

# Fax

<b>To:</b>	Mental Health Licensure & Certification Section	<b>From:</b>	Gwendolyn Mebane (House of Hope – MHL# 001-260)
<b>Fax:</b>	919-715-8078	<b>Pages:</b>	11 (Including cover sheet)
<b>Phone:</b>	919-855-3795	<b>Date</b>	3/9/2020
<b>Re:</b>	Plan of Correction	<b>cc:</b>	Johanna Edwards, RN

Urgent     For Review     Please Comment     Please Reply     Please Recycle

Gwen Mebane 336.214.1397

**HOUSE OF HOPE, INC**

North Carolina Department of Health and Human Services

Re: House of Hope, Inc.

Greeting: Johanna Edwards, RN

Thank you for allowing House of Hope, the opportunity to submit a plan of correction for the areas cited within our facility, February 20, 2020.

Thank you,

Gwendolyn C. Mebane 3/7/2020

Enclosed: Plan of Correction

**HOUSE OF HOPE, INC****Plan of Correction**

**Reference to the out of Compliance issues:** Deficiencies Description-V 108 27G.202 Personnel Requirements

**Comment:** This Rule is not met as evidenced by: This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to assure that all staff who work alone with clients are trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation (CPR) and trained in the Heimlich maneuver or other first aid techniques such as those provided by the American Red Cross (ARC), or the American Heart Association (AHA) affecting 2 of 3 direct care staff (#1 #2).

**The findings are:** That the curriculum that is taught by American Safety Health Institute is not an approved training curriculum for licensure requirements.

**Systematic Change to Prevent the Out of Compliance Issues:** Although ASHI follows the same curriculum that Red Cross and American Heart provides, the QP has switched her credentials to American Red Cross so that she will be in compliance with the State Rules. The Director will monitor the certifications of all approved trainers; she will have all staff retrained in the areas of CPR and First Aid from an instructor that is associated with Red Cross or American Heart Association.

**Timetable for Implementation of the Corrective Action:** The director has rescheduled the classes for CPR and First Aid the date of the class will be on 3/19/2020. This will be ongoing effective immediately.

**Reference to the out of compliance issues:** Deficiencies Description-V 111 27G.025 (a-B); 10A NCAC 27G.025-Assessment and Treatment/Rehabilitation or Service Plan

**Comment:** This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to assure that an admission assessment was completed prior to the delivery of services affecting 2 of 3 audited clients (#1 #2).

**The findings are:** QP spoke with the assessor, she told her that the Admission Assessment was done on the same day as the PCP which was November 11, 2019; The QP did not say that it was done late. The QP "stated that she had placed the wrong date on the assessment, based on her checking the computer's timeline and by her checking the date on the PCP to confirm.

**Systematic Change to Prevent the Out of Compliance Issues:** The QP will continue to complete the Admission Assessments within the 30-day window.

**Timetable for Implementation of the Corrective Action:** The QP will complete the Admission Assessment within 30 days, this is an ongoing process according to the above rule for all new admissions.

**HOUSE OF HOPE, INC**

**Reference to the out of compliance issues:** Deficiencies Description-V 111 27G.025 (a-B); 10A NCAC 27G.025-Assessment and Treatment/Rehabilitation or Service Plan

**Comment: This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to develop and implement strategies and interventions to address identified needs affecting 2 of 3 audited clients (#1 #2). The findings are:**

**Review on 2/19/20 of Client #1's record revealed the following information: A [REDACTED] male. -- Admitted to the facility on [REDACTED] -- Diagnoses include Schizophrenia - Affective Disorder, Atrial Fibrillation, History of a Stroke, High Cholesterol, Sleep Apnea and a History of Cocaine Dependence. -- A treatment plan dated 11/11/19. -- This treatment plan contained no goals, interventions or strategies to address the clients.**

**Findings are: There were no added goals to address substance abuse for both clients; one with a Marijuana use issue and the other with Cocaine use issue.**

**Systematic Change to prevent out of compliance issues: The QP will address any substance abuse issues that each client may have and make the necessary referrals to other services in the area, this will provide the client with wrap-around services.**

**Timetable for Implementation of the Corrective Action: The goals for both clients have been updated in their treatment plan, it was completed on 2/23/2020. This is an ongoing process for all clients who will be admitted into the facility with co-morbid diagnosis.**

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-260</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/20/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOUSE OF HOPE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>412 MAPLE AVENUE BURLINGTON, NC 27215</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on February 20, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600 C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious</p>	V 108		

