

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-269	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/03/2022
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NAME OF PROVIDER OR SUPPLIER NEW HOPE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 320 WEST HUDSON BOULEVARD GASTONIA, NC 28054
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on January 3, 2022. The complaint was unsubstantiated (Intake #NC00181848). A deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and 	V 367		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 367	<p>Continued From page 1</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all Level II incidents to the LME responsible for the catchment area within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 11/24/21 of the facility's Incident Reports revealed: -There were no incident reports for period 9/24/21 to 11/24/21.</p> <p>Review on 11/24/21 of local law enforcement call history revealed: -Law enforcement was called to the facility on 9/24/21 for runaway of Client #2 and Former Client #4 and on 11/13/21 for a behavioral</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>outburst of Client #3.</p> <p>Review on 12/14/21 of Client #2's record revealed: -Admitted 3/26/20; -Diagnosed with Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder and Intermittent Explosive Disorder; -15 years old.</p> <p>Review on 12/14/21 of Client #3's record revealed: -Admitted 10/28/21; -Diagnosed with Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Impulse Control Disorder, History of Physical and Sexual Abuse in Childhood; -12 years old.</p> <p>Review on 12/14/21 of Former Client #4's record revealed: -Admitted 8/4/20; -Discharged 10/6/21; -Diagnosed with Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, Anxiety Disorder, Post-Traumatic Stress Disorder, and Attention Deficit Hyperactivity Disorder. -12 years old.</p> <p>Interview on 1/3/22 with the Licensee revealed: -It was her responsibility to ensure all incident reports were completed; -The report for the 9/24/21 incident slipped through the cracks; -The report for the 11/13/21 incident should have been completed by the Qualified Professional prior to him leaving for family medical leave but was not completed; -Will ensure incident reports are completed in the future.</p>	V 367		

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