STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION					(X3) DATE SURVEY COMPLETED	
		MHL040006	B. WING		C 06/03/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HOPEWE	ELL		WOOD LANE IILL, NC 28580)		
(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 ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE COMPLET THE APPROPRIATE DATE	
V 000	INITIAL COMMENT	rs	V 000			
	2020. The complai	was completed on June 3, nt was substantiated (Intake eficiencies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
V 132	G.S. 131E-256(G) I Allegations, & Prote		V 132			
	G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY					
	Department is notifine health care personne	lities shall ensure that the ied of all allegations against nel, including injuries of				
		hich appear to be related to odivision (a)(1) of this section.				
	facility or a person facility or a person facility of a person facility of a second by G.S.	e of a resident in a healthcare to whom home care services 131E-136 or hospice services				
	b. Misappropriatio	131E-201 are being provided. n of the property of a resident ility, as defined in subsection				
	care services as de	fined by G.S. 131E-136 or defined by G.S. 131E-201				
	are being provided. c. Misappropriation healthcare facility.	n of the property of a				
	facility or to a patier	igs belonging to a health care ht or client. health care facility or against				
	a patient or client for providing services).	or whom the employee is				
	acts are investigate	and must make every effort from harm while the				

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
		MHL040006	B. WING			C 03/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
HOPEWE	ELL		WOOD LANE	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 132	Continued From pa	ge 1	V 132			
	investigations must	ive working days of the initial				
	facility failed to repo	et as evidenced by: views and interviews, the ort an allegation of abuse to rsonnel Registry (HCPR). The	9			
		f facility records revealed no HCPR was notified of an al abuse.				
	-29 year old male a -Diagnoses include Intermittent Explosi Anxiety; Borderline					
		of a facility physicain visit form was seen on 9/24/19 for a	1			
		of Facility Communication Log	1			

