Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	EIED
		MHL060-381	B. WING		10/1	0/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
VILLAGES	S OF HOPE HAVEN	3815 NOR	TH TRYON STR	REET		
VILLAGE	JOI HOLE HAVEN	CHARLOT	TE, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	The complaints were	as completed on 10/10/19. substantiated. (Intakes 603). Deficiencies were				
	categories: 10A NCA Community, 10A NCA Recovery Programs f	d for the following service C 27 G .4300 Therapeutic AC 27G .4100 Residential or Individuals With orders and Their Children.				
V 109	27G .0203 Privileging	/Training Professionals	V 109			
	QUALIFIED PROFES ASSOCIATE PROFE (a) There shall be no qualified professional (b) Qualified professi professionals shall de and abilities required (c) At such time as a employment system i then qualified profess professionals shall de (d) Competence sha exhibiting core skills i (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making; (5) interpersonal skil (6) communication s (7) clinical skills. (e) Qualified professi NCAC 27G .0104 (18)	ssionals privileging requirements for sor associate professionals. onals and associate emonstrate knowledge, skills by the population served. competency-based s established by rulemaking, ionals and associate emonstrate competence. If be demonstrated by including: dge; ss;  lls; kills; and  onals as specified in 10 A )(a) are deemed to have of the competency-based				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMF	PLETED
		MHL060-381	B. WING		10	/10/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
\/// 1.40E/	0 0 1 1 0 DE 11 4 VEN	3815 NO	RTH TRYON STE	REET		
VILLAGES	S OF HOPE HAVEN	CHARLO	TTE, NC 28206			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN (	OF CORRECTION	(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE A	CTION SHOULD BE	COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIE		DATE
V 109	Continued From page	e 1	V 109			
	(f) The governing he	dy for each facility shall				
		ent policies and procedures				
	I	individualized supervision				
		n associate professional.				
	(g) The associate pro	•				
		ified professional with the				
		the period of time as				
		04 of this Subchapter.				
	This Rule is not met	as evidenced by:				
		view and interviews, the				
	facility failed to ensur					
	_	l abilities required by the				
	1	1 of 3 Substance Abuse				
	Counselors (SAC#3).	. The findings are:				
	   Review on 10/3/19 of	SAC#3's personnel record				
	revealed:	OAO#03 personner record				
		rith job title of Substance				
	Abuse Counselor;	in job and or dubotarios				
		diction Specialist(LCAS);				
		in Professional Expectations				
	on 8/8/19;	•				
	-Code of Ethics signe	ed by SAC#3 on 8/2/19				
		wing, "I will place the welfare				
		their families in matters				
	affecting them above	all other concernsIf I know				
	_	violated ethical standards, I				
		olleague's attention. If this				
	fails, I will report the a	activity to my supervisor."				
	D					
		f an incident report dated				
	9/21/19 regarding for					
	revealed the following					
		eutic boundary violation; sident of Clinical Services				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPLI	
		MUU 000 204	B. WING		40/4	0/2040
		MHL060-381			10/1	0/2019
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA			
VILLAGES	OF HOPE HAVEN		TH TRYON STF TE, NC 28206	(CE)		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 109	Executive Officer) on -the FVP of CS was of the relationship; -the FVP of CS was set the Interim CEO and it contact with any clien -internal investigation.  Interview on 10/3/19 vows working on Saturand client #2 came to -client #2 stated she "client #2 reported the relationship with FC#4 FC#4 had a cell phone."	on of the Interim CEO(Chief 9/21/19; in site and acknowledged uspended immediately by instructed to have no its or staff at the facility; was initiated.  with staff #1 revealed: rday 9/21/19 when client #1 her with "high anxiety;" ican't hold it anymore;" is EVP of CS was having a 4, there were pictures and	V 109			
	-work as the weekend counselor; -early on Saturday mo and client #2 stopped -talked to client #1 and -both client #1 and client and started to talk abo between the FVP of -client #1 and client # pictures of the FVP of phone; -saw pictures on FC# FVP of CS kissing; -FC#4 admitted to the	orning(9/21/19), client #1 staff #1 and were upset; d client #2; ent #2 were very emotional out an affair going on CS and FC#4; 2 reported there were f CS and FC#4 on her cell 4's cell phone of her and the e relationship; uspended on 9/21/19 and				

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Interview on 10/3/19 with SAC#3 revealed:

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
		MHL060-381	B. WING		10/1	0/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		3815 NO	RTH TRYON STR	REET		
VILLAGES	S OF HOPE HAVEN	CHARLO	OTTE, NC 28206			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
V 109	Continued From page	e 3	V 109			
	-client #3 came to he	late on the evening of				
	9/20/19 around 9:40p					
	•	edications and client #3				
	made sure she was th	ne last client to get				
	medications;					
		red and she was not acting				
	herself;					
	-asked client #3 what					
		d her own issues to deal				
	_	nd was also carrying around				
	other clients' issues;	sould not do it anymore:				
		could not do it anymore; she did not know if she				
	wanted to stay at the					
		#3 what would happen if a				
		ationship with a client;				
		ns would be investigated				
	and dealt with;	ŭ				
	-client #3 reported he	r roommate FC#4 was in a				
	relationship with the F	FVP of CS;				
	•	cell phone she used to				
	communicate with the					
		e was not able to sleep at				
	_	P of CS and FC#4 would				
	talk for hours on the c					
		the FVP of CS paid for				
	and take FC#4 to his	e pick up FC#4 on Sundays				
	-client #4 stated she	•				
		er the FVP of CS had asked				
	FC#4 to get him some					
	_	she saw the FVP of CS				
		out recovery, staying clean				
	and following the rule					

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relating this information;

and staff would deal with it;

to leave(for her shift to end);"

