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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL060-381	B. WING		R 06/13/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
VILLAGES	OF HOPE HAVEN		TH TRYON STF TE, NC 28206	REET		
(V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	J (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLE	
V 000	INITIAL COMMENTS		V 000			
	An annual and follow completed on 6-13-19	up survey has was 9. Deficiencies were cited.				
	category: 10A NCAC Community, 10A NCA Recovery Programs for	d for the following service 27 G .4300 Therapeutic AC 27G .4100 Residential or Individuals With orders and Their Children.				
V 114	27G .0207 Emergenc	y Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire plan area-wide disaster play shall be approved by authority. (b) The plan shall be and evacuation proceed posted in the facility. (c) Fire and disaster of shall be held at least repeated for each shirt under conditions that	an shall be developed and the appropriate local made available to all staff dures and routes shall be drills in a 24-hour facility				
	ensure that fire and d at least quarterly on e Review on 5-12-19 of the last quarter of 201 2019 revealed:	as evidenced by: ew the facility failed to isaster drills were completed each shift. The findings are: if fire and disaster drills for l8 and the first quarter on 1st shift was 7am-3pm, 2nd				

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		MHL060-381	B. WING		06/13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		3815 NOR	TH TRYON STR	REET	
VILLAGES	S OF HOPE HAVEN		TE, NC 28206		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 114	Continued From page	e 1	V 114		
	first quarter on 2019. -No second shift the first quarter of 20. Interview on 6-13-19 revealed: -They would ens were completed and	fire drill completed for the disaster drill completed for 19. with the administrator ure fire and disaster drills documented correctly.			
V 118	27G .0209 (C) Medica	ation Requirements	V 118		
	only be administered order of a person autidrugs. (2) Medications shall clients only when auticlient's physician. (3) Medications, incluadministered only by unlicensed persons tripharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications arecorded immediately MAR is to include the (A) client's name;	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The			

Division of Health Service Regulation

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:	
					R
		MHL060-381	B. WING		06/13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE	
			TH TRYON STE	,	
VILLAGES	OF HOPE HAVEN		TTE, NC 28206	\	
0/10/15	STIMMADA ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	TION (V5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
V 118	Continued From page	2	V 118		
	(C) instructions for ac (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be recor				
	kept current effecting #1, #5, #6, #7, #8 and Finding #1 Record review on 6-1 -Admitted 3-26-1 use Disorder, severe, severe, Major depres (Post Traumatic Stres -Review on MAR revealed; Lamotrigine 1.25 once weekly, And dayNo physicians of documentedLamotrigine 100 on the MAR but no di documentedLamotrinine 150 no doctors order documented.	ew, observations and failed to ensure that ministered only on the sician, and the MAR's were six of nine clients (Client d #9) the findings are: 2-19 of client #1 revealed: 9 with diagnoses of Alcohol Cocaine use Disorder, sive Disorder, and PTSD is Disorder) I's from April 2019-June 2019 100 mg once daily, Vit D2 noxicillin 500 mg twice a rder for Lamotrigine 100 mg I'mg written as discontinued scontinue order			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		, ,	E SURVEY PLETED
			A. BOILDING.			Б
		MHL060-381	B. WING		06	R 5/ 13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3815 NO	RTH TRYON STRE	ET		
VILLAGES	S OF HOPE HAVEN	CHARLO	OTTE, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	e 3	V 118			
	100 mg with no notat	ions as to why.				
	-When they go to supposed to bring bat doctor detailing any not observation on 6-13-PM of medications result in the control of	19 at approximately 1:00 vealed: n medications. nd 6-13-19 of client #5's 18 with diagnoses of Alcohol , Cocaine use Disorder Disorder mild, Depressive d Stressor Disorder from April 2019-June 2019 e 25 mg 8 pills at bedtime,				
	am of medications for -No Amytriptyline celebrex 200 mg onc	19 at approximately 11:00 r client #5 revealed: 25 mg 8 pills at bedtime, e in the AM in medications. mg 1 tab at bedtime.				
	record revealed: -Admitted 5-29-1 use Disorder, Cocain Anxiety Disorder, Maj Asthma, Insomnia.	nd 6-13-19 of client #6's 9 with diagnoses of Alcohol e use Disorder, Generalized jor Depressive Disorder, for April and June 2019				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		MHL060-381	B. WING		R 06/13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
VILLAGES	OF HOPE HAVEN		TH TRYON STE TE, NC 28206	REET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
V 118	a day, Trazadone 100 10 mg one at bedtime	IFA 180 mcg 1-2 puffs twice 0 mg at bedtime, Montelkest e. rder for Provebtil HFA 180 day, Trazadone 100 mg at 10 mg one at bedtime. with client #6 revealed: to the doctor she had to med by the doctor with any and 6-13-19 of client #7's 19 with diagnoses of a moderate, Cocaine use ohol use Disorder moderate, Forder recurrent, Homeless. It's from April 2019-June 2019 mg 1 tab in AM, Omprezole and 5-23-19 for nace daily, not on any MAR. 19 at approximately 11:30 ications revealed: 250 mg once daily, not on any with client #7 revealed: to the doctor she knew she gn a letter documenting any	V 118		
	Finding 5 Review on 6-12-19 ar	nd 6-13-19 of client #8's			