STATEMENT OF DEFICIENCIES (M) PROVIDER/SUPPLIENCIAN (DENTFICATION NUMBER: (A) MULTIPLE CONSTRUCTION (A) BUILDING:	Division	of Health Service Re				FORM	APPROVED
MHL040006 P. WING OG603/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, ZIP CONTRACT, ZIP CODE COMPLET COMPLET COMPLET COMPLET COMPLET COMPLET COMPLET <	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			COMPLETED	
B29 DOGWOD LANS SNOWHILL, NC 2853 CMU ID PREFX TAG SUMMARY STATEMENT OF DEFICIENCES (EACH CORRECTIVE ACTION SHOLD BE (EACH CORRECTIVE ACTION SHOLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DATE V 132 Continued From page 2 V 132 V 132 y uardian informed her of Client #2's allegation that he had been bicked in the ribs and had his face and head squeezedthey would get him if he told V 132 V 132 -During a phone call on 3/23/20 Client #2's guardian informed her of Client #2's allegation that he had been beat with a toilet plunger. Interview on 5/26/20 the Chief Clinical Officer stated: -Client #2's guardian discussed accusations from Client #2 that he had been being kicked in his ribs and having his face and head squeezed with her on 2/21/20. -Client #2's guardian discussed allegations from Client #2's that he had been beat with a toilet plunger with her on 3/23/20. -Client #2's guardian discussed allegations from Client #2's that he had been beat with a toilet plunger with her on 3/23/20. -Client #2's guardian had referenced a historic event and not a current event. -There was no report made to the HCPR. Interview on 6/2/20 the Director of Operations stated: -Client #2's guardian had previously made him aware in September 2019 of Client #2's tating he was kicked in the ribs and head squeezed. -He was asked by Client #2's guardian not to follow up with the staff about Client #2's			MHL040006	B. WING			
INDEX SNOW HILL, NC 28580 [M1] ID PREFEX TAG Isomary Statement of DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DATE V 132 Continued From page 2 V 132 Free Council of the ribs and had his face and head squeezedthey would get him if he told -During a phone call on 3/23/20 Client #2's guardian informed her of Client #2's allegation that he had been beat with a toilet plunger. V 132 Interview on 5/26/20 the Chief Clinical Officer stated: -Client #2's guardian discussed accusations from Client #2 that he had been beat with a toilet plunger with her on 3/23/20. Interview on 6/2/20 the Chief Clinical Officer stated: -Client #2's guardian discussed allegations from Client #2 that he had been beat with a toilet plunger with her on 3/23/20. Interview on 6/2/20 the Director of Operations stated: -Client #2's guardian had referenced a historic event and not a current event. -There was no report made to the HCPR. Interview on 6/2/20 the Director of Operations stated: -Client #2's guardian had previously made him aware in September 2019 of Client #2's stating he was kicked in the rbs and had his face and head squeezed. -He was asked by Client #2's guardian not to follow up with the staff about Client #2's Interview on 6/2/20 then #2's squardian not to follow up with the staff about Client #2's	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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 guardian informed her of Client #2's allegation that he had been kicked in the ribs and had his face and head squeezedthey would get him if he told -During a phone call on 3/23/20 Client #2's guardian informed her of Client #2's allegation that he had been beat with a toilet plunger. Interview on 5/26/20 the Chief Clinical Officer stated: -Client #2's guardian discussed accusations from Client #2's allegation that he had been being kicked in his ribs and having his face and head squeezed with her on 2/21/20. -Client #2's guardian discussed allegations from Client #2's allegation the had been beat with a toilet plunger with her on 3/23/20. -Client #2's guardian discussed allegations from Client #2 that he had been beat with a toilet plunger with her on 3/23/20. -Client #2's guardian discussed allegations from Client #2 that he had been beat with a toilet plunger with her on 3/23/20. -Client #2's guardian had referenced a historic event and not a current event. -There was no report made to the HCPR. Interview on 6/2/20 the Director of Operations stated: -Client #2's guardian had previously made him aware in September 2019 of Client #2 stating he was kicked in the ribs and had his face and heed squeezed. -He was asked by Client #2's guardian not to folow up with the staff about Client #2's guardian not to folow up with the staff about Client #2's guardian not to folow up with the staff about Client #2's guardian not to folow up with the staff about Client #2's guardian not to folow up with the staff about Client #2's guardian not to folow up with the staff about Client #2's guardian not to folow up with the staff about Client #2's guardian not to folow up with the staff about Client #2's guardian not to folow up with the staff about Client #2's guardian not to folow up with the staff about Client #2's guardian not to folow up with the staff about Client #2's guardian not to folow up with the staff abo	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
 that he had been kicked in the ribs and had his face and head squeezedthey would get him if he told -During a phone call on 3/23/20 Client #2's guardian informed her of Client #2's allegation that he had been beat with a toilet plunger. Interview on 5/26/20 the Chief Clinical Officer stated: -Client #2's guardian discussed accusations from Client #2's guardian discussed accusations from Client #2's guardian discussed accusations from Client #2' that he had been beat with her on 2/21/20. -Client #2's guardian discussed allegations from Client #2's guardian had referenced a historic event and not a current event. -There was no report made to the HCPR. Interview on 6/2/20 the Director of Operations stated: -Client #2's guardian had previously made him aware in September 2019 of Client #2 stating he was kicked in the ribs and had his face and head squeezed. -He was asked by Client #2's guardian not to follow up with the staff about Client #2's guardian not to to follow up with the staff about Client #2's guardian had referenced to the formation of the state of the formation of the formation of the follow up with the staff about Client #2's guardian had previously made him aware in September 2019 of Client #2's guardian head squeezed. 	V 132	Continued From pa	ge 2	V 132			
