

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/07/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOPE INSIDE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 NORTH ORANGE AVENUE DUNN, NC 28334</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on January 7, 2026. The complaints were substantiated (intakes #NC00234420 and #NC00235391). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities for Children and Adolescents.</p> <p>This facility is licensed for 5 and has a current census of 0. The survey sample consisted of audits of 2 former clients.</p>	V 000		
V 363	<p>G.S. 122C-61 Treatment rights in 24-hour facilities.</p> <p>§ 122C-61. Treatment rights in 24-hour facilities. In addition to the rights set forth in G.S. 122C-57, each client who is receiving services at a 24-hour facility has the following rights:</p> <p>(1) The right to receive necessary treatment for and prevention of physical ailments based upon the client's condition and projected length of stay. The facility may seek to collect appropriate reimbursement for its costs in providing the treatment and prevention; and</p> <p>(2) The right to have, as soon as practical during treatment or habilitation but not later than the time of discharge, an individualized written discharge plan containing recommendations for further services designed to enable the client to live as normally as possible. A discharge plan may not be required when it is not feasible because of an unanticipated discontinuation of a client's treatment. With the consent of the client or his legally responsible person, the professionals responsible for the plans shall contact appropriate agencies at the client's destination or in his home community before</p>	V 363		

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

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V 363	<p>Continued From page 1</p> <p>formulating the recommendations. A copy of the plan shall be furnished to the client or to his legally responsible person and, with the consent of the client, to the client's next of kin. (1973, c. 475, s. 1; c. 1436, ss. 6, 7; 1981, c. 328, ss. 1, 2; 1985, c. 589, s. 2.)</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to implement an individualized written discharge plan containing recommendations for further services designed to enable the client to live as normally as possible affecting 2 of 2 former clients (FC) (#1 and #2). The findings are:</p> <p>Review on 12/8/25 of FC #1's record revealed: -15 year old male. -Admitted 8/1/24. -No documentation of a discharge date. -Diagnoses of Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder. -No documentation of a discharge plan.</p> <p>Review on 12/8/25 of FC #2's record revealed: -15 year old male. -Admitted 6/10/25. -No documentation of a discharge date. -Diagnoses of Disruptive Mood Dysregulation Disorder and Conduct Disorder. -No documentation of a discharge plan.</p> <p>Observation and review of text message response from the Licensee/Chief Executive Officer/Director on 12/3/25 between 11:00am - 1:00pm revealed: -Attempted survey at the sister facility revealed no</p>	V 363		

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V 363	<p>Continued From page 2</p> <p>one was present at the facility. -A text message response from the CEO/Director revealed " I'm not in town I'm dealing with a family medical emergency and I won't be back until 12/21...Good morning Im sorry I don't have anyone who can assist you at this time...Again I told you I'm dealing with a family emergency and I will met you upon my return...No I'm not as of 12/1 I no longer rent that property. Im in the process of changing that license over to another location...I apologize I misspoke it was an emergency relocation because of a water issue at that location. I will make sure the emergency relocation form is filled out and turned in to the appropriate person, It's 2 consumers and they relocated 12/1..."</p> <p>Interview on 12/4/25 FC #1 stated: -He was admitted to the sister facility "last week." -He was unsure why he discharged from the facility.</p> <p>Interview on 12/4/25 FC #2 stated: -He was admitted to the sister facility on "Thursday Thanksgiving." -He was unsure why he discharged from the facility "I don't think she could afford it."</p> <p>Interview on 12/8/25 the Qualified Professional (QP) stated: -She was the QP over the level II (.1300) FC's (FC #1 and #2). -The "home ( facility) was closed after Thanksgiving. -She had not completed a discharge plan for FC #1 and #2 as she thought the move was a "continuation of services." -FC #1 and #2's received .1300 program services and there had not been a change in their level of care.</p>	V 363		
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V 363	<p>Continued From page 3</p> <p>Interview on 12/5/25, 12/8/25 and 1/7/26 the Licensee/Chief Executive Officer/Director stated: -FC #1 and #2 relocated from the facility on 12/3/25 due to utility failure and water line break at the facility. -The landlord was "already in the process of selling the location (facility)." -She submitted an emergency location for client #1 and #2. -The QP was responsible for completing the discharge plan for FC #1 and #2. -She "wasn't here" to know if a discharge plan was completed for FC #1 and #2.</p> <p>Review on 12/15/25 of the Division of Health Service Regulation emergency relocation request completed 12/3/25 by the Licensee/Chief Executive Officer/Director revealed: -Emergency request was not considered on 12/12/25 based on information received that pipes had burst or had broken in sister facility A, and due to clients' behaviors and that the lease had been terminated by the landlord.</p>	V 363		
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