STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE SURVEY	
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MHL060-381		B. WING		06/14/2018		
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NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
VILLAGES	S OF HOPE HAVEN		RTH TRYON ST			
		CHARLO	TTE, NC 28206	i		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD)	(,,0)	
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				DEFICIENCY)		
1/000			V/ 000			
V 000	INITIAL COMMENTS		V 000			
	A					
	on 6/14/18. Deficienci	up survey was completed				
	on 6/14/18. Delicienci	es were cited.				
	This facility is licensed	for the following service				
		C 27G .4100 Residential				
	Recovery Programs for					
		orders and Their Children				
	and 10A NCAC 27G .4	4300 Therapeutic				
	Community.					
				DHSR - Mental Hea	***	
V 108	27G .0202 (F-I) Perso	nnel Requirements	V 108	Driok - Mental Hea	ith	
		,		190		
	10A NCAC 27G .0202	PERSONNEL		JUL 172018		
	REQUIREMENTS					
	(f) Continuing educati	ion shall be documented.		Lic. & Cert. Section		
	(g) Employee training					
	provided and, at a min	nimum, shall consist of the				
	following:					
	(1) general organizat					
		rights and confidentiality as				
		AC 27C, 27D, 27E, 27F and				
	10A NCAC 26B;	ne mh/dd/sa needs of the	-			
		ne treatment/habilitation				
	plan; and	to troutino no national or				
	(4) training in infectio	us diseases and				
	bloodborne pathogens					
		d under 10a NCAC 27G				
		apter, at least one staff				
		able in the facility at all				
	times when a client is	T				
	member shall be train					
		agement, currently trained				
		onary resuscitation and				
		maneuver or other first aid				
		ose provided by Red Cross,				
	the American Heart As equivalence for relieving					
	(i) The governing bod					
Division of Usa		y shall develop and				
JIVISION OF HEA	Ith Service Regulation	IDDI IED DEDDEGENTATIVEIC CICALATUDE		TITI E	(X6) DATE	

Division of	Division of Health Service Regulation							
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NOWIDER.	A. BUILDING:					
		MIII 600 004	B. WING		06/14/	/2018		
		MHL060-381			1 00/14/	2010		
NAME OF PE	ROVIDER OR SUPPLIER		DDRESS, CITY, STA					
VILLAGES	OF HOPE HAVEN		RTH TRYON ST					
			OTTE, NC 28206	PROVIDER'S PLAN OF CORRECTION	N	(X5)		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE		
V 108	Continued From pag	e 1	V 108					
V 100	implement policies at	nd procedures for identifying, ng and controlling infectious liseases of personnel and						
	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: 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. 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			First Aid class is scheduled for 7/1 CPR class is scheduled for 7/24/18 V.P operations will coordinate with Human resources to insure that Tare conducted to maintain complined to FA/CPR. V.P Operation track these trainings to insure emare retrained before the expiration of the expi	th V.P frainings iance in s will aployees			

-no documentation of current certification in

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL060-381	B. WING		1	R 14/2018
	ROVIDER OR SUPPLIER	3815 NO	ADDRESS, CITY, STATE DRTH TRYON STRE OTTE, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
	revealed: -hired on 6/1/16 with tit Support/Weekend Ass -documentation of cert completed on 4/8/16 w 4/30/18; -no documentation of C CPR/First Aid. Interview on 6/12/18 w -worked at the facility f -duties included transp appointments/meeting -had training in CPR/F Interview on 6/12/18 w -worked at the facility f -duties included transp recovery meetings; -had training in CPR/F Interview on 6/12/18 w -worked at the facility f -duties included transp recovery meetings; -had training in CPR/Fi Interview on 6/12/18 w -worked at the facility f -duties included transp appointments/meetings -had training in CPR/Fi Interview on 6/14/18 w Clinical Services and th revealed: -always have staff on si CPR/First Aid; -have CPR/First Aid tra year;	staff #5's personnel record ne job title of Peer istant; tification of CPR/First Aid with expiration date of current certification in with staff #1 revealed: for over a year; fortation of clients to off site s; irst Aid. with staff #3 revealed: for over 6 years; fortation of clients to off site first Aid. with staff #5 revealed: for 2 years; fortation of clients to off site site for 2 years; fortation of clients to off site site for 2 years; fortation of clients to off site site currently trained in finings several times a fortal times a fo	V 108			

