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

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V 000	INITIAL COMMENTS A complaint survey was completed on 5/14/25. The complaint was substantiated (intake #NC00229651). 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 1 current client.	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		

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This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to implement goals and strategies to meet the individual needs of 1 of 1 audited client (#1). The findings are:

Review on 5/7/25 of client #1's record revealed:
-14 years old.
-Admission date of 9/26/24.
-Diagnoses of Autism Spectrum Disorder; Attention Deficit Hyperactivity Disorder, combined presentation.
-Treatment Plan dated 12/31/24 did not contain goal for recommended diet.

Review on 5/14/25 of the Nurse Practitioner note dated 12/12/25:
-"There are concerns around eating habits and her obsession with food. The recommendation has been that she be evaluated for disordered eating. They report that in her group home, she often demands second, third or fourth servings of meals. Behavior becomes very disruptive if she is not given more food. She is constantly asking for more food. This morning, for example, she likely was given breakfast before being picked up but immediately said that she was hungry and needed to eat breakfast. Since checking in for today's appointment, she has eaten a candycane and taken another 1 for later. She reports that

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she is not obsessed with food and that she is trying to be healthy. She does not feel as though her eating is binging. She denies any purging."
-"Second and third portions should be fruits and vegetables, limiting starches. Limit desserts to once a week."
-"Discourage easy access to snacks; focus on 3 healthy meals at scheduled times which will be predictable for her with possibly an evening snack depending on bedtime
-" ...could consider more specialized therapy with someone trained in disordered eating to help reinforce new routines and goals."
-" ...decrease salt and processed foods."

Review on 5/14/25 of the Nurse Practitioner note dated 12/19/25 revealed:
-"Please notify that A1C has improved, but that cholesterol is still elevated. Total cholesterol should be less than 200 to lower risk of heart disease. Reduce saturated fats found in processed, fried and fast foods. Reduce red meat, full fat cheeses and egg yolk. Increase intake of fiber, vegetables, fruits and whole grains."

Attempted interview with client #1 on 5/7/25 was unsuccessful since she declined to be interviewed.

Interview on 5/12/25 with client #3 revealed:
-"One girl (client #1) acted out because we didn't get enough food."

Interview on 5/13/25 with client #1's legal guardian revealed:
-Client #1 had a history of "being food driven."

Interview on 5/7/25 with staff #2 revealed:
-None of the clients were on food restrictions or

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V 112	Continued From page 3 special diets. Interview on 5/7/25 with staff #4 revealed: -Client #1 did not have goals to address diet. -The facility had no rules related to eating. -Client #1 "gets enough food." -"She (client #1) is very picky. When she wants to eat she will." -"Sometimes she (client #1) will refuse breakfast or will eat a pop tart. Sometimes she will ask for 2 breakfasts and then go to school and eat." -"Some days she doesn't eat much and other days she will eat a lot." Interview on 5/12/25 with the Supervisor/Qualified Professional (QP) #1 revealed: -When client #1 was first admitted "she was eating everything in sight. We had to limit her on what time she was eating. -"We wanted to get her eating 3 meals a day." -"I thought there was something (goal related to diet) in her plan." -"A food goal was in her (client #1's) old plan. It was not added to the current plan." -Did not know why the food goal was discontinued since it remained a need. Interview on 5/13/25 with the Supervisor/QP #2 revealed: -Menus were utilized for meal planning for all clients and were developed by the former Director. -The former Director was not a dietician. -Client #1 had high cholesterol. -Three healthy meals per day with alternatives and a snack were provided daily. -Client #1 "will repeatedly want to eat snacks. She never gets full. It doesn't register in her brain that she is full due to her trauma."	V 112		

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V 112	Continued From page 4 Interview on 5/12/25 with the Case Manager/QP revealed: -Was new to the position and did not write client #1's treatment plan. -Did not know why the dietary goal had been removed from the treatment plan. -"I will find out if it needs to be included in her (client #1's) plan."	V 112		
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	V 366		

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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 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

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V 366	Continued From page 6 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 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 determine the cause of the incident, develop and implement corrective measures to prevent similar incidents, assign a person to be responsible for implementation of the corrections and preventive measures, and report the incident	V 366		

