	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	(X3) DATE SURVEY COMPLETED	
74121 2741	or contraction	IDENTIFICATION TO A TOTAL TOTAL TO A TOTAL TOTAL TO A TOTAL TOTAL TO A TOTAL TO A TOTAL	A. BUILDING: _	A. BUILDING:			
		MHL036-269	B. WING		R 06/06/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
NEW HOP	Е НОМЕ		THUDSON BOU A, NC 28054	JLEVARD			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRE	CTION (X5)		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLE	ETE	
V 000	INITIAL COMMENTS	•	V 000				
	An annual, complaint and follow up survey was completed on 6-6-23. The complaint was substaniated (#NC00200375). Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents.						
		d for three and currently has e survey sample consisted rent clients.					
V 298	27G .1706 Residential Operations	al Tx. Child/Adol -	V 298				
	10A NCAC 27G .1706 OPERATIONS  (a) Each facility shall serve no more than a total of 12 children and adolescents.  (b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting.						
	shall coordinate with to ensure that the chi met as identified in th the treatment plan. Nable to attend school	eatment staff secure facility the local education agency ld's educational needs are le child's education plan and Most of the children will be to others, the facility will licross settings such as					
	job placement. (d) Psychiatric consumeeded for each child (e) If an adolescent hereceiving treatment in	rograms, day treatment, or a  ultation shall be available as d or adolescent. has his 18th birthday while h the facility, he may remain I the end of the state fiscal					
	year, whichever is lor	nger.					

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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 AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _		
		MHL036-269	B. WING		R 06/06/2023
NAME OF D			DDDECC CITY CTA	TE 710 000E	1 00/00/2020
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA T HUDSON BOU		
NEW HOP	E HOME		IA, NC 28054	VELVARD	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	)N (X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 298	Continued From page	÷ 1	V 298		
	age-appropriate perso entitlement is counter plan. (g) Each facility shall	escent shall be entitled to onal belongings unless such indicated in the treatment operate 24 hours per day, and each day of the year.			
	This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to operate 24 hours a day, seven days a week daily, effecting three of three clients (Client #1, #2, and #3). The findings are:				
	-Admitted 6-15-2 -12 years old.	ide: Oppositional Defiant			
	Traumatic Stress Disc Child.	order, Sexual Abuse of a			
	revealed: "therapeution	d Plan last updated 4-18-23 c leave will occur no more			
	monitor goal progress transition and step do	h 15 days per quarter to sion in preparation for wn, Consumer will comply by authority with minimal			
	prompt. Leave provide and schedule during to encourage a positive residential setting."				
	-Admitted 2-4-22 -11 years old.	Client #2's record revealed: de: Attention Deficit			

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Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		A. BUILDING:				
		MHL036-269	B. WING		06	R 5/ <b>06/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
NEW HOP	DE HOME	320 WES	T HUDSON BOUL	EVARD		
NEW HOP	E HOWLE	GASTON	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 ( (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 298	Continued From page	2	V 298			
	Disorder, Post Traum Abuse of a Child, aca problems.  -Person Centere revealed: "therapeutic than 5 days per mont monitor goal progress transition and step do with instruction given prompt. Leave provid and schedule during encourage a positive residential setting."  Review on 5-16-23 of -Admitted 8-11-2 -11 years oldDiagnoses inclu Dysregulation Disorde Disorder, Attention Do Traumatic Stress Diso ChildPerson Centere revealed: "therapeutic than 5 days per mont monitor goal progress transition and step do with instruction given prompt. Leave provid and schedule during encourage a positive residential setting."  Review on 5-17-23 of Management Entity a -"They provide Le	atic Stress Disorder, Sexual demics and educational d Plan last updated 5-3-23 c leave will occur no more h 15 days per quarter to sion in preparation for own, Consumer will comply by authority with minimal er will implement routine therapeutic leave to transition back to the f Client #3's record revealed: 2.  de: Disruptive Mood er, Oppositional Defiant efficit Disorder, Post order, Sexual Abuse of a d Plan last updated 10-21-22 c leave will occur no more h 15 days per quarter to sion in preparation for own, Consumer will comply by authority with minimal er will implement routine therapeutic leave to transition back to the				
	Back in December (2 the provider as she in	ers which is a 24/7 service.  022) we had an issue with  formed all legal guardians  have to be out of the home				