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ R B. WING 06/14/2018 MHL060-381 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET **VILLAGES OF HOPE HAVEN** CHARLOTTE, NC 28206 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 114 V 114 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. 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: Review on 6/12/18 of the facility's fire and DHSR Construction has reviewed our plan disaster drill documentation from 5/1/17 until 6/12/18 revealed: of correction and cleared us on this -no documentation of fire drills conducted from violation 11/13/17 until 3/9/18; -no documentation of disaster drills conducted from 11/13/17 until 3/9/18. 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

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construction.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
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	OUR WARDYOT		OTTE, NC 28206			
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V 114	Continued From page	4	V 114			
V 118	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 118			
	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.					

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PRINTED: 06/18/2018

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: _ R B. WING MHL060-381 06/14/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET VILLAGES OF HOPE HAVEN CHARLOTTE, NC 28206 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 5 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: 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. 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;

dispensed 5/30/18;

-Gabapentin 300mg 3 tablets three times a day

-Aleve 220mg two tablets as needed.

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	(X3) DATE SURVEY
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V 118	Continued From page	6	V 118		
	from 4/1-6/14 revealed -Amitriptyline 25mg 6 as administered 4/1-6/-Amitriptyline 25mg 2-not listed on May 2018 -Gabapentin 300mg 2 documented as admin 6/1-6/12; -Gabapentin 300mg 3 not listed on June 2011 -Aleve 220mg two table as administered on 4/2 such date exists), 5/1-5 Further review on 6/14 revealed no physician two tablets as needed Interview on 6/13/18 w -gets her medications -Nurse Practitioner hair psychotropic medication Finding #2: Review on 6/12/18 of c-admission date of 2/22 Crack/Cocaine Use Dis Disorder and Schizoaff -physician's order date Buspirone 5mg 2 table -physician's order date one tablet daily. Observations on 6/14/16 medications on site revenue.	tablets at bed documented (12; 3 tablets at bed as needed 8 MAR or June 2018 MAR; tablets three times a day istered 4/1-4/30 and tablets three times a day 8 MAR; tets as needed documented (24-4/30, also on 4/31 (no 5/6 and 6/7. 4/18 of client #1's record 's order for Aleve 220mg present in the record. with client #1 revealed: daily from staff; andles the prescribing of her ons. client #4's record revealed: (2/18 with diagnoses of sorder, Alcohol Use fective Disorder; d 2/5/18 and 2/14/18 for ts twice daily; d 2/14/18 for Lisinopril 5mg			
	one tablet daily. Observations on 6/14/1	18 at 11:43am of client #4's realed the following: e 1mg daily as needed			

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PRINTED: 06/18/2018

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: R B. WING MHL060-381 06/14/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3815 NORTH TRYON STREET VILLAGES OF HOPE HAVEN CHARLOTTE, NC 28206 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 Continued From page 7 V 118 5/24/18: -Buspirone 10mg one tablet twice daily dispensed 5/24/18: -Lisinopril 5mg one tablet daily not on site; -Naproxen 500mg one tablet twice daily as needed not on site. 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. 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. Interview on 6/13/18 with client #4 revealed: -staff give him his medications every morning and every night;

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Finding #3

-not aware of missing any medications.

