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Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		R		
		MHL036-309	B. WING		07/09/2021		
NAME OF PR	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
NEW HOPI	E HOME IV	4912 DU	NCAN LANE				
NEW HOPI	E HOWE IV	GASTO	NIA, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE		
V 000	INITIAL COMMENTS		V 000				
	was completed on Jul	and follow-up complaint y 9, 2021. The complaint (Intake # NC00177126). ed.					
		I for the following service 27G .1700 Residential re for Children or					
V 296	27G .1704 Residentia Staffing	ıl Tx. Child/Adol - Min.	V 296				
	telephone or page. A able to reach the facil times. (b) The minimum nur required when childre present and awake is (1) two direct ca one, two, three or four (2) three direct for five, six, seven or adolescents; and (3) four direct conine, ten, eleven or two adolescents. (c) The minimum nur during child or adoles follows: (1) two direct ca and one shall be awal children or adolescent. (2) two direct ca	sional shall be available by direct care staff shall be ity within 30 minutes at all mber of direct care staff n or adolescents are as follows: are staff shall be present for r children or adolescents; care staff shall be present eight children or are staff shall be present for velve children or mber of direct care staff cent sleep hours is as are staff shall be present ke for one through four					

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

(X6) DATE TITLE

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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:		COMP	COMPLETED		
			P WING		l l	R	
		MHL036-309	B. WING		07/	/09/2021	
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
NEW HOP	E HOME IV		ICAN LANE				
			A, 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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 296	of which two shall be asleep for nine, ten, and adolescents. (d) In addition to the care staff set forth in Rule, more direct care the facility based on the individual needs as splan. (e) Each facility shall supervision of children are away from the face	care staff shall be present awake and the third may be eleven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in the child or adolescent's pecified in the treatment. I be responsible for ensuring or or adolescents when they cility in accordance with the individual strengths and	V 296				
	failed to maintain min affecting 3 of 3 audite and #3). The findings Review on 6/30/21 arrecord revealed: Date of Admission of -Diagnosed with Moo Oppositional Defiant -17 years old. Review on 6/30/21 arrecord revealed: -Date of Admission of -Diagnosed with Disression -Diagnosed -Diagnose	nd record review, the facility simum staffing ratios ed clients (Clients #1, #2, s are: nd 7/1/21 of Client #1's 8/24/20; nd Dysregulation Disorder; Disorder; nd 7/1/21 of Client #2's					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: _				
		MHL036-309	B. WING		R 07/09/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE		
NEW HOP	E HOME IV		NCAN 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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE	
V 296	Continued From page	e 2	V 296			
	Use Disorder Modera Mild; -17 years old. Review on 6/30/21 ar record revealed: -Date of Admission of Diagnosed with ADH Disorder, Oppositiona Disruptive Mood Dyst-12 years old. Interview on 6/25/21 yrevealed: -There is generally or facility; -More than one staff your limit on the staff of	ID, Major Depressive al Defiant Disorder, regulation Disorder; with Clients #1, #2, and #3 anly one staff working at the works if there are outings.				
V 736	•	and Grounds Maintenance	V 736			
		EMENTS				
	This Rule is not met	as evidenced by:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL036-309		B. WING		R 07/09/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	,	
NEW HOP	E HOME IV		NCAN LANE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IA, NC 28054 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 736	was not maintained in attractive manner. The Observation on 7/9/2 11:00-11:45am of the -Multiple freshly space in the three bedrooms - walkway from kitched uneven floor boards. Interview on 7/9/21 we -The house was in necould not be completed -Will have the bedrood -The areas on the bedamaged issues;	and observation, the facility a a safe, clean, and the findings are: 1 at approximately facility revealed: kled areas of the sheetrock as requiring painting; the to living room has slight with the Licensee revealed: the dof painting for a while but the during the pandemic; the painted; droom walls are not newly aired on 7/10/21 while the	V 736			
V 752	EQUIPMENT (b) Safety: Each faci constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water water shall be maintadegrees Fahrenheit. This Rule is not met Based on interview a failed to maintain hot	Ity shall be designed, pped in a manner that safety of clients, staff and the facility where clients are the temperature of the ined between 100-116 as evidenced by:	V 752			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLE	(X3) DATE SURVEY COMPLETED					
R						
MHL036-309 B. WING 07/09	9/2021					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
NEW HOPE HOME IV 4912 DUNCAN LANE GASTONIA, NC 28054						
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE					
V 752 Continued From page 4 Observation on 7/9/21 at approximately 11:00-11:45am of the facility revealed: -Hot water temperatures registered 120 degrees Fahrenheit. Interview on 7/9/21 with the Licensee revealed: -Had recently had the hot water tank serviced; -Will ensure the hot water tank is adjusted to bring the hot water temperatures back between 100-116 degrees Fahrenheit; -No clients or staff have been injured due to water temperature.						

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