

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
---	---

(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 and follow up survey was completed on 6/14/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children and 10A NCAC 27G .4300 Therapeutic Community.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and</p>	V 108		

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: MHL060-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
---	---

(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 1</p> <p>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 records review and interviews, the facility failed to ensure at least one staff member trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation (CPR) and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction was available at all times for 3 of 6 staff (#1, #3 and #5). The findings are:</p> <p>Review on 6/12/18 of staff #1's personnel record revealed: -hired on 5/10/17 with the job title of Substance Abuse Counselor; -documentation of certification of CPR/First Aid completed on 4/1/16 with expiration date of 4/30/18; -no documentation of current certification in CPR/First Aid.</p> <p>Review on 6/12/18 of staff #3's personnel record revealed: -hired on 7/27/12 with the job title of Substance Abuse Counselor; -documentation of certification of CPR/First Aid completed on 4/22/16 with expiration date of 4/30/18; -no documentation of current certification in</p>	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
---	---

(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 2</p> <p>CPR/First Aid.</p> <p>Review on 6/12/18 of staff #5's personnel record revealed: -hired on 6/1/16 with the job title of Peer Support/Weekend Assistant; -documentation of certification of CPR/First Aid completed on 4/8/16 with expiration date of 4/30/18; -no documentation of current certification in CPR/First Aid.</p> <p>Interview on 6/12/18 with staff #1 revealed: -worked at the facility for over a year; -duties included transportation of clients to off site appointments/meetings; -had training in CPR/First Aid.</p> <p>Interview on 6/12/18 with staff #3 revealed: -worked at the facility for over 6 years; -duties included transportation of clients to off site recovery meetings; -had training in CPR/First Aid.</p> <p>Interview on 6/12/18 with staff #5 revealed: -worked at the facility for 2 years; -duties included transportation of clients to off site appointments/meetings; -had training in CPR/First Aid.</p> <p>Interview on 6/14/18 with the Vice President of Clinical Services and the Chief Executive Officer revealed: -always have staff on site currently trained in CPR/First Aid; -have CPR/First Aid trainings several times a year; -did not realize staff were transporting clients off site with expired CPR/First Aid -will address issue.</p>	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
---	---

(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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 6/12/18 of the facility's fire and disaster drill documentation from 5/1/17 until 6/12/18 revealed: -no documentation of fire drills conducted from 11/13/17 until 3/9/18; -no documentation of disaster drills conducted from 11/13/17 until 3/9/18.</p> <p>Interview on 6/12/18 with the Vice President of Maintenance revealed: -missing drills already cited by DHSR construction a few months ago; -already submitted a plan of correction to DHSR construction.</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
---	---

(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 114	Continued From page 4 Interviews on 6/12/18-6/14/18 with clients #1-#9 revealed: -participated in random fire and disaster drills; -drills happen different times of day and night.	V 114		
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: MHL060-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
---	---

(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 5</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure A Medication Administration Record (MAR) of all drugs administered to each client was kept current., medications administered were recorded immediately after administration and prescription or non-prescription drugs were administered to a client on the written order of a person authorized by law to prescribe drugs affecting 5 of 9 clients (#1, #4, #6, #7 and #8). The findings are:</p> <p>Finding #1: Review on 6/12/18 of client #1 revealed: -admission date of 5/25/17 with diagnoses of Opiate Use Disorder, Amphetamines Use Disorder, Alcohol Use Disorder, Bipolar Disorder, Insomnia and Anxiety; -physician's order dated 1/11/18 for Amitriptyline 25mg 6 tablets at bed with a discontinue order dated 5/1/18; -new physician's order dated 5/1/18 for Amitriptyline 25mg 2-3 tablets at bed as needed; -physician's order dated 1/11/18 for Gabapentin 300mg 2 tablets three times a day with a discontinue order dated 5/1/18; -new physician's order dated 5/1/18 for Gabapentin 300mg 3 tablets three times a day.</p> <p>Observation on 6/14/18 at 11:58am of client #1's medications on site revealed: -Amitriptyline 25mg 6 tablets at bed dispensed 4/30/18; -Gabapentin 300mg 3 tablets three times a day dispensed 5/30/18; -Aleve 220mg two tablets as needed.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
---	---