-client #3 was crying and emotional while she was

-SAC#3 stated "by this time, it was way past time

-told client #3 to calm down, have a nice night

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL060-381	B. WING		10/10/2019
	ROVIDER OR SUPPLIER	3815 NO	DDRESS, CITY, STA RTH TRYON STR DTTE, NC 28206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
V 109 V 512	-the next morning, ca Supervisor (CP Sup) had already been rep Interview on 10/3/19 v -SAC#3 did call and r client #3 on 9/21/19; -already been reporte earlier that morning; -will address issue of	lled the Clinical Program to report it and found out it orted.  with the CP Sup revealed: eport the information from the dots of the second of	V 109		
	(a) Employees shall abuse, neglect and exwith G.S. 122C-66. (b) Employees shall sort of abuse or negle 27C .0102 of this Cha (c) Goods or services purchased from a clie established governing (d) Employees shall necessary to repel or aggressive client and governing body policy is necessary depends characteristics of the and physical and mer of aggressiveness disintervention procedur Subchapter 10A NCA (e) Any violation by a	protect clients from harm, exploitation in accordance and subject a client to any ect, as defined in 10 A NCAC apter.  Is shall not be sold to or ant except through a body policy.  It is easily that degree of force secure a violent and which is permitted by a client (such as age, size antal health) and the degree splayed by the client. Use of es shall be compliance with a client (27E of this Chapter.  In employee of Paragraphs Rule shall be grounds for			

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		
		MHL060-381	B. WING		10/10/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
\/     ACE	OF HODE HAVEN	3815 NOR	TH TRYON STE	REET	
VILLAGES	S OF HOPE HAVEN	CHARLOT	TE, NC 28206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 512	Continued From page	2.5	V 512		
	This Rule is not met Based on records rev former Vice President				
	FVP of CS revealed: -hire date of 5/1/99; -resigned on 9/23/19; -currently licensed as Addiction Specialist (I Clinical Supervisor(Cmost recent complete areas: Client Rights 1 Exploitation 2/8/11 an Alternatives 7/31/19; -Code of Ethics form dated 12/6/13 with the will not engage in any construed as exploita personal gain-be it se- a letter dated 9/23/19 Interim CEO(Chief Ex FVP of CS document "Unfortunately, recent to decide to move for Vice President of Clin immediately. My retire	a Licensed Clinical LCAS) and a Certified CS); ed trainings in the following 2/9/14, Ethics 10/2/13, id Adaptive De-escalation signed by the FVP of CS e following documented: "I v activity that could be tion of residents for exual, financial or social; " 9 sent by e-mail to the recutive Officer) from the			
	Hope Haven's Clinica new leadership in ord forward in its rebuildir be done without me. I and the adventures m during my 20 years of Review on 10/1/19 of	I Department is in need of er to continue to move ng plans and this can best will miss the challenges ny role there has offered me f service at Hope Haven."  FC#4's record revealed: with the diagnoses of			
		er Severe, Alcohol Use			

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DIVISION	i Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			1	<del></del>	
		MHL060-381	B. WING	<del></del>	10/10/2019
NAME OF D	ROVIDER OR SUPPLIER	STREET AN	DRESS, CITY, STA	TE ZIR CODE	
TWANE OF T	NOVIDER OR OUT FIER				
VILLAGES	OF HOPE HAVEN		TH TRYON STE	KEEI	
		CHARLOI	TE, NC 28206		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	IAIE DAIE
				,	
V 512	Continued From page	e 6	V 512		
	Disardar Madarata III	nanasified Depressive			
		nspecified Depressive			
		eficit Hyperactivity Disorder			
	and a History of Eatin				
	-left facility on 9/21/19	against treatment			
	recommendations;				
	-admission assessme				
	documented FC#4 us	ed methamphetamines,			
		as on probation for drug			
	related charges, was	incarcerated for probation			
	violation from 2/5/19-4	4/8/19, completed 90 days			
	of substance abuse tr	eatment on 7/15/19, had an			
	extensive criminal rec	ord, had three children all in			
	the custody of relative	es, had supervised visits with			
	her youngest son in the	ne maternal grandparents'			
	custody, was involved	in severe domestic			
		rtners, had a history of being			
		homeless, had limited			
	_	a conflictual relationship			
	with her parents;	,			
	-Temporary Custody (	Order dated 10/1/18			
		d visitation with her child on			
		ays from 5:00pm-7:00pm			
	and Saturdays from 1	• • • • • • • • • • • • • • • • • • • •			
		n signed by FC#4 dated			
		the following: residents may			
		s without staff approval and			
		allowed until after completion			
	of the training program	·			
		oort" form dated 9/21/19			
		oom was in disarray with			
		<del>_</del>			
		containers, bowls of food			
	_	shoes thrown across the			
	Tioor and two cell pho	nes belonging to FC#4.			
	Paview on 10/1/10 of	the July 2010. August 2010			
		the July 2019, August 2019			
		monthly clinical case notes			
	for FC#4 completed b	-			
	Counselor(SAC) #2 re				
	<ul> <li>-had been medication</li> </ul>	compliant and attended			

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NA(Narcotics Anonymous) three times a week;

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DIVISION	n Health Service Regu	iation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			B. WING			
		MHL060-381	B. WING		10/1	0/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		3815 NOR	TH TRYON ST	REET		
VILLAGES	OF HOPE HAVEN		TE, NC 28206	VLE I		
		CHARLO	1E, NC 20206			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORY OR E	100 IDENTIF TING IN ORMATION)	TAG	DEFICIENCY)	WATE	
			+	,		
V 512	Continued From page	e 7	V 512			
		overy events and Hope				
	Haven forum;				ľ	
	-had attended Group				ļ	
	Educational Group, Ir	ndividual Therapy and			ļ	
	obtained a sponsor;				ļ	
	-FC#4 was given perr	nission to attend visitation			ļ	
	with her child at her p	arents' home on Saturday			ļ	
	·	pm and was also given			ļ	
	permission to make u				ļ	
	on 9/5/19 visitation with FC#4's child was					
		s from 1:00pm-6:00pm due			ļ	
	-	ties interfering with her				
	visitation schedule;	des interiering with her				
		ated by the EVD of CC				
		ated by the FVP of CS				
	_	eported to the FVP of CS				
		d given the FVP of CS a				
	•	and the FVP of CS notified			ļ	
		out for the possible stalker;			ļ	
		closed in a meeting that she			ļ	
	had not been going to	her parents' home every				
	Sunday due to her pa	rents having other				
	commitments;					
	-on 9/21/19 a room se	earch was conducted due to				
	reports FC#4 had a c	ell phone;				
	-FC#4 spent a lot of ti	me in her room as well as				
	the office of the FVP				ļ	
	appointed the Secreta	ary of the Residents'			ļ	
	Association.	,				
	7.0000iation.					
	Interview on 10/1/19 v	with SAC#2 revealed:				
		r client #1, #2 and #3;				
	-also counselor for FC				ļ	
		about FC#4's interaction				
	with the FVP of CS;					
		emails regarding FC#4 and				
	her ex-partner;					
	-the FVP of CS had a	· ·				
	ex-partner FC#4 sent	to him via her personal				
			1	1		1

