

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL002-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/03/2025
NAME OF PROVIDER OR SUPPLIER LUCA'S HOPE III		STREET ADDRESS, CITY, STATE, ZIP CODE 243 LILEDOWN ROAD TAYLORSVILLE, NC 28681		
(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 follow up survey was completed on June 3, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have a first aid kit accessible for use.	V 114		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure disaster drills were completed at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 6/2/25 of the facility's disaster drills revealed: -Third quarter 2024 (July, August, September); no disaster drills completed. -Fourth quarter 2024 (October, November, December); no disaster drills completed. -First quarter 2025 (January, February, March); no third shift disaster drill completed.</p> <p>Interviews on 6/2/25 with Clients #1-3 revealed: -Had participated in disaster drills. -Knew what to do if something happened.</p> <p>Interviews on 6/2/25 and 6/3/25 with the Director revealed: -"Won't be an issue...(missing drills)" -"Understand it (drill requirements) more now." -Staff #1 will be assisting with ensuring drills are completed. -Was also hiring another staff to help with oversight. -"If I have a schedule, they will follow that but if I don't monitor..."</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure MARs were kept current for 2 of 3 audited clients. (Clients #2 and #3). The findings are:</p> <p>Review on 6/2/25 of Client #2's record revealed:</p> <p>-Age: 16</p> <p>-Admission date: 4/4/25</p> <p>-Diagnosis: Attention Deficit Hyperactivity</p>	V 118			

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>Disorder, Mild Intellectual Developmental Disability, and Disruptive Mood Dysregulation Disorder.</p> <p>-Physician Orders: 5/6/25 - Nicotine 21Milligrams (mg)/24 hour (hr) Transdermal Patch. Apply 1 patch every 24 hours.</p> <p>Review on 6/2/25 of Client #2's MARs dated 5/1/25 through 5/31/25 revealed:</p> <p>-Nicotine 21mg Patch to be applied every 24 hours, not documented as administered for 29 out of 31 doses.</p> <p>Review on 6/2/25 of Client #3's record revealed:</p> <p>-Age: 13</p> <p>-Admission date: 7/10/23</p> <p>Diagnosis: Reactive Attachment Disorder</p> <p>-Physician Orders: 3/11/25 - Guanfacine Extended Release (ER) 2mg, Twice Daily.</p> <p>Review on 6/2/25 of Client #3's MARs dated 5/1/25 through 5/31/25 revealed:</p> <p>-Guanfacine ER 2mg, One tab, two times daily, not documented as administered for 2 out of 31 doses.</p> <p>Interviews on 6/2/25 and 6/3/25 with the Director revealed:</p> <p>- "That's a hole." (Nicotine patch)</p> <p>- "I don't make the schedule; I have been out. Everybody was doing the meds...."</p> <p>- "Once again. Doesn't matter what is happening with me. I need to have someone (to provide oversight of medications)."</p> <p>- Staff #1 was going to be making a transition from residential counselor to having more oversight of medications and checking medications and MARs weekly.</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 4 and must be corrected within 30 days.	V 118		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas:	V 536		

Division of Health Service Regulation

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V 536	Continued From page 5 (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the	V 536		

Division of Health Service Regulation

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V 536	Continued From page 6 need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail);	V 536		

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V 536	<p>Continued From page 7</p> <p>(B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff received annual training in alternatives to restrictive interventions affecting 2 of 3 staff (Staff #1 and the Director). The findings are:</p> <p>Review on 6/2/25 of Staff #1's personnel record revealed: -Date of Hire: 12/14/23 -Job Title: Residential Counselor -Date of Evidence Based Protective Interventions (EBPI) - Prevent training: 12/12/23</p> <p>Review on 6/2/25 of the Director's personnel record revealed: -Date of Hire: 6/2/09</p>	V 536		

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V 536	<p>Continued From page 8</p> <p>-Job Title: Director -Date of EBPI - Prevent training: 1/9/24</p> <p>Interviews on 6/2/25 and 6/3/25 with the Director revealed: -Was aware that some of the EBPI trainings were out of date. -She had been out of work recently and had attempted to get a training scheduled. -"...Going to get on that immediately (scheduling a training). I know how important that is." -Reviewed the EBPI list of trainers and attempted to make phone calls to several trainers on 6/2/25.</p>	V 536		