

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-294	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/12/2025
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NAME OF PROVIDER OR SUPPLIER HOPE 4 THE FUTURE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 101 BRYANWOOD DRIVE GOLDSBORO, NC 27534
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on November 12, 2025. The complaint was unsubstantiated (intake #NC 00234513). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ol style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against 	V 132		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 132	<p>Continued From page 1</p> <p>a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Health Care Personnel Registry (HCPR) was notified of all allegations against healthcare personnel and all allegations were investigated. The findings are:</p> <p>Review on 11/12/25 client #3's record revealed: -Admitted on 10/2/25. -Diagnoses of Unspecified Trauma and Stressor Related Disorder and Unspecified Neurodevelopmental Disorder..</p> <p>Interview on 11/12/25 client #3 stated: -He remembered the incident on 11/5/25. -He reported that the Co-Owner/Direct Support Professional #1(CO/DSP #1) and the Co-Owner/Direct Support Professional #2 (CO/DSP #2) abused him to his school counselor. -He lied about the CO/DSP #1 and CO/DSP #2 had abused him. -The CO/DSP #1 or CO/DSP #1 had not physically touched him. -The CO/DSP #1 or CO/DSP #1 had not verbally said anything inappropriate to him.</p> <p>Review on 11/12/25 the North Carolina Incident Response Improvement System (IRIS) revealed: -An incomplete IRIS report was submitted on 11/6/25. There was no documentation of an</p>	V 132		

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V 132	Continued From page 2 investigation or HCPR completed. Interview on 11/12/25 The CO/DSP #1 stated: -She was responsible for reporting to the HCPR. -She became aware of the allegation against the CO/DSP #1 and CO/DSP #2 during a Local Department of Social Service visit to conduct an investigation about a week ago. -She had not made a report to the HCPR because she did not know to do so.	V 132		
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	V 366		

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V 366	<p>Continued From page 3</p> <p>Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(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</p>	V 366		

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V 366	<p>Continued From page 4</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The 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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement and document their response to level II or level III incidents. The findings are:</p>	V 366		
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V 366	<p>Continued From page 5</p> <p>Review on 11/12/25 the facility's records revealed:</p> <ul style="list-style-type: none"> -No documented incident reports for client#3's allegation of abuse, neglect and exploitation against The Co-owner/Direct Support Professional #1 (CO/DSP #1) and The Co-owner/Direct Support Professional #2 (CO/DSP #2) dated for 11/5/25. -No incident reports of client #3's restrictive intervention dated for 11/5/25. -There was no response to the level II or III incidents maintaining documentation regarding: <ul style="list-style-type: none"> -Attending the health and safety needs of individuals involved in the incident. -Determining the cause of the incident. -Assigning persons to be responsible for implementation of the corrections and preventive measures. <p>Interview on 11/12/25 client #2 revealed:</p> <ul style="list-style-type: none"> -He did not see any of the clients mistreated. -He did not see staff physically touch client #3. -He did not hear staff say anything inappropriate to client #3. -He did not see client #3 placed in a restrictive intervention. <p>Interview on 11/12/25 client #3 stated:</p> <ul style="list-style-type: none"> -He remembered the incident on 11/5/25. -He reported that the Co-Owner/Direct Support Professional #1(CO/DSP #1) and the Co-Owner/Direct Support Professional #2 (CO/DSP #2) abused him to his school counselor. -He lied about the CO/DSP #1 and CO/DSP #2 had abused him. -The CO/DSP #1 or CO/DSP #1 had not physically touched him inappropriately.. -The CO/DSP #1 or CO/DSP #1 had not verbally said anything inappropriate to him.. 	V 366		

