

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>04/23/2024</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>An annual survey was completed on April 23, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities for Children &amp; Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</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 interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>During interview on 04/23/24 the Licensee revealed: -They did not have a day shift. -Weekend shift was from 8am-3pm, 3pm-8pm and 8pm-8am. -During the week the shift was from 5pm-8pm and 8pm-8am.</p> <p>Review on 04/23/24 of the fire and disaster drills from May 2023-April 2024 revealed the following drills that had been completed:</p> <ol style="list-style-type: none"> <li>1. 1/10/24 at 9:05pm</li> <li>2. 02/26/24 at 6:30pm</li> <li>3. 03/10/24 at 9:00am</li> <li>4. 04/08/24 7:30pm</li> <li>5. 06/24/23 3:00pm</li> <li>6. 07/30/23 at 3:00pm</li> <li>7. 08/18/23 at 8:00am</li> <li>8. 09/28/23 9:00pm</li> <li>9. 10/21/23 10:00am</li> </ol> <p>The date and times for the drills were documented the same for fire and disaster drills. It was unable to be determined if the drill completed was a fire or a disaster drill.</p> <p>During interview on 04/23/24 the Licensee revealed: -She would ensure the form was changed that would indicate what type of drill was being completed. -She would ensure the drills were being completed on each shift every quarter.</p>	V 114		