 -An investigation was not done due to the request of Client #2's guardian. -He understood that a report to the HCPR is required for all allegations of abuse. -He would ensure all future allegations of physical abuse was reported as required. 	V 132	guardian informed h that he had been ki face and head sque he told -During a phone ca guardian informed h that he had been be Interview on 5/26/20 stated: -Client #2's guardia Client #2 that he ha and having his face on 2/21/20. -Client #2's guardia Client #2 that he ha plunger with her on -Client #2 that he ha plunger with her on -Client #2 was sent different occasions allegation. -Client #2's guardia event and not a cur -There was no report Interview on 6/2/20 stated: -Client #2's guardia aware in September was kicked in the ri squeezed. -He was asked by 0 follow up with the st accusation. -An investigation wa of Client #2's guard -He understood tha required for all alleg -He would ensure a	her of Client #2's allegation cked in the ribs and had his bezedthey would get him if II on 3/23/20 Client #2's her of Client #2's allegation eat with a toilet plunger. 0 the Chief Clinical Officer n discussed accusations from id been being kicked in his ribs and head squeezed with her n discussed allegations from id been beat with a toilet 3/23/20. to the physician on two to rule in or rule out the n had referenced a historic rent event. ort made to the HCPR. the Director of Operations n had previously made him ir 2019 of Client #2 stating he bs and had his face and head Client #2's guardian not to taff about Client #2's as not done due to the request ian. t a report to the HCPR is gations of abuse. II future allegations of physical				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL040006	B. WING	G C 06/03/2) 3/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		292 DOGV				
HOPEWI	ELL	SNOW HI	LL, NC 2858	80		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECT		(X5)
PRÉFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 366	Continued From pa	ge 3	V 366			
V 366	27G .0603 Incident	Response Requirments	V 366			
	implement written p response to level I, shall require the pro- (1) attending of individuals involv (2) determinin (3) developin measures accordin timeframes not to e (4) developin to prevent similar in specified timeframe (5) assigning for implementation preventive measure (6) adhering set forth in G.S. 75, 42 CFR Parts 2 and 164; and (7) maintainin Subparagraphs (a) (b) In addition to th Paragraph (a) of this shall address incide regulations in 42 CH (c) In addition to th Paragraph (a) of this providers, excluding develop and implement their response to a while the provider is or while the client is	UREMENTS FOR B PROVIDERS B providers shall develop and policies governing their II or III incidents. The policies povider to respond by: to the health and safety needs ed in the incident; ing the cause of the incident; g and implementing corrective g to provider specified exceed 45 days; g and implementing measures incidents according to provider as not to exceed 45 days; person(s) to be responsible of the corrections and				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY PLETED
		MHL040006	B. WING			C 03/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOPEWE	=1 1		NOOD LANE			
			LL, NC 2858			1
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 366	Continued From pa	ge 4	V 366			
	by: (A) obtaining f (B) making a (C) certifying (D) transferrin review team; (2) convening review team within f internal review team who were not involv were not responsibl with direct professionant services at the time review team shall of follows: (A) review the determine the facts and make recommend occurrence of future (B) gather oth (C) issue writh within five working of preliminary findings LME in whose catch located and to the L if different; and (D) issue a find owner within three final report shall be catchment area the LME where the client final written report sall be catchment area the LME where the client final written report sall be catchment area the LME where the client final written report sall be catchment area the LME where the client final written report sall be catchment area the LME where the client final written report sall be catchment area the LME where the client final written report sall be catchment area the client final written report sall be final written	ely securing the client record the client record; photocopy; the copy's completeness; and ag the copy to an internal 24 hours of the incident. The n shall consist of individuals red in the incident and who le for the client's direct care or onal oversight of the client's of the incident. The internal omplete all of the activities as a copy of the client record to and causes of the incident endations for minimizing the e incidents; her information needed; then preliminary findings of fact days of the incident. The of fact shall be sent to the hment area the provider is .ME where the client resides, al written report signed by the months of the incident. The sent to the LME in whose o provider is located and to the nt resides, if different. The shall address the issues ernal review team, shall ocuments pertinent to the make recommendations for urrence of future incidents. If led for the report are not				
	oalth Sonvice Pequilation		μ			

