

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 01/31/2020
--	---	---	---

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
V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 1/31/20. The complaints were substantiated(Intakes #159097, #159095). A deficiency was cited.</p> <p>This facility is licensed for the following service categories:This facility is licensed for the following service categories: 10A NCAC 27 G .4300 Therapeutic Community, 10A NCAC 27G .4100 Residential Recovery Programs for Individuals With Substance Abuse Disorders and Their Children.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

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 01/31/2020
--	---	---	---

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
V 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug.</p> <p>(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 records review, interviews and observations, the facility failed to ensure medications were administered as ordered by a physician and MARS were kept accurate and current affecting 2 of 3 clients (#1,#3). The findings are:</p> <p>Finding #1: Review on 1/27/20 of client #1's record revealed: -admission date of 10/1/19; -diagnoses of Methamphetamine Use Disorder-Moderate, Post Traumatic Stress Disorder and Nicotine Use Disorder.</p> <p>Further review on 1/31/20 of client #1's record revealed the following physicians' orders for prescribed medications: -Hydroxyzine 50mg one tablet four times daily dated 12/18/19 with a discontinue order dated 1/27/20; -Halobetasol 0.05% apply twice daily as needed dated 12/18/19; -Prenatal Vitamins with Iron one tablet daily dated 12/18/19; -Nicotine Patch 7gm patch one daily dated 12/18/19; -sertaline(generic for Zoloft) 100mg one tablet daily dated 12/18/19;</p>	V 118		

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 01/31/2020
--	---	---	---

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
V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Amoxicillin 875mg one tablet twice daily for 10 days dated 1/18/20; -Ibuprofen 800mg one tablet three times daily as needed dated 1/18/20; -Acetaminophen 500mg one tablet every 4-6 hours needed dated 1/18/20. <p>Observation on 1/31/20 at 11:50am of client #1's medications on site revealed:</p> <ul style="list-style-type: none"> -Prenatal Vitamins with Iron one tablet daily dispensed 1/8/20; -Nicotine Patch 7gm patch one daily dispensed 12/6/19; -sertaline 100mg one table daily dispensed 1/8/20; -Amoxicillin 875mg one tablet twice daily for 10 days dispensed 1/19/20; -Ibuprofen 800mg one tablet three times daily as needed dispensed 1/19/20; -Acetaminophen 500mg one tablet every 4-6 hours needed over the counter with expiration date of 9/2021 and not opened yet. <p>Continued observation on 1/31/20 at 11:50am of client #1's medications revealed the following medications not on site:</p> <ul style="list-style-type: none"> -Hydroxyzine 50mg one tablet twice daily; -Halobetasol 0.05% apply twice daily as needed; -Methylprednisone 4mg one tablet for 7 days; -sertaline 50mg one tablet in the pm. <p>Review on 1/31/20 of client #1's MARs from 11/1/19-1/31/20 revealed the following:</p> <ul style="list-style-type: none"> -Hydroxyzine 50mg one tablet twice daily documented as administered 12/6-12/30, blank for 12/31(am), 1/16-1/27 blank; -sertraline 50mg one tablet in the pm documented as administered 11/1-11/2, 11/7-11/30, 12/1-12/31, not listed on 1/2020 MAR; -Halobetasol 0.05% apply twice daily as needed 	V 118		

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 01/31/2020
--	---	---	---

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
V 118	<p>Continued From page 3</p> <p>documented discontinued on 1/2020 MAR; -Methylprednisone 4mg one tablet daily for 7 days documented as administered from 12/1-12/17 with "completed" written on 12/2019 MAR.</p> <p>Additional review on 1/31/20 of client #1's record revealed no physicians' orders for the following medications; -Hydroxyzine 50mg decreased to one tablet twice daily no initial physician's order and no discontinue physician's order; -sertaline 50mg one tablet in the pm no initial physician's order and no discontinue physician's order; -Halobetasol 0.05% apply twice daily as needed with no discontinue order; -Methylprednisone 4mg one tablet for 7 days no initial physician's order.</p> <p>Interview on 1/31/20 with client #1 revealed: -got her medications as prescribed on a daily basis; -medication calls were at 7am, 1pm and 6pm.</p> <p>Finding #2: Review on 1/27/20 of client #3's record revealed: -admission date of 12/3/19; -diagnoses of Opioid Use Disorder-Severe, Methamphetamines Use Disorder-Severe, Cannabis Use Disorder-Mild, Xanax Use Disorder-Severe, Hepatitis C and Anxiety Disorder.</p> <p>Review on 1/31/20 of client #3's MARs from 12/3/19-1/31/20 revealed: -Cough DM 30mg/05ml 10ml every 12 hours as needed listed on 1/2020 MAR; -documented as administered on 1/7/20 at 9pm, 1/8/20-1/11/20 twice daily at 6am and 6pm.</p>	V 118		

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 01/31/2020
--	---	---	---

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
V 118	<p>Continued From page 4</p> <p>Observation on 1/31/20 at 11:17am of client #3's medications on site revealed Cough DM 30mg/05ml 10ml every 12 hours as needed not on site.</p> <p>Further review on 1/31/20 of client #3's record revealed no initial physician's order nor a physician's discontinue order present in the record for Cough DM 30mg/05ml 10ml every 12 hours as needed.</p> <p>Interview on 1/31/20 with the Clinical Director revealed: -had a counselor leave suddenly and trying to find needed documentation; -trying to find the needed physicians' orders for clients but unable to find some; -plan to consolidate three medication rooms to one medication room and assign main staff to handle all medications; -too many staff handling the medications.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		