	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		MHL060-381	B. WING		R 07/20/2021	
AME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE,	ZIP CODE		
ILLAGES	OF HOPE HAVEN		RTH TRYON STRE	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{V 000}	INITIAL COMMENTS		{V 000}			
	A follow-up survey wa Deficiencies were cite	as completed on 7/20/21. ed.				
	categories: 10A NCA Recovery Programs f	orders and 10A NCAC 27G				
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112			
	PLAN (c) The plan shall be assessment, and in p legally responsible per of admission for clien receive services beyond (d) The plan shall ind (1) client outcome(s) achieved by provision projected date of ach (2) strategies; (3) staff responsible (4) a schedule for re annually in consultation responsible person of (5) basis for evaluation outcome achievement (6) written consent of responsible party, or	TATION OR SERVICE developed based on the partnership with the client or erson or both, within 30 days ts who are expected to ond 30 days. clude:) that are anticipated to be n of the service and a ievement; ; eview of the plan at least on with the client or legally r both; ion or assessment of				
ion of Hea	Ith Service Regulation					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
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NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
/ILLAGES	OF HOPE HAVEN		ORTH TRYON STRE	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 112	Continued From page	e 1	V 112				
	facility failed to devel to address client nee #2, #4, #6). The findi Finding #1: Review on 7/15/21 of -admission date of 1/	view and interviews, the op and implement strategies ds affecting 4 of 7 clients(#1, ngs are: f client #1's record revealed: 7/21 ol Use Disorder Severe,					
	Depressive Disorder. Review on 7/15/21 at MAR from 6/2/21-7/1 -6/19 no show 9pm n -6/20 no show 9pm n -7/2 no show 830am -7/2 no show 830am -7/12 no show 830am -7/12 no show 830am -omeprazole(generic tablets daily did not ta 7/8/21-7/13/21 due to -sertraline(generic fo tablets at bed did not 7/10/21-7/13/21 due -atorvastatin(generic at bed did not take m	nd 7/16/21 of client #1's 4/21 revealed: neds; ds; meds; meds; for Prilosec) 20mg two ake medication from being out of medication; r Seroquel) 50mg four take medications from to being out of medication; for Lipitor) 80mg one tablet					
	Observation on 7/14/ medications revealed medications had ava Interview on 7/14/21						

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OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
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S OF HOPE HAVEN			ET		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
Coordinator revealed -client #1 has been or -he was at the doctor -she talked with him la medication refills befor -he said he worked at when he got off work; -he said he was off to his medications refilled Interview on 7/19/21 of -got his meds refilled -have all refills now; -worked 10 hours a d -counselor and staff k his refills earlier; -"I told them the deal, -"told them I would ge Review on 7/15/21 of revealed no goals/stra	today; ast week about getting his ore they run out; and the pharmacy was closed day and planned to go get ed. with client #1 revealed: on 7/14; ay; sept reminding him to go get I don't have time;" et them on my day off."	V 112			
-admission date of 1/2 -diagnoses of Cannal Use Disorder, Amphe Disorder, Post Traum Depressive Disorder a Review on 7/14/21 of Practitioner(NP)'s me -gabapentin(generic f tablet three times dail -doxycycline(generic	20/21; bis Use Disorder, Opioid etamine Type Substance Use atic Stress Disorder(PTSD), and Anxiety Disorder. physician/Nurse dication orders revealed: for Neurontin) 300mg one by dated 5/6/21; for Vibramycin) 100mg one				
	ROVIDER OR SUPPLIER S OF HOPE HAVEN SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page Coordinator revealed -client #1 has been ou -he was at the doctor -she talked with him I medication refills befor -he said he worked all when he got off work; -he said he was off to his medications refilled Interview on 7/19/21 v -got his meds refilled -have all refills now; -worked 10 hours a d -counselor and staff k his refills earlier; -"I told them the deal, -"told them I would ge Review on 7/15/21 of revealed no goals/stra #1's issues with medi Finding #2: Review on 7/15/21 of revealed no goals/stra #1's issues with medi Finding #2: Review on 7/15/21 of revealed no goals/stra #1's issues with medi Finding #2: Review on 7/14/21 of Practitioner(NP)'s me -gabapentin(generic f tablet three times dail -doxycycline(generic tablet twice daily date	DF CORRECTION IDENTIFICATION NUMBER: MHL060-381 MHL060-381 ROVIDER OR SUPPLIER STREET A 3 OF HOPE HAVEN 3815 NO CHARLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Coordinator revealed: -client #1 has been out of his medications; -he was at the doctor today; -she talked with him last week about getting his medication refills before they run out; -he said he worked and the pharmacy was closed when he got off work; -he said he was off today and planned to go get his medications refilled. Interview on 7/19/21 with client #1 revealed: -got his meds refilled on 7/14; -have all refills now; -worked 10 hours a day; -counselor and staff kept reminding him to go get his refills earlier; -"I told them the deal, I don't have time;" -"I told them I would get them on my day off." Review on 7/15/21 of client #1's treatment plan revealed no goals/strategies to address client #1's issues with medication compliance. Finding #2: Review on 7/15/21 of client #2's record revealed: -admission date of 1/20/21; -diagnoses of Cannabis Use Disorder, Opioid Use Disorder, Post Traumatic Stress Disorder (PTSD), Depressive Disorder and Anxiety Disorder. Review on 7/14/21 of physician/Nurse Practitioner(NP)'s medication orders revealed: -gabapentin(generic for Neurontin) 300mg one tablet three times daily dated 5/6/21; -doxycycline(generic for Vibramycin) 100mg one tablet twice daily	of CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL060-381 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 2 V 112 Coordinator revealed:	OP CORRECTION IDENTIFICATION NUMBER: A BUILDING: MHL060-381 B: WING B: WING	OP CORRECTION IDENTIFICATION NUMBER: A BUILDING:

