

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-260	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2024
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NAME OF PROVIDER OR SUPPLIER HOUSE OF HOPE	STREET ADDRESS, CITY, STATE, ZIP CODE 412 MAPLE AVENUE BURLINGTON, NC 27215
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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>INITIAL COMMENTS</p> <p>An annual survey was completed on August 29, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for six and currently has a census of five. The survey sample consisted of audits of three current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have a Person-Centered Plan with written consent or agreement by the responsible party or a written statement by the provider stating why such consent could not be obtained affecting one of three audited clients (#1). The findings are:</p> <p>Review on 8/28/24 of client #1's record revealed: -Admitted on 4/26/24. -Diagnoses of Autism Spectrum Disorder, Schizophrenia, Major Depressive Disorder, Asthma, Vitamin D Deficiency and Seasonal Allergies Rhinitis. -Treatment Plan dated 4/28/24 was not signed by the responsible party.</p> <p>Client #1 declined to interview with the surveyor.</p> <p>Interview on 8/29/24 with the Director revealed: -She thought the signature page was saved on her laptop. -She was not able to locate the document and would resend to the legal guardian. -She confirmed the Person-Centered Plan for client #1 had no written consent or agreement by their responsible party.</p>	V 112		
V 289	27G .5601 Supervised Living - Scope	V 289		

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V 289	<p>Continued From page 2</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than</p>	V 289		

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V 289	<p>Continued From page 3</p> <p>three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to operate within the scope of their program by admitting client without developmental disabilities affecting 2 of 3 audited clients (#2 and #3). The findings are:</p> <p>Review on 8/28/24 of the facility license revealed: -The facility was licensed for 5600C Supervised Living for Adults with Developmental Disabilities. -Review of the rules for Mental Health, Developmental Disability and Substance Abuse facilities services revealed "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>but may have other diagnoses.</p> <p>Review on 8/28/24 of client #2's record revealed: -Admitted on 11/14/19. -Diagnoses Schizoaffective Disorder- Bipolar Type, Cannabis Use Disorder, Sedative/Hypnotic or Anxiolytic Use Disorder, Neutropenia and Vitamin D Deficiency. -Client #2 had no documentation that indicated a diagnosis of developmental disability.</p> <p>Review on 8/28/24 of client #3's record revealed: -Admitted on 7/11/19. -Diagnoses of Schizoaffective Disorder- Bipolar and Cannabis Use Disorder. -Client #3 had no documentation that indicated a diagnosis of developmental disability.</p> <p>Interview on 8/28/24 with the Qualified Professional (QP) revealed: -She believed there was documentation for a developmental disability. -The Director may have purged the charts and removed the documentation.</p> <p>Interview on 8/28/24 and 8/29/24 with the Director revealed: -She and the QP were responsible for reviewing clients' referrals and the admission process of clients into the facility. -She had purged the client records and would go and review documentation that was removed. -She did not locate any documentation that provided a developmental diagnosis for client #2 and client #3. -She confirmed there was no documentation of client #2 and client #3 having a primary diagnosis of a developmental disability.</p>	V 289		