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A. BUILDING:	
MHL060-381 B. WING	R 06/13/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
VILLAGES OF HOPE HAVEN 3815 NORTH TRYON STREET	
CHARLOTTE, NC 28206	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF COFPREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY)	SHOULD BE COMPLETE
V 118 Continued From page 5 record revealed: -Admitted 1-28-19 with diagnoses of Severe Alcohol Use Disorder, Mild Cannibis Use Disorder, Unspecified Anxiety Disorder, Major Depressive Disorder, Mild Cocaine use Disorder. -Review of MAR's from April 2019- June 2019 revealed, Paxoetine 20 mg 2 tabs daily, Abilify 5 mg 1/2 tab in the Am, Topirimate 50 mg 1.5 twice a day (June), Topirimate 25 mg 1 tab twice day (physician order dated 2-25-19) Paroxetine 40 mg 1 tab daily (June), Paroxetine 10 mg one tab daily, -No physicians order for Abilify 5 mg 1/2 tab in the AM, Topirimate 50 mg 1.5 twice a day, -Discontinue order for Paroxetine 40 mg on 5 -7-19 but still being given. Interview on 6-13-19 with client #8 revealed: -She is responsible for getting her own medications from her doctor and brings a signed letter from the doctor with medication changes or new medications. Finding 6 Review on 6-12-19 and 6-13-19 of client #9's record revealed: -Admitted 11-6-18 with diagnoses of Opiod Use Disorder Severe, Alcohol use Disorder Mild, Cocaine use Disorder Severe, Bipolar Disorder, Attention Deficit Disorder, Anxiety Disorder, -Review on 6-13-19 of client's MAR's from April 2019-June 2019: No April MAR available for review. June Mar revealed: Sertaline 100 mg being given two tabs in AM even though a discontinue order was signed 5-21-19. Metformin 500 mg once daily, Ingezza 400 mg, or Metformin 500 mg. Interview on 6-12-19 with client #9 revealed:	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		MHL060-381	B. WING		06/13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STAT	TE, ZIP CODE	
VILLAGES	OF HOPE HAVEN		RTH TRYON STR TTE, NC 28206	EET	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRE	CTION (X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
V 118	Continued From page	e 6	V 118		
		e the doctor herself and etter with any medications ications.			
	revealed:	with the Administrators tly started working with a			
	pharmacy that would medications and they	be checking the thought that would help. to have medication			
	This deficiency consti and must be correcte	itutes a re-cited deficiency d within 30 days.			
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131		
	REGISTRY (d2) Before hiring hea health care facility or health care facility sha	alth care personnel into a service, every employer at a all access the Health Care nd shall note each incident opriate business files.			
	failed to ensure that a Personnel Registry) v	as evidenced by: ew and interview the facility an HCPR (Health Care vas completed before hire, staff (staff#4). The findings			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL060-381	B. WING		06	R 5/ 13/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
VILLAGES	S OF HOPE HAVEN		ORTH TRYON STRE	ET		
		CHARL	OTTE, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 131	Continued From pag	e 7	V 131			
	Review on 6-12-19 of -Hire date of 4-1 -HCPR complete					
	-She had been e	with staff #4 revealed: employed at the facility but 2017 after being gone				
	revealed: -She knew and l been done.	with the Administrator HCPR check should have think about it since staff #4				
	This deficiency constand must be corrected	titutes a recited deficiency ed within 30 days				
V 133	G.S. 122C-80 Crimir	al History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR II (a) Definition As us "provider" applies to program and any pro- developmental disab- services that is license Chapter. (b) Requirement A provider licensed und applicant to fill a pos applicant to have an conditioned on conse	EMPLOYMENT. sed in this section, the term an area authority/county ovider of mental health, ility, and substance abuse sable under Article 2 of this n offer of employment by a der this Chapter to an ition that does not require the occupational license is ent to a State and national				
	the applicant has bee	rd check of the applicant. If en a resident of this State for then the offer of employment				