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _				
		MHL040006	B. WING			C 06/03/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
HOPEWE	ELL		WOOD LANE	I			
(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 ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 366	Continued From pa	ige 5	V 366				
	LME may give the p three months to sul (3) immediate (A) the LME r area where the ser Rule .0604; (B) the LME r different; (C) the provide for maintaining and treatment plan, if di provider; (D) the Depar (E) the client applicable; and	ee months of the incident, the provider an extension of up to built the final report; and ely notifying the following: esponsible for the catchment vices are provided pursuant to where the client resides, if der agency with responsibility updating the client's ifferent from the reporting "tment; 's legal guardian, as					
	facility failed to imp	views and interviews, the lement a written policy ponse to Level II incidents as					
	-29 year old male a -Diagnoses include Intermittent Explosi Anxiety; Borderline	Review on 5/8/20 of client #2's record revealed: -29 year old male admitted 10/2/15. -Diagnoses included Bi-polar disorder; Intermittent Explosive Disorder; Autism; ADHD, Anxiety; Borderline Intellectual Functioning; Allergic Rhinitis; Periodontal Disease and Constipation.					
		f the North Carolina Incident ment System (IRIS) revealed					

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			-			С
		MHL040006	B. WING		06/	03/2020
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		
HOPEWE	ELL		WOOD LANE ILL, NC 2858()		
(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	(X5) COMPLETE DATE
V 366	Continued From pa	ge 6	V 366			
	no report of an alle	gation of abuse.				
	Review on 5/28/20 of a facility physicain visit form revealed Client #2 was seen on 9/24/19 for a physical. Interview on 4/30/20 the Guardian stated: -Client #2 told her he had been kicked in the ribs. -Client #2 told her he had been beaten with a toilet plunger. -She spoke with the Chief Clinical Officer (CCO) who said she (CCO) didn't think it happened and Client #2 was confused.					
	stated: -Client #2's guardia Client #2 that he ha and having his face on 2/21/20. -Client #2's guardia Client #2 that he ha plunger with her on -Client #2 was sent rule in or rule out th	to the physician on 9/24/19 to e allegation. n had referenced a historic				
	documentation the response of Client	of facility records revealed no facility documented their #2's allegation of physical eported to the CCO and the ons.				
	Stated: -A level II report wa Client #2's guardiar	the Director of Operations s not completed due to the n request. l level II report was completed				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		LETED
		MHL040006	B. WING		06/0	C 03/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
HOPEWI	ELL		WOOD LANE LL, NC 2858			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 366	Continued From pa	ge 7	V 366			
	for all allegations of	abuse in the future.				
V 367	27G .0604 Incident	Reporting Requirements	V 367			
	level II incidents, ex the provision of billa consumer is on the incidents and level to whom the provide 90 days prior to the responsible for the services are provide becoming aware of be submitted on a f Secretary. The rep in person, facsimile means. The report information: (1) reporting identification inform (2) client ider (3) type of ind (4) descriptio (5) status of t cause of the incider	UIREMENTS FOR B PROVIDERS B providers shall report all ccept deaths, that occur during able services or while the providers premises or level III II deaths involving the clients er rendered any service within incident to the LME catchment area where ed within 72 hours of the incident. The report shall orm provided by the ort may be submitted via mail, or encrypted electronic shall include the following provider contact and ation; cident; n of incident; the effort to determine the				
	missing or incomple shall submit an upd report recipients by day whenever: (1) the provid information provide	B providers shall explain any ete information. The provider lated report to all required the end of the next business ler has reason to believe that d in the report may be ing or otherwise unreliable; or				

Division	of Health Service Re	aulation			FORM	APPROVED	
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		MHL040006	B. WING) 3/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
HOPEW	E1 1	292 DOG	WOOD LANE				
HOPLW		SNOW HI	LL, NC 2858	0			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
V 367	Continued From pa	ge 8	V 367				
	 (2) the provid required on the incidunavailable. (c) Category A and upon request by the obtained regarding (1) hospital re- information; (2) reports by (3) the provid (d) Category A and of all level III incided Mental Health, Devidues Substance Abuse S becoming aware of providers shall send incidents involving a Health Service Reg becoming aware of client death within so or restraint, the provident death within so or restraint death within so or	er obtains information dent form that was previously B providers shall submit, e LME, other information the incident, including: ecords including confidential other authorities; and ler's response to the incident. B providers shall send a copy int reports to the Division of elopmental Disabilities and services within 72 hours of the incident. Category A d a copy of all level III a client death to the Division of ulation within 72 hours of the incident. In cases of seven days of use of seclusion vider shall report the death uired by 10A NCAC 26C AC 27E .0104(e)(18). B providers shall send a he LME responsible for the ere services are provided. submitted on a form provided a electronic means and shall formation as follows: n errors that do not meet the II or level III incident; interventions that do not meet vel II or level III incident; of a client or his living area; of client property or property in client; umber of level II and level III					

