

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/05/2024
NAME OF PROVIDER OR SUPPLIER HOPE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3775 OLD LOWERY ROAD SHANNON, NC 28386		
(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 and follow up survey was completed on December 5, 2024. Defienciencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans 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 the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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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>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 12/05/24 of the facility's records of fire and disaster drills from July 2023 - December 2024 revealed: -No fire drills were documented for the 8pm - 8am shift from July 2023 - December 2024. -No disaster drills were documented for the 8pm - 8am shifts from July 2023 - December 2024.</p> <p>During interview on 12/05/24 client #1 revealed: -He had lived at the facility for 8 months. -They did fire and disaster drills once a month or "sometimes extra."</p> <p>During interview on 12/05/24 client #3 revealed: -He did fire and disaster drills "sometimes" weekly and monthly.</p> <p>During interview on 12/05/24 client #4 revealed: -He did fire and disaster drills once a month.</p> <p>Interview on 12/05/24 staff #2 stated: -The shifts for the facility were 8am - 8pm and 8pm - 8am. -Fire and disaster drills were completed twice a month. -She was sure disaster drills were completed. -She was unsure why the disaster and fire drills were not completed on the 8pm-8am shift.</p> <p>Interview on 12/05/24 the Program Director stated: -She knew the facility completed fire and disaster drills.</p>	V 114		

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V 114	Continued From page 2 -She was unsure how often drills were completed. -She would ensure drills were completed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure medications were securely locked for 1 of 3 audited clients (#3). The findings are:	V 120		

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V 120	<p>Continued From page 3</p> <p>Review on 12/05/24 of client #3's record revealed: -Admission date 05/22/23. -Diagnoses of Oppositional Defiant Disorder, Autism Spectrum Disorder and Posttraumatic Stress Disorder.</p> <p>Observation on 12/05/24 at approximately 10:45 am during the tour of the facility revealed: -Client #3 had two individual medication boxes that contained Adapalene Benzoyl 0.1% and Fluticasone Propionate 50 mcg (micrograms) on the desk on the right side of the closet in the living room area.</p> <p>Interview on 12/05/24 client #3 stated: -He was unsure of which medications he took. -He used the nasal spray and applied the cream to his face without staff assistance.</p> <p>Interview on 12/05/24 staff #2 stated: -Medications were administered by staff. -Medications were kept in a locked file cabinet in staff's office. -Medications were locked up after the client used the nasal spray and facial cream. -She is aware that any prescription drug should be put back in the medication cabinet after use.</p> <p>Interview on 12/05/24 staff #1 stated: -Staff administered all medications to the clients. -Medications were locked in a file cabinet in the staff's office and only staff had access to the cabinet. -Medications were locked up after the client used the nasal spray and facial cream.</p> <p>Interview on 12/05/24 the Program Supervisor stated:</p>	V 120		

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V 120	Continued From page 4 -She was not aware of the medications out of the locked cabinet. -She was aware that any prescription medications should be locked in the cabinet. -They moved some staff around because of facility needs. -She would have staff retrained on the storage of medications.	V 120		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug regimen reviews for two of three audited clients (#1 and #3) who received psychotropic drugs. The findings are: Finding #1 Review on 12/05/24 of client #1's record revealed:	V 121		

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V 121	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Admission date of 12/08/23. - Diagnoses of Oppositional Defiant Disorder and Attention Deficity Hyperactivity Disorder (ADHD). - No six month drug regimen review completed by the physician or pharmacist. <p>Review on 12/05/24 of client #1's current drug regimen revealed:</p> <ul style="list-style-type: none"> -Vyvanse 40mg (milligrams) (ADHD). -Loratadine 10mg (allergies). <p>Finding #2</p> <p>Review on 12/05/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date 05/22/23.. -Diagnoses of Oppositional Defiant Disorder, Autism Spectrum Disorder, ADHD and Post Traumatic Stress Disorder. -No six month drug regimen review completed by the physician or pharmacist. <p>Review on 12/05/24 of client #3's drug regimen revealed:</p> <ul style="list-style-type: none"> -Oxcarbazepine 150mg (seizures). -Cetirizine 10mg (allergies). -Fluticasone Propionate 50mcg (micrograms) (Allergies). -Adderall 20mg (ADHD). -Adapalene Benzoyl Peroxide Gel 0.1% (Acne). -Guanfacine 4mg (ADHD). -Quetiapine 200mg (anxiety). -Melatonin 5mg (sleep). <p>During interview on 12/05/24 the Program Director revealed:</p> <ul style="list-style-type: none"> -She had attempted to hire a pharmacist to complete the drug regimen reviews. -She was unaware that she could use her local pharmacist to complete the drug regimen reviews. 	V 121		

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V 121	Continued From page 6 -She would contact the pharmacy that provided the facility the medications to get the drug regimens completed.	V 121		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings. This Rule is not met as evidenced by: Based on record review and interview the facility failed to have at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional (AP). The findings are:	V 295		

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V 295	Continued From page 7 Review on 12/05/24 of the client/staff census revealed no AP listed. Interview on 12/05/24 the Assistant Program Director stated: -The facility did not have a full time AP. -The facility was currently looking to hire a new AP. Interview on 12/005/24 the Program Director stated: -They did not have a full time AP at the facility. -They were having a difficult time finding qualified staff for the position that were not wanting very high pay. -The previous AP's last day was 09/11/24.	V 295		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 12/05/24 at approximately 10:45 am during the tour of the facility revealed: -Upon entrance into the facility the wall to the left of the entrance into the kitchen the sheetrock was exposed and the wall was scuffed approximately a foot and half long. -The area rug in the den was frayed around 3 corners of the rug.	V 736		

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V 736	Continued From page 8 -Two patched areas of the sheetrock the size of a large basketball at the timesheets holder that was not painted. -The desk at the entrance of the facility at the top of the desk the material was missing approximately 10 inches long and 5 inches tall. -The kitchen cabinets below the kitchen sink were discolored from the original color of the cabinets. -A brown oval shaped spot approximately 5 centimeters on the kitchen ceiling above the dining table. -The dining table had several scruff/scratch marks varied in many sizes across the entire table. -The 4 wooden chairs were faded black paint. -The 2 leather chairs at the kitchen table the material had peeled away from the chairs. -The wooden floor approximately 3 centimeters next to the refrigerator and hallway entrance was loose in different areas. -The outlet on the left entry side of hallway was loose from the wall at the top on and the right side. -There was water damage from the hot water heater which left the flooring in front of the washer and dryer raised and puckered from floor approximately 2 feet long. -Client #4's bedroom dresser was missing knob and the drawers were off track and appeared to be broken. -There were several linear marks on the living room walls of varies depths. -Client #3's bedroom closet doors had several holes varying in different sizes. -The dresser in client #3's bedroom had 6 drawers stacked on top of the dresser and were not in use. -Client #2's bedroom wall had several patched areas that had not been painted. His window blinds had approximately 3 broken slates.	V 736		

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V 736	Continued From page 9 Interview on 12/05/24 the Program Director stated: -She would follow up on the areas of concerns. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736			