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-FC#4 received a big bouquet of flowers from her

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	A. BUILDING:	COMPLETED
MHL060-381	B. WING	10/10/2019
NAME OF PROVIDER OR SUPPLIER S'	TREET ADDRESS, CITY, STATE, ZIP CODE	
3	815 NORTH TRYON STREET	
VILLAGES OF HOPE HAVEN	HARLOTTE, NC 28206	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX (EACH CO	DER'S PLAN OF CORRECTION  PRRECTIVE ACTION SHOULD BE  FERENCED TO THE APPROPRIATE  DEFICIENCY)  CX5)  COMPLETE  DATE
ex-partner at the front desk; -went to front desk and receptionist told her flowers were for FC#4; -receptionist told her the FVP of CS said he wo handle the flowers in the office of the FVP of CS-asked the FVP of CS did he want her (SAC#2) talk to FC#4 about the flowers and the FVP of told her he would talk to FC#4 about it; -observed the FVP of CS and FC#4 walk togetl across the parking lot; -during an event, saw the FVP of CS sitting at the same table with FC#4; -wondered why the FVP of CS was investing so much time in FC#4; -voiced her concerns to the CP Sup (Clinical Program Supervisor).  Interview on 10/3/19 with SAC#3 revealed: -client #3 came to her late on the evening of 9/20/19 around 9:40pm; -was administering medications and client #3 made sure she was the last client to get medications; -client #3's eyes were red and she was not acti herself; -asked client #3 what was going on; -client #3 said she had her own issues to deal with like drug court and was also carrying arour other clients' issues; -client #3 stated she could not do it anymore; -client #3 also stated she did not know if she wanted to stay at the facility anymore; -client #3 asked SAC#3 what would happen if a staff was having a relationship with a client; -told her the allegations would be investigated and dealt with; -client #3 reported her roommate FC#4 was in relationship with the FVP of CS;	to CS Inter	

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING: _			
		MHL060-381	B. WING		10/	10/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
VILLAGES	OF HOPE HAVEN		TH TRYON STR	REET		
		CHARLO	TTE, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE, CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
V 512	night because the FV talk for hours on the co-client #3 also stated transportation to com and take FC#4 to his -client #3 stated she cobecause FC#4 told he FC#4 to get him some-client #3 stated after stand up and talk abound following the rule -client #3 was crying a relating this informatic -told client #3 to calm and staff would deal w-SAC#3 stated, "by the toleave (end of SAC#4-the next morning, called and found out it had a Review on 10/1/19 of 9/21/19 regarding FC documented: -evidence of therapeuthe FVP of CS and Frelationship; -brought to the attention 9/21/19; -the FVP of CS was some staff at the facility; -internal investigation Review on 10/1/19 of Review on 10/1	e FVP of CS; e was not able to sleep at P of CS and FC#4 would cell phone; the FVP of CS paid for e pick up FC#4 on Sundays home; decided to finally tell er the FVP of CS had asked e drugs; she saw the FVP of CS out recovery, staying clean s, it made her "sick;" and emotional while she was on; down, have a nice night with it; ois time, it was way past time c3's shift);" lled the CP Sup to report it already been reported.  an incident report dated #4 revealed the following  outic boundary violation; fC#4 were involved in a for of the Interim CEO on on site and acknowledged suspended immediately and e no contact with any clients  was initiated.  a letter dated 9/21/19	V 512			
	completed by the Inte	a letter dated 9/21/19  rim CEO sent to the FVP of  d the following documented:				