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Division of	of Health Service Regu	lation			FURIV	NAPPROVED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
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		MHL060-381	B. WING		1	13/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
		3815 NO	RTH TRYON STI	REET		
VILLAGES	S OF HOPE HAVEN	CHARLO	TTE, NC 28206			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE
IAG	NEGGE WORK ORK		IAG	DEFICIENCY)		
V 133	Continued From page	e 8	V 133			
	is conditioned on con	sent to a State and national				
		d check of the applicant. The				
	national criminal histo					
	include a check of the	applicant's fingerprints. If				
		en a resident of this State for				
	-	en the offer is conditioned				
		criminal history record				
		t. A provider shall not				
		who refuses to consent to a				
	_	d check required by this				
		herwise provided in this e business days of making				
		of employment, a provider				
		t to the Department of				
	Justice under G.S. 11					
		d check required by this				
	•	it a request to a private				
	entity to conduct a St	ate criminal history record				
	· ·	s section. Notwithstanding				
	G.S. 114-19.10, the D	Department of Justice shall				
	return the results of n	ational criminal history				
	record checks for em	ployment positions not				
	covered by Public Lav	w 105-277 to the				
	•	and Human Services,				
	Criminal Records Che					
	•	eipt of the national criminal				
		the Department of Health				
		, Criminal Records Check				
		provider as to whether the				
	information received i	may affect the employability				

Division of Health Service Regulation

of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State

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STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MHL060-381	B. WING		R 06/13/2019
					1 00/10/2010
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		
VILLAGES	S OF HOPE HAVEN		RTH TRYON ST	REET	
		CHARLO	TTE, NC 28206		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETE
V 133	Continued From page	e 9	V 133		
		d check required by this			
	-	ovider having to submit a			
		ment of Justice. In such a			
		I commence with the State			
		d check required by this			
	section within five but	nployment by the provider.			
		formation received by the			
		al and may not be disclosed,			
	•	nt as provided in subsection			
	(c) of this section. For				
		"private entity" means a			
	business regularly en	· ·			
		d checks utilizing public			
	records obtained fron	- -			
		licant's criminal history			
		one or more convictions of			
	a relevant offense, th	e provider shall consider all			
		s in determining whether to			
		ousness of the crime.			
	(2) The date of the cr				
	(3) The age of the pe	rson at the time of the			
	conviction.				
	(4) The circumstance	s surrounding the			
	commission of the cri	me, if known.			
	(5) The nexus between	en the criminal conduct of			
	the person and the jo	b duties of the position to be			
	filled.				
	(6) The prison, jail, pr				
		ployment records of the			
	•	the crime was committed.			
	(7) The subsequent of a relevant offense.	commission by the person of			
		of a relevant offense alone			
		employment; however, the			
		considered by the provider.			
		lifies an applicant after			
	-	elevant factors, then the			

