

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOPE INSIDE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 NORTH ORANGE AVENUE DUNN, NC 28334</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 survey was completed on September 8, 2023. The complaint was substantiated (intake #NC00206220). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Facilities for Children or Adolescents.</p> <p>This facility is licensed for 5 and currently has a census of 3. The survey sample consisted of audits of 1 former client.</p>	V 000		
V 131	<p><b>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</b></p> <p><b>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</b> (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hiring health care personnel affecting 3 of 4 audited current staff (staff #1, the Director/Licensee and Qualified Professional (QP). The findings are:  Review on 9/7/23 of Staff #1's personnel record</p>	V 131		

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

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V 131	Continued From page 1  revealed: -Date of hire: 6/18/23. -Date of HCPR check: 6/22/23.  Review on 9/7/23 of the QP's personnel record revealed: -Date of hire: 10/12/22. -Date of HCPR check: 12/28/22.  Review on 9/7/23 of the Director/Licensee's personnel record revealed: -Date of hire: 9/14/22. -Date of HCPR check: 1/9/23.  Interview on 9/7/23 the Director/Licensee stated she understood HCPR checks were to be completed prior to hiring health care personnel.	V 131		
V 363	G.S. 122C-61 Treatment rights in 24-hour facilities.  § 122C-61. Treatment rights in 24-hour facilities. In addition to the rights set forth in G.S. 122C-57, each client who is receiving services at a 24-hour facility has the following rights: (1) The right to receive necessary treatment for and prevention of physical ailments based upon the client's condition and projected length of stay. The facility may seek to collect appropriate reimbursement for its costs in providing the treatment and prevention; and (2) The right to have, as soon as practical during treatment or habilitation but not later than the time of discharge, an individualized written discharge plan containing recommendations for further services designed to enable the client to live as normally as possible. A discharge plan may not be required when it is not feasible	V 363		

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V 363	<p>Continued From page 2</p> <p>because of an unanticipated discontinuation of a client's treatment. With the consent of the client or his legally responsible person, the professionals responsible for the plans shall contact appropriate agencies at the client's destination or in his home community before formulating the recommendations. A copy of the plan shall be furnished to the client or to his legally responsible person and, with the consent of the client, to the client's next of kin. (1973, c. 475, s. 1; c. 1436, ss. 6, 7; 1981, c. 328, ss. 1, 2; 1985, c. 589, s. 2.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement an individualized written discharge plan containing recommendations for further services designed to enable the client to live as normally as possible affecting 1 of 1 former clients audited (Former Client (FC) #4). The findings are:</p> <p>Review on 9/7/23 of FC#4's record revealed: -7 year old male. -Admission date 8/1/23 and discharge date 8/15/23. -Diagnoses included Attention Deficit Hyperactivity Disorder; Conduct Disorder-Childhood Onset; Oppositional Defiance Disorder. -No documentation of discharge plan or reason FC #4 was discharged and moved to a sister facility.</p> <p>Attempted interview on 9/7/23 and 9/8/23 with FC #4's Guardian was unsuccessful. Message left but no return phone call.</p>	V 363		

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V 363	<p>Continued From page 3</p> <p>Interview on 9/8/23 a local intake social worker stated: -She was aware of the Director/Licensee's decision to bring FC #4 to the local office on 8/15/23. -The Director/Licensee had reported that FC #4's mother would not come to the facility to pick him up. -She did not tell the Director/Licensee that she could or could not leave FC #4 at the local social service office.</p> <p>Interview on 9/8/23 the QP stated: -He had worked at the facility since fall of 2022. -He was aware of the decision to discharge FC #4 due to his behaviors and signed a discharge summary. -The Director/Licensee completed the discharge for FC #4.</p> <p>Interview 9/8/23 the Director/Licensee stated: -FC #4 had bit two staff on separate occasions and had separate behaviors. -She discussed with discharge with FC #4's mother, crisis personnel and the care coordinator and everyone was in agreement. -She was told by a local department of social service staff that she could bring FC #4 to the social service office since FC #4's mother would not come to the facility to pick him up. -When she took FC #4 to the social service office on 8/15/23, the social worker did not tell her she could not leave him there. -FC #4's mother came to the facility later that day to retrieve his medications and belongings. -She did not complete or provide FC #4's mother with a discharge plan for FC #4.</p>	V 363		