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Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		_	
		MHL036-269	B. WING		R <b>06/06/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
NEWLIOR	EUOME	320 WEST	HUDSON BOL	JLEVARD		
NEW HOP	E HOME	GASTONIA	A, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 298	Continued From page	÷ 3	V 298			
	for the Christmas holicher staff a break and homes. Though DSS Services) pushed bacidentifying respite for members for the holicok with that process. though they "closed to Christmas, they did domembers and provide required DSS to pay to DSS members that did to spend Therapeutic holidays. [Owner], the expressed that she do Therapeutic Leave is residential care and somore responsibility in get a break from the rechance to practice the I add this as I do wan of this wanting to shu	days as she needed to give needed to do repairs to the (Department of Social ck, we did assist in 2 of our DSS involved days and overall things went I do want to clarify that the home" for 2 weeks over on ightly check-ins with the ed crisis response, but they out of pocket for respite for id not have natural supports. Leave with over the e owner of this Level III, has one feel strongly that an essential part of the feels DSS should take ensuring these members residential support and a feir skills in a different setting. It to emphasize that outside to the Level III down for the isee] does a really good job				
	Review on 5-22-23 of the facility policy for Facility Based Services dated 2-3-17 revealed: -All 24-hour programs have services available 24 hours a day, every day in the year,					
	with the exception of	tnerapeutic leave"				
	-She and Client # the Christmas holiday breakThey enjoyed it either timeGoing to respite	with Client #1 revealed; #2 went to a respite home for ys and again for spring and there were no problems was a reward for keeping oing a good job at the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		MHL036-269	B. WING		R <b>06/06/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DDRESS, CITY, STAT	E ZIP CODE	
TO WILL OF T	NOVIDEN ON OUT FIEN		T HUDSON BOUL		
NEW HOP	E HOME		IA, NC 28054	LEVAND	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 298	Continued From page	<del>2</del> 4	V 298		
	-No staff said tha	t they had to go.			
	-She had gone of last year and loved itShe was suppose spring break, but her canceled itShe did stay at a one night. They ate at good timeShe feels very s	anything and everything in			
	Client #1 revealed:  -The facility prese part of the program.  -Client #1 does e sees it as a reward fo  -He did get "strest because it was hard to but the facility helped.  -"This kid has imply has been there."  -He had suspected at Christmas to give to the support of the su	ssed out" at Christmas o find a respite placement, proved so much since she ed that the facility was closed he staff a break. I not impress on you how ed this kid." int was the timing of the al was to find respite at a ne that could lead to a			
	Social Services (DSS	with the Department of ) for Client #2 revealed: ent to respite for Christmas			

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Division of Fleatin Service Regulation					_	
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_			
					R	
		MHL036-269	B. WING		06/06/2023	
			•		•	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		320 WEST	HUDSON BOL	JLEVARD		
NEW HOP	E HOME	GASTONIA	, NC 28054			
			1,110 20004	T		_
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF		
TAG	REGULATORT OR L	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	NATE	
				,		$\dashv$
V 298	Continued From page	. 5	V 298			
. 200	Continued From page	, 0	1 200			
	-She had been to	old it was an opportunity for				
	Client #2 and she agr					
	•	peen forced to have Client #2				
		been forced to have Chefft #2				
	go on respite.					
		was a chance for Client #2				
	to build up trust in oth	er situations.				
	Interview on 5-23-23	with the DSS Social Worker				
	for Client #3 revealed	:				
	-The facility want	ed to close in December.				
		mant that they were closing."				
		me and they (facility) said				
	they were closing."					
	-"I called [Local management Entity] and they					
	said they couldn't close."					
	-She didn't have	a problem with Client #3				
	going to respite, but the	he facility was not allowed to				
	close.	•				
	Interview on 5-24-23 v	with the Director of local				
	county DSS revealed:					
		at the facility was closing for				
	Christmas.					
	-He had never he	eard of a licensed facility				
	closing for Christmas.					
	Interview on 5-22-23	with Staff #1 revealed:				
	-He didn't know v	vhy all the clients left at				
	Christmas.	,				
	-	ney went to a licensed				
		Toy work to a noonsed				
	respite.					
	I-1					
		with Staff #2 revealed:				
		why it was planned for all				
	the clients to go to res	spite.				ļ
	-There was main	tenance done on the house.				
	-There had not be	een any training completed.				
	-Many staff went					
	-"It was a nice litt					
	- it was a file litt	io proak.	1	1	[	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		MHL036-269	B. WING		06	R 5/ <b>06/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
		320 WES	ST HUDSON BOUL	EVARD		
NEW HOP	E HOME		NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE ITHE APPROPRIATE	(X5) COMPLETE DATE
V 298	Continued From pag	e 6	V 298			
	-The facility was -She had not red that the facility was o -"It was a shock -"I was out of wo -"Their was no v group home. Nobody	to the employees."  ork for 16 days with no pay."  varning they were closing the  v was on the schedule."				
	-She had known ChristmasShe had known months"She (Owner) g to give staff a break t families. That's what -The clients all h themselves.	with Staff #4 revealed: the facility was closing at for approximately two ave the kids and she wanted to be home with their she told us in a meeting." and a good time and enjoyed e checked on by the owner.				
	revealed:     -Only two client spring break.     -Client #3 did no     -"We try to give home when they are     -They had previous pend the night in a land DSS Social Wor     -Staff are on cal if the clients want to     -All clients went     -Client #3's DSS respite home for her, a licensed respite face     -At Christmas the	them a break from the group out of school." busly paid for Client #3 to hotel with her grandmother ker. I in case of emergency or just talk with them. on respite for Christmas. S Social Worker found a the other two clients went to				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NOMBER.  A. BUILDING:						
		MHL036-269	B. WING		R 06/06/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
NEW HOP	E HOME		HUDSON BOL	JLEVARD		
			, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPL	ETE
V 298	Continued From page	e 7	V 298			
V 298	-it is in all the clie will go on therapeutic -It is good for the facility to show what t proceed to step dowr environmentThey put up the advance, and they die	ents treatment plans that they leave. e clients to get away from the chey have learned and in to a lesser restrictive schedule a month in di have people on the re was an emergency and	V 298			

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