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V 366	Continued From page 7 to the Local Management Entity (LME)/Managed Care Organization (MCO). Review on 5/9/25 of the facility's internal incident report for client #1's incident on 4/5/25 revealed: -"Resident (client #1) had become upset over a peer not following rules and started to shout and make demands towards a peer. The resident redirected and told that staff would handle the issue and to focus on her task at hand. The resident became argumentative with staff and ran off to her room and slammed the door. Staff approached resident and began to try and verbally deescalate and figure out resident's emotional state, but resident would not calm down nor willing to talk. Resident became more agitated and began to scratch and grab staff's arm trying to remove staff from the doorway. Resident upset with staff not leaving the room, continued to yell, attempting to open windows and kicking them. Resident then went into hallway attempting to unlock the front door and screaming aloud. Staff called for assistance and began to sit in resident doorway while another staff attempted to deescalate with resident. Resident became very aggressive scratching, grabbing wrist and began pulling on staff sitting in chair by the neck and her shirt attempting to remove staff from the chair. After unsuccessfully trying to deescalate the resident from self-harm, injuring staff & creating an unsafe environment for others, she was put in HWC restraint by 2 staff members supine for 14 minutes. Resident was able to calm down and discuss her actions. Resident was able to return to the community without further incident. Social workers and [facility doctor] were notified of restraint and for assessment." Review on 5/7/25 of the North Carolina Incident Response Improvement System (IRIS) of client	V 366		

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V 366	Continued From page 8 #1's incident on 4/5/25 revealed: -A restrictive intervention was used on client #1 on 4/5/25. -No documentation of an assigned person to be responsible for the implementation or corrections and preventive measures. -No documentation of the cause of the incident, or recommendations for minimizing the occurrence of future incidents. -No documentation that the details of the incident had been sent to the LME/MCO. Interview on 5/12/25 with the Supervisor/Qualified Professional (QP) #1 revealed: -Was responsible for completing the IRIS report for client #1's incident on 4/5/25. -Failed to complete all the sections of the report including the description of the incident, the cause, and preventative measures. -Had not provided the information regarding the incident to the LME/MCO. -"I didn't know it was not finished. I may have missed a couple of steps. That's on me. I apologize. I thought I had completed it all."	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 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	V 367		

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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 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

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V 367	Continued From page 10 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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all Level II incidents to the Local Management Entity (LME)/Managed Care	V 367		

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V 367	Continued From page 11 Organization (MCO) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are: Review on 5/9/25 of the facility's internal incident report for client #1's incident on 4/5/25 revealed: -"Resident (client #1) had become upset over a peer not following rules and started to shout and make demands towards a peer. The resident redirected and told that staff would handle the issue and to focus on her task at hand. The resident became argumentative with staff and ran off to her room and slammed the door. Staff approached resident and began to try and verbally deescalate and figure out resident's emotional state, but resident would not calm down nor willing to talk. Resident became more agitated and began to scratch and grab staff's arm trying to remove staff from the doorway. Resident upset with staff not leaving the room, continued to yell, attempting to open windows and kicking them. Resident then went into hallway attempting to unlock the front door and screaming aloud. Staff called for assistance and began to sit in resident doorway while another staff attempted to deescalate with resident. Resident became very aggressive scratching, grabbing wrist and began pulling on staff sitting in chair by the neck and her shirt attempting to remove staff from the chair. After unsuccessfully trying to deescalate the resident from self-harm, injuring staff & creating an unsafe environment for others, she was put in HWC restraint by 2 staff members supine for 14 minutes. Resident was able to calm down and discuss her actions. Resident was able to return to the community without further incident. Social workers and [facility doctor] were notified of restraint and for assessment."	V 367		

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V 367	Continued From page 12 Review on 5/7/25 of the North Carolina Incident Response Improvement System (IRIS) of client #1's incident on 4/5/25 revealed: -A restrictive intervention was used on client #1 on 4/5/25. -No documentation of a description of the incident. -No documentation of other individuals or authorities contacted. Interview on 5/12/25 with the Supervisor/Qualified Professional (QP) #1 revealed: -Was responsible for completing the IRIS report for client #1's incident on 4/5/25. -Failed to complete all the sections of the report including the description of the incident. -Had not provided details of the incident to the LME/MCO within 72 hours of becoming aware of the incident. -"I didn't know it was not finished. I may have missed a couple of steps. That's on me. I apologize. I thought I had completed it all."	V 367		
V 513	27E .0101 Client Rights - Least Restrictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and	V 513		