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TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 512 Continued From page 10  -"As a result of your acknowledgement of an inappropriate relationship with [FC#4] of Hope Haven, your employment is being suspended;" -"This letter confirms that you will be suspended	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC		(X3) DATE SI	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3815 NORTH TRYON STREET  CHARLOTTE, NC 28206   (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  V 512 Continued From page 10  -"As a result of your acknowledgement of an inappropriate relationship with [FC#4] of Hope Haven, your employment is being suspended;"  -"This letter confirms that you will be suspended			A. BUILDING:			
VILLAGES OF HOPE HAVEN  3815 NORTH TRYON STREET CHARLOTTE, NC 28206  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 512  Continued From page 10  -"As a result of your acknowledgement of an inappropriate relationship with [FC#4] of Hope Haven, your employment is being suspended;" -"This letter confirms that you will be suspended  3815 NORTH TRYON STREET CHARLOTTE, NC 28206  ID PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION SHOU		MHL060-381	B. WING		10/1	0/2019
CHARLOTTE, NC 28206  (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 512  Continued From page 10  -"As a result of your acknowledgement of an inappropriate relationship with [FC#4] of Hope Haven, your employment is being suspended;" -"This letter confirms that you will be suspended	NAME OF PROVIDER OR SUPPLIE	LIER STREET ADD	DRESS, CITY, STATE,	ZIP CODE		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 512 Continued From page 10  -"As a result of your acknowledgement of an inappropriate relationship with [FC#4] of Hope Haven, your employment is being suspended;" -"This letter confirms that you will be suspended	VILLAGES OF HOPE HAVEN	EN EN		ĒΤ		
V 512  Continued From page 10  -"As a result of your acknowledgement of an inappropriate relationship with [FC#4] of Hope Haven, your employment is being suspended;" -"This letter confirms that you will be suspended	PREFIX (EACH DEFI	MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTY OF THE APPROPERTY O	D BE	COMPLETE
-"As a result of your acknowledgement of an inappropriate relationship with [FC#4] of Hope Haven, your employment is being suspended;" -"This letter confirms that you will be suspended				DEFICIENCY)		
from work immediately, September 21, 2019 through Monday September 23, 2019;"  "During this time I will lead an investigation into the allegations that came forth today;"  "As part of this investigation, i instruct you to commit in writing the nature, scope and duration of your relationship with [FC#4]. Please send this to me by Noon Monday, September 23rd,"  "Other than me, you are to have no contact with staff, no contact with current residents, no contact with former resident, no contact with committy referral resources;"  "I will contact you on Monday, September 23, 2019 to set up an offsite meeting to discuss next steps in regards to the conclusion of the investigation."  Interview on 10/3/19 with staff #1 revealed:  -was working on Saturday 9/21/19 when client #1 and client #2 came to her with "high anxiety;"  -client #2 stated she "can't hold it anymore;"  -client #2 stated she "can't hold it anymore;"  -client #2 stated the FV of CS was having a relationship with FC#4, there were pictures and FC#4 had a cell phone;  -staff #1 went immediately to report this to her supervisor(SAC#1);  -SAC#1 decided to tell clients at the morning meeting there will be room searches completed;  -checked FC#4's room first and observed two cell phones laying on FC#4's bed;  -having a cell phone was against the rules;  -went to SAC#1's office to discuss the cell phone rule infraction;  -SAC#1 pushed a button on the cell phone and a picture of FC#4 and the FVP of CS kissing popped up;	-"As a result of y inappropriate re Haven, your em -"This letter con from work imme through Monday -"During this tim the allegations to reasonable in writing of your relations to me by Noon I -"Other than me staff, no contact with former residereral resource -"I will contact your steps in regards investigation."  Interview on 10/-was working or and client #2 ca -client #2 report relationship with FC#4 had a cell -staff #1 went in supervisor(SAC -SAC#1 decided meeting there we checked FC#4" phones laying o -having a cell phones laying o -having a cell phones reconstruction; -SAC#1 pushed picture of FC#4	if your acknowledgement of an relationship with [FC#4] of Hope mployment is being suspended;" onfirms that you will be suspended nediately, September 21, 2019 ay September 23, 2019;" ime I will lead an investigation into a that came forth today;" is investigation, I instruct you to ing the nature, scope and duration inship with [FC#4]. Please send this in Monday, September 23rd;" ine, you are to have no contact with act with current residents, no contact sident, no contact with community rees;" you on Monday, September 23, or an offsite meeting to discuss next distort the conclusion of the  0/3/19 with staff #1 revealed: on Saturday 9/21/19 when client #1 came to her with "high anxiety;" and she "can't hold it anymore;" orted the FVP of CS was having a with FC#4, there were pictures and cell phone; immediately to report this to her (C#1); ed to tell clients at the morning will be room searches completed; 4's room first and observed two cell on FC#4's bed; phone was against the rules; #1's office to discuss the cell phone and a button on the cell phone and a	V 512			

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Division of	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		MHL060-381	B. WING		10/10/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
			RTH TRYON STE			
VILLAGES	OF HOPE HAVEN		TTE, NC 28206	· <del></del> -		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PRÉFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETI	E
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	TATE DATE	
) / 540			1/540			
V 512	Continued From page	<del>:</del> 11	V 512			
	-recognized the FVP FC#4;	of CS in the picture with				
	•	to call the Clinical Program				
	Supervisor (CP Sup)	and staff #1 remained in the				
	office with FC#4;					
		who was the man in the				
		one and she responded it				
	was the FVP of CS;	why did aho have this				
		why did she have this one and she reported the				
		it at the facility and sent it to				
	her;	it at the identity and cont it to				
	-FC#4 stated she love	ed him and he loved her and				
	she had a key to his h	nome;				
		eeded her phone back to				
	call the FVP of CS;					
		of CS thought this would				
		had already told her to get it of the facility so they can				
	be together;	n of the facility so they can				
	•	of CS would figure out a				
	way for her to get her					
		s not a victim and the FVP of				
	CS told her he loved	her first;				
		#4 she was a victim and				
		he facility for continued				
	treatment;	t an also como the colotion.				
	-telt so sorry for FC#4 -was so disappointed	as she was the victim;				
		ed up at the facility later that				
	morning;	sa ap at the racinty rater that				
	-the FVP of CS stated	d he knew there were				
	rumors, and he was t					
	resignation;					
		the FVP of CS he was				
	suspended;					
	TUD FALL C S SUCIO	nized and stated he did not	1			

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want it to go public and hurt Hope Haven; -did not really know the FVP of CS;

-clients were very upset as many held the FVP of

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Division of Health Service Regulation

