

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/17/2025
NAME OF PROVIDER OR SUPPLIER HOPE INSIDE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 108 NORTH ORANGE AVENUE DUNN, NC 28334		
(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 July 17, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities For Children & Adolescents. This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

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

TITLE

(X6) DATE

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V 108	Continued From page 1 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 3 audited staff (Staff #1) were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid. The findings are: Review on 7/17/25 of staff #1's personnel record revealed: -Hire Date: 7/1/25 -Job Title: Paraprofessional -No current CPR/First Aid training. During interview on 7/17/25 staff #1 stated: -She had not trained in CPR/First Aid yet. -She worked the shift alone. Interview on 7/17/25 the Director stated: -One staff worked each shift. -Staff #1 would be scheduled for CPR training.	V 108		
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	V 114		

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V 114	<p>Continued From page 2</p> <p>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> <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 at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 7/17/25 of facility records from July 2024 thru June 2025 revealed:</p> <ul style="list-style-type: none"> - No documented fire drill for the 8pm-8am shift for the July-September 2024 quarter. - No documented disaster drill for the October -December 2024 quarter. - No documented fire or disaster drill for the 10pm-8am shift for the January -March 2025 quarter. - No documented fire or disaster drills for 1st, 2nd or 3rd shift for the April-June 2025 quarter. <p>Interview on 7/17/25 client #2 stated:</p>	V 114		

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V 114	<p>Continued From page 3</p> <ul style="list-style-type: none"> - He had resided at the facility for a month and no fire and disaster drills had occurred since he had been there. <p>Interview on 7/17/25 client #3 stated:</p> <ul style="list-style-type: none"> - Fire and disaster drills were normally completed monthly. - He had not participated in any fire and disaster drills in more than a month. <p>Interview on 7/17/25 client #4 stated:</p> <ul style="list-style-type: none"> - He had resided at the facility one month and a couple of weeks and no fire or disaster drills had been completed since he's been there. <p>Interview on 7/17/25 staff #1 stated:</p> <ul style="list-style-type: none"> - She was hired about a month ago and she had not completed any fire and disaster drills at the facility. - She worked 9am-12pm and 10pm-8am and any other shifts when needed. <p>Interview on 7/17/25 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Shifts at the facility during the 2024 year were 8am-8pm and 8pm-8am. - The shifts changed in January 2025 to 8am-3pm, 3pm-10pm and 10-8am seven days a week. - She had not been present at the facility for any drills but the clients were compliant as far as she knew. <p>Interview on 7/17/25 the Director stated:</p> <ul style="list-style-type: none"> - All completed and documented fire and disaster drills had been provided to the surveyor for review. - She would ensure staff completed fire and disaster drills as required. 	V 114		

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V 114	Continued From page 4 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114			