Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY MPLETED	
MHL029-006		B. WING			09/29/2021	
IAME OF PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE			
PATH OF HOPE		ST CENTER STRE	ET EXTENSION			
		TON, NC 27292				
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
V 000 INITIAL COMMENT	S	V 000				
An annual survey w Deficiencies were ci	ras completed on 9/29/21. ted.					
category: 10 A NCA Treatment for Substa 27G .3700 Day Trea NCAC 27G .4400 St Outpatient Program;	ed for the following service C 27G .3400 Residential ance Abuse Adults; NCAC tment for Substance Abuse; ubstance Abuse Intensive NCAC 27G .4500 Substance we Outpatient Treatment					
V 364 G.S. 122C- 62 Addit Facilities	ional Rights in 24 Hour	V 364				
122C-51 through G.S. who is receiving treat 24-hour facility keeps (1) Send and receiv access to writing mat assistance when nec (2) Contact and con and at no cost to the physicians, and priva developmental disabi professionals of his c (3) Contact and cons there is a client advoc The rights specified ir restricted by the facilir exercise these rights (b) Except as provide of this section, each a treatment or habilitatic times keeps the right (1) Make and receive	e rights enumerated in G.S. S. 122C-61, each adult client ament or habilitation in a sethe right to: e sealed mail and have erial, postage, and staff essary; sult with, at his own expense facility, legal counsel, private the mental health, lities, or substance abuse hoice; and sult with a client advocate if state. In this subsection may not be try and each adult client may at all reasonable times. ed in subsections (e) and (h) dult client who is receiving on in a 24-hour facility at all to: e confidential telephone					
	e calls shall be paid for by					

STATE FORM

DHSR - Mental Health

OCT 2 0 2021

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

MHL029-006

MHL029-006

STREET ADDRESS, CITY, STATE, ZIP CODE

1675 EAST CENTER STREET EXTENSION
LEXINGTON, NC 27292

FORM APPROVED

(X3) DATE SURVEY COMPLETED

(X4) MULTIPLE CONSTRUCTION

A. BUILDING:

109/29/2021

XV4 ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	ATH OF	TIOI E	EAST CENTER STREET EXTENSION INGTON, NC 27292			
the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committent to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by this subdivision; (5) Be out of doors daily and have access to	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the	PREFIX TAG	Continued From page 1 the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLET	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL029-006		B. WING		09/29/2021	
NAME OF P	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE	
DATH OF	HODE	1675 EAS	T CENTER ST	REET EXTENSION	
PATH OF	HOPE		ON, NC 27292		
(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 COMPLETE
	and (10) Have access to inhis private use. (c) In addition to the 122C-51 through G.S. 122C-59 through G.S. who is receiving treatr 24-hour facility has the proper adult supervision recognition of the minor individual, the minor stopportunities to enable emotionally, intellectual wocationally. In view of and intellectual immate 24-hour facility shall also, wreasonable efforts to eclient receives treatmed adult clients unless the minor client dictate oth Each minor client dictate oth Each minor client who habilitation from a 24-hour facility shall also, wreasonable efforts to eclient receives treatmed adult clients unless the minor client dictate oth Each minor client dictate oth Each minor client dictate oth Each minor client who habilitation from a 24-hour facility, legally rescost to the facility, legally rescost to the facility, legally respond (3) Contact and consultation or his legally respond (3) Contact and consultation is a client advocation of the consultation of the substantial contact and consultation is a client advocation of the substantial contact and consultation is a client advocation and cons	adividual storage space for rights enumerated in G.S. 122C-57 and G.S. 122C-61, each minor client ment or habilitation in a eright to have access to on and guidance. In or's status as a developing hall be provided en him to mature physically, ally, socially, and if the physical, emotional, urity of the minor, the rovide appropriate and control consistent with minor pursuant to this Part. where practical, make neutral and separate from extreatment needs of the erwise. It is receiving treatment or four facility has the right to: It consult with his parents or or individual having legal with with, at his own expense sponsible person and at no It counsel, private that health, developmental the abuse professionals, of insible person's choice; and all twith a client advocate, if	V 364	DEFICIENCY)	
	restricted by the facility	and each minor client			

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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	
			A. BUILDING:			
	MHL029-006		B. WING		09/29/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
PATH OF	HOPE			TREET EXTENSION		
	CLIBARADY ST		N, NC 27292			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 364	Continued From page	3	V 364			
	(d) Except as provide	ghts at all reasonable times. ed in subsections (e) and (h) ninor client who is receiving				
		on in a 24-hour facility has				
	(1) Make and receive	e telephone calls. All long				
	time of making the cal	paid for by the client at the l or made collect to the				
		mail and have access to				
	writing materials, posta when necessary;	age, and staff assistance				
	(3) Under appropriate					
		ours of 8:00 a.m. and 9:00				
		least six hours daily, two				
		e after 6:00 p.m.; however precedence over school or				
	therapies;	duration and the state of				
		ducation and vocational with federal and State law;				
		nily and participate in play,				
	recreation, and physica	al exercise on a regular				
	basis in accordance wi					
	(6) Except as prohibite personal clothing and p	ed by law, keep and use				
	appropriate supervision	n, unless the client is being				
	held to determine capa G.S. 15A-1002;	city to proceed pursuant to				
	(7) Participate in religi	CONTRACTOR				
	the safekeeping of pers	dividual storage space for				1
		d spend a reasonable sum				
	of his own money; and					
		cense, unless otherwise				
	prohibited by Chapter 2	20 of the General Statutes.				
		ed in subsections (b) or (d) imited or restricted except			1	
	by the qualified profess	ional responsible for the				
	formulation of the client	's treatment or habilitation				

PRINTED: 10/04/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL029-006 B. WING 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1675 EAST CENTER STREET EXTENSION PATH OF HOPE LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 4 V 364 V 364 plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days. at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent. in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.

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This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure clients were able to make and receive telephone calls affecting 8 of 8 current clients (#1 - #8). The findings are:

Review on 9/29/21 of the "policy statement-client

This rule does not specify "unlimited" phone calls. Clients can we phone for

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING MHL029-006 B. WING 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1675 EAST CENTER STREET EXTENSION PATH OF HOPE LEXINGTON, NC 27292 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 364 Continued From page 5 V 364 agreement-rules and regulations" revealed: - "Clients will be allowed two ten minute phone calls per week. One on Tuesday and one on Saturday." Interview on 9/29/21 with client #1 revealed: - The clients were only allowed to make telephone calls on Tuesdays for 10 minutes. - He wanted to contact his mother one time and staff would not allow him because it was not Tuesday. Interview on 9/29/21 with client #2 revealed: - The clients were only allowed to make telephone calls on Tuesdays and Saturdays. - The clients' telephone calls could not last more than 10 minutes on each day. Interview on 9/29/21 with client #3 revealed: All calls are - The clients were only allowed to make telephone calls on Tuesdays and Saturdays. - The two telephone calls made each week could not be longer than 10