	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE S COMPLI	
			A. DOILDING.			
		MHL029-006	B. WING		09/2	9/2021
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
PATH OF H	IOPE		ST CENTER STREE FON, NC 27292	ET EXTENSION		
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey wa Deficiencies were cite	ns completed on 9/29/21. ed.				
	category: 10 A NCAC Treatment for Substa 27G .3700 Day Treat NCAC 27G .4400 Sul Outpatient Program;	d for the following service 27G .3400 Residential nce Abuse Adults; NCAC ment for Substance Abuse; bstance Abuse Intensive NCAC 27G .4500 Substance ve Outpatient Treatment				
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities		V 364			
	122C-51 through G.S who is receiving treat 24-hour facility keeps (1) Send and receive access to writing mat assistance when nece (2) Contact and con- and at no cost to the physicians, and priva developmental disabi professionals of his c (3) Contact and con- there is a client advoor The rights specified in restricted by the facili exercise these rights (b) Except as provid of this section, each a treatment or habilitati times keeps the right	rights enumerated in G.S. . 122C-61, each adult client ment or habilitation in a the right to: e sealed mail and have erial, postage, and staff essary; sult with, at his own expense facility, legal counsel, private te mental health, lities, or substance abuse hoice; and sult with a client advocate if cate. n this subsection may not be ty and each adult client may at all reasonable times. ed in subsections (e) and (h) adult client who is receiving on in a 24-hour facility at all				
ision of Hea		e calls shall be paid for by				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL029-006	B. WING			
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,		08	0/29/2021
			ST CENTER STREE			
PATH OF	HOPE	LEXING	TON, NC 27292			
(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) COMPLETE DATE
V 364	Continued From page	e 1	V 364			
	 collect to the receiving (2) Receive visitors a.m. and 9:00 p.m. for hours daily, two hours p.m.; however visiting over therapies; (3) Communicate an supervision with indiving upon the consent of t (4) Make visits outsing (4) Make visits outsing (5) Commitment protioner to the client was formed as a supervision of Adult Corres (6) Except as prohibited to proceed pursuant to a corres (5) Be out of doors of facilities and equipmed several times a week (6) Except as prohibited to proceed pursuant to a client is being held to proceed pursuant to a corres (7) Participate in relii (8) Keep and spend own money; 	between the hours of 8:00 r a period of at least six s of which shall be after 6:00 g shall not take precedence ad meet under appropriate iduals of his own choice he individuals; de the custody of the facility ceedings were initiated as t's being charged with a ng a crime involving an weapon, and the d not guilty by reason of of proceeding; bluntarily admitted or lity while under order of ectional facility of the ection of the Department of ag held to determine capacity to G.S. 15A-1002; pressly authorize visits by the existence of the by this subdivision; daily and have access to ent for physical exercise ; ited by law, keep and use l possessions, unless the determine capacity to G.S. 15A-1002;				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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		MHL029-006	B. WING		09	/29/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
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V 364	Continued From page	e 2	V 364			
	 and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, 					
	and intellectual imma 24-hour facility shall p structure, supervision the rights given to the The facility shall also	of the physical, emotional, turity of the minor, the				
	adult clients unless the minor client dictate of Each minor client whe habilitation from a 24 (1) Communicate are guardian or the agen- custody of him; (2) Contact and con	o is receiving treatment or -hour facility has the right to: nd consult with his parents or cy or individual having legal sult with, at his own expense				
	cost to the facility, leg physicians, private m disabilities, or substa his or his legally resp (3) Contact and con there is a client advoor The rights specified in	ental health, developmental nce abuse professionals, of onsible person's choice; and sult with a client advocate, if				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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PATH OF	HOPE		TON, NC 27292			
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V 364	Continued From page	e 3	V 364			
	 (d) Except as provid of this section, each retreatment or habilitati the right to: (1) Make and received distance calls shall be time of making the careceiving party; (2) Send and received writing materials, possion when necessary; (3) Under appropriativisitors between the hp.m. for a period of at hours of which shall the visiting shall not take therapies; (4) Receive special training in accordance of eccreation, and physic basis in accordance of (5) Be out of doors of recreation, and physic basis in accordance of (6) Except as prohibited by Chapter (7) Participate in relia (8) Have access to a of his own money; and (10) Retain a driver's prohibited by Chapter (e) No right enumeration of this section may be by the qualified profements. 	ited by law, keep and use d possessions under on, unless the client is being pacity to proceed pursuant to igious worship; individual storage space for ersonal belongings; and spend a reasonable sum				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
	ROVIDER OR SUPPLIER	MHL029-006	ADDRESS, CITY, STATE,		09/29/2021	
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PATH OF H	IOPE		TON, NC 27292			
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V 364	Continued From page	e 4	V 364			
	client's record that ind for the restriction. The reasonable and relate habilitation needs. A period not to exceed each restriction shall qualified professional at which time the rest Each evaluation of a documented in the cli- rights may be renewed statement entered by the client's record tha renewal of the restric client who has not be in each instance of an of a restriction of righ by the client shall, up be notified of the restric reason for it. Notificat individual or legally re documented in writing	ed to the client's treatment or restriction is effective for a 30 days. An evaluation of be conducted by the at least every seven days, triction may be removed. restriction shall be ient's record. Restrictions on ed only by a written the qualified professional in at states the reason for the tion. In the case of an adult en adjudicated incompetent, in initial restriction or renewal ts, an individual designated on the consent of the client, riction and of the reason for nor client or an incompetent y responsible person shall stance of an initial restriction ction of rights and of the tion of the designated esponsible person shall be g in the client's record.				