Division of Health Service Regulation STATE FORM

Division	of Health Service Re	gulation				APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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			LL, NC 2858			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 367	Continued From pa	ge 9	V 367			
	incidents have occu meet any of the crit	incidents whenever no irred during the quarter that eria as set forth in Paragraphs ule and Subparagraphs (1) Paragraph.				
	facility failed to ensure was submitted to the	et as evidenced by: views and interviews the ure a critical incident report e Local Management Entity urs as required. The findings				
	Response Improve from February 2020	of the North Carolina Incident ment System (IRIS) website) through May 2020 revealed reports submitted for Client				
	-29 year old male a -Diagnoses include Intermittent Explosi Anxiety; Borderline					
		of a facility physicain visit form was seen on 9/24/19 for a				
	completed by Chief - During phone call guardian informed l	of Facility Communication Log Clinical Officer revealed: on 2/21/20 Client #2's ner of Client #2's allegation				
ivision of H	ealth Service Regulation					

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		DENTIFICATION NOWDER.	A. BUILDING:			
		MHL040006	B. WING			C 03/2020
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			ILL, NC 28580			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' 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 THE APPROPRIATE	(X5) COMPLETE DATE
V 367	Continued From pa	ge 10	V 367			
	face and head sque he told -During a phone cal guardian informed h that he had been be Interview on 5/26/20 stated: -Client #2's guardia Client #2 that he ha and having his face on 2/21/20. -Client #2's guardia Client #2 that he ha plunger with her on -Client #2 was sent different occasions allegation. -Client #2's guardia event and not a cur -There was no repo Interview on 6/2/20 stated: -Client #2's guardia aware in Septembe was kicked in the ril squeezed. -He was asked by C follow up with the st accusation. -An investigation wa of Client #2's guard -He understood tha required for all alleg	to the physician on two to rule in or rule out the n had referenced a historic rent event. ort made to the HCPR. the Director of Operations n had previously made him or 2019 of Client #2 stating he bs and had his face and head Client #2's guardian not to taff about Client #2's as not done due to the request ian. t a report to the LME is gations of abuse. Il future allegations of physical				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		MHL040006	B. WING		C — 06/03/202	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HOPEW	ELL		NOOD LANE			
	1		LL, NC 2858			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 500	Continued From pa	ge 11	V 500			
V 500	27D .0101(a-e) Clie	ent Rights - Policy on Rights	V 500			
	10A NCAC 27D .01 RESTRICTIONS AN (a) The governing I assures the implem G.S. 122C-65, and (b) The governing I implement policy to (1) all instance abuse, neglect or ex- reported to the Cou Services as specifie G.S. 7A, Article 44; (2) procedure instituted in accorda practice when a me present serious risk Particular attention neuroleptic medicat (c) In addition to th 10A NCAC 27E .01 each facility shall de that identifies: (1) any restrice prohibited from use (2) in a 24-ho under which staff ar the rights of a client (d) If the governing restrictive interventi the restrictions of cl 122C-62(b) and (d) identify: (1) the permit allowed restrictions (2) the individe	01 POLICY ON RIGHTS ND INTERVENTIONS body shall develop policy that nentation of G.S. 122C-59, G.S. 122C-66. body shall develop and assure that: ces of alleged or suspected xploitation of clients are nty Department of Social ed in G.S. 108A, Article 6 or and es and safeguards are ance with sound medical edication that is known to a to the client is prescribed. shall be given to the use of tions. ose procedures prohibited in 02(1), the governing body of evelop and implement policy ctive intervention that is within the facility; and our facility, the circumstances re prohibited from restricting t. body allows the use of ons or if, in a 24-hour facility, lient rights specified in G.S. are allowed, the policy shall tted restrictive interventions or				