DIVISION	n Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			1			
		MHL060-381	B. WING		10/1	0/2019
NAME OF D	ROVIDER OR SUPPLIER	CTDEET AD	DRESS, CITY, STA	TE ZID CODE		
NAIVIE OF P	ROVIDER OR SUPPLIER		, ,			
VILLAGES	OF HOPE HAVEN		TH TRYON ST	REET		
		CHARLO	TTE, NC 28206			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
V 512	Continued From page	. 12	V 512			
V 312	Continued From page	5 12	V 512			
	CS to a high standard	d.				
	J					
	Interview on 10/1/19	with client #1 revealed:				
	-been at the facility si					
	-was in the same grou					
		of the relationship between				
	FC#4 and the FVP of					
		at the facility for 2 weeks				
		ade her the Secretary of the				
	Residents' Associatio					
		e FVP of CS's office a lot;				
	_	day to go to church and to				
	visit her parents but n	ever saw anybody(family) in				
	the car when she was	s dropped off;				
	-heard a rumor the F\	/P of CS hired				
	transportation for FC#	#4 to go places;				
	-	, confronted FC#4 about the				
	rumors and suspicion					
	·	ent #1 that she and the FVP				
		ng each other for the past 6				
	weeks:	ig each other for the past o				
	,	we care about each other;"				
		The state of the s				
		n her cell phone of her and				
	the FVP of CS kissing					
	•	't expect itI was close to				
		ld talk to him about my				
	problems;"					
	-"this happened, see	him differently;"				
	-"During [on-site reco	very events], [the FVP of				
	CS] got up and preac	hed what they are supposed				
	to do, he was a hypod	critea stupid decision."				
	, 31	·				
	Interview on 10/3/19	with client #2 revealed:				
		, FC#4's roommate, client				
	_	old her the FVP of CS had				
	kissed FC#4;	old fiel tile i vi ol oo liau				
	,					
	-did not tell anybody;					
		nt #3 came to her again and				
		as hiring transportation				
	services to pick FC#4	up on Sundays and take				

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DIVISION	i Health Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			D WING			
		MHL060-381	B. WING		10/1	0/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE		
			TH TRYON STE	,		
VILLAGES	OF HOPE HAVEN			KEET		
		CHARLOT	TE, NC 28206			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	MAIL	DAIL
				,		
V 512	Continued From page	e 13	V 512			
	FC#4 to his home to h	•				
		aturday 9/21/19, client #3				
	came to her again and	d stated FC#4 had pictures				
	on her cell phone of h	er(FC#4) and the FVP of				
	CS kissing;	,				
	•	ent #2) "was full" and went to				
	staff about it:	,				
	,	get up, talk about recovery,				
		sleep with the client;"				
		as "always up under him, in				
		as always up under mim, in				
	his office;"	(alient #2) was upont				
		e (client #3) was upset,				
		and it was really bothering				
	her.					
	lata a da	.:				
		with client #3 revealed:				
	-FC#4 was her roomr					
		itionship between FC#4 and				
	the FVP of CS for abo					
		'P of CS kissed her(FC#4) in				
	the office;					
	-FC#4 told her the FV	P of CS gave her money to				
	turn on her cell phone	e and texted her daily;				
	-FC#4 told her the FV	P of CS was "hooking up in				
	the office" with her(FC	C#4);				
	-saw FC#4 leave their	r room and go to the office				
		und 6:30pm before he left				
	campus;					
	-clients at the facility	were allowed to go to				
	church;	are a sure and go to				
	,	vas going to church with her				
	family;	ac going to origion with hor				
		ld drop her off at the facility				
		ne FVP of CS would hire				
		g her to his home for the				
	afternoon;					
		of her and the FVP of CS				
	kissing on her cell pho					
	-stated she had her o	wn problems to deal with				

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and was not able to deal with the relationship

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	JRVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		MIII 000 004	B. WING		10/40	V00.40
		MHL060-381	D. WIIVO		10/10	)/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		3815 NO	RTH TRYON ST	REET		
VILLAGES	OF HOPE HAVEN		TTE, NC 28206			
	OLIMANA DV OT			PROVIDEDIO DI ANI OF CORRECTIO		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
V 512	Continued From none	- 11	V 512			
V 512	Continued From page	÷ 14	V 512			
	between FC#4 and th	ne FVP of CS.				
	Interview on 10/1/19	with SAC #1 revealed:				
	-worked as the week	end substance abuse				
	counselor;					
	-known the FVP of CS	-				
	-	orning(9/21/19), client #1				
		I staff #1 and were upset;				
	-she talked to client #	•				
		ent #2 were very emotional				
	and started to talk ab					
	between the FVP of 0	•				
		2 reported there were				
	•	f CS and FC#4 on her cell				
	phone;					
	-needed to address the	•				
	•	as it was against the rules;				
		check FC#4's room for the				
	•	began the morning meeting				
	with the clients;					
		nd asked her to come to				
		s in complete disarray;				
		and found trash, left over				
	FC#4's bed;	loor and 2 cell phones on				
	,	to her office to discuss the				
		e to her office to discuss the rmine if the cell phones were				
	working;	milie ii tile celi priories were				
	<b>O</b> .	on the call phone and when				
		on the cell phone and when le cell phone to SAC#1 the				
	sne(FC#4) nanded in screen was dark;	ic con priorie to SAC#1 tile				
	·	k it and give it back to her to				
	determine if it was wo					
		tton and it came up in				
		and SAC#1 saw herself;				
		her button to get it off "selfie"				
	•	f the FVP of CS and FC#4				
	· ·	Tuici vi oi oo allu fo#4				
	kissing came up;		1			

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-was surprised and gave the cell phone to staff #1 -got up and immediately went to call the CP Sup

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Division (	of Health Service Regu	lation			
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL060-381	B. WING		10/10/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	FE, ZIP CODE	
		3815 NO	RTH TRYON STR	EET	
VILLAGES	S OF HOPE HAVEN	CHARLO	TTE, NC 28206		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 512	Continued From page	e 15	V 512		
	to relate the informati-returned to her office with her(staff #1's) ce FVP of CS and FC#4 phone; -asked FC#4 when w FVP of CS; -FC#4 stated he mad Residents' Associatio of the FVP of CS on a it alone; -asked FC#4 how longoing on and FC#4 reafter she was admitted apologized to FC#4 her and told her she with the victim in this situal and the victim in this situal for a stated she was not a stated she was not a stated she was not a for a stated from the FW was going on an her away from the factor of CS and "begged" to for a for a minutes after FC from the FVP of CS; the FVP of CS said, to you" and SAC #1 sewhen the FVP of CS Interim CEO and the	on; and staff #1 took a picture Il phone of the picture of the kissing on FC#4's cell as she ever alone with the e her Secretary of the n and she went to the office a regular basis to talk about g had the relationship been eported it started 2 weeks d; that this had happened to was not at fault and she was tion; ding" the FVP of CS and victim; him and he loves me;" VP of CS felt bad about nd was working on getting cility; VP of CS was drinking marijuana; Il phone back to call the FVP to get it back; could not give her the cell of as it was part of an It to come talk to FC#4 to ctive on the issue; #4 left her office, got a call "I think I need to come talk			

