STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-402	A. BUILDING: _____ B. WING _____	11/15/2024

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NEW HOPE NC 1, INC.	649 LORAY FARM ROAD DALLAS, NC 28034

(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 and complaint survey was completed on 11/15/24. The complaint was unsubstantiated (Intake #NC00222108). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 2current clients, 1 former client.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118		

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V 118	Continued From page 1 (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to keep MARs current affecting 1 of 2 current clients (Client #2). The findings are: Review on 11/4/24 of Client #2's record revealed: - Admission date 10/11/24; - Age 17; - Diagnoses Major Depressive Disorder, Reaction to severe stress unspecified, Intermittent Explosive Disorder; - Physician's Orders dated 10/4/24 Aripiprazole (Depression) 15 milligrams (mg), Take one tablet by mouth daily; Budesonide Formoterol (Symbicort) 160-4.5 microgram (mcg), Inhale 2 puffs into the lungs 2 times daily; - Physician's Order dated 10/14/24 Fluticasone Propionate (allergies) 50 mcg, 1 spray into each nostril daily as needed for allergies. Observation on 11/5/24 at 2:10pm of Client #2's medication revealed: - Aripiprazole 15mg, Take one tablet by mouth daily; - Budesonide Formoterol (Symbicort) 160-4.5mcg, Inhale 2 puffs into the lungs 2 times	V 118		

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V 118	Continued From page 2 daily; - Fluticasone Propionate 50mcg, 1 spray into each nostril daily as needed for allergies. Review on 11/5/24 of Client #2's MARs from October 11, 2024- November 5, 2024 revealed: - No signature on 10/21/24 for the following medications to indicate the medications were administered: Aripiprazole 15mg, Take one tablet by mouth daily; Budesonide Formoterol (Symbicort) 160-4.5mcg, Inhale 2 puffs into the lungs 2 times daily; Fluticasone Propionate 50mcg, 1 spray into each nostril daily as needed for allergies. Interview on 11/5/24 with Client #2 revealed: - Missed morning medications one day but could not remember the date. Interview on 11/6/24 with Staff #1 revealed: - Administered medications after received medication administration training. Interview on 11/6/24 with Staff #2 revealed: - The Qualified Professional, Residential Director and Supervisor was in charge of medications and MARs; - The Team Lead overseen the medications and MARs for each shift. Interview on 11/5/24 with the Qualified Professional: - The Therapist/Case Manager was in charge of the MARs. Interview on 11/6/24 with the Therapist/Case Manager revealed: - Supervisors were in charge of the MARs; - Made appointments for the clients and requested the physician orders.	V 118		

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V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to an offer of employment for 2 of 3 audited staff (Staff #1, Staff #3). The findings are: Review on 11/4/24 of Staff #1's personnel's record revealed: - Date of Hire 7/15/24; - Job Title Team Lead; - Date of HCPR 8/2/24. Review on 11/4/24 of Staff #3's personnel's record revealed: - Date of Hire 10/2/23; - Job Title Residential Counselor; - Date of HCPR 10/27/23. Interview on 11/15/24 with the Residential Director of North Carolina revealed: - Was not aware the HCPR was completed after the hire date of the employees;	V 131		

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V 131	Continued From page 4 - HCPR checks would be completed before hire.	V 131		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service	V 366		

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or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for

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V 366	Continued From page 6 minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written policies governing their response to level I, II, III incidents. The findings are: Review on 11/1/24 of the facility's incident reports from August 1, 2024- October 31, 2024 revealed: - No Incident Reports or Risk/Cause/Analysis (RCA) for: - Client #2's Aripiprazole 15mg, Take one tablet by mouth daily was not administered on 10/21/24; - Client #2's Budesonide Formoterol (Symbicort) 160-4.5mcg, Inhale 2 puffs into the lungs 2 times	V 366		

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V 366	Continued From page 7 daily was not administered on 10/21/24; - Client 2's Fluticasone Propionate 50mcg, 1 spray into each nostril daily as needed for allergies was not administered on 10/21/24. Interview on 11/6/24 with Staff #1 revealed: - Unaware an incident report needed to be completed for a medication error of a client not being administered medication. - Staff completed incident reports and the Qualified Professional and Therapist/Case Manager reviewed the incident reports. Interview on 11/6/24 with the Qualified Professional revealed: - Supervisors were responsible for making sure incident reports were completed and in a timely manner; - Unaware Client #2 was not administered medications on 10/21/24; - Reviewed incidents reports to make sure they were completed in a timely manner. Interview on 11/5/24 with the Residential Director of North Carolina revealed: - Unaware incident reports were not completed when a client was not administered medications; - Planned to review Incident Response and Reporting Manual with staff.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III	V 367		

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incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:
(1) reporting provider contact and identification information;
(2) client identification information;
(3) type of incident;
(4) description of incident;
(5) status of the effort to determine the cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy

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V 367	Continued From page 9 of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.	V 367		

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V 367	Continued From page 10 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment areas where services were provided within 72 hours of becoming aware of the incident affecting 1 of 2 current clients. The findings are: Review on 11/1/24 of the facility's incident reports from August 1, 2024-October 31, 2024 revealed: -There were no incident reports from August 1, 2024- October 31, 2024 for: - Client #2's Aripiprazole 15mg, Take one tablet by mouth daily was not administered on 10/21/24; - Client #2's Budesonide Formoterol (Symbicort) 160-4.5mcg, Inhale 2 puffs into the lungs 2 times daily was not administered on 10/21/24; - Client 2's Fluticasone Propionate 50mcg, 1 spray into each nostril daily as needed for allergies was not administered on 10/21/24. Interview on 11/6/24 with Staff #1 revealed: - Unaware an incident report needed to be completed for a medication error of a client not being administered medication. - Staff completed incident reports and the Qualified Professional and Therapist/Case Manager reviewed the incident reports. Interview on 11/6/24 with the Qualified Professional revealed: - Supervisors were responsible for making sure incident reports were completed and in a timely manner; - Unaware Client #2 was not administered medications on 10/21/24;	V 367		

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V 367	Continued From page 11 - Reviewed incidents reports to make sure they were completed in a timely manner. Interview on 11/5/24 with the Residential Director of North Carolina revealed: - Unaware incident reports were not completed when a client was not administered medications; - Planned to review Incident Response and Reporting Manual with staff.	V 367		