Division of Health Service Regulation STATE FORM

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 06/03/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HOPEWI	ELL		WOOD LANE)		
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE COMPLE HE APPROPRIATE DATE	
V 500	Continued From page 12 involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement		V 500			
	over the planned us This Rule is not me Based on record re facility failed to repo suspected abuse to Social Services. Th Review on 05/7/20 Response Improve from February 2020 no Level II incident #2. Review on 5/8/20 o -29 year old male a -Diagnoses include	et as evidenced by: views and interviews, the ort all instances of alleged or o the County Department of e findings are: of the North Carolina Incident ment System (IRIS) website o through May 2020 revealed reports submitted for Client f client #2's record revealed: dmitted 10/2/15.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
	MHL040006		B. WING			C 06/03/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
IOPEWE	ELL		WOOD LANE)			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLET DATE	
V 500	Continued From page 13		V 500				
	Anxiety; Borderline Intellectual Functioning; Allergic Rhinitis; Periodontal Disease and Constipation.						
	Review on 5/28/20 of a facility physicain visit form revealed Client #2 was seen on 9/24/19 for a physical.		1				
	Review on 5/26/20 of Facility Communication Log completed by Chief Clinical Officer revealed: - During phone call on 2/21/20 Client #2's guardian informed her of Client #2's allegation that he had been kicked in the ribs and had his face and head squeezedthey would get him if he told -During a phone call on 3/23/20 Client #2's guardian informed her of Client #2's allegation that he had been beat with a toilet plunger.		1				
	-"He does not know -During interview C	Client #2 stated: ten up by some staff." / when it happened." lient was unable to give s and names regarding the					
	stated: -Client #2's guardia Client #2 that he ha and having his face on 2/21/20. -Client #2's guardia	0 the Chief Clinical Officer an discussed allegations from ad been being kicked in his ribs and head squeezed with her an discussed allegations from ad been beat with a toilet 3/23/20.	5				
	different occasions allegation.	to the physician on two to rule in or rule out the In had referenced a historic rrent event.					

STATE FORM

MBB011

If continuation sheet 14 of 15

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040006				(X3) DATE SURVEY COMPLETED	
		B. WING			C 06/03/2020
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ELL)		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From page 14		V 500			
-There was no report made to the HCPR.					
stated: -Client #2's guardia aware in September was kicked in the ri squeezed. -He was asked by 0 follow up with the s accusation. -An investigation w of Client #2's guard -He understood that department of social allegations of abust -He would ensure a	In had previously made him er 2019 of Client #2 stating he bs and had his face and head Client #2's guardian not to taff about Client #2's as not done due to the reques lian. It a report to the local al services is required for all e. all future allegations of physica	t			
	OF CORRECTION PROVIDER OR SUPPLIER ELL SUMMARY STA (EACH DEFICIENC' REGULATORY OR L Continued From pa - There was no repo Interview on 6/2/20 stated: -Client #2's guardia aware in September was kicked in the ri squeezed. -He was asked by 0 follow up with the s accusation. -An investigation w of Client #2's guard -He understood tha department of socia allegations of abus- -He would ensure a	OF CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: MHL040006 PROVIDER OR SUPPLIER STREET A 292 DOC SNOW H ELL 292 DOC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SOMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 - -There was no report made to the HCPR. Interview on 6/2/20 the Director of Operations stated: -Client #2's guardian had previously made him aware in September 2019 of Client #2 stating he was kicked in the ribs and had his face and head squeezed. -He was asked by Client #2's guardian not to follow up with the staff about Client #2's accusation. -An investigation was not done due to the reques of Client #2's guardian. -He understood that a report to the local department of social services is required for all allegations of abuse.	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL040006 B. WING	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COM MHL040006 B. WING 06/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 292 DOGWOOD LANE SNOW HILL, NC 28580 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREVIX PREVIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 14 V 500 V 500 -There was no report made to the HCPR. Interview on 6/2/20 the Director of Operations stated: -Client #2's guardian had previously made him aware in September 2019 of Client #2 stating he was kicked in the ribs and had his face and head squeezed. -He was asked by Client #2's guardian not to follow up with the staff about Client #2's accusation. -An investigation was not done due to the request of Client #2's guardian. -He understood that a report to the local department of social services is required for all allegations of abuse. -He would ensure all future allegations of physical He would ensure all future allegations of physical