

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 06/13/2019
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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
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V 000 INITIAL COMMENTS

An annual and follow up survey has was completed on 6-13-19. Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27 G .4300 Therapeutic Community, 10A NCAC 27G .4100 Residential Recovery Programs for Individuals With Substance Abuse Disorders and Their Children.

V 000

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.

V 114

DHSR - Mental Health
JUL 01 2019
Lic. & Cert. Section

This Rule is not met as evidenced by:
Based on record review the facility failed to ensure that fire and disaster drills were completed at least quarterly on each shift. The findings are:

Review on 5-12-19 of fire and disaster drills for the last quarter of 2018 and the first quarter on 2019 revealed:

-Shifts ran from : 1st shift was 7am-3pm, 2nd

Fire and Disaster Drills POC:

V.P. of Operations and Facility Manager created a shared calendar on 6/24/19 that set dates for quarterly emergency drills. These drills have been scheduled to ensure all shifts are covered for the quarter. A week before the end of each quarter, the vice president of Operations

6/24/19 ongoing

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

Nancy Hamilton

TITLE

VP Human Resources

(X6) DATE

6/21/2019

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>shift was 3pm-11-pm, and 3rd shift was 11pm-7am.</p> <p>-No second shift disaster drill completed for the first quarter of 2019.</p> <p>Interview on 6-13-19 with the administrator revealed:</p> <p>-They would ensure fire and disaster drills were completed and documented correctly.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days</p> <p>27G .0209 (C) Medication Requirements</p>	V 114	<p>and the Facility Manager will meet to discuss the calendar and confirm that each shift's drill was completed for the quarter being reviewed. If a drill was missed, that shift's drill will be completed before the end of the quarter. Written logs of each meeting will be completed at the conclusion of the meeting.</p> <p>The Vice President of Operations will be responsible for the execution of this corrective action plan and ongoing compliance.</p>	7/13/19 Ongoing
V 118	<p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p>	V 118	<p>Medication Requirements General POC:</p> <p>1. Each counselor will conduct a monthly MAR audit with the onsite Nurse Practitioner. This audit will include a review of each client on the caseload receiving medication.</p> <p>2. The Medication Management Committee will audit the MAR for all new admissions during the month. The counselor will sign a written confirmation after each monthly MAR audit, confirming that the MAR audit was performed, and documenting any deficiencies. For any deficiency noted, the counselor will provide a written plan of action to correct the deficiency.</p> <p>3. Wingate University Pharmacy students will conduct bi-weekly MAR audits through the Wingate Community Service Learning Program. A minimum of 10% of the daily census will be audited through this initiative.</p>	7/13/19 Ongoing 7/13/19 Ongoing 7/13/19 ongoing

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V 118	<p>Continued From page 2</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observations and interviews the facility failed to ensure that medications were administered only on the written order of a physician, and the MAR's were kept current effecting six of nine clients (Client #1, #5, #6, #7, #8 and #9) the findings are:</p> <p>Finding #1 Record review on 6-12-19 of client #1 revealed: -Admitted 3-26-19 with diagnoses of Alcohol use Disorder, severe, Cocaine use Disorder, severe, Major depressive Disorder, and PTSD (Post Traumatic Stress Disorder) -Review on MAR's from April 2019-June 2019 revealed;Lamotrigine 100 mg once daily, Vit D2 1.25 once weekly, Amoxicillin 500 mg twice a day. -No physicians order for Lamotrigine 100 mg documented. -Lamotrigine 100 mg written as discontinued on the MAR but no discontinue order documented. -Lamotrinine 150 added to the June MAR but no doctors order documented. -No doctors order for Amoxciliin documented. -April MAR blank 2-25 for the Lamotrigine</p>	V 118	<p>4. All Staff involved with the medication process at Hope Haven will receive refresher medication training.</p> <p>The Medication Management Committee and the Vice President of Human Resources will monitor this POC.</p> <p>Finding #1, Client #1 POC: Client 1 signed a medical release for Client 1's counselor to speak with Client 1's physician about Client 1's medications, and will request that Client 1's physician provide the necessary Orders. Counselor will contact physician no later than 7/13/19 to obtain physician orders.</p>	<p>7/13/19</p> <p>7/13/19 Ongoing</p> <p>7/13/19</p>
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V 118	<p>Continued From page 3</p> <p>100 mg with no notations as to why.</p> <p>Interview on 6-13-19 with client #1 revealed: -When they go to the doctor, they are supposed to bring back a letter signed by the doctor detailing any medicine changes.</p> <p>Observation on 6-13-19 at approximately 1:00 PM of medications revealed: -No Vitamin D2 in medications.</p> <p>Finding #2 Review on 6-12-19 and 6-13-19 of client #5's record revealed: -Admitted 12-11-18 with diagnoses of Alcohol use Disorder, severe, Cocaine use Disorder server, Cannabis us Disorder mild, Depressive Disorder, Trauma and Stressor Disorder unspecified. -Review of Mar's from April 2019-June 2019 revealed:Amytriptyline 25 mg 8 pills at bedtime, celebex 200 mg once in the AM. -No physicians order for Hydroxyzine 50 mg 1 tab at bedtime and no documentation of it on the MAR.</p> <p>Observation on 6-13-19 at approximately 11:00 am of medications for client #5 revealed: -No Amytriptyline 25 mg 8 pills at bedtime, celebex 200 mg once in the AM in medications. -Hydroxyzine 50 mg 1 tab at bedtime.</p> <p>Finding #3 Review on 6-12-19 and 6-13-19 of client #6's record revealed: -Admitted 5-29-19 with diagnoses of Alcohol use Disorder, Cocaine use Disorder, Generalized Anxiety Disorder, Major Depressive Disorder, Asthma, Insomnia. -Review of MAR for April and June 2019</p>	V 118	<p>Finding #2, Client #5 POC: Physician's order for Hydroxyzine 50 mg dated 12/12/18 for Client 5 is in Client 5's file.</p> <p>Finding #3, Client #6 POC: Physician's order for Provebtill HFA and all other medications taken by Client 6, dated 6/12/19 is in Client 6's file.</p>	<p>12/12/18</p> <p>6/13/19</p>
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V 118 Continued From page 4