Review on 6/13/18 of client #6's record revealed:

PRINTED: 06/18/2018

FORM APPROVED Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL060-381 06/14/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3815 NORTH TRYON STREET VILLAGES OF HOPE HAVEN CHARLOTTE, NC 28206 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 8 -admission date of 12/14/17 with diagnoses of Alcohol Use Disorder and Post Traumatic Stress Disorder: -physicians' orders dated 1/6/18 for amlodipine 10mg one tablet daily, HCTZ 25mg on tablet daily and quetiapine 25mg 5 tablets at 9pm. Observations on 6/14/18 at 11:36am of client #6's medications on site revealed the following: -amlodipine 10mg one tablet daily dispensed 5/30/18; -HCTZ 25mg on tablet daily dispensed 5/30/18; -quetiapine 25mg 5 tablets at 9pm dispensed 5/30/18. 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. Interview on 6/13/18 with client #6 revealed: -staff administer his medications every night; -been a few times he has missed the 9pm med call, staff remind him. Finding #4 Review on 6/13/18 of client #7's record revealed: -admission date of 5/17/18 with diagnoses of Alcohol Use Disorder, Cocaine Use Disorder, Heroin Use Disorder and Cannabis Use Disorder; -physician's order dated 6/6/18 for Trinellix 5mg one tablet daily. Review on 6/12/16-6/14/18 of client #7's MARs from 4/1/18-6/14/18 revealed: -venlafexine (generic for Effexor) 75mg listed on

Division of Health Service Regulation

administered 5/17-6/14;