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MHL060-381 MHL060-381 MHL060-381 MHL060-381 MHL060-381 MHL060-381 MHL060-381 MHL060-381 MHL060-381 STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206 (XA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG COntinued From page 10 provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.		T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 10 provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLE	=160
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 10 provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.						R	t
VILLAGES OF HOPE HAVEN 3815 NORTH TRYON STREET CHARLOTTE, NC 28206 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 10 provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.			MHL060-381	B. WING		1	
VILLAGES OF HOPE HAVEN CHARLOTTE, NC 28206 CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DATE	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CHARLOTTE, NC 28206 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 10 V 133 provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.			3815 NOR	TH TRYON STE	REET		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 10 provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.	VILLAGES	S OF HOPE HAVEN	CHARLOT	TE, NC 28206			
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the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.	V 133	Continued From page	e 10	V 133			
(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense As used in this section, "relevant offense." means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 194,	V 133	provider may disclose the criminal history re to the disqualification of the criminal history applicant. (d) Limited Immunity. or employee of a provice of a pro	e information contained in cord check that is relevant, but may not provide a copy record check to the - A provider and an officer vider that, in good faith, ction shall be immune from provider to employ an sof information provided in cord check of the individual. In employee's history of eemployee's criminal srequested and received in section. - As used in this section, cans a county, state, or ry of conviction or pending whether a misdemeanor or on an individual's fitness to rethe safety and well-being of that health, developmental nace abuse services. These minal offenses set forth in ricles of Chapter 14 of the cicle 5, Counterfeiting and costitutes; Article 5A, we and Legislative Officers; article 7A, Rape and Other 8, Assaults; Article 10, inction; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary akings; Article 15, Arson and the 16, Larceny; Article 17, Embezzlement; Article 19,	V 133			

Division of Health Service Regulation

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PRINTED: 06/17/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING: _		
	MHL060-381	B. WING		R 06/13/2019
	WITI 2000-36 I			06/13/2019
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
VILLAGES OF HOPE HAVEN	3815 NOI	RTH TRYON STR	REET	
	CHARLO	TTE, NC 28206		,
PREFIX (EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 133 Continued From pag	ge 11	V 133		
Fraudulent Use of C Article 19B, Financia Act; Article 20, Fraud 26, Offenses Agains Decency; Article 26A Article 27, Prostitutio 29, Bribery; Article 35, Off Peace; Article 36A, I Article 39, Protection Protection of the Far Intoxication; and Arti Crime. These crimes sale of drugs in viola Controlled Substance 90 of the General St offenses such as sal violation of G.S. 18E impaired in violation G.S. 20-138.5. (f) Penalty for Furnis applicant for employ supplies, or otherwis an employment appl criminal history reco shall be guilty of a C (g) Conditional Emplement obtaining the results check regarding the following requirement (1) The provider shall prior to obtaining the criminal history reco subsection (b) of this fingerprint cards as a (2) The provider shall	redit Device or Other Means; al Transaction Card Crime ds; Article 21, Forgery; Article t Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article 11, Misconduct in Public fenses Against the Public Riots and Civil Disorders; of Minors; Article 40, mily; Article 59, Public icle 60, Computer-Related as also include possession or ation of the North Carolina les Act, Article 5 of Chapter atutes, and alcohol-related le to underage persons in 3-302 or driving while of G.S. 20-138.1 through shing False Information Any ment who willfully furnishes, se gives false information on lication that is the basis for a rd check under this section class A1 misdemeanor. Ioyment A provider may conditionally prior to of a criminal history record applicant if both of the			

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1		(X3) DATE SURVEY COMPLETED
	MHL060-381	B. WING		R 06/13/2019
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
VILLAGES OF HOPE HAVEN 3815 NORTH TRYON STREET				
) ID SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
Continued From page 12		V 133		
2001-155, s. 1; 2004-	124, ss. 10.19D(c), (h);			
This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that a criminal record check was requested within 5 days of hire, effecting one of four staff (staff #4). The findings are:				
Review on 6-12-19 of staff #4's record revealed: -Hire date of 4-1-17Criminal record check completed on 11-6-14 11-5-14				
Interview on 6-12-19 with staff #4 revealed: -She had been employed at the facility but leftShe returned in 2017 after being gone several months.				
revealed: -She knew and chave been done.	riminal record check should			
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