa nterview on 11/5/19 He got his medicat reakfast. His medications we o him by staff.	SHANNO TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) ge 10 9 client # 3 stated:	N, NC 28386	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE /	SHOULD BE	COMPLET
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nterview on 11/5/19 He got his medicat reakfast. His medications we o him by staff.	9 client # 3 stated:	V 118			
He got his medicat reakfast. His medications we o him by staff.					
He took all of his m	ere placed in a cup and given nedicine.				
Manager/Associate All of client #2's ph He did not know wi Omeprazole on 10/2 He did not know wi MAR. The medications w ometimes the phys	Professional stated: ysician orders were filed. hy client #3 did not receive his 26/19-10/28/19. hy there were blanks in the rere always available but sician orders were not.				
nedication adminis etermined if clients	tration it could not be s received their medications				
6.S. 122C-80 Crim	inal History Record Check	V 133			
CHECK REQUIRED PPLICANTS FOR a) Definition As up provider" applies to rogram and any pr evelopmental disa ervices that is licer Chapter. b) Requirement /	D FOR CERTAIN EMPLOYMENT. used in this section, the term o an area authority/county rovider of mental health, bility, and substance abuse nsable under Article 2 of this				
	anager/Associate II of client #2's ph le did not know wi meprazole on 10/2 le did not know wi AR. The medications we be clients had refut onths. Use to the failure to edication adminis etermined if clients ordered by the p S. 122C-80 Crimit S. §122C-80 CRI HECK REQUIRED PPLICANTS FOR) Definition As u rovider" applies to ogram and any pr evelopmental disa ervices that is licer hapter.) Requirement / ovider licensed un oplicant to fill a por	The medications were always available but ometimes the physician orders were not. Io clients had refused medications in the last 6 onths. The to the failure to accurately document edication administration it could not be etermined if clients received their medications is ordered by the physician. S. 122C-80 Criminal History Record Check S. §122C-80 CRIMINAL HISTORY RECORD HECK REQUIRED FOR CERTAIN PPLICANTS FOR EMPLOYMENT.) Definition As used in this section, the term rovider" applies to an area authority/county ogram and any provider of mental health, evelopmental disability, and substance abuse ervices that is licensable under Article 2 of this hapter.) Requirement An offer of employment by a ovider licensed under this Chapter to an oplicant to fill a position that does not require the	anager/Associate Professional stated: Il of client #2's physician orders were filed. le did not know why client #3 did not receive his meprazole on 10/26/19-10/28/19. le did not know why there were blanks in the AR. 'he medications were always available but ometimes the physician orders were not. lo clients had refused medications in the last 6 onths. ue to the failure to accurately document edication administration it could not be etermined if clients received their medications s ordered by the physician. S. 122C-80 Criminal History Record Check V 133 S. §122C-80 CRIMINAL HISTORY RECORD HECK REQUIRED FOR CERTAIN PPLICANTS FOR EMPLOYMENT.) Definition As used in this section, the term rovider" applies to an area authority/county ogram and any provider of mental health, evelopmental disability, and substance abuse ervices that is licensable under Article 2 of this hapter.) Requirement An offer of employment by a ovider licensed under this Chapter to an oplicant to fill a position that does not require the	anager/Associate Professional stated: Il of Client #2's physician orders were filed. le did not know why client #3 did not receive his meprazole on 10/26/19-10/28/19. le did not know why there were blanks in the AR. 'he medications were always available but ometimes the physician orders were not. lo clients had refused medications in the last 6 onths. ue to the failure to accurately document edication administration it could not be etermined if clients received their medications is ordered by the physician. S. 122C-80 Criminal History Record Check V 133 S. §122C-80 CRIMINAL HISTORY RECORD HECK REQUIRED FOR CERTAIN PPLICANTS FOR EMPLOYMENT.) Definition As used in this section, the term rovider" applies to an area authority/county ogram and any provider of mental health, evelopmental disability, and substance abuse ervices that is licensable under Article 2 of this hapter.) Requirement An offer of employment by a ovider licensed under this Chapter to an oplicant to fill a position that does not require the	anager/Associate Professional stated: Il of Client #2's physician orders were filed. le did not know why client #3 did not receive his meprazole on 10/26/19-10/28/19. le did not know why there were blanks in the AR. he medications were always available but ometimes the physician orders were not. lo clients had refused medications in the last 6 onths. ue to the failure to accurately document edication administration it could not be stermined if clients received their medications s ordered by the physician. S. 122C-80 Criminal History Record Check V 133 S. §122C-80 CRIMINAL HISTORY RECORD HECK REQUIRED FOR CERTAIN PPLICANTS FOR EMPLOYMENT.) Definition As used in this section, the term rovider" applies to an area authority/county ogram and any provider of mental health, evelopmental disability, and substance abuse prvices that is licensable under Article 2 of this hapter.) Requirement An offer of employment by a ovider licensed under this Chapter to an

