

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/25/2025
NAME OF PROVIDER OR SUPPLIER BRIDGES OF HOPE, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 2303 WELLINGTON DRIVE, SW, SUITE D WILSON, NC 27893		
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on February 25, 2025. The complaint was unsubstantiated (intake # NC00226925). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment.</p> <p>This facility has a current census of 56. The .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 16 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) has a current census of 40. The survey sample consisted of audits of 2 current SACOT clients and 1 current SAIOP client.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or</p>	V 132		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 132	<p>Continued From page 1</p> <p>hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that the Health Care Personnel Registry (HCPR) was notified of allegations abuse against personnel and provided evidence that the allegation was investigated within 5 working days affecting 2 of 4 staff (Office Manager and Qualified Professional (QP) #3). The findings are:</p> <p>Review on 02/25/25 of North Carolina Incident Response Improvement System (IRIS) report for client #2 revealed:</p> <ul style="list-style-type: none"> - Date of Incident:12/18/24. - Time of incident: 11:08am - Allegation of verbal abuse against Office Manager. - "Describe the cause of this incident: On 12/28/2024 there was an incident involving members arguing and fighting over a misunderstanding or rude comment by a member, about another member and her baby. Staff, [Office Manager], was observed walking 	V 132		

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V 132	<p>Continued From page 2</p> <p>along with the members who were cursing and yelling at each other and [Office Manager] also used profanity yelling at the member. She was also observed holding onto scissors between her and the member who had entered the staff only area and had crowded her. The scissors did not touch the member. [Office Manager] was suspended."</p> <p>- Report submitted to HCPR 01/14/25.</p> <p>Review on 02/25/25 of a North Carolina IRIS report for client #3 revealed:</p> <p>- Date of incident: 12/18/24.</p> <p>- Time of incident: 9:00am.</p> <p>- Allegation of verbal abuse against QP #3.</p> <p>- "Describe the cause of the incident: On 12/18 there was an incident involving members arguing and fighting over a misunderstanding rude comment made by a member about another member and her baby. Allegations were made that [QP #3] made sexually inappropriate comments to a member. Members are being offered opportunities to private consults to address any current feelings of sexual offense. [QP #3] is accompanied with other staff and undergoing boundary and code of ethics training to improve professional support."</p> <p>- "Incident Prevention: Providing [QP #3] with ongoing code of ethics and boundary training. 1/14/2025 Angelo will be receiving a consultation with his supervisor prior to Jan 20th to undergo sufficient training and review of healthy boundaries avoiding situations that could result in any misinterpretations of his intentions and/or behavior."</p> <p>- Report submitted to HCPR 01/14/25.</p> <p>Interview on 02/25/25 the Human Resources/Controller Stated:</p> <p>- The agency had sent several emails to HCPR</p>	V 132		

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V 132	Continued From page 3 regarding the allegations to notify them. - The agency had not sent the investigation to HCPR with 5 business days. - She was aware of what the steps for reporting to HCPR were going forward. - The agency had now completed all reporting to HCPR.	V 132		
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 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	V 367		

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V 367	Continued From page 4 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 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;	V 367			

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V 367	<p>Continued From page 5</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are:</p> <p>Review on 02/25/25 of North Carolina Incident Response Improvement System (IRIS) report for client #2 revealed: - Date of Incident:12/18/24. - Time of incident: 11:08am - Allegation of verbal abuse against Office Manager. - "Describe the cause of this incident: On 12/28/2024 there was an incident involving members arguing and fighting over a misunderstanding or rude comment by a member, about another member and her baby. Staff, [Office Manager], was observed walking along with the members who were cursing and</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>yelling at each other and [Office Manager] also used profanity yelling at the member. She was also observed holding onto scissors between her and the member who had entered the staff only area and had crowded her. The scissors did not touch the member. [Office Manager] was suspended."</p> <ul style="list-style-type: none"> - Level III report. - IRIS report submitted 01/14/25. <p>Review on 02/25/25 of a North Carolina IRIS report for client #3 revealed:</p> <ul style="list-style-type: none"> - Date of incident: 12/18/24. - Time of incident: 9:00am. - Allegation of verbal abuse against Qualified Professional (QP) #3. - "Describe the cause of the incident: On 12/18 there was an incident involving members arguing and fighting over a misunderstanding rude comment made by a member about another member and her baby. Allegations were made that [QP #3] made sexually inappropriate comments to a member. Members are being offered opportunities to private consults to address any current feelings of sexual offense. [QP #3] is accompanied with other staff and undergoing boundary and code of ethics training to improve professional support." - "Incident Prevention: Providing [QP #3] with ongoing code of ethics and boundary training. 1/14/2025 Angelo will be receiving a consultation with his supervisor prior to Jan 20th to undergo sufficient training and review of healthy boundaries avoiding situations that could result in any misinterpretations of his intentions and/or behavior." - Level III report. - IRIS report submitted 01/14/25. <p>Interview on 02/25/25 the Human</p>	V 367		

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V 367	Continued From page 7 Resources/Controller Stated: - The agency had not done IRIS reports in the past. - They had assistance to complete the necessary steps for submission. - The IRIS reports were submitted late. - IRIS reports would be submitted timely in the future.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of	V 500		

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V 500	<p>Continued From page 8</p> <p>restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all instances of alleged or suspected abuse, neglect or exploitation were reported to the county department of social services. The findings are:</p>	V 500		

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V 500	<p>Continued From page 9</p> <p>Review on 02/25/25 of North Carolina Incident Response Improvement System (IRIS) report for client #2 revealed:</p> <ul style="list-style-type: none"> - Date of Incident: 12/18/24. - Time of incident: 11:08am - Allegation of verbal abuse against Office Manager. - "Describe the cause of this incident: On 12/28/2024 there was an incident involving members arguing and fighting over a misunderstanding or rude comment by a member, about another member and her baby. Staff, [Office Manager], was observed walking along with the members who were cursing and yelling at each other and [Office Manager] also used profanity yelling at the member. She was also observed holding onto scissors between her and the member who had entered the staff only area and had crowded her. The scissors did not touch the member. [Office Manager] was suspended." - No documentation the local DSS was notified of the allegation of verbal abuse. <p>Review on 02/25/25 of a North Carolina IRIS report for client #3 revealed:</p> <ul style="list-style-type: none"> - Date of incident: 12/18/24. - Time of incident: 9:00am. - Allegation of verbal abuse against Qualified Professional (QP) #3. - "Describe the cause of the incident: On 12/18 there was an incident involving members arguing and fighting over a misunderstanding rude comment made by a member about another member and her baby. Allegations were made that [QP #3] made sexually inappropriate comments to a member. Members are being offered opportunities to private consults to address any current feelings of sexual offense. 	V 500		

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V 500	<p>Continued From page 10</p> <p>[QP #3] is accompanied with other staff and undergoing boundary and code of ethics training to improve professional support."</p> <p>- "Incident Prevention: Providing [QP #3] with ongoing code of ethics and boundary training. 1/14/2025 Angelo will be receiving a consultation with his supervisor prior to Jan 20th to undergo sufficient training and review of healthy boundaries avoiding situations that could result in any misinterpretations of his intentions and/or behavior."</p> <p>- No documentation the local DSS was notified of the allegation of verbal abuse.</p> <p>Interview on 02/25/25 the Human Resources/Controller Stated:</p> <p>- The agency had not sent the allegations of verbal abuse to the local DSS.</p> <p>- We thought DSS was to be notified for "minors" not adults.</p> <p>- She would ensure the local DSS was notified of allegations going forward.</p>	V 500		