revealed: Provebtal HFA 180 mcg 1-2 puffs twice a day, Trazadone 100 mg at bedtime, Montelkest 10 mg one at bedtime.

-No physicians order for Provebtal HFA 180 mcg 1-2 puffs twice a day, Trazadone 100 mg at bedtime, Montelkest 10 mg one at bedtime.

Interview on 6-13-19 with client #6 revealed:
-When she went to the doctor she had to bring back a letter signed by the doctor with any medication changes.

Finding #4
Review on 6-12-19 and 6-13-19 of client #7's record revealed:
-Admitted 10-29-19 with diagnoses of Cannabis use Disorder moderate, Cocaine use Disorder Severe, Alcohol use Disorder moderate, Major Depressive Disorder recurrent, Homeless.
-Review on MAR's from April 2019-June 2019 revealed: Glipazide 5 mg 1 tab in AM, Omprezole 20 mg 1 x daily,
-No physicians order for Glipazide 5 mg 1 tab in AM, Omprezole 20 mg 1 x daily.
-Physicians order dated 5-23-19 for Terbinative 250 mg once daily, not on any MAR.

Observation on 6-13-19 at approximately 11:30 am of client #7's medications revealed:
-No Terbinative 250 mg once daily, not on any MAR.
-No Omprozole 20 mg.

Interview on 6-12-19 with client #7 revealed:
-When she went to the doctor she knew she had to get them to sign a letter documenting any medications changes or new orders.

Finding #5
Review on 6-12-19 and 6-13-19 of client #8's

V 118

Finding #4, Client #7 POC:

No physician's order for Glipazide 5 mg
Client 7 has an existing Physician's Order for Glipazide 10mg, but has been breaking them in half so she can take 5 mg. Client 7's counselor will meet with Nurse Practitioner who will obtain a new prescriber's letter/physician's order for Glipazide 5 mg. Nurse practitioner will also receive training on medication management.

7/13/19

Terbinative 250 mg not noted on MAR:
This medication is to treat acute toenail fungus. Client 7 had not received the medication as of the date of the audit. When Client 7 receives the medication and uses it, such use will be appropriately documented in Client 7's MAR is no longer taking this medication.

7/13/19

No physician's order for Omprezole 20 mg:
This is a medication for acid reflux that was prescribed for Client 7 via a physician's order dated 10/30/18, a copy of which is already in Client 7's file. Client 7's counselor will ensure that Client 7's use of Omprezole is appropriately documented in Client 7's MAR going forward.

7/13/19

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V 118	Continued From page 5 record revealed: -Admitted 1-28-19 with diagnoses of Severe Alcohol Use Disorder, Mild Cannabis 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 Opioid 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 twice daily. -No physicians order for Ingezza 400 mg, or Metformin 500 mg. Interview on 6-12-19 with client #9 revealed:	V 118	<u>Finding #5, Client #8 POC:</u> <u>No physician's order for Abilify and Topirimate:</u> There are numerous physician's orders for Abilify in Client 8's file. Physician's order dated 2/25/19 prescribed Abilify 1 pill in the morning (5mg/daily). Physician's order dated 3/12/19 prescribed Abilify 2 pills in the morning (10 mg total). Physician's order dated 4/23/19 discontinued Client 8's use of Abilify altogether. Physician's order dated 6/4/19 prescribed Abilify 10 mg daily. Counselor will ensure that MAR is appropriately completed on a go-forward basis to reflect Client 8's accurate dosage of medication. <u>Paroxetine given despite discontinuance order:</u> There is a physician's order in Client 8's file dated 5/7/19 to discontinue Paroxetine at 40mg/daily and instead take Paroxetine at 30 mg x 2 daily. Counselor will ensure that MAR is appropriately completed on a go-forward basis to reflect Client 8's accurate dosage of medication. *<u>Finding #6, Client #9 POC on next page</u>

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V 118 Continued From page 6

-She would go the the doctor herself and bring back a signed letter with any medications changes or new medications.