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
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V 112	Continued From page	e 3	V 112			
	one tablet three times 100mg one tablet twi Review on 7/16/21 of dated 6/29/21 reveals -noted client missed -counselor called clie discussed the missed -client discussed not side effects and waiti discontinue order; -client "seems to thin knowledge that her p referred her to get a evaluation." -client reports that sh today with doctor at le center; -counselor had client was bothering her ph	ons on 6/26/21; ications gabapentin 300mg s daily and doxycycline ce daily. f a counselor progress note ed: her meds on Sunday; ent to her office and d medications; taking medications due to ng on doctor to send k that she has more hysician, and counselor has MH(Mental Health) e has a 1pm virtual meeting ocal community health write down everything that hysically and mentally to				
	-wants off of gabaper -don't need it; -feel does need to tal "-l am not staying on take;" -"concerned about co mess up her liver: -doxycycline been dis	with client #2 revealed: ntin; ke it; anything I don't need to ontinuing the medication will scontinued; ental health appt to get ff some medications;				

STATEMENT	of Health Service Regu TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R	
		MHL060-381	B. WING		07/20/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From pag	e 4	V 112			
	revealed no goals/str #1's issues with med	ategies to address client ication compliance.				
	-date of admission of	I Use Disorder Severe and				
		nd 7/16/21 of client #4's '14/21 revealed: n meds and 1pm eds; nedications;				
		f client #4's treatment plan rategies to address client ication compliance.				
	-date of admission of	f client #6's record revealed: f 1/12/21 Use Disorder Severe.				
	Review on 7/15/21 a MARs revealed: -missed medications -out of medication Ri					
	Risperidone;	l: ills for his medication				
	on 6/14/21; -client #6 missed his -had to reschedule h	heduled with the NP for refills appointment; is appointment for 6/17/21; pintment and got his refills.				

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If continuation sheet 5 of 11

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
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NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
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(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	FCORRECTION	(X5)
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 112	Continued From pag	e 5	V 112			
	-take half of pill at be -ran out of med; -took last one; -"I dropped the ball;" -had to see NP to ge -didn't go see before -NP wrote the prescr Review on 7/15/21 o revealed no goals/str #1's issues with med Interview on 7/20/21 Programming reveal -once a month, durin go over daily reports -daily reports have in regarding no shows -discuss the reports -can use these meet clients are having iss -can then develop go	t it refilled; ran out. iption for it. f client #6's treatment plan rategies to address client ication compliance. with the Director of ed: g meeting with clinical staff, ; formation documented and missed medications; at these meetings; ings to determine which sues with medications; bals with strategies regarding				
V 117	medication complian 27G .0209 (B) Medic		V 117			
	dispensed by a phan manufacturer's label visible; (2) Prescription me or obtained as samp tamper-resistant pac					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		BENTI IOATION NOWBER.	A. BUILDING:			
		MHL060-381	B. WING		R 07/20/2021	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
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			OTTE, NC 28206			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 117	Continued From pag	e 6	V 117			
	with tamper-resistant unit-of-use packaged may be adequate; (3) The packaging I drug dispensed musi (A) the client's name (B) the prescriber's (C) the current disper (D) clear directions (E) the name, streng date of the prescribe (F) the name, addre	name; ensing date; for self-administration; gth, quantity, and expiration d drug; and ess, and phone number of the sing location (e.g., mh/dd/sa				
	facility failed to ensu medications affecting #7). The findings are Finding #1: Review on 7/15/21 o	view and interviews, the re accurate labeling for g 3 of 7 clients (#1, #2 and :: f client #1's record revealed:				
	-admission date of 1. -Diagnoses of Alcoho Cocaine Use Disorder Depressive Disorder	ol Use Disorder Severe, er Severe and Major				
	medications revealed -Lisinopril 5mg one t	/21 at 12:40pm of client #1's d: ablet daily dispensed on itten dosing instructions as				