Division	of Health Service Re	egulation			FURM	APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL078-150	B. WING			२)6/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
HOPE H		3775 OLD	LOWERY RO	OAD		
	003E	SHANNO	N, NC 28386			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 11	V 133			
	applicant to have an conditioned on cons criminal history reco the applicant has be less than five years is conditioned on co criminal history reco national criminal his include a check of to the applicant has be five years or more, on consent to a Sta check of the applicat employ an applican criminal history reco section. Except as o subsection, within fi the conditional offer shall submit a reque Justice under G.S. criminal history reco section or shall sub entity to conduct a S check required by to G.S. 114-19.10, the return the results of record checks for e covered by Public L Department of Hea Criminal Records C business days of re history of the perso and Human Service Unit, shall notify the information receiver of the applicant. In national criminal his with the provider. P	n occupational license is sent to a State and national ord check of the applicant. If een a resident of this State for , then the offer of employment onsent to a State and national ord check of the applicant. The story record check shall he applicant's fingerprints. If een a resident of this State for then the offer is conditioned te criminal history record ant. A provider shall not t who refuses to consent to a ord check required by this otherwise provided in this ive business days of making r of employment, a provider est to the Department of 114-19.10 to conduct a ord check required by this mit a request to a private State criminal history record his section. Notwithstanding e Department of Justice shall f national criminal history mployment positions not				

Division	of Health Service Re	egulation			TORM	APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL078-150	B. WING			R 06/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
HOPE HO	DUSE		D LOWERY RC N, NC 28386	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' 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	(X5) COMPLETE DATE
V 133	Continued From par check has been corr by this section. A corr appropriate local or the Division of Crim may conduct on bell criminal history recorr section without the request to the Depar case, the county sh criminal history recorr section within five b conditional offer of a All criminal history is provider is confident except to the applic (c) of this section. F subsection, the term business regularly of criminal history recorr ecords obtained from (c) Action If an apprecord check revea a relevant offense, of the following fact hire the applicant: (1) The level and sec (2) The date of the (3) The age of the p conviction. (4) The circumstant commission of the of (5) The nexus betwe the person and the filled. (6) The prison, jail,	ge 12 mpleted on any staff covered ounty that has adopted an dinance and has access to inal Information data bank half of a provider a State ord check required by this provider having to submit a artment of Justice. In such a all commence with the State ord check required by this usiness days of the employment by the provider. nformation received by the tial and may not be disclosed, ant as provided in subsection for purposes of this n "private entity" means a engaged in conducting ord checks utilizing public om a State agency. oplicant's criminal history ls one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be	V 133			
	•	Ite the crime was committed. Commission by the person of				

Division	of Health Service Re				FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE COMP	SURVEY LETED
		MHL078-150	B. WING		R 11/06/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOPE H	OUSE		LOWERY R N, NC 28386			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 133	Continued From pa	ge 13	V 133			
	The fact of convictions shall not be a bar to listed factors shall be if the provider disque consideration of the provider may disclot the criminal history to the disqualification of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (d) Limited Immunit or employee of a procomplies with this so civil liability for: (1) The failure of the individual on the bat the criminal history (2) Failure to check criminal offenses if history record chece compliance with this (e) Relevant Offense indictment of a criminal history indictment of a criminal history persons needing m disabilities, or substitution of the following General Statutes: A Issuing Monetary S Endangering Execut Article 6, Homicide; Sex Offenses; Artice Kidnapping and Abol Injury or Damage b	on of a relevant offense alone o employment; however, the be considered by the provider. ualifies an applicant after e relevant factors, then the use information contained in record check that is relevant on, but may not provide a copy ory record check to the ty A provider and an officer rovider that, in good faith, section shall be immune from e provider to employ an usis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in				

TATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL078-150	B. WING	B. WING		R 11/06/2019	
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE			
IOPE HO		3775 OLI	D LOWERY RO	DAD			
	JUSE	SHANNC	N, NC 28386				
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)	
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				DEFICIEN	CY)		
V 133	Continued From pa	ge 14	V 133				
	and Other Housebr	eakings; Article 15, Arson and					
		ticle 16, Larceny; Article 17,					
		, Embezzlement; Article 19,					
	False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or						
	Fraudulent Use of Credit Device or Other Means;						
	Article 19B, Financial Transaction Card Crime						
	Act; Article 20, Frauds; Article 21, Forgery; Article						
	26, Offenses Against Public Morality and						
	Decency; Article 26A, Adult Establishments;						
	Article 27, Prostitution; Article 28, Perjury; Article						
	29, Bribery; Article 31, Misconduct in Public						
		offenses Against the Public					
		Riots and Civil Disorders;					
		on of Minors; Article 40,					
		amily; Article 59, Public					
		ticle 60, Computer-Related					
		es also include possession or					
		ation of the North Carolina					
		ces Act, Article 5 of Chapter					
		Statutes, and alcohol-related					
		ale to underage persons in					
		B-302 or driving while					
	G.S. 20-138.5.	n of G.S. 20-138.1 through					
		ishing False Information Any					
		yment who willfully furnishes,					
		ise gives false information on					
		blication that is the basis for a					
		ord check under this section					
		Class A1 misdemeanor.					
		ployment A provider may					
		t conditionally prior to					
		s of a criminal history record					
C							
	check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant					1	
		ents are met:					
	(1) The provider sh	ents are met:					

	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA I OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		MHL078-150	B. WING	B. WING		R 06/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HOPE H	OUSE		.D LOWERY RO DN, NC 28386	DAD		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 133	Continued From pa	ge 15	V 133			
	fingerprint cards as (2) The provider sha criminal history reco business days after conditional employr 2001-155, s. 1; 200	is section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five the individual begins nent. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
	facility failed to requirecord check, to inc applicant's fingerpri who had been a res than five years prior	views and interviews the lest a national criminal history	,			
	record revealed: -Date of Hire: 12/1 -Nationwide crimina 12/14/18. -No documentation	Professional's personnel				
	-He moved from ou	Professional stated: t of state in December 2018. fingerprints done as part of				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURV COMPLETE		
		MUU 070 450	A. BUILDING:		R		
		MHL078-150			11/06/20	19	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S ⁻ D LOWERY RO				
HOPE H	OUSE		N, NC 28386				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH COR				TION SHOULD BE COL	(X5) MPLET DATE	
V 133	Continued From pa	ge 16	V 133				
V 364	-She was not aware be done with the na checks for new hire within 5 years of hir -This was not the fi lived out of state wi did not recall this be done fingerprints w background checks out of state within 5 -She would follow u	rst staff she had hired who hac thin 5 years of hire and she eing required. She had never ith national criminal s for staff hired who had lived					
	Facilities § 122C-62. Additio Facilities. (a) In addition to th 122C-51 through G who is receiving tre 24-hour facility keel (1) Send and recei access to writing m assistance when ne (2) Contact and co and at no cost to th physicians, and privi- developmental disa professionals of his (3) Contact and co there is a client adv The rights specified restricted by the face exercise these right (b) Except as prov- of this section, each	anal Rights in 24-Hour the rights enumerated in G.S. 5.S. 122C-61, each adult client atment or habilitation in a ps the right to: twe sealed mail and have aterial, postage, and staff ecessary; insult with, at his own expense e facility, legal counsel, private vate mental health, ibilities, or substance abuse choice; and insult with a client advocate if vocate. d in this subsection may not be cility and each adult client may ts at all reasonable times. ided in subsections (e) and (h) n adult client who is receiving ation in a 24-hour facility at all					