Interview on 6-13-19 with the Administrators revealed:

-They had recently started working with a pharmacy that would be checking the medications and they thought that would help.

-They would like to have medication technicians at some point.

This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

V 118 **Finding #6, Client # 9 POC:**

No April MAR available for review:
Client 9's MAR for April 2019 was in client's 6/13/19 record.

Sertaline given despite 5/21/19 discontinue order:
7/13/2019
Organization is aware of the discontinue order and will not administer Sertaline to Client 9. Client 9 will meet with Nurse practitioner and primary counselor to discuss the order and any concerns Client 9 may have about medication management. Counselor will meet with Nurse Practitioner each month or as needed to review Client 9's medications.

V 131 **G.S. 131E-256 (D2) HCPR - Prior Employment 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.

V 131

No physician's order for Ingezza and Metformin:
2/2/19
5/21/19
Physician's orders dated 2/2/19 (for Ingezza) and 5/21/19 (for Metformin) were located.

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure that an HCPR (Health Care Personnel Registry) was completed before hire, effecting one of four staff (staff#4). The findings are:

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V 131	<p>Continued From page 7</p> <p>Review on 6-12-19 of staff #4's record revealed: -Hire date of 4-1-17. -HCPR completed 11-5-14</p> <p>Interview on 6-12-19 with staff #4 revealed: -She had been employed at the facility but left. -She returned in 2017 after being gone several months.</p> <p>Interview on 6-13-19 with the Administrator revealed: -She knew and HCPR check should have been done. -She just didn't think about it since staff #4 was a rehire.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days</p>	V 131	<p>General POC: Beginning 7/1/19, all counselors will meet with the Nurse Practitioner monthly to discuss their caseload medication/MARs. Beginning 7/1/19, the Medication Management Committee will review new admit client files (MAR) for: physicians' orders, # of medications prescribed to their client, MAR sheet, signatures, and refill orders (if needed), etc.</p> <p>The Vice President of Human Resources and the Vice President of Clinical Services will be responsible for the execution of this corrective action plan and ongoing compliance.</p>	
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment</p>	V 133		

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Continued From page 8

is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability 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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V 133	<p>Continued From page 9</p> <p>criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the</p>	V 133		
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(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
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V 133	<p>Continued From page 10</p> <p>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.</p> <p>(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:</p> <p>(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.</p> <p>(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.</p> <p>(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 19A, Obtaining Property or Services by False or</p>	V 133		
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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 06/13/2019
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NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
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(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 133	<p>Continued From page 11</p> <p>Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins</p>	V 133		

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 06/13/2019
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NAME OF PROVIDER OR SUPPLIER VILLAGES OF HOPE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NORTH TRYON STREET CHARLOTTE, NC 28206
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(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
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V 133	<p>Continued From page 12</p> <p>conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>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:</p> <p>Review on 6-12-19 of staff #4's record revealed: -Hire date of 4-1-17. -Criminal record check completed on 11-6-14 11-5-14</p> <p>Interview on 6-12-19 with staff #4 revealed: -She had been employed at the facility but left. -She returned in 2017 after being gone several months.</p> <p>Interview on 6-13-19 with the Administrator revealed: -She knew and criminal record check should have been done. -She just didn't think about it since staff #4 was a rehire.</p>	V 133	<p>Staff #4 POC:</p> <p>The criminal record check required by N.C.G.S. § 122C-80 for Staff #4 was completed on 6/13/2019 and is now included in Staff #4's employee file.</p> <p>The Vice President of Human Resources will complete the HCR check and Background Check on all hires (both new hires and re-hires of former employees) on a go-forward basis. Hope Haven will use a written New Hire Checklist to ensure compliance with this requirement. New Hires department manager will also verify completion of New Hire Checklist</p> <p>The Vice President of Human Resources will audit monthly all new hires during that month to ensure compliance with this requirement and will provide a written report to the Management Team confirming compliance with this requirement.</p>	<p>6/13/19</p> <p>7/13/19 ongoing</p> <p>7/13/19 ongoing</p>
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HOPE HAVEN

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(704) 372-8809
(704) 376-0113 fax

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Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

**Re: Hope Haven, Inc. Plan of Correction
MHL # 060-381**

Dear Patricia Work,

Responsive to your letter of June 18, 2019, and the deficiencies listed in the Revisit Report concerning the annual survey completed on June 13, 2019, I have enclosed the original of Hope Haven, Inc.'s ("Hope Haven") signed Plan of Correction, which addresses each deficiency identified in the Revisit Report.

We welcome a follow up visit from you or another member of the North Carolina Department of Health and Human Services. If you have questions or desire additional information, please do not hesitate to contact me.

Thank you in advance for your consideration. We value our partnership with the Department of Health and Human Services and look forward to continuing that relationship in the future.

Sincerely yours,

Nancy Harville

Enclosure

Hope Haven, a foundation of recovery, provides life skills for chemically dependent adults and families within a supportive residential environment, leading to independence.

DHSR - Mental Health

JUL 01 2019

Lic. & Cert. Section

June 28, 2019