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AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: MHL060-381	A. BUILDING:			PLETED
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		B. WING		R 07/20/2021	
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
VILLAGES OF HOPE HAVEN		ORTH TRYON STREI OTTE, NC 28206	ET		
PREFIX (EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 117 Continued From page 7		V 117			
follows: "take 2 to get 10 Coordinator's initials] 3/2 -omeprazole(generic for tablet daily before break -sertraline(generic for Zo tablet once daily dispense Review on 7/14/21 of ph Practitioner(NP)'s orders -Lisinopril 10mg one tab 12/10/20; -omeprazole 20mg two t 5/8/21; -sertraline HCL 50mg fo Review on 7/15/21 and MARs from 6/2/21-7/14/ -Lisinopril 10mg one tab as administered on MAR -omeprazole 20mg two t documented as administ order; -sertraline HCL 50mg fo as administered on MAR Interview on 7/16/21 with Coordinator revealed if of medications already hav refilled. Interview on 7/19/21 with -confirmed he was taking ordered; -discharged from the face Finding #2:	29/21"; Prilosec) DR 40mg one fast dispensed 5/27/21; oloft) HCL 50mg one sed 5/27/21. Associan/Nurse is for client #1 revealed: let at 9pm dated ablets at bed dated ur pills daily dated 5/8/21. 7/16/21 of client #1's 21 revealed: let at 9pm documented Rs matches order; cablets at bed tered on MARs matches ur pills daily documented Rs matches order. In the Medication can use up supply of re, use it up before get in client #1 revealed: g his medications as cility on 7/14/21.				

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If continuation sheet 8 of 11

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 117	Continued From page	e 8	V 117			
		atic Stress Disorder(PTSD), and Anxiety Disorder.				
	medications revealed -trazadone(generic for at bedtime for sleep of -quetiapine fumerate 100mg one pill in am at bedtime dispensed Review on 7/14/21 of Practitioner(NP)'s or -quetiapine fumerate one pill at lunch d/c, of am and one half pill a dated 5/31/21; -quetiapine fumerate change order dated 6	or Desyrel) 100mg three pills dispensed 6/24/21; (generic for Seroquel) , one pill at 1pm and two pills d 6/11/21. f physician/Nurse ders for client #2 revealed 100mg one pill in am and change to one half pill in the at lunch, two pills at bed 200mg one pill at bedtime				
	MARs from 6/2/21-7/ -6/2-7/1: quetiapine f tablet at 830am, one tablets at 9pm docum matches order; -7/2-7/13: quetiapine 9pm documented as order; -6/2-7/14: trazadone	umerate 100mg one half half tablet at 1pm and two nented as administered fumerate 200mg one pill at administered matches 100mg three pills at bedtime d as administered equals ered. with the Medication				
	-	t she can use up what she				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
	S OF HOPE HAVEN	3815 NO	RTH TRYON STRE	ET		
ILLAGE	S OF HOPE HAVEN	CHARLO	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 ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 117	Continued From page	9	V 117			
	-Seroquel just take at -makes her gain a lot -was on a lot more Se -take two pills at nigh -confirmed taking her Finding #3: Review on 7/15/21 of -date of admission of -diagnoses of Cocain Alcohol Use Disorder Disorder Severe and Disorder. Observation on 7/14/2 medications revealed bed prn(as needed) for Review on 7/14/21 of client #7 revealed tra:	of weight; eroquel; t now; medications as ordered. client #7's record revealed: 4/21/21 e Use Disorder Severe, Severe, Cannabis Use Unspecified depressive 21 at 1:30pm of client #7's trazadone 50mg two pills at or sleep dispensed 7/8/21. physician/NP's orders for zadone 50mg discontinue				
	per NP dated 6/21/21 Review on 7/15/21 ar MARs from 6/2/21-7/ -6/2-6/20: trazadone documented as admin -6/21-7/13: trazadone documented as admin	nd 7/16/21 of client #7's 14/21 revealed: 50mg two tablets at 9pm nistered matches order; 50mg three tablets at 9pm nistered matches order. with client #7 revealed: zadone at night; d. with the CEO(Chief				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE COM	E SURVEY PLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 117			V 117			