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V 513	Continued From page 13 (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the least restrictive and most appropriate methods were used affecting 4 of 4 clients. The findings are: Attempted interview with client #1 on 5/7/25 was unsuccessful since she declined to be interviewed. Interview on 5/8/25 with client #2 revealed: -The facility's menus had portion sizes listed. -"I think they (menu portion sizes) are FDA sizes and they are small." -"I go to bed hungry because they don't give a lot of food. They don't let us get seconds." -Alternatives were offered at mealtime like "noodles or salad." -Was not offered choice with snacks. -"I'm not getting enough (to eat) but you can't change that." Interview on 5/12/25 with client #3 revealed: -Did not get enough food at the facility.	V 513		

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 _____	C 05/14/2025

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V 513	Continued From page 14 -"They give us (set) portions and there is nothing we can do about it." -"We have to eat what they (facility) have got." -There was an alternative available and "if I don't like that I don't eat at all." -Second servings were not allowed. -"They (staff) said the state made a rule that we can't have seconds." -"One girl (client #1) acted out because we didn't get enough food." -"Since the girl (client #1) said something about it they think we are complaining." -"We can't bring food or snacks or outside food in, but staff can." -"I went with my mentor, and I couldn't bring in leftovers. I would share." -"Staff bring in food and eat in front of us. They DoorDash and bring snacks and don't share." Interview on 5/8/25 with client #4 revealed: -Food portions at the facility were not enough. -Client #1 "has been complaining (about portion sizes) a long time." -"Staff say, 'Since y'all are complaining we are going to give you less.'" -"When we say we are still hungry they (staff) say they are the government portions." -"I haven't been full since I have been there." -"We don't get seconds. They (staff) say that is the amount the government says." -"If food is left over, they throw it away and we can't have it." -"Staff bring food from outside and eat in front of our face. Sometimes staff eats our food." -Staff chose snacks and there was no alternative. Interview on 5/7/25 with staff #2 revealed: -None of the clients were on food restrictions or special diets. -Followed the menu that included portion sizes.	V 513		

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V 513	Continued From page 15 -Utilized spoons to measure ounces. -Did not prepare enough food for clients to have second portions. Interview on 5/7/25 with staff #3 revealed: -Staff chose the snacks each day. -If the client's did not want the snack they could have an alternative. -Utilized a menu for dinner. -Second servings were allowed if there was enough. -"We (staff) have to make sure that we are not overfeeding them (clients). Interview on 5/7/25 with staff #4 revealed: -The facility used a menu that was rotated weekly. -The menu indicated portion sizes. -Second servings were not allowed. -The menu listed alternative meals, but alternatives were not provided at snack time. -Sometimes the Supervisor/Qualified Professional (QP) #2 chose the snacks for the day. Interview on 5/7/25 with staff #5 revealed: -The facility had a menu that included an alternative for each meal. -Was not sure if seconds were allowed. "I have been told both." Interview on 5/12/25 with the Supervisor/QP #1 revealed: -Was not aware of any physician ordered dietary restrictions. -Menus were utilized that indicated portion sizes and alternatives. -"We bought utensils that give portion size." -Sometimes second portions were allowed. "If there is more (food left) they are allowed	V 513		

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V 513	Continued From page 16 (seconds)." -Outside food was not allowed to be brought in by the clients "because it is not fair to the other kids." Interview on 5/13/25 with the Supervisor/QP #2 revealed: -Menus were utilized for meal planning for all clients and were developed by the former Director. -The former Director was not a dietician, she may have based the menu on Food and Drug Administration or state guidelines for schools. -Three healthy meals per day with alternatives and a snack were provided daily. -The Team Leaders chose the daily snack. -Clients were able to choose fruit if they did not like the snack that was offered. -Second servings at mealtimes were allowed. -Outside food was not allowed. -"We like to know what they are getting." -"They can eat when they are out but they cannot bring it back in the house and eat it in front of the other kids." Interview on 5/14/25 with the Director of Performance and Quality revealed: -It was not the facility's policy to limit portion sizes and to not allow seconds. -Was not sure about rules regarding allowing outside food in the facility. -Did not know if options were available for snacks. -Would address food guidelines immediately.	V 513		