	facility failed to ensur	e clients were able to make e calls affecting 8 of 8				
	Review on 9/29/21 of					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL029-006			09/29/2021		
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		09	5/25/2021	
PATH OF I	HOPE		ST CENTER STREE				
		LEXING	TON, NC 27292				
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V 364	Continued From page	e 5	V 364				
	- "Clients will be allow	regulations" revealed: ved two ten minute phone on Tuesday and one on					
	- The clients were on telephone calls on Tu - He wanted to conta	with client #1 revealed: ly allowed to make uesdays for 10 minutes. ct his mother one time and him because it was not					
	- The clients were on telephone calls on Tu	uesdays and Saturdays. ne calls could not last more					
	- The clients were on telephone calls on Tu	uesdays and Saturdays. calls made each week could					
	- The clients were on telephone calls on Tu 10 minutes.	uesdays and Saturdays for uld be able to have access to					
	revealed: - The clients "get two	with the Financial Director personal telephone calls a ay and one on Saturday, 10					
	revealed:	with the Executive Director ules that their (clients')					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION (X3 DING:		E SURVEY PLETED
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V 364	Continued From page	e 6	V 364			
	telephone calls will b	e restricted."				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
		ns, and interviews the facility ed in a safe, clean, attractive,				
	pm on 9/29/21 of the - The downstairs bath pulled away from the and baseboards were	nroom had caulking that had wall and bathtub. The walls e dirty. The downstairs ng had several holes/rips in				
	- The upstairs bathro baseboards and the cracked and coming	om had gaps between the walls. The baseboard was a part. There was a hole in right of the shower. The				
	- Bedroom #2: a dres - Bedroom #3: one ni drawer and both dres	sser was missing a drawer. ghtstand was missing a ssers were missing a drawer. sser was missing a drawer.				
	- The wooden steps I	eading up to the second o step #7 was cracked and				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
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NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
PATH OF I	HOPE		TON, NC 27292	ETENSION		
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V 736	Continued From page	e 7	V 736			
	 The outside ramp had multiple sagging boards and the ramp paint was worn off. The second level to the outside ramp was unlevel and leaning to the left. Interview on 9/29/21 with staff #2 revealed: She had worked in the facility for 15 months. The dressers and nightstands in the clients' bedrooms had been missing drawers since she started working there. 					
	She felt the flooring a downstairs bathroom	ctor had talked about o in the downstairs bathroom. and the baseboards in the needed to be replaced. om walls and baseboards				
	were "gross and terri baseboards in the up be replaced.	ble." She felt the walls and ostairs bathroom needed to e to look at the outside ramp				
	Interview on 9/29/21 with the Finance Director					
	nightstands were mis	that the clients' dressers and sing drawers. hroom would soon have a				
	new shower in place	of the bathtub. The rything in the downstairs				
	regarding the wood o step leading upstairs					
		g on engineer drawings to vill allow construction of a				
	revealed:	with the Executive Director to replace the clients'				
	dressers and nightsta	-				

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			B. WING			
		MHL029-006			09	9/29/2021
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,			
PATH OF I	HOPE		TON, NC 27292			
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 V 736 Continued From page 8 The downstairs bathroom will I she does not know when. She had not noticed the basel upstairs bathroom. "We know the ramp is bad. We construction (June 2021) for two the ramp." 		vhen. d the baseboards in the o is bad. We were cited by				