STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL051-221	A. BUILDING: _____ B. WING _____	C 11/23/2020

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LIGHT OF HOPE	1329 NORTH BRIGHTLEAF BOULEVARD, SUITE D SMITHFIELD, NC 27577

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V 000	INITIAL COMMENTS A complaint survey was completed on November 23, 2020. The complaint was substantiated (intake #NC00170712). Deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 1100 - Partial Hospitaliaiton for Individuals Who Are Acutely Mentall Ill 10A NCAC 27G. 1400 - Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances	V 000		
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 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.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to have a written consent or agreement by the responsible party, or a written statement by the provider stating why such consent could not be obtained for Former Client (FC#1). The findings are:

Review on 11/18/20 - 11/21/20 of FC#1's record revealed:
-Admission date: 9/29/20.
-Diagnoses of Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post Traumatic Stress Disorder and Oppositional Defiant Disorder.
-Discharge date: 10/6/20.

Review on 11/19/20 of FC #1's Psychiatric Evaluation dated 10/6/20 revealed:
-Assessment: "[FC#1] is a year old presenting with history of foster placement, previous altercation with his parents, police involvement and defiant behavior presenting with history of PTSD, ADHD and ODD."
-Chief Complaint and Identifying Information:
-"This service was delivered via telehealth during COVID-19 ..."
-"[FC#1] has been receiving day treatment at [Day Treatment Program] in 9/2020."
-"History obtained from [FC#1], [FC#1's] foster parent and comprehensive clinical assessment review."
-[FC#1] has been living with [FC#1's] foster

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V 112	Continued From page 2 family since 9/14/20." -Plan: -"Recommend to lower the dose of mirtazapine to 15mg due to lack of benefits with insomnia and to avoid long term side effects ..." Interview on 11/17/20 with FC#1's Guardian revealed: -She was the parent/guardian of the FC#1. -FC#1 attended a day treatment program Monday through Friday. -Currently lived with her a little over a month after foster care. -FC#1 was in therapeutic foster home for about 20 days. -FC#1 experienced emotional development delays. -FC#1 had specific learning disabilities. -FC#1 had intensive in-home therapist prior to attending the day treatment program. -On 10/6/20 she learned FC#1 had a medication change when she picked up FC#1 from foster parent. -FC#1 medication was switched without her authorization. -Day treatment provided the psychiatrist and therapist. -FC#1 was on medication prior to attending day program. -No doctor, nurse or anyone called to inform her of medication changes.✓ -The day treatment program did not inform her of medication changes. -She discontinued services with the program as of 10/6/20. Interview on 11/23/20 with the Quality Assurance Director: -She had a conversation with FC#1's guardian and thought the concerns were resolved.	V 112	✓ Alerts will be set in EHR when clients are in fostercare to ensure that all staff involved are aware the the legal guardian need to be contacted for all matters that require consent.	

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V 112	Continued From page 3 -She believed the guardian was notified by the foster parent before the program contacted her. -She would create something to add to the consent form regarding authorization.	V 112	In the event legal guardians wish to have fosterparents act on their behalf, this will be documented on an internal consent form and be made part of the permenent record.	
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	V 291		

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V 291	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure coordination was maintained between the facility staff who are responsible for treatment/habilitation and the legally responsible person for Former Client (FC#1). The findings are: Review on 11/18/20 - 11/21/20 of FC#1's record revealed: -Admission date: 9/29/20. -Diagnoses of Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post Traumatic Stress Disorder and Oppositional Defiant Disorder. Review on 11/19/20 of the Facility's Level I Incident Report dated 10/2/20 revealed: - "[FC#1] was with treatment group in the activity room and was not following prompts and directives from staff. When [AP] attempted to redirect, [FC#1] became defiant and became verbally aggressive with staff. Staff continued to attempt to de-escalate verbally. [FC#1's] peer stated to [FC#1] that [FC#1] was being disrespectful and [FC#1] turned to peer and began posturing, walking towards peer and threatening peer. [FC#1's] peer then him [FC#1] in the face. Staff immediately intervened and [FC#1's] and peer required no physical intervention. Staff offered first aid to [FC#1], but [FC#1] declined. There were no visible marks or injuries. - "Staff debriefed with [FC#1] following the incident to process and determine steps to prevent a similar incident occurring in the future." - "Staff processed with supervisor to discuss interventions used and steps to be used moving forward to ensure safety of all consumers in the facility."	V 291		

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V 291	Continued From page 5 - "Staff notified foster parent of incident upon drop off at the foster home at the end of the treatment day. Staff explained the antecedent, as well as outcome of the incident." -Notification/Debriefing: "client, parent/guardian/supervisor." Interview on 11/17/20 with FC#1 revealed: -He didn't like the people there; the other kids. -The other kid, she was mean. -She slapped me; I told her to mind her business. -He denied hitting the other client. -Staff was in the room when it happened. -I can't remember which staff. -Staff removed the other client from the classroom. -He did not tell his mom about the incident; "I don't know why?" -It didn't happen during school work. -He liked that they got awards. -He was only there for about a week. -He liked Fridays; -The awards were little small prizes. -They received rewards for behaving. Interview on 11/17/20 with FC#1's guardian revealed: -She was FC#1's guardian. -Not aware FC#1 had a fight at the treatment program. -FC#1 said FC#1 and another client was going back and forth all day. -She learned the other client was a girl and punched FC#1 in the face. -FC#1 left eye was a little swollen. -Foster mother informed her about the altercation on 10/3/20. ✓Day treatment program did not inform her of FC#1's physical altercation.	V 291	✓ Expecations for communication have been reviewed with all staff. Program Director will monitor communication regarding incidents to ensure that legally responsible person is made aware of any incidents that occur within designated timeframes.	

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V 291	Continued From page 6 Interview on 11/18/20 with the Director revealed: -Staff ratio included 1 staff for every 5 clients. -There were no more than 4 clients per classroom. -Generally, no more than 5 clients with 1 staff. -If over 5 clients there were 2 staff. Interview on 11/23/20 with the Quality Assurance Director revealed: -It is the policy to notify the guardian of all incidents. -Guardians should be notified within 24 hours. -When she was aware of the situation, she put in an alert that all communication needs to occur with the guardian. -She communicated with all staff that guardians need to be aware of all incidents. -They would review policy with staff, but additional training was not needed at this time.	V 291		