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the room;

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
ANDIEAN	or contribution	IDENTIFICATION NOMBER.	A. BUILDING: _		OOWII EE	-120
		MHL060-381	B. WING		10/1	0/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
VILLACES	S OF HOPE HAVEN	3815 NOI	RTH TRYON STE	REET		
VILLAGES	OF HOPE HAVEN	CHARLO	TTE, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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	(X5) COMPLETE DATE
V 512	Continued From page	e 16	V 512			
	-the FVP of CS stated was resign because "here"; -the Interim CEO informations suspended; -FC#4 went on a visit returned to the facilityFC#4 packed her beleaving the facility; -tried to talk FC#4 into -FC#4 admitted she hasituation with the FVF -FC#4 left the facility.  Interview on 10/3/19 was in the process of the men at the facilitywas in the process of the FVP of CS and phone; -SAC#1 related the inhappened; -SAC#1 wanted him to situation in regards to male perspective since staff; -FC#4 "was consume -FC#4 confessed she with the FVP of CS fortried to support her advictim; -FC#4 insisted she was situation.  Interview on 10/3/19 was consumed to support her advictim; -FC#4 insisted she was situation.	If the best thing he can do it will not get any better from some of the FVP of CS he was atton with her child then of the conditions and said she was attoned to staying but she refused; and told client #3 about her of CS;  with staff #2 revealed: from the and was shown a picture of and was shown a picture of the conditions and to talk to FC#4 about the or being victimized to get a the not listening to the female of the weeks; and let her know she was the with the CP Sup revealed:				
	Interview on 10/3/19 v -was not working on S call from SAC#1;	with the CP Sup revealed: Saturday (9/21/19) and got a				

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client #2 regarding the FVP of CS and FC#4;

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DIVISION	of Health Service Regu	lation	_			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION		E SURVEY PLETED
			A. BOILDING.			
		MHL060-381	B. WING		10	0/10/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE		
			RTH TRYON STE			
VILLAGES	S OF HOPE HAVEN		TTE, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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
V 512	Continued From page	 e 17	V 512			
V 312	-SAC#1 also stated F pictures of her and the phone; -instructed SAC#1 to cell phone since again have a cell phone whover 90 days; -was routine to check-instructed SAC#1 to also instructed SAC#1 to also instructed SAC#1 to see that instructed SAC#1 to discuss cell phone rul cell phones were worth also told SAC#1 to his did this; -headed to the facility-called the Vice Presi and Quality Assurance-arrived on site to fine #1 in SAC#1's office; -informed FC#4 this is inappropriate by the Fiviolation on his part of well as ethics and she everything; -FC#4 stated her family her up for her visit with told FC#4 to go ahea and when she returned happened; -FC#4 stated to the Come he loves me;" -FC#4 left the facility child;	do a room search for the enst the rules for clients to o had not been at the facility rooms on Saturdays; start with FC#4's room first; for to have a witness; er, got a call from SAC#1 room was in complete at two cell phones; take FC#4 to her office to le infraction and determine if king; ave a witness with her when ry dent of Human Resources e(VP of HR/QA); FC#4 with SAC#1 and staff situation was very FVP of CS and was a f state and federal rules as a needed to document will were on their way to pick the her child; ad with her visit with her child ed, they can discuss what to go on her visit with her wed on site and met with her	V 312			

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-SAC#1 related the information to the Interim

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Division of Health Service Regulation					
	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		40/40/2040
		MITICO00-30 I			10/10/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		3815 NO	RTH TRYON STR	REET	
VILLAGES	OF HOPE HAVEN	CHARLO	TTE, NC 28206		
()(4) ID	QUMMARV QT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N (VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	( - /
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE DATE
				DEFICIENCY)	
V 512	Continued From page	- 18	V 512		
	Continued From page	3 10	' ' '		
	CEO;				
	-the CP Sup then rec	eived a cell phone text from			
	the FVP of CS saying	he wanted to meet with her			
	in her office;				
	-the CP Sup sent him	a text back she was in SAC			
	#1's office with the In	terim CEO;			
	-the FVP of CS texted	d her back,"I'm gonna			
	resign;"				
	~	ne FVP of CS back, "This is			
	not going to be favora				
		e, the FVP of CS knocked on			
	the office door, came	•			
		d, "I got a lot going on, I am			
		nterest of Hope Haven, I'm			
	gonna resign;"				
	•	rmed the FVP of CS he was			
	on suspension until a				
	completed;	cogacac			
		onded, "I respect what you're			
		of Hope Haven I walk away;"			
		the FVP of CS to come to			
	his office to have a fu				
		ling, in shock, some were			
	pissed, some in tears				
	•	e until late that afternoon to			
	assist clients in dealir				
		rom the clients' perspective;"			
		peen the "face of Hope			
	Haven, the image of	•			
	riaveri, the image of	i lopo i lavoii.			
	Interview on 10/3/19	with the Interim CFO			
	revealed:	0.0 020			
	-been at the facility for	or one month:			
		II from the VP of HR/QA who			
	•	n she received from the CP			
		TOTAL TOTAL TOTAL THE OF			
	Sup;	of an inappropriate			
	-there was evidence				
		the FVP of CS and FC#4;			
	-arrived on site and to	ound the CP Sup in a	1		

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meeting with SAC#1 and staff #1;