MARs as two tablets twice daily documented as

-benztropine mesylate 0.5mg one tablet at bed

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MMLOSO-381 MMLOSO-381 MMLOSO-381 MMLOSO-381 MMLOSO-381 MMLOSO-PROVIDER OR BUPPLIER STREET ADDRESS, CITY STATE ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28205 CHARLOTTE, NC 28205 CHARLOTTE, NC 28205 V118 SUMMARY STATEMENT OF DESTICIENCY STATE ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28205 CHARLOTTE, NC 28205 V118 Continued From page 9 documented as administered 55/17-6/14; -AZO YeasP Plus one tablet daily documented as administered 55/25, 5/30, 5/31, 6/1-6/5, 6/7-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Problotics two tablets daily documented as administered 55/25, 5/30, 5/31, 6/1-6/5, 6/7-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Problotics two tablets daily documented as administered 55/25, 5/30, 5/31, 6/1-6/5, 6/7-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Problotics 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; -Problotics 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; -Problotics 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; -Problotics two tablets daily ventioner 7/5mg and benztropine mesylate 0.5mg one tablet daily. Observations on 6/14/18 at 11:38am of client #7's record revealed to 6/11/1 left blank. Observations on 6/14/18 at 11:38am of client #7's medications on site revealed the following: -Ventalexiner 5/mg no dosing instructions and no dispensed 5/11/18; -Portzopine mesylate 0.5mg one tablet at bed dispensed 5/11/18. -Portzopine mesylate 0.5mg one tablet at bed dispensed 5/11/18. -Portzopine mesylate 0.5mg one tablet at bed dispensed 5/11/18. -Portzopine mesylate 0.5mg one tablet at bed dispensed 5/11/18. -Portzopine mesylate 0.5mg one tablet daily not on site: -Problotics two tablets daily not on site: -Problotics two tablets daily not on site: -Problotics two tablet	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN SIREST ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206 V 118 Continued From page 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; -Trinelius from 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; -Trinelius from one tablet daily documented as administered 5/27, 5/30, 5/31, 6/1-6/5, 6/7-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Trinelius from one tablet daily documented as administered 5/27, 5/30, 5/31, 6/1-6/5, 6/7-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Trinelius from one tablet daily documented as administered 5/27, 5/30, 5/31, 6/1-6/5, 6/7-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Trinelius from one tablet daily documented as administered 5/27, 5/30, 5/31, 6/1-6/5, 6/7-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Trinelius from one tablet daily documented as administered 5/27, 5/30, 5/31, 6/1-6/5, 6/7-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Trinelius from one tablet daily not one tablet daily not one tablet daily not one daily one daily one daily one daily daily not one tablet daily not one tablet daily not one site; -Probiotics two tablets daily not on site; -Trinelius from one tablet daily not one site; -Trinelius from one tablet daily not one site; -Trinelius from one tablet daily not bloometer and call of 2/18 with dagnoses of cocarie use Disorder; -physicians orders cited from the from	AND PLAN C	DE CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LE FED	
MANGE OF PROVIDER OR SUPPLIER SITEST ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, KC 28206 (KA) ID PRETIX TAG SUMMARY STATEMENT OF DEFICIENCIES PRETIX TAG CROOL SECULATORY OR LSC IDENTIFYING INFORMATION) V118 Continued From page 9 documented as administered 5/17-6/14; -AZO Yeast Plus one tablet daily documented as administered 5/25, 500, 501, 61-65, 67-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Probiotics two tablets daily documented as administered 5/25, 500, 501, 61-61, 67-6, 67-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Trineliix 5mg one tablet daily documented as administered 5/25, 500, 501, 61-61, 67-6, 67-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Trineliix 5mg one tablet daily documented as administered 5/25, 500, 501, 61-61, 67-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Trineliix 5mg one tablet daily documented as administered 5/25, 500, 501, 61-61, 67-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Trineliix 5mg one tablet daily documented as administered 5/25, 500, 501, 61-61, 67-6/12 with dosing dates left blank for 5/26-5/29, 6/6; -Trineliix 5mg one tablet daily locumented as administered 5/27, 500, 501, 61-61, 67-67-612 with dosing dates left blank for 5/26-5/29, 6/6; -Trineliix 5mg one tablet daily locumented as administered 5/27-618, 67-67-612 with dosing dates left blank for 5/26-5/29, 6/6; -Trineliix 5mg one tablet daily not one site; -Probiotics two tablets daily not on site; -Probiotics two tablets daily not on site; -Trinteliix 5mg one tablet daily not on site; -Trinteliix 5mg one tablet daily not one site;				R				
CALLIDER OF HOPE HAVEN SUMMARY STATEMENT OF DEFICIENCIES CHARLOTTE, NC 28206			MHL060-381	B. WING		06/	14/2018	
CAST	NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
CHARLOTTE, NC. 28206 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 9 documented as administered 5/17-6/14; -AZO Yeast Plus one tablet daily documented as administered 5/25, 5/30, 5/31, 6/1-8/5, 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, 6/1-8/5, 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, 6/1-8/5, 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, 6/1-8/5, 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. 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 ventafexine 75mg and benztropine mesylate 0.5mg one tablet at bed. Observations on 6/14/18 at 11:36am of client #7's medications on site revealed the following: -Ventafexine 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; -Trintellix 5mg one tablet daily not on site; -T	VILLAGES	S OF HOPE HAVEN			REET			
PREEKY TAG (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEPICIENCY) V 118 Continued From page 9 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; -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. 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. Observations on 6/14/18 at 11:36m 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; -Probiotics was tablets daily not on site; -Trintellix 5mg one tablet daily not on site. Interview on 6/13/18 with client #7 revealed: -admission date of 5/2/18 with diagnoses of Cocaine Use Disorder, Heroin Use Disorder and Cannabis Use Disorder, Heroin Use Disorder and Cannabis Use Disorder, -physicians' orders dated 5/10/18 for Naltrexone			CHARLO	TTE, NC 28206				
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. 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 ventleskine 75mg and benztropine mesylate 0.5mg one tablet at bed. 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; -Trintellix 5mg one tablet daily not on site; -Trintellix 5mg one tablet daily not on site; -trintellix 5mg one tablet daily not on site. Interview on 6/13/18 with client #7 revealed: -staff administer her medications; -missed her med call 1 or 2 times. 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 Camabis Use Disorder, Heroin Use Disorder and Camabis Use Disorder, Heroin Use Disorder and Camabis Use Disorder, Heroin Use Disorder and	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	TION SHOULD BE THE APPROPRIATE	COMPLETE	
50mg one half tablet for 2 days then one tablet daily thereafter;	V 118	documented as admir-AZO Yeast Plus one administered 5/25, 5/3 with dosing dates left -Probiotics two tablet administered 5/25, 5/3 with dosing dates left -Probiotics two tablets administered 5/25, 5/3 with dosing dates left -Trinellix 5mg one tableft blank. Further review on 6/1 revealed no physiciar record for AZO Yeast Probiotics two tablets benztropine mesylated Observations on 6/14 medications on site re-Venlafexine 75mg nodispensed date, samp 7/2018; -benztropine mesylated dispensed 5/11/18; -AZO Yeast Plus one -Probiotics two tablets -Trintellix 5mg one half tablets -Trintellix 5mg on	tablet daily documented as 30, 5/31, 6/1-6/5, 6/7-6/12 blank for 5/26-5/29, 6/6; s daily documented as 30, 5/31, 6/1-6/5, 6/7-6/12 blank for 5/26-5/29, 6/6; s daily documented as 30, 5/31, 6/1-6/5, 6/7-6/12 blank for 5/26-5/29, 6/6; blet daily dosing date of 6/11 4/18 of client #7's record as' orders present in the Plus one tablet daily, adaily Venlafexine 75mg and a 0.5mg one tablet at bed. 4/18 at 11:36am of client #7's evealed the following: a dosing instructions and no ble with expiration date are 0.5mg one tablet at bed. 4/18 at 11:36am of client #7's evealed the following: a dosing instructions and no ble with expiration date are 0.5mg one tablet at bed. 4/18 at 11:36am of client #7's evealed the following: a dosing instructions and no ble with expiration date. 5/18 at 11:36am of client #7's evealed tablet daily not on site; blet daily not on site; blet daily not on site; blet daily not on site. 6/18 at 11:36am of client #7's evealed: a daily not on site; blet dai	V 118				