(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 6</p> <p>Review on 6/12/16-6/14/18 of client #1's MARs from 4/1-6/14 revealed the following: -Amitriptyline 25mg 6 tablets at bed documented as administered 4/1-6/12; -Amitriptyline 25mg 2-3 tablets at bed as needed not listed on May 2018 MAR or June 2018 MAR; -Gabapentin 300mg 2 tablets three times a day documented as administered 4/1-4/30 and 6/1-6/12; -Gabapentin 300mg 3 tablets three times a day not listed on June 2018 MAR; -Aleve 220mg two tablets as needed documented as administered on 4/24-4/30, also on 4/31 (no such date exists), 5/1-5/6 and 6/7.</p> <p>Further review on 6/14/18 of client #1's record revealed no physician's order for Aleve 220mg two tablets as needed present in the record.</p> <p>Interview on 6/13/18 with client #1 revealed: -gets her medications daily from staff; -Nurse Practitioner handles the prescribing of her psychotropic medications.</p> <p>Finding #2: Review on 6/12/18 of client #4's record revealed: -admission date of 2/22/18 with diagnoses of Crack/Cocaine Use Disorder, Alcohol Use Disorder and Schizoaffective Disorder; -physician's order dated 2/5/18 and 2/14/18 for Buspirone 5mg 2 tablets twice daily; -physician's order dated 2/14/18 for Lisinopril 5mg one tablet daily.</p> <p>Observations on 6/14/18 at 11:43am of client #4's medications on site revealed the following: -benzotropine mesylate 1mg daily as needed dispensed 5/24/18; -Losartan 50mg one tablet daily dispensed</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
---	---

(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>5/24/18; -Buspirone 10mg one tablet twice daily dispensed</p> <p>5/24/18; -Lisinopril 5mg one tablet daily not on site; -Naproxen 500mg one tablet twice daily as needed not on site.</p> <p>Further review on 6/14/18 of client #4's record revealed no physicians' orders for the following: -Naproxen 500mg one tablet twice daily as needed; -benzotropine mesylate 1mg daily as needed; -Losartan 50mg one tablet daily; -no initial order and no discontinue order for Lisinopril 5mg one tablet daily.</p> <p>Review on 6/12/16-6/14/18 of client #4's MARs from 4/1/18-6/14/18 revealed the following: -benzotropine mesylate 1mg daily as needed documented as administered 4/1-6/14; -Naproxen 500mg one tablet twice daily as needed documented as administered 4/26-4/29, 5/1-5/31 and 6/1-6/14; -Losartan 50mg one tablet daily documented as administered 5/25-5/31 and 6/1-6/14; -Lisinopril 5mg one tablet daily not listed on May 2018 and June 2018 MAR, listed in April 2018 MAR name of mediations only with no dosing instructions, not documentation of administration; -Buspirone 10mg one tablet twice daily dosing dates 5/1-5/24 left blank with no explanation on the form.</p> <p>Interview on 6/13/18 with client #4 revealed: -staff give him his medications every morning and every night; -not aware of missing any medications.</p> <p>Finding #3 Review on 6/13/18 of client #6's record revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
---	---

(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>-admission date of 12/14/17 with diagnoses of Alcohol Use Disorder and Post Traumatic Stress Disorder;</p> <p>-physicians' orders dated 1/6/18 for amlodipine 10mg one tablet daily, HCTZ 25mg on tablet daily and quetiapine 25mg 5 tablets at 9pm.</p> <p>Observations on 6/14/18 at 11:36am of client #6's medications on site revealed the following:</p> <p>-amlodipine 10mg one tablet daily dispensed 5/30/18;</p> <p>-HCTZ 25mg on tablet daily dispensed 5/30/18;</p> <p>-quetiapine 25mg 5 tablets at 9pm dispensed 5/30/18.</p> <p>Review on 6/12/16-6/14/18 of client #6's MARs from 4/1/18-6/14/18 revealed dosing dates left blank for 6/1 for amlodipine 10mg one tablet daily, HCTZ 25mg on tablet daily and quetiapine 25mg 5 tablets at 9pm.</p> <p>Interview on 6/13/18 with client #6 revealed:</p> <p>-staff administer his medications every night;</p> <p>-been a few times he has missed the 9pm med call, staff remind him.</p> <p>Finding #4</p> <p>Review on 6/13/18 of client #7's record revealed:</p> <p>-admission date of 5/17/18 with diagnoses of Alcohol Use Disorder, Cocaine Use Disorder, Heroin Use Disorder and Cannabis Use Disorder;</p> <p>-physician's order dated 6/6/18 for Trinellix 5mg one tablet daily.</p> <p>Review on 6/12/16-6/14/18 of client #7's MARs from 4/1/18-6/14/18 revealed:</p> <p>-venlafexine (generic for Effexor) 75mg listed on MARs as two tablets twice daily documented as administered 5/17-6/14;</p> <p>-benztropine mesylate 0.5mg one tablet at bed</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
---	---