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Division of	of Health Service Regu	lation			1 Orav	TALLINOVED
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE S COMPLI	
		MHL060-381	B. WING		10/1	0/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		3815 NO	RTH TRYON STE	REET		
VILLAGE	S OF HOPE HAVEN	CHARLO	TTE, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 512	Continued From page	: 19	V 512			
V 312	-issue was raised by heard the information roommate(client #3) relationship; -while in this meeting, room; -not sure how he cam-the FVP of CS stated very sorry. Not what I the FVP of CS sat do made vague reference heard enough to war informed the FVP of CS discuss; -asked the FVP of CS relationship with FC#-the FVP of CS expre remorse and stated hof his relationship with-instructed FVP of CS with facility staff, no cand no contact with formed the FVP of Monday 9/23/19; -was preparing to protermination on Mondarsent an e-mail at 11:3 bring his keys to their shortly before noon, FVP of CS's resignatited.	client #1 and client #2 who from FC#4's egarding the inappropriate  the FVP of CS entered the et to be on site; It, "This is really bad, I'm wanted for Hope Haven;" own and opened up and es to the relationship; rant suspension and CS he was suspended; to come to his office to et to reacknowledge the et and he admitted it; ssed deep concern and et thought this was the end en Hope Haven; enot to have any contact ontact with current clients former clients; CS they would meet on ceed with the FVP of CS to meeting; received the e-mail with the on; eff site to get his keys.  a picture on the computer				

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-picture of a cell phone;

-side of female's face;
-front of male's face;

-on the cell phone was a photograph;

-female and male were kissing;

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			B. WING			_
		MHL060-381	D. WING	·····	10/10/2019	<u> </u>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		3815 NO	RTH TRYON STE	PEET		
VILLAGES	OF HOPE HAVEN		OTTE, NC 28206	(LL)		
			711E, NC 20206			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		X5) PLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		ATE
iAO		,	IAG	DEFICIENCY)		
			+			
V 512	Continued From page	e 20	V 512			
	-male was recognizat	ble as the FVP of CS;				
	-ceiling of the room in					
		om at the facility by the				
		on at the facility by the				
	ceiling ductwork.					
	Interview on 10/2/10	with the FVP of CS revealed:				
		nt back and forth between				
		nt back and forth between				
	he and FC#4;					
		sical occurred between he				
	and FC#4;					
		appointed Secretary of the				
		on and they would meet to				
	discuss things;					
		and forth for 6-8 weeks;"				
	-found out about the	whole thing on Saturday				
	9/21/19;					
	-felt he needed to go					
	-staff did an unauthor	ized search of FC#4's cell				
	phone;					
	-staff saw a man on F	C#4's phone,"thought it was				
	me, wasn't me;"					
	-"once rumors start, o	can't fight it;"				
	-"no way to defend m	yself;"				
	-"try to protect the clie	ent(FC#4), myself and Hope				
	Haven;"					
	-"I retired, resigned;"					
	-was not an admissio	n of guilt;				
		e violated FC#4's privacy and				
	looked at her phone;	, ,				
		ne facility because she felt				
		by staff trying make her to				
	confess;	ay area ay mg memo memor				
	· ·	clients were telling FC#4				
	"you're a porn star;"					
		ame up, few people want to				
	just kill it;"	and ap, low people want to				
	-denied FC#4 was sta	aving with him:				
	-provided FC#4 8 Cell	phone number for contact.				

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Interview on 10/3/19 with FC#4 revealed:

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	Bivioloti di Fidalai del vide Rega			
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
l		MHL060-381	B. WING	10/10/2019
I	NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STATE, ZIP CODE	

VILLAGES OF HOPE HAVEN  3815 NORTH TRYON STREET  CHARLOTTE, NC 28206						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
V 512	Continued From page 21	V 512				
	-admitted to the facility on 7/24/19; -left on 9/21/19; -met the FVP of CS in passing during her first few weeks there; -expressed an interest in the Residents' Association; -volunteered to be the Secretary of the Residents' Association; -put up signs for events and typed up minutes; -had issues with her counselor(SAC#2), felt her counselor did not like her; -approached the FVP of CS about it; -the FVP of CS talked to anybody; -nothing out of the ordinary with her; -not supposed to have a cell phone but did; -had the FVP of CS's cell phone number; -were text messages between her and the FVP of CS; -talked about the Residents' Association; -denied saw the FVP of CS off campus; -staff found her phone during a room search; -client #3 had opened her cell phone for the weekend staff; -a weekend staff took a picture of her pictures on her cell phone; -the pictures on her cell phone were private; -five staff were "coming at her about it;" -"it was horrible;" -staff were telling her they needed her for an investigation and were trying to force her to say things that were not true; -wanted her to write a statement; -staff were saying she was the victim and the FVP of CS was the perpetrator; -staff would not give her cell phone back to her; -staff did not have her permission to look in her cell phone; -had her cell phone back now; -never told client #3 anything about her and the FVP of CS;					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPL	
		MHL060-381	B. WING		10/1	0/2019
	ROVIDER OR SUPPLIER	3815 NORT	RESS, CITY, STA H TRYON STF E, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y 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	(X5) COMPLETE DATE
V 512	picture on her cell phe-did tell staff she and denied the FVP of Catake her to his home; denied she told staff her; -'blew up so fast, so bewas not able to stay was crying when she-staff was trying to geher family thought shout; her family did not bell Review on 10/9/19 of 10/9/19 completed by CP Sup revealed the "Saturday(Sat), Septe call from [the VP of H [The VP of HR/QA] ca conversation with [the reported that there is evidence of an inapproach a female resident [FC [The VP of HR/QA] to Sup] was already at hinstructed [the VP of and to let others know same as the informatice CEO] told [the VP of HR/QSat. 11:27am. 11:10am - [Interim CE [SAC#1's] office with that the resident, [FC:	ons when they saw the one; the FVP of CS had contact; S paid for transportation to she loved him and he loved oig, so fast;" at the facility; a packed her belongings; ther to stay; he was using and got kicked oieve she left on her own.  a Plan of Protection dated of the Interim CEO and the following documented: between 21, 2019 10:25am - R /QA] called to report her phone of CP Sup] this morning who can allegation and some copriate relationship between the phone of the FVP of CS]. In and [Interim CEO] [Interim CEO] HR/QA] to document her call of that they must do the con progresses. [Interim HR/QA] that [Interim CEO] wen and meet with [the CP QA] provided documentation [Staff #1]. They confirmed the progresses of oil of the progression o	V 512			