Division of Health Serv TATEMENT OF DEFICIENCIE ND PLAN OF CORRECTION			CONSTRUCTION		E SURVEY PLETED
		A. BUILDING:			
	MHL078-150	B. WING		R 11/06/2019	
AME OF PROVIDER OR SUF	PLIER STREE	T ADDRESS, CITY, ST	ATE, ZIP CODE		
IOPE HOUSE		OLD LOWERY RO	AD		
	SHAN	NON, NC 28386			
PREFIX (EACH DEF	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 364 Continued Fr	om page 17	V 364			
calls. All long the client at th collect to the (2) Receive v a.m. and 9:00 hours daily, th p.m.; howeve over therapie (3) Commun supervision w upon the com (4) Make visi unless: a. Commitm the result of t violent crime, assault with a respondent w insanity or ind b. The clien committed to committed to conditions pro (5) Be out of facilities and several times (6) Except as personal clott client is being proceed purs	cate and meet under appropriate ith individuals of his own choice sent of the individuals; ts outside the custody of the facil ent proceedings were initiated as ne client's being charged with a including a crime involving an deadly weapon, and the as found not guilty by reason of apable of proceeding; t was voluntarily admitted or the facility while under order of o a correctional facility of the ult Correction of the Department or t is being held to determine capao rsuant to G.S. 15A-1002; may expressly authorize visits hibited by the existence of the escribed by this subdivision; doors daily and have access to equipment for physical exercise	e c00 ce ity ity of city			

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •			E SURVEY PLETED
		MHL078-150	B. WING			R 06/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
HOPE H		3775 OLD	LOWERY R	DAD		
		SHANNO	N, NC 28386			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 18	V 364			
Division of H	own money; (9) Retain a driver's prohibited by Chapt and (10)Have access to his private use. (c) In addition to th 122C-51 through G 122C-59 through G who is receiving tre 24-hour facility has proper adult superv recognition of the m individual, the mino opportunities to ena emotionally, intelled vocationally. In view and intellectual imm 24-hour facility shall structure, supervision the rights given to th The facility shall als reasonable efforts the client receives treat adult clients unless minor client dictate Each minor client w habilitation from a 2 (1) Communicate a guardian or the age custody of him; (2) Contact and co or that of his legally cost to the facility, le physicians, private disabilities, or subst his or his legally res	s license, unless otherwise er 20 of the General Statutes; individual storage space for e rights enumerated in G.S. S. 122C-57 and G.S. S. 122C-61, each minor client atment or habilitation in a the right to have access to ision and guidance. In ninor's status as a developing r shall be provided able him to mature physically, tually, socially, and v of the physical, emotional, naturity of the minor, the I provide appropriate on and control consistent with the minor pursuant to this Part. o, where practical, make o ensure that each minor ment apart and separate from the treatment needs of the otherwise. ho is receiving treatment or e4-hour facility has the right to: and consult with his parents or ncy or individual having legal nsult with, at his own expense responsible person and at no egal counsel, private mental health, developmental cance abuse professionals, of sponsible person's choice; and nsult with a client advocate, if				