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

TITLE

(X6) DATE

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V 108	<p>Continued From page 1</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to assure that all staff who work alone with clients are trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation (CPR) and trained in the Heimlich maneuver or other first aid techniques such as those provided by the American Red Cross (ARC), or the American Heart Association (AHA) affecting 2 of 3 direct care staff (#1 #2). The findings are:</p> <p>Review on 2/20/20 of Staff #1's personnel file revealed the following information; -- A hire date of 1/30/19 as a direct care staff. -- No documentation of training in CPR, first aid or the Heimlich maneuver by the American Red Cross or the American Heart Association. -- A certificate indicating she had completed these trainings by the Qualified Professional (QP) on 2/15/20 under the American Safety and Health Institute (ASHI) curriculum.</p> <p>Review on 2/20/20 of Staff #2's personnel file revealed the following information; -- A hire date of 8/6/19 as a direct care staff. -- No documentation of training in CPR, first aid or the Heimlich maneuver by the American Red Cross or the American Heart Association. -- A certificate indicating she had completed these trainings by the QP on 8/23/19 under the ASHI curriculum.</p>	V 108		

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V 108	Continued From page 2  Review on 2/20/20 of the QP's personnel file revealed the following information; -- A hire date 5/19/19 as the QP. -- Documentation that she is a trainer of CPR and first aid by ASHI.  Interview on 2/20/20 with Staff #1 (the Licensee and facility Director) revealed the following information; -- She and both of her other Paraprofessional staff frequently work alone with the clients living in the facility. -- She confirmed that 2 of the 3 audited clients, Client #1 had diagnoses of Atrial Fibrillation (a quivering or irregular heartbeat that can lead to blood clots, stroke, heart failure and other heart-related complications) and had a CVA (Cerebrovascular accident or a stroke, when blood flow to a part of your brain is stopped either by a blockage or the rupture of a blood vessel) in his past and Client #2 had diagnoses of Hypertension (high blood pressure) and Tachycardia (an abnormal rapid heart rate). -- She was unaware that the life saving trainings required needed to be provided by the ARC or the AHA.  Interview on 2/20/20 with the QP revealed the following information; -- She was an instructor for ASHI. -- She was unaware that the ASHI curriculum was not approved for licensure requirements.	V 108		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN	V 111		

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V 111	<p>Continued From page 3</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to assure that an admission assessment was completed prior to the delivery of services affecting 2 of 3 audited clients (#1 #2). The findings are:</p> <p>Review on 2/19/20 of Client #1's record revealed the following information;</p>	V 111		

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V 111	Continued From page 4  -- A 45 year old male. -- Admitted to the facility on 11/11/19. -- Diagnoses include Schizophrenia - Affective Disorder, Atrial Fibrillation, History of a Stroke, High Cholesterol, Sleep Apnea and a History of Cocaine Dependence. -- An admission assessment completed by the Qualified Professional (QP) on 12/8/19.  Review on 2/19/20 of Client #2's record revealed the following information; -- A 31 year old male. -- Admitted to the facility on 11/26/19. -- Diagnoses include Schizophrenia, Cannabis Use Disorder, Hypertension, Tachycardia, Sialorrhea, Constipation and Dyslipidemia. -- An admission assessment completed by the QP on 11/29/19.  Interview on 2/20/20 with the QP revealed the following information; -- She was the person responsible for completing admission assessments. -- She confirmed that both of the above admission assessments were done late.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be	V 112		

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V 112	Continued From page 5  achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.  This Rule is not met as evidenced by: Based on interview and record review, the facility management failed to develop and implement strategies and interventions to address identified needs affecting 2 of 3 audited clients (#1 #2). The findings are:  Review on 2/19/20 of Client #1's record revealed the following information; -- A 45 year old male. -- Admitted to the facility on 11/11/19. -- Diagnoses include Schizophrenia - Affective Disorder, Atrial Fibrillation, History of a Stroke, High Cholesterol, Sleep Apnea and a History of Cocaine Dependence. -- A treatment plan dated 11/11/19. -- This treatment plan contained no goals, interventions or strategies to address the client's substance abuse behaviors.	V 112		

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V 112	<p>Continued From page 6</p> <p>Review on 2/19/20 of Client #2's record revealed the following information;</p> <ul style="list-style-type: none"> <li>-- A 31 year old male.</li> <li>-- Admitted to the facility on 11/26/19.</li> <li>-- Diagnoses include Schizophrenia, Cannabis Use Disorder, Hypertension, Tachycardia, Sialorrhea, Constipation and Dyslipidemia.</li> <li>-- A treatment plan dated 11/29/19.</li> <li>-- This treatment plan contained no goals, interventions or strategies to address the client's substance abuse behaviors.</li> </ul> <p>Interview on 2/20/20 with the QP revealed the following information;</p> <ul style="list-style-type: none"> <li>-- She was the person responsible for completing treatment plans.</li> <li>-- She confirmed that neither client had goals related to their substance abuse.</li> </ul>	V 112		