

PRINTED: 03/15/2021  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 03/12/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOPE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3775 OLD LOWERY ROAD SHANNON, NC 28386</b>
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on March 12, 2021. The complaint was substantiated (intake #NC00174445). Deficiencies were cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 03/04/21 of the facility "Emergency Plan Drill Log" revealed: - Shifts at the facility: 1st, 2nd, 3rd, Weekend</p>	V 114		

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By DHSR Mental Health Licensure & Certification at 8:38 am, Mar 29, 2021

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Harsh K. ...</i>	<i>Regional Director</i>	3-27-21

STATE FORM If continuation sheet 1 of 16

**STATEMENT OF DEFICIENCIES/ PLAN OF CORRECTION**

Please complete all requested information and mail completed Plan of Correction form to:		Mental Health Licensure and Certification Section NC Division of Health Service Regulation Attn: Keith Hughes 2718 Mail Service Center Raleigh, NC 27699-2718	
Type of Review:	Annual / Follow-up and Compliant	Date of Review:	03/12/2021
Service(s) Reviewed:	H0019 UQ - HRI Res. Level III 4 beds or less	MHL-078-150	
Provider Name:	Life Opportunities, Inc. – Hope House	Phone:	910-843-1105
Provider Contact Person for follow-up:	Deborah Pearson	Fax:	910-843-1295
Address:	3775 Old Lowery Road Shannon, NC 28386	Email:	Deborah.pearson@lifeopportunities.org

Finding	Corrective Action Steps	Responsible Party	Time Line
<p><b>V114.27G.0207 Emergency Plan and Supplies</b></p> <p>Failed to ensure fire and disaster drills were held quarterly and repeated on each shift.</p>	<p>Life Opportunities, Inc. will ensure that Fire and Disaster drills are held at least quarterly and shall be repeated for each shift.</p> <p>Life Opportunities, Inc. will ensure drills are conducted under conditions that simulate fire emergencies.</p> <p>Life Opportunities, Inc. will develop a calendar for each facility that will identify the day for each scheduled drills.</p> <p>Life Opportunities, Inc. will remind staff based on the schedule drill to be conducted on a quarterly basis.</p>	<p>Management; License Staff; Qualified Professionals and House Managers</p>	<p>Implementation Date: 04/01/2021</p> <p>Projected Completion Date: 05/01/2021</p>
<p><b>V117.27G.0209 (B) Medication Requirements</b></p> <p>Failed to assure all prescription medication had a packaging label containing the identifying information required by the rule</p>	<p>Life Opportunities, Inc. will ensure that all prescription medication has a packaging label containing identifying information.</p> <p>Life opportunities, Inc. will ensure that each MAR is kept current and up-to-date for each consumer.</p> <p>Life Opportunities, Inc. will ensure medications administered shall be recorded immediately after administration.</p>	<p>Management; License Staff; Qualified Professionals and House Managers</p>	<p>Implementation Date: 04/01/2021</p> <p>Projected Completion Date: 05/01/2021</p>

Life Opportunities Inc  
P. O. Box 448  
Shannon, NC 28386  
Phone: (910) 733-2519  
Fax: (910) 227-2488

**FAX COVER SHEET**

**DATE: 03-27-21**

**TO: DHHS**

**ATTN: Keith Hughs**

**FAX NO:919-715-8078**

**SUBJECT: POC**

**FROM: Life Opportunities – Deborah Pearson**

**NO OF PAGES: 4**  
**INCLUDING COVER SHEET)**

**COMMENTS:**

**Life Opportunities Inc**

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