Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
	MHL060-381		B. WING		11/27/2019	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	1 11/2	772010
			TH TRYON STE			
VILLAGES	S OF HOPE HAVEN	CHARLOT	TE, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	A complaint and limited Type A1 follow up survey was completed on 11/27/19. The limited follow up survey was for the Type A1 rule violation cited during the complaint survey completed on 10/10/19. This was a limited follow up, only 10 A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION V512 was reviewed for compliance. The following was brought back into compliance: 10 A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION V512. The complaint was substantiated (Intake #156791). A deficiency was cited. This facility is licensed for the following service categories: 10 A NCAC 27 G .4300 Therapeutic Community, 10 A NCAC 27 G .4100 Residential Recovery Programs for Individuals With Substance Abuse Disorders and Their Children.					
V 738	27G .0303(d) Pest Co 10A NCAC 27G .0303 EXTERIOR REQUIR (d) Buildings shall be rodents.	3 LOCATION AND	V 738			
	facility failed to ensur from insects. The find Interview on 11/21/19 Operations (VP of Op	riew and interviews, the e buildings were kept free lings are: with the Vice President of				

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
		MHL060-381	B. WING		11/27/2019			
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE				
VIIIIACE	OF HODE HAVEN	3815 NOI	RTH TRYON STR	REET				
VILLAGES	S OF HOPE HAVEN	CHARLO	TTE, NC 28206					
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)			
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE			
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE			
				,				
V 738	Continued From page	e 1	V 738					
	of the facility last mor	nth;						
	-had bedbugs reporte	ed in the Women's Program						
	recently;							
	-all areas were treate							
	-have a protocol for m							
	Department;	ved by the local Health						
	-have a heat tent and chemicals; -also treat perimeters of adjoining rooms; -rooms are stripped completely; -also belongings are put in industrial washer and dryer; -any other belongings that cannot be treated are thrown away; -have recently thrown out some furniture; -clients are moved to other rooms while rooms							
	are treated for bedbugs;							
	-	and considered "down" for						
	a period of time;							
	-are more "reactive th	•						
	-would like to do more preventive; -as clients are admitted, used to put their							
	belongings in heat treatment for 4 hours and also							
	put in washer/dryer prior to belongings going to							
	their room;							
-had a lot of staff turnover and budget cutbacks;								
	-not enough staff to h	andle this task now.						
	Interview on 11/21/19	with the Δesistant						
	Maintenance Manage							
	-	cals and heat tent to treat for						
	bedbugs;							
	-throw away furniture							
		ent done for bedbugs;						
		y treating adjoining rooms;						
	-have rooms "down" เ	until clear of bedbugs.						

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Review on 11/21/19 of documentation of bedbug treatment/prevention completed by the Assistant Maintenance Manager from 9/1/19-11/21/19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		(X3) DATE SURVEY COMPLETED	
AND LEAR OF GOTALESTICAL			A. BUILDING: _			
		MHL060-381	B. WING		11/27/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
		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 LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
V 738	Continued From page 2 revealed the following:		V 738			
	-9/11 carpet cleaned	in 10 rooms/preventive;				
	-9/17 carpet cleaned	in 9 rooms/preventive;				
	-9/20 treated 3 rooms					
		also treated perimeters;				
		nt for 2 rooms, sprayed 15				
	rooms for preventive;					
	 -9/25 treated 8 rooms, need new mattresses; -9/26 third treatment for 2 rooms, also treated box springs; -9/30 treated 2 rooms/preventive; 					
	-10/8/19 saran wrapped 3 mattresses.					
	Review on 11/26/19 of a "Bed Bug Procedures" revealed the following documented:					
	"1. Report of Bedbugs is submitted through work request system;					
	2. Member of mainter	nance staff will do visual				
	check of room the sa					
	3. If no evidence is found room will be sprayed along cracks and crevices;4. If evidence is found room will be sprayed.					
		· · · · · · · · · · · · · · · · · · ·				
Depending on amount of infestation, mattr will be either heat treated or discarded. Fu						
	will be treated or disc					
	5. Linens and clothing treated in dryers;	g will be laundered and heat				
	6. Additional items wi	Il he heat treated:				
		erity of infestation, room				
		cated to another room only				
	taking items that have					
	_	remain vacant and will be				
	treated in 7 days;					
	9. Room will be inspected again after second spraying. If no evidence is found, room will be monitored until it is needed. if evidence is still					
	fond, room will contin					
10. Adjacent room will be inspected and sprayed						
	along cracks and crev 11. Room treatment v					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			X3) DATE SURVEY COMPLETED	
		MHL060-381	B. WING		11	/27/2019
	ROVIDER OR SUPPLIER S OF HOPE HAVEN	3815 NC	ADDRESS, CITY, STATE ORTH TRYON STRE OTTE, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (X5)			COMPLETE
V 738	Interview on 11/21/19 revealed: -not had bedbugs in t-not had any bug bite-no knowledge of any Interview on 11/27/19 Operations, the Humathe Board Chairman will continue to treat-also will look at more	heir rooms; s on their bodies; bedbugs currently. with the Interim Chief of an Resources Director and	V 738			

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