Division of Health Service Regulation

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			D. WING		R	
		MHL060-381	B. WING		06/14/2018	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, ST			
VILLAGES	S OF HOPE HAVEN		RTH TRYON ST			
			TTE, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 118	Continued From page	10	V 118			
	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.				y	
	from 4/1/18-6/14/18 re-Amox-Clav 875-125nd 14 days dosing date of blank with no explanation on 6/2018 MAR; -Fluconazole 150mg of listed on 6/2018 MAR; -Naltrexone 50mg one tablet daily theread MAR, dosing dates lef with no explanation on -Tinidazole 500mg two documented as adminimation of the first state of the firs	ing one tablet twice daily for of 6/7 (am) and 6/8 (am) left tion on the form; ine tablet weekly not listed one tablet daily one dose not a half tablet for 2 days then of the form; in the form; in the form; in tablets for 5 days istered 5/10-5/14. If 18 of client #8's record or tablets for 5 days; for Naltrexone 50mg one men one tablet daily				
	one tablet daily therea -Vitamin D2 1.25mg or 5/25/18; -Fluconazole 150mg o on site.	half tablet for 2 days then fter not on site; ne tablet weekly dispensed ne tablet daily one dose not				
	Interview on 6/12/18 w -staff administer her me					

Division of Health Service Regulation

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL060-381		B. WING	B. WING		3		
	OVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE ORTH TRYON STRE OTTE, NC 28206		06/14/2018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COM	X5) PLETE ATE	
V 118	-get medications daily. Interview on 6/14/18 with the Vice President of Clinical Services and the Chief Executive Officer revealed:		V 118				
	 -train staff to do medications and MARs; -have a Nurse Practitioner who oversees medications; -not sure why continued problems with medications. 						
V 131	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment		V 131				
	Verification 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.						
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: Review on 6/12/18 of staff #6's personnel record revealed: -a hire date of 9/29/17 with the job title of							

Division of Health Service Regulation

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ R B. WING MHL060-381 06/14/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3815 NORTH TRYON STREET VILLAGES OF HOPE HAVEN CHARLOTTE, NC 28206 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 131 V 131 Continued From page 12 Substance Abuse Counselor; -the HCPR check completed on 6/12/18. 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. Interview on 6/13/18 with staff #6 revealed he had been employed with the facility for almost a year.

