STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-260	A. BUILDING: _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF HOPE	412 MAPLE AVENUE BURLINGTON, NC 27215

(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	INITIAL COMMENTS An annual survey was completed on August 29, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for six and currently has a census of five. The survey sample consisted of audits of three current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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	Received by MHL & C 9/23/24	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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V 112	Continued From page 1 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: 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. Client #1 declined to interview with the surveyor. 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.	V 112	Systematic Change to Prevent the Out of Compliance Issues: Upon completion of a treatment plan, it is the responsibility of the QP and director, have the PCP signed off on All treatment plans are completed upon admission, and yearly thereafter. The director and or QP will document the time and date that the PCP had been sent out to the guardian. The director/QP will continue to follow-up with the guardian to make sure that the document is in place. Timetable for completion of the corrective action plan. Immediately and thereafter (upon admission, and yearly).	08/29/2024
V 289	27G .5601 Supervised Living - Scope	V 289		

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V 289	Continued From page 2 10A NCAC 27G .5601 SCOPE (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. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than	V 289		

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V 289	Continued From page 3 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). 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: 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	V 289	Systematic Change to Prevent the Out of Compliance Issues: The director and the QP will assist all members who do not have the appropriate diagnosis for the licensed facility, to find appropriate treatment options that are tailored to their needs. The director and QP will screen all individuals thoroughly to see if they are appropriate for services in which we provide. Timetable for completion of the corrective action: The director is currently speaking to various directors in the area, to see which appropriate facility has an opening, for the consumers, who do not meet the criteria for the license in which the director is licensed for. Clinical Assessments, Psychological evals will be reviewed thoroughly, prior to admission. This process is ongoing	8/29/2024

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V 289	Continued From page 4 but may have other diagnoses. 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. 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. 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. 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.	V 289		