(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 9</p> <p>documented as administered 5/17-6/14; -AZO Yeast Plus one tablet daily documented as administered 5/25, 5/30, 5/31, 6/1-6/5, 6/7-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Probiotics two tablets daily documented as administered 5/25, 5/30, 5/31, 6/1-6/5, 6/7-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Trinellix 5mg one tablet daily dosing date of 6/11 left blank.</p> <p>Further review on 6/14/18 of client #7's record revealed no physicians' orders present in the record for AZO Yeast Plus one tablet daily, Probiotics two tablets daily Venlafexine 75mg and benztropine mesylate 0.5mg one tablet at bed.</p> <p>Observations on 6/14/18 at 11:36am of client #7's medications on site revealed the following: -Venlafexine 75mg no dosing instructions and no dispensed date, sample with expiration date 7/2018; -benztropine mesylate 0.5mg one tablet at bed dispensed 5/11/18; -AZO Yeast Plus one tablet daily not on site; -Probiotics two tablets daily not on site; -Trintellix 5mg one tablet daily not on site.</p> <p>Interview on 6/13/18 with client #7 revealed: -staff administer her medications; -missed her med call 1 or 2 times.</p> <p>Finding #5 Review on 6/13/18 of client #8's record revealed: -admission date of 5/2/18 with diagnoses of Cocaine Use Disorder, Heroin Use Disorder and Cannabis Use Disorder; -physicians' orders dated 5/10/18 for Naltrexone 50mg one half tablet for 2 days then one tablet daily thereafter; -physician's order dated 6/5/18 for Vitamin D2</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
---	---

(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 10</p> <p>1.25mg one tablet weekly and Fluconazole 150mg one tablet daily one dose; -physician's order dated 6/5/18 for Amox-Clav 875-125mg one tablet twice daily for 14 days.</p> <p>Review on 6/12/16-6/14/18 of client #8's MARs from 4/1/18-6/14/18 revealed: -Amox-Clav 875-125mg one tablet twice daily for 14 days dosing date of 6/7 (am) and 6/8 (am) left blank with no explanation on the form; -Vitamin D2 1.25mg one tablet weekly not listed on 6/2018 MAR; -Fluconazole 150mg one tablet daily one dose not listed on 6/2018 MAR; -Naltrexone 50mg one half tablet for 2 days then one tablet daily thereafter not listed on 6/2018 MAR, dosing dates left blank for 5/21, 5/25-5/31 with no explanation on the form; -Tinidazole 500mg two tablets for 5 days documented as administered 5/10-5/14.</p> <p>Further review on 6/14/18 of client #8's record revealed: -no physicians' orders present in the record for Tinidazole 500mg two tablets for 5 days; -no discontinue order for Naltrexone 50mg one half tablet for 2 days then one tablet daily thereafter.</p> <p>Observations on 6/14/18 at 12:15pm of client #8's medications on site revealed the following: -Naltrexone 50mg one half tablet for 2 days then one tablet daily thereafter not on site; -Vitamin D2 1.25mg one tablet weekly dispensed 5/25/18; -Fluconazole 150mg one tablet daily one dose not on site.</p> <p>Interview on 6/12/18 with client #8 revealed: -staff administer her medications;</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
---	---

(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 11</p> <p>-get medications daily.</p> <p>Interview on 6/14/18 with the Vice President of Clinical Services and the Chief Executive Officer revealed:</p> <ul style="list-style-type: none"> -train staff to do medications and MARs; -have a Nurse Practitioner who oversees medications; -not sure why continued problems with medications. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to access the Health Care Personnel Registry(HCPR) before hiring for 1 of 6 staff (#6). The findings are:</p> <p>Review on 6/12/18 of staff #6's personnel record revealed: -a hire date of 9/29/17 with the job title of</p>	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
---	---

(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 131	<p>Continued From page 12</p> <p>Substance Abuse Counselor; -the HCPR check completed on 6/12/18.</p> <p>Interview on 6/12/18 with Human Resources Staff revealed: -the original HCPR check was completed; -the original HCPR check could not be located; -completed a current one.</p> <p>Interview on 6/13/18 with staff #6 revealed he had been employed with the facility for almost a year.</p>	V 131		