Division of Health Service Regulation STATE FORM





3815 N. Tryon St. Charlotte, NC 28206 (704) 372-8809 (704) 376-0113 fax

July 11, 2018

www.hopehaveninc.org

Mental Health Licensure & Certification Section Alice Harrison NC Division of Health Service Regulation President, CEO

2718 Mail Service Center Raleigh, NC 27699-2718

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28206

MHL# 060-381

Greetings:

Attached is Hope Haven's response to the Re-cited Standard Deficiencies found in Hope Haven's recent survey with corrections due 7/12/2018. We

believe we have addressed the deficiencies in a satisfactory manner.

Thank you for your work on our behalf. Our commitment is to continue to

improve. We will submit additional information within the time required.

Sincerely,

Alice Harrison

CEO

Jeannie Roberts Medical Advisor Plan of Correction for DHHS June 14, 2018 Survey

V 118 27 G .0209 (C)

Finding #1:

This Rule was not met as evidenced by:

• A medication change was ordered by a prescriber and the change was not reflected on

the May or June MAR.

• No PL information for Aleve 200mg.

Correction made by Counselor on the current MAR and updated Prescriber Signature for the

Aleve has been provided by the NP.

Finding #2:

This Rule was not met as evidenced by:

Issues were missing Prescriber Letters for 3 medications and no dc for Lisinopril which was

listed on the MAR. There was also a missing PL for Naproxen.

Corrections: NP made corrrections for Buspirone, Benzotropine, Losartan as well as

discontinued PL for Lisinopril. Counselor updated MAR to reflect changes.

The Naproxen was prescribed by a dentist for a damaged tooth with a limited supply (a few

days) to manage pain until an extraction could be scheduled for the tooth. This medication was

taken as prescribed and was only needed for a limited time.

Finding #3:

This Rule was not met as evidenced by:

Missing DHHS CI report for missed medication.

Correction: Counselor has completed the Critical Incident Report for this occurrence.

Finding #4:

This rule was not met as evidenced by;

- Missing DHHS CI reports for missing medication.
- Missing PL
- Samples were not labeled
- Medication had not been refilled

Corrections: Appropriate corrections made on the MAR by counselor; Missing CI reports have been completed by counselor; Samples have been labeled appropriately by the NP; all medications are current.

Finding #5:

This Rule was not met as evidenced by:

- Missing Physician Order for Tinidazole
- No DC for Naltrexone
- Vitamin D2 not listed on the MAR

Corrections: MAR updated by counselor to reflect changes in medication adjustments. Prescriber Letter has been updated to reflect medication changes and discontinuances

To continue improving the medication administration process for Hope Haven and to prevent re-occurrence Hope Haven will:

- Provide Client education on the importance of medication procedures during the Client Orientation Period. Two sessions have been conducted; 6/26 and 7/10. The plan is continue the Client Education Session every 2 weeks for new Clients.
- Provide training on the review of medication management procedures for staff approved to oversee medication administration. A training session was held 6/27 with the Clinical Staff and the NP. A follow up will be held on July 14, 2018 and July 21, 2018 for weekend staff.
- Schedule a quarterly meeting with NP and Clinical Staff to review procedures and discuss current medication issues. Dates are 9/26/18 and 12/12/18
- A Counselor on each team will provide weekly monitoring for Critical Incident reporting.
- Publix Pharmacists will continue to provide independent audits of every MAR every 4 to 6 months.