Division	of Health Service Re	equilation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL078-150	B. WING		R 11/06/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
HOPE H	OUSE		LOWERY R N, NC 28386			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ON	(X5)
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 364	Continued From pa	ge 19	V 364			
	restricted by the fac may exercise these (d) Except as provi of this section, each treatment or habilita the right to: (1) Make and receil distance calls shall time of making the receiving party; (2) Send and receil writing materials, po when necessary; (3) Under appropria visitors between the p.m. for a period of hours of which shal visiting shall not tak therapies; (4) Receive specia training in accordance (5) Be out of doors recreation, and phy basis in accordance (6) Except as prohi personal clothing ar appropriate supervi held to determine ca G.S. 15A-1002; (7) Participate in re (8) Have access to the safekeeping of (9) Have access to of his own money; a (10)Retain a driver's prohibited by Chapt (e) No right enume	ibited by law, keep and use nd possessions under sion, unless the client is being apacity to proceed pursuant to eligious worship; individual storage space for personal belongings; and spend a reasonable sum				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		MHL078-150	B. WING			R 11/06/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
HOPE H	OUSE		D LOWERY RO DN, NC 28386	DAD			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 364	Continued From pa	age 20	V 364				
	formulation of the oplan. A written state client's record that for the restriction. T reasonable and rela- habilitation needs. A period not to excee each restriction sha qualified profession at which time the re- Each evaluation of documented in the rights may be renew statement entered the client's record t renewal of the restriction of rig by the client shall, u be notified of the re- it. In the case of a r adult client, the leg- be notified of each or renewal of a restriction individual or legally documented in write This Rule is not me Based on record re-	fessional responsible for the client's treatment or habilitation ement shall be placed in the indicates the detailed reason The restriction shall be ated to the client's treatment of A restriction is effective for a ed 30 days. An evaluation of all be conducted by the hal at least every seven days, estriction may be removed. a restriction shall be client's record. Restrictions on wed only by a written by the qualified professional in hat states the reason for the riction. In the case of an adult been adjudicated incompetent an initial restriction or renewal ghts, an individual designated upon the consent of the client, estriction and of the reason for minor client or an incompetent ally responsible person shall instance of an initial restriction triction of rights and of the cation of the designated responsible person shall be ing in the client's record.	r				
	clients (#1, #2 and	e rights of 3 of 3 audited #3) by restricting their access pility to make and receive					

STATEMENT OF DE	FICIENCIES	CALL CALL CALL CALL CALL CALL CALL CALL		CONSTRUCTION		E SURVEY PLETED	
	LETION	IDENTIFICATION NOMBER.	A. BUILDING:				
		MHL078-150	B. WING			R 11/06/2019	
NAME OF PROVIDE	R OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
HOPE HOUSE			D LOWERY RC DN, NC 28386	DAD			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 364 Contir	nued From pa	age 21	V 364				
-15 ye -Diagr Dysre Hyper	ar old male a noses include gulation Diso activity Disor Tic Disorder	of client #2's record revealed: admitted 7/25/19. ed Disruptive Mood rder; Attention Deficit der-Combined Type; Chronic and Child Sexual Abuse					
dated habilit	Review on 11/5/19 of client #2's treatment plan lated 8/13/19 did not identify treatment or labilitation needs to restrict access to food or elephone calls.						
-He co -He or the ho -He co pm or	ould not get a nly got extra f ome. ould have pho n Thursdays,	9 client #2 stated: a snack when he wanted one. food if there were not 4 kids in one calls between 7 pm and 8 Fridays, and Sundays. limited to 15 minutes each and					
-If his Sunda	mom worked ays, then he c	ime to speak to family. I Thursdays, Fridays, and didn't get to talk to her. e able to call on Saturdays.					
-16 ye -Diagr Disoro	ar old male a noses include der-Unspecifi	of client #3's record revealed: admitted 10/25/19. ed Conduct ed; Disruptive Mood rder; Attention Deficit					
Hyper	active Disord	ler (ADHD), Predominately sive Autism Spectrum Disorder					
dated habilit	10/22/19 did	of client #1's treatment plan not identify treatment or o restrict access to food or					
Intervi	ew on 11/5/1	9 client #3 stated:					

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION		E SURVEY PLETED
		MHL078-150	B. WING		R 11/06/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
HOPE H	OUSE		LOWERY F			
	1		N, NC 2838			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 22	V 364			
	 He had not gotten There had not bee mealtimes. Snacks were giver 8:30pm. He got hungry betw There were no optimeals. He could make ph 15 minutes. He did not think 15 call 2 people. He used to talk to that. Phone calls had be to. Review on 11/5/19 14 year old male a Diagnoses include Anxiety. Review on 11/6/19 dated 5/3/19 did no habilitation needs to telephone calls. Interview on 11/5/19 He had been living Sometimes not. He was not allowe hungry between me They were not allo Observation on 11// posted on the refrig "No Members are to the set to the	enough to eat. n any leftover food at n 2 times a day at 3:30pm and ween meals. ions if he was hungry between one calls 3 times a week for 5 minutes was enough time to his grandmother more than een the worst thing to get used of client #1's record revealed: dmitted 5/13/19. d Adjustment Disorder with of client #1's treatment plan t identify treatment or o restrict access to food or 9 client #1 stated: in the facility about 6 months. he got enough to eat, and d to request a snack if he felt				
	Interview on 11/6/19 lealth Service Regulation	-	6899		If continue t	an abact 00 -f 00
STATE FOR	IVI		0000	LEC811	ii continuati	on sheet 23 of 26

