STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921009	A. BUILDING: _____ B. WING _____	C 10/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOPE CENTER FOR YOUTH AND FAMILY	400 WEST RANSOM STREET FUQUAY VARINA, NC 27526

(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 A complaint survey was completed on 10/10/25. The complaint was substantiated (intake #NC00233892). A deficiency was cited. This facility is licensed for the following service category: The facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups. This facility is licensed for 16 and has a current census of 9. The survey sample consisted of audits of 2 current clients.	V 000		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report allegations of neglect to the Health	V 318		

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V 318	Continued From page 1 Care Personnel Registry (HCPR) for 2 of 2 audited staff (#1 & Registered Nurse (RN#1) within 24 hours. The findings are: Review on 10/10/25 of staff #1's record revealed: - Hired 4/22/25 Review on 10/8/25 of an incident response improvement system (IRIS) for client #1 dated 9/29/25 revealed: - "... male client (#1) alleged to have sexually assaulted a female client in an unsecured, unmonitored bathroom while he was supposed to be under the direct supervision of staff members RN#1 and MHT#1 during the time period of 1:41 pm and 1:55 pm on 9/29/25...[MHT#1] was on the male side and engaged in watching television with his back turned to the majority of the milieu throughout the time of the incident. RN#1 was in the charting area and did not supervise the milieu although she had direct line of sight of the bathroom in question. RN#1 and MHT#1 have both been placed on administrative leave, and subsequently terminated. Last day working 9/30/25. During interview on 10/10/25 the HCPR representative reported: - the facility submitted the HCPR initial report on 10/3/25 During interview on 10/10/25 the Crisis Program Director reported: - thought the IRIS was submitted 9/30/25 with the HCPR section completed. - she did not hear from the Local Management Entity/Managed Care Organization (LME/MCO) after the incident report was submitted. - She called the LME/MCO on 10/3/25 and was informed the IRIS report was not received	V 318		

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V 318	Continued From page 2 - a LME/MCO representative walked her through the IRIS process and the IRIS report was submitted 10/3/25	V 318		