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V 366	<p>Continued From page 6</p> <p>Interview on 11/12/25 the Local School Social Worker of client #3 stated: -Client #3 reported a situation (date unknown) with CO/DSP #1 and CO/DSP #2 over the weekend. -Client #3 had gotten into trouble about "something." -Client #3 reported The CO/DSP #1 placed her hand over his mouth and plugged his nose. -Client #3 stated that there were untruths in what he said. -There was no bruising or scratches on client #3's body.</p> <p>Interview on 11/12/25 CO/DSP #1 stated: -No clients had reported any allegations of abuse to him. -Client #3 stared at a "little girl"during church and made her uncomfortable. -Her grandmother told staff that client #3 had said some inappropriate things to the little girl. -She redirected client #3 at church. -Staff did not hit or mistreat any clients at the facility. -She or CO/DSP #2 did not cover client #3's mouth or plug his nose. -She had not said anything inappropriate to the client #3. -She did not find out about the allegations until the Local Department of Social Services (DSS) came to the facility. -Client #3 was placed in a therapeutic wrap for aggressive behaviors spitting and attempting to hit towards peers and staff.</p> <p>Interview on 11/12/25 CO/DSP #2 stated: -Facility staff did not hit or strike client #3. -"[Client #3] lies and made allegations against staff." -CO/DSP #1 or CO/DSP #2 did not say anything</p>	V 366		

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V 366	Continued From page 7 to client #3 related to him harming himself. -The Local DSS did a body check and client #3 had no bruises. -He placed client #3 in a therapeutic wrap for aggressive behaviors spitting and attempting to hit towards peers and staff.	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 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	V 367		

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V 367	<p>Continued From page 8</p> <p>report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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 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).</p> <p>(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:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify the Local Management Entity/Managed Care Organization (LME/MCO) of a level II or level III incident as required. The findings are:</p> <p>Review on 11/12/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No IRIS report had been submitted for client #3's allegation of abuse, neglect and exploitation or for client #3's restrictive intervention for the Co-owner/Direct Support Professional #1 (CO/DSP #1) and the Co-owner/Direct Support Professional #2 (CO/DSP #2) made on 11/6/25.</p> <p>Review on 11/12/25 the North Carolina Incident Response Improvement System (IRIS) report for client #3 revealed: -Date of Incident: 11/2/25. -Date Provider Learned of Incident: 11/2/25. -Date IRIS report submitted to the LME: 11/6/25.</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>Review on 11/12/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: On 11/2/25... " At the conclusion of the service which was approximately 10:45am, multiple people including two other male consumers not associated with any facility, and the grandmother of the two female juveniles approached the facility staff about [client #3] ' s behavior in Children ' s church. Facility staff were made aware by all witnessing parties that [client #3] displayed some behaviors that were not age appropriate while in children ' s church. It was brought the facility staff that [client #3] made two young ladies feel very uncomfortable ... The young females stated that [client #3] was making derogatory statements to them, stating that he wanted them and making hand gestures on his face indicating that he wanted and liked them ... [Client #3] immediately became aggressive and stated that all 5 people were being dishonest about his behaviors. While on the ride back to the facility [client #3] was redirected about his behavior. Staff remained [client #3] of the accountability worksheets that he had completed in the past ... [Client #3] became really defiant and talked back to staff. [Client #3] ' s behavior escalated when he started to push on the consumer that was sitting next to him, and attempting to bite and spit on him. Staff pulled over to de-escalate the situation, and separate the twoWhen [client #3] is redirected he does not like to take accountability for his actions and like to antagonize his peers in hope of getting them in trouble ... [Client #3] scratched and pulled at the skin on his face, and punched himself in the chest and stomach with this right arm. Staff continued to monitor [client #3] and he would not stop. Hope 4 The Future LLC has a Restrictive Intervention Policy that a consumer shall be restrained if they display immediate danger to</p>	V 367		

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V 367	<p>Continued From page 11</p> <p>themselves, staff, or another consumer. [Client #3] was asked to stop harming himself multiple times. When [client #3] refused to stop, the staff grabbed one of his arms (right arm) ... and attempted to place him in a therapeutic wrap. Staff did not grab [client #3] ' s left arm due to it being injured from a gunshot wound prior to the arrival to the facility. "</p> <p>Interview on 10/01/25 the Facility Owner/Direct Support Staff #1 stated: -She was responsible for the submission of the IRIS report to the LME. -Moving forward, the facility would ensure completed reports were submitted within the required timeframes.</p>	V 367		