Division	of Health Service Re	gulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL078-150	B. WING			R 06/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, ST	TATE, ZIP CODE		
HOPE HO	DUSE		D LOWERY RC N, NC 28386	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 23	V 364			
	-Phone calls have to clients were less bu -Phone call rules we and were not client -Treatment plans we to phone calls if a c cursing or calling vi -Clients participated wanted to eat and s client did not want we -He had not looked Interview on 11/6/19 Professional stated -The signs were on were trying to make anything to the food -Clients only get so time.	ere according to the house specific. ould only include rules related lient presented issues such as ctims. d in choosing foods they substitutions were given if a vhat was served. at the menus. 9 with the Associate the refrigerator because they a sure the clients did not do acks at the scheduled snack we made to the grocery list if				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor.	l its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			
		et as evidenced by: ons and interview, the facility in a safe, clean, attractive				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-150				CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOWBER.	A. BUILDING:				
		MHL078-150				R 11/06/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
HOPE H	DUSE		D LOWERY RO N, NC 28386	DAD			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 736	Continued From pa	ge 24	V 736				
	and orderly manner	. The findings are:					
	Observations on 11	/5/19 of the facility between					
		0 pm and 12:30 pm revealed:					
		blanks separating in hall. ined in hallway and on door					
	facings throughout	the facility.					
	-Wall repair at end of painted.	of the hall had not been					
	-Client #3's six drav	ver dresser had 2 top drawers					
	missing handles, middle drawers missing one handle off each, and both bottom drawers off						
		apings inside the drawers.					
	Interview on 11/28/2	18 the Licensee stated:					
		y repair issues to the owner o	f				
	the facility. -She was in the pro	cess of securing another					
	location due to facil						
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752				
	10A NCAC 27G .03 EQUIPMENT	04 FACILITY DESIGN AND					
		cility shall be designed,					
		uipped in a manner that					
	visitors.	al safety of clients, staff and					
		of the facility where clients are					
		er, the temperature of the tained between 100-116					
	degrees Fahrenheit						
	This Dule is not as	t as suideneed by:					
	This Rule is not me Based on observation	et as evidenced by: ons and interviews, the facility					
	failed to maintain th	e water temperature between					
	100-116 degrees Fa	ahrenheit. The findings are:					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		MHL078-150	B. WING			06/2019
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
HOPE H	OUSE		D LOWERY RO DN, NC 28386	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOUL C IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		TION SHOULD BE THE APPROPRIATE	D BE COMPLE	
V 752	Continued From page 25		V 752			
V 752	Continued From page 25 Observations on 11/5/19 between 12:00 pm and 12:30 pm of the facility revealed: -The hot water temperature in the shower was 88 degrees Fahrenheit. -This was the only shower/tub in the facility. Interview on 11/5/19 client #1 stated: -The water temperature in the shower was cold someday's and too hot someday's. -They could not change the water temperature. The facility would call a repairman to change temperature when needed. -The temperature had been "ok" that morning. Interview on 11/5/19 client #3 stated: -They had to turn the water on in the sink to make the water warmer in the shower. -He thought someone had been to the facility to fix the problem. -The water temperature had been "ok" that morning. Interview on 11/28/18 the Licensee stated: -She was aware they continued to have problems regulating water temperatures. -She had reported the concern of the hot water					
	-She had reported t temperature change and adjustments hat -She was in the pro-	the concern of the hot water es to the owner of the facility	ý			
	This deficiency con and must be correc	stitutes a recited deficiency ted within 30 days.				