Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
			A. BOILDING.	A. BUILDING.			
MHL036-309		B. WING		11/25/2019			
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
NEW HOP	PE HOME IV		ICAN LANE IA, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS	1	V 000				
	An annual survey was completed on 11-25-19. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or						
V 114	Adolescents.  V 114 27G .0207 Emergency Plans and Supplies		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.  (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 interview and record review, the facility failed to complete fire and disaster drills at least quarterly and repeated for each shift. The findings are:  Review on 11-21-19 of the facility's Fire and Disaster Drill Logs revealed: - No 2nd shift Fire Drill completed for 3rd quarter						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL036-309	B. WING		11/25/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
NEW HOP	PE HOME IV		NCAN LANE IIA, NC 28054				
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF COI	RRECTION	(X5)	
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V 114	Continued From page	e 1	V 114				
	- No 3rd shift Fire Drill completed for 3rd quarter (July - September) 2019; - No 2nd shift Disaster Drill completed for 3rd quarter (July - September) 2019.  Interview on 11-21-19 with Client #2 revealed: - She had been living in the facility for 2 weeks; - She had not completed a Fire or Disaster Drill since living in the facility.  Interview on 11-21-19 with Client #3 revealed: - She had been living in the facility for approximately 2 months; - She had not completed a Fire or Disaster Drill since living in the facility.  Interview on 11-22-19 with Staff #1 revealed: - The facility followed a Fire and Disaster Drill schedule and staff conducted the drills according to the schedule.  Interview on 11-22-19 with Staff #2 revealed: - "We did some not too long agoa couple months ago." - She didn't know how often they were supposed to be conducted.						
	- Fire and Disaster Dimonth; - The Drills are presol completion each mon - The Qualified Profestowner/Licensee were						
	Interview on 11-22-19 with QP revealed: - Fire and Disaster Drill are completed on a monthly basis; - The Associate Professional (AP) was						

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
MHL036-309		B. WING		11/25/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		4912 DUN	CAN LANE			
NEW HOP	PE HOME IV	GASTONI	A, NC 28054			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)	
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V 114	Continued From page	e 2	V 114			
		luling and completing the ls on a monthly basis.				
	Interview on 11-25-19 revealed:	with Owner/Licensee				
	- Weekday 2nd shift hours: 2:00pm-10:00pm, 3rd shift hours: 10:00pm-8:00am;					
<ul> <li>- Weekend shifts: 8:00am-8:00pm and 8:00pm-8:00am;</li> <li>- The Fire and Disaster Drills "were probably not done for that quarter."</li> </ul>						
V 296	27G .1704 Residentia Staffing	al Tx. Child/Adol - Min.	V 296			
	10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS					
		sional shall be available by				
	telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.  (b) The minimum number of direct care staff required when children or adolescents are					
	present and awake is	as follows:				
	(1) two direct care staff shall be present for one, two, three or four children or adolescents;					
	(2) three direct care staff shall be present					
	for five, six, seven or eight children or adolescents; and					
	(3) four direct care staff shall be present for					
nine, ten, eleven or twelve children or						
	adolescents.  (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:					
	(1) two direct c	are staff shall be present				
		ke for one through four				
children or adolescents; (2) two direct care staff shall be present						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL036-309	B. WING		44	1/25/2040
		MILE026-209			1 11	1/25/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
NEW HOP	PE HOME IV		NCAN LANE NIA, NC 28054			
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V 296	Continued From page	e 3	V 296			
	and both shall be awake for five through eight children or adolescents; and  (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.  (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.  (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.					
	This Rule is not met Based on records rev interviews, the facility required staff/client ra	riew, observations and reference to ensure the				
	Impulse Control Diso Cannabis Use Disord - Age 14 years old.	7-19-19; ecified Disruptive Disorder, rder, Conduct Disorder, ler;				
Review on 11-21-19 of Client #2's record revealed: - Admission date of 11-7-19;						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	1 ' '	(X3) DATE SURVEY	
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		MHL036-309	D. 111110		<u>  11/2</u>	25/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
		4912 DU	NCAN LANE			
NEW HOP	PE HOME IV		IIA, NC 28054			
			117, 110 20004	T ====================================		
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				DEFICIENCY)		
			14000			
V 296	Continued From page	e 4	V 296			
	- Diagnoses of Other	Specified Disruptive				
		ntrol Disorder, Conduct				
	•	eficit Hyperactivity Disorder;				
	- Age 13 years old.	choit riyperactivity Disorder,				
	- Age 13 years old.					
	Review on 11-21-19 o	of Client #2's record				
		or Chefft #3 \$ record				
	revealed:	4.04.00.				
	- Admission date of 1					
	- Diagnoses of Reactive Attachment Disorder,					
	Post Traumatic Stress Disorder;					
	- Age 16 years old.					
	Review on 11-22-19 of the facility's Timecard					
Report for November 2019 revealed:						
	- Staff #3 worked alone on 3rd shift on 11-7-19					
	and 11-14-19.					
		9 with Client #1 revealed:				
		ff sometimes one staff				
		one staff working on 2nd				
	shift."					
	- There was normally	one staff working on 3rd				
	shift.					
		with Client #2 revealed:				
	- Two staff normally w					
		2] worked by herself (2nd				
	shift)."					
	- "One or two staff wo	ork on 3rd shift but lately only				
	one staff has worked.					
	Interview on 11-21-19	with Client #3 revealed:				
	- There were two staf	f on duty but one staff on				
	night shift;	-				
	- "Last night, there wa	as one staff [Staff #2]				
	working (2nd shift)."					
	working (2110 offic).					
	Interview on 11-22-19	with Staff #1 revealed:				
		wo staff working at all times;				
- "Last night, I was pulled to work at the [sister						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		MHL036-309	B. WING		11	/25/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
NEW HOP	PE HOME IV		JNCAN LANE NIA, NC 28054			
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V 296	Continued From page	e 5	V 296			
	facility] for an hour."					
	Interview on 11-22-19 with Staff #2 revealed: - Staffing had not been a problem; - Has always had someone working with her on shift.  Interview on 11-22-19 with Staff #3 revealed: - Two staff worked on shift at all times. "Usually me and [Staff #5] or [Staff#6] never worked by myself."					
Interview on 11-22-19 with Qualified Professional (QP) revealed: - There are two staff scheduled per shift; - She was not aware of the facility being short staffed; - She had assisted when the facility needed her for staffing coverage.						
	revealed: - "I pulled [Staff #1] for week (11-20-19) to be another home for an - "Sometimes people	with Owner/Licensee or an hour one evening last e a 3rd staff member at emergency." call out or don't show up." ore staff that will be starting				

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