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unlocked both phones. One was operable. It

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		
MIII 000 004			B. WING			
		MHL060-381	B. WING		10/10/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		3815 NO	RTH TRYON ST	RFFT		
VILLAGES	S OF HOPE HAVEN		TTE, NC 28206			
				T		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	( - /	
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		
				DEFICIENCY)		
V 540	0 " 15	00	V/ 540			
V 512	Continued From page	23	V 512			
	opened in camera mo	ode and when closed a				
		the FVP of CS] kissing was				
		t1] took a picture of the				
	picture on the phone.	., took a piotalo el alo				
	· ·	red the office. He expressed				
	regret and acknowled					
		he expected this would be				
	•	-				
	the end of his work at Hope Haven. [Interim CEO] informed [The FVP of CS] that he was suspended					
	_					
	immediately pending an investigation and to					
	accompany [Interim CEO] to his office.					
	11:30am - [The FVP of CS] and [Interim CEO]					
	talked in [Interim CEO's] office. No other staff					
	were available.	0016 +- 6				
	-Met with [the FVP of	=				
		nowledged an inappropriate				
	relationship with [FC#	<del>-</del>				
		cted [the FVP of CS] that he				
	is suspended through					
	-not to be on campus					
		vith any staff or residents				
	-not to have contact v					
	=	nary of his actions by Noon				
	Monday					
	-[The FVP of CS] agre					
	suspension and left th					
	afternoon - An interna	•				
	1	peen instructed document				
	consistently, independent					
	-Text to Board Chair t	o request phone				
	conversation					
	-Call with Vice Chair a	and Treasurer to inform / get				
	input					
	-Informed Board Chair	ir				
	-[FC#4] left Hope Hav	en against the				
	recommendation of st	_				
	Sunday afternoon 9/2	22 -				
	1	er Board Chairs to agree on				

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personnel steps

-Investigation - on-going, thorough, documented

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MHL060-381  B. WING  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE	/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE	
3815 NORTH TRYON STREET	
VILLAGES OF HOPE HAVEN CHARLOTTE, NC 28206	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512  -Termination prepared Throughout the weekend, staff met with residents to address rumors and support residents Monday morning 9/23  -Initial staff documentation submitted -Drafted termination letter -E-mailed (the FVP of CS) re: face-to-face meeting off-site at Noon with [the VP of HR/QA] -11:30am - received letter of resignation effective 9/23  Monday afternoon -Noon - met with [the FVP of CS] and [the VP of HR/QA] to acknowledge letter of resignation, collected keys and provided direction he not be on campus unless to remove personal items accompanied by [the VP of Operations]Letter to all staff announcing (the FVP of CS] resignation; clinical services under the leadership of [CP Sup], and Interim CEO  Tuesday morning 9/24 - additional staff documentation completed. Throughout the week, multiple small group and large group meetings with residents (including 9/25 and 9/25) and with staff were held. Residents and staff were assured of the professional standards of [the facility], our commitment to their work of supporting/their own recovery, and to encourage everyone to not participate in rumors and to honor all persons privacy and confidentiality. Consulted with NC DMH/DD/SAS staff, prepared iris report, consulted with LME and with former Board Chairs (with relevant expertise) as resources, to assure proper steps were being taken.  Actions taken as a result of the Type A1 violation After the [SAC#1] notified [Interim CEO]. [the CP Sup], of the accusation that [the FVP of CS] and client inappropriate relationship, the follow steps	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL060-381	B. WING		10/10/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
VILLAGES	S OF HOPE HAVEN	3815 NORT	TH TRYON STE	REET		
VILLAGE	JOI HOLE HAVEN	CHARLOT	TE, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 512	Continued From page	25	V 512			
V 512	S OF HOPE HAVEN  CHARLOTTE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 512			
	CP Sup] and [the VP					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		MHL060-381	B. WING		10	0/10/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
			RTH TRYON STRE				
VILLAGES	S OF HOPE HAVEN		OTTE, NC 28206	<del>-</del> -			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE	
V 512	Continued From page	e 26	V 512				
	to allow them to expressive affected and impacted. Written Statements of was submitted by [SA Sup] was forwarded to Services].  -An All Resident and were called by the Interaction acknowledge the occilients the corrective immediately upon distribution. Training on Profession Standards was conducted.	d them. documenting this incident AC#1 and Staff #1, the CP o the [the VP of Resident  Staff Emergency Meetings erim CEO 9/25 and 9/26 to urrence and to reassure actions were taken covering this incident. onal Boundaries and Ethical ucted using NC GS State ven Policy and Procedure					
	the diagnoses of Stimand Alcohol Use Discovictim of severe dome abuse, was homeless children, had limited conflictual relationship of CS had been empl 5/1/99 and was curre a CCS. The FVP of CRights, Ethics, Exploifacility's Code of Ethicactivity that could be residents for persona or social." On 9/21/19 of CS had been engaviolated therapeutic by past 6 weeks. The FV relationship to adminite the relationship to the facility. FC#4 had	o the facility on 7/24/19 with nulant Use Disorder Severe order Moderate. FC#4 was a sestic violence and sexual so, had lost custody of all her coping skills and had a powith her family. The FVP oyed with the facility since nutly licensed as a LCAS and its was trained in Client tation and had signed the cost o "not engage in any construed as exploitation of I gain-be it sexual, financial or, it was discovered the FVP ged in an relationship that boundaries with FC#4 for the light of CS admitted to the strative staff. FC#4 admitted several staff and clients at a picture on her cell phone is CS kissing at the facility.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
MHL060-381 B. WING			10/10/2019					
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
VILLAGES	S OF HOPE HAVEN		H TRYON STF E, NC 28206	REET				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE		
V 512	CHARLOTTI (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		V 512					

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