

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0921009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/11/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE HOPE CENTER FOR YOUTH AND FAMILY	STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 3/11/26. The complaint was substantiated (intake #NC00236045). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups.</p> <p>This facility is licensed for 16 and has a current census of 10. The survey sample consisted of audits of 4 current clients and 1 former client.</p>	V 000		
V 318	<p>130 .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 130 .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).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) within 24</p>	V 318		

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: MHL0921009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/11/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE HOPE CENTER FOR YOUTH AND FAMILY	STREET ADDRESS, CITY, STATE, ZIP CODE 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 318	<p>Continued From page 1</p> <p>hours for 1 of 1 audited former staff (FS) (#3). The findings are:</p> <p>Review on 3/4/26 of the Incident Response Improvement System (IRIS) for FC #11 dated 1/27/26 revealed:</p> <ul style="list-style-type: none"> - "The child (Former Client (FC) #11) was being inappropriate and was being redirected by staff. Youth (FC #11) became upset and began to make threatening remarks towards staff and threatening to throw markers at them. Staff intervened, made efforts to remove markers, which led to a physical altercation between staff (FS #3) and youth (FC #11)." - "Staff (FS #3) was reported to have physically pushed and choked the youth (FC #11) when in the milieu (facility unit), multiple times. Staff was reported to have become physically aggressive towards child (FC #11)." - The incident occurred on 1/24/26 <p>Review on 3/4/26 and 3/6/26 of FS #3's record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 9/22/25 - Date of Administrative Leave: 1/24/26 - Termination Date: 2/22/26 <p>Interview on 3/4/26 with a representative for the Health Care Personnel Investigation reported:</p> <ul style="list-style-type: none"> - The HCPR received an allegation of abuse report for FS #3 on 1/28/26 <p>Interview on 3/6/26 the Clinical Director reported:</p> <ul style="list-style-type: none"> - She did not report to the HCPR within 24 hours - She "knew" the HCPR would be notified when the IRIS was completed <p>Interview on 3/9/26 and 3/11/26 the Crisis Program Director reported:</p>	V 318		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0921009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/11/2026
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE HOPE CENTER FOR YOUTH AND FAMILY	STREET ADDRESS, CITY, STATE, ZIP CODE 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 318	<p>Continued From page 2</p> <ul style="list-style-type: none"> - She was responsible to ensure that the HCPR was notified of any allegations of abuse - She called the HCPR on 1/26/26 and the HCPR representative told her to complete an IRIS report - It "gets hairy (confusing)" because she received different instructions on how to notify the HCPR within 24 hours of the abuse allegation - She would call the HCPR to determine the necessary abuse allegation steps moving forward so that "this citation does not happen again" <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 318		