

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 11/24/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Living in a Family Residence.</p> <p>The facility is licensed for 3 and has a current census of 1. The survey sample consisted of an audit of 1 current client.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. 	V 107		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure personnel records were maintained for 2 of 2 staff (the Residential Provider (RP) and the Qualified Professional (QP)). The findings are:</p> <p>An attempt to review the RP and the QP's personnel records on 11/18/25 was unsuccessful as the personnel records were not kept at the facility.</p> <p>Interview on 11/18/25 with the RP revealed:</p> <ul style="list-style-type: none"> - Neither her or the her QP's personnel records were kept at the facility - Personnel records were kept at the office 	V 107		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 107	<p>Continued From page 2</p> <p>which provided the clinical oversight of her facility</p> <p>Interview on 11/18/25 with the QP revealed:</p> <ul style="list-style-type: none"> - Personnel records were kept at the office which provided clinical oversight of the RP's facility - She would have to get the agency's Human Resources (HR) Department to fax or email the personnel records to her <p>Interview on 11/19/25 with the QP revealed:</p> <p>Personnel records were kept at the office of the agency which provided clinical oversight of the RP's facility</p> <ul style="list-style-type: none"> - The office was located in "[name of city]" which was different from where the facility was located - She would to have her agency's HR Department send requested information to her and/or surveyor either by fax or by email - Wanted to have "hard copies" of personnel records kept in the facilities she provided QP services for and would be working with her agency to determine if this were possible <p>An email sent on 11/20/25 to the QP regarding when the personnel records would be made available for review went unanswered on 11/20/25 and on 11/21/25.</p> <p>Interview on 11/24/25 at 10 am with the RP revealed:</p> <ul style="list-style-type: none"> - Was unaware the personnel records had not been made available to the surveyor as requested on 11/19/25 - Disappointed the records had not been made available to the surveyor and her facility would be cited because the her nor the QP's personnel records had not been provided to the surveyor - Planned to call the oversight agency's HR 	V 107		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 107	Continued From page 3 Department to determine why the records had not been sent as requested Emails sent to surveyor from the QP on 11/24/25 between 10:35 am and 10:44 am revealed: - The RP and the QP's personnel records were sent as attachments to the email - The oversight agency's HR Department sent the records to the QP on 11/19/25 at 2:31 pm - In the body of the email, the QP stated, "I am sorry for the delay. I was out of office due to family medical incident."	V 107		
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,	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 108	<p>Continued From page 4</p> <p>the American Heart Association or their equivalence for relieving airway obstruction. (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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure personnel records were maintained for 2 of 2 staff (the Residential Provider (RP) and the Qualified Professional (QP)). The findings are:</p> <p>An attempt to review the RP and the QP's personnel records on 11/18/25 was unsuccessful as the personnel records were not kept at the facility.</p> <p>Interview on 11/18/25 with the RP revealed:</p> <ul style="list-style-type: none"> - Neither her or the her QP's personnel records were kept at the facility - Personnel records were kept at the office which provided the clinical oversight of her facility <p>Interview on 11/18/25 with the QP revealed:</p> <ul style="list-style-type: none"> - Personnel records were kept at the office which provided clinical oversight of the RP's facility - She would have to get the agency's Human Resources (HR) Department to fax or email the personnel records to her <p>Interview on 11/19/25 with the QP revealed:</p>	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 108	<p>Continued From page 5</p> <p>Personnel records were kept at the office of the agency which provided clinical oversight of the RP's facility</p> <ul style="list-style-type: none"> - The office was located in "[name of city]" which was different from where the facility was located - She would to have her agency's HR Department send requested information to her and/or surveyor either by fax or by email - Wanted to have "hard copies" of personnel records kept in the facilities she provided QP services for and would be working with her agency to determine if this were possible <p>An email sent on 11/20/25 to the QP regarding when the personnel records would be made available for review went unanswered on 11/20/25 and on 11/21/25.</p> <p>Interview on 11/24/25 at 10 am with the RP revealed:</p> <ul style="list-style-type: none"> - Was unaware the personnel records had not been made available to the surveyor as requested on 11/19/25 - Disappointed the records had not been made available to the surveyor and her facility would be cited because the her nor the QP's personnel records had not been provided to the surveyor - Planned to call the oversight agency's HR Department to determine why the records had not been sent as requested <p>Emails sent to surveyor from the QP on 11/24/25 between 10:35 am and 10:44 am revealed:</p> <ul style="list-style-type: none"> - The RP and the QP's personnel records were sent as attachments to the email - The oversight agency's HR Department sent the records to the QP on 11/19/25 at 2:31 pm - In the body of the email, the QP stated, "I am sorry for the delay. I was out of office due to 	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 108	Continued From page 6 family medical incident."	V 108		
V 118	27G .0209 (C) Medication Requirements 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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 118	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medications were administered by only licensed persons or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person privileged to prepare and administer medications affecting 1 of 2 staff (the Residential Provider (RP)). The findings are:</p> <p>Review on 11/18/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 8/16/24 - Diagnoses of Mild Intellectual Disability; Bipolar Affective Disorder (D/O); Post Traumatic Stress D/O; Infantile Cerebral Palsy; Premenstrual Dysphoric D/O and Acute Hearing Loss (Right Side Only) - The RP administered client #1 the following medications: (a) Lo-Loestrin FE (Ferrous Fumarate) 1000-10 mcg (microgram) (birth control); 1 tab (tablet) PO (by mouth) daily; (b) Divalproex Sodium 500 mg (milligram) 1 tab PO twice a day (mood stabilization); (c) Docusate Sodium 100 mg 2 cap PO daily in the morning (stool softener); (d) Lybalvi 10-10 mg 1 tab PO at bedtime (bi-polar disorder); (e) Doxepin Hydrochloride 25 mg 1 cap PO at bedtime (depression/anxiety/insomnia); (f) Fluticasone 50 mg 1 spray in each nostril once a day (allergic/nonallergic rhinitis); (g) Topiramate 100 mg 1 tab PO at bedtime (anticonvulsant or antipathetic); (h) Fexofenadine HCL (Hydrochloride) 180 mg 1 cap PO daily (antihistamine); (i) Multivitamin 1 tab PO daily (vitamin deficiency) and (j) Propranolol HCL 10 mg 1 tab PO daily (anxiety) <p>An attempt to review the RP's personnel record</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 118	<p>Continued From page 8</p> <p>on 11/18/25 was unsuccessful as the RP's record was not present in the facility.</p> <p>Interview on 11/18/25 with the RP revealed:</p> <ul style="list-style-type: none"> - She did not keep her personnel record at the facility - Her personnel record was kept at the office which provided the clinical oversight of her facility <p>Interview on 11/18/25 with the QP revealed:</p> <ul style="list-style-type: none"> - Personnel records were kept at the office of the agency which provided clinical oversight of the RP's facility - The office was located in "[name of city]" which was different from where the facility was located - She would have the agency's Human Resources (HR) Department to fax or email the RP's personnel record to her <p>Interview on 11/19/25 with the QP revealed:</p> <p>Personnel records were kept at the office of the agency which provided clinical oversight of the RP's facility</p> <ul style="list-style-type: none"> - The office was located in "[name of city]" which was different from where the facility was located - She would to have her agency's HR Department send requested information to her and/or surveyor either by fax or by email <p>An email sent on 11/20/25 to the QP regarding when the personnel records would be made available for review went unanswered on 11/20/25 and on 11/21/25.</p> <p>Interview on 11/24/25 at 10 am with the RP revealed:</p> <ul style="list-style-type: none"> - Had been trained in how to administer medications 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 118	Continued From page 9 - Was unaware personnel records had not been made available to the surveyor as requested on 11/19/25 - Her personnel record would have documentation of all trainings she had participated in, including medication administration Emails sent to surveyor from the QP on 11/24/25 between 10:35 am and 10:44 am revealed: - The RP's personnel record which included documentation of the trainings participated in by the RP was sent as an attachment to the email - The oversight agency's HR Department sent the records to the QP on 11/19/25 at 2:31 pm - In the body of the email, the QP stated, "I am sorry for the delay. I was out of office due to family medical incident."	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	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 536	<p>Continued From page 10</p> <p>compliance and demonstrate they acted on data gathered.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (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 	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 536	<p>Continued From page 11</p> <p>activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 536	<p>Continued From page 12</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 536	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff had received initial training in alternatives to restrictive interventions affecting 2 of 2 staff (the Residential Provider (RP) and the Qualified Professional (QP)). The findings are:</p> <p>An attempt to review the RP and the QP's personnel records on 11/18/25 was unsuccessful as the personnel records were not kept at the facility.</p> <p>Interview on 11/18/25 with the RP revealed:</p> <ul style="list-style-type: none"> - Neither her or the her QP's personnel records were kept at the facility - Personnel records were kept at the office which provided the clinical oversight of her facility <p>Interview on 11/18/25 with the QP revealed:</p> <ul style="list-style-type: none"> - Personnel records were kept at the office which provided clinical oversight of the RP's facility - She would have to get the agency's Human Resources (HR) Department to fax or email the personnel records to her <p>Interview on 11/19/25 with the QP revealed:</p> <ul style="list-style-type: none"> - She would to have her agency's HR Department send requested information to her and/or surveyor either by fax or by email - The office was located in "[name of city]" which was different from where the facility was located - Wanted to have "hard copies" of personnel records kept in the facilities she provided QP services for and would be working with her agency to determine if this were possible <p>An email sent on 11/20/25 to the QP regarding</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8 ROCKY RIDGE POINT GREENSBORO, NC 27405
--	--

(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 536	<p>Continued From page 14</p> <p>when the personnel records would be made available for review went unanswered on 11/20/25 and on 11/21/25.</p> <p>Interview on 11/24/25 at 10 am with the RP revealed:</p> <ul style="list-style-type: none"> - Had participated in training in alternatives to restrictive interventions only - The agency which provided clinical oversight of her agency did not allow for their providers to use restraints on the clients they served - Was unaware the personnel records had not been made available to the surveyor as requested on 11/19/25 which would have included documentation she had participated in training in alternatives to restrictive interventions <p>Emails sent to surveyor from the QP on 11/24/25 between 10:35 am and 10:44 am revealed:</p> <ul style="list-style-type: none"> - The RP and the QP's personnel records were sent as attachments to the email - The oversight agency's HR Department sent the records to the QP on 11/19/25 at 2:31 pm - In the body of the email, the QP stated, "I am sorry for the delay. I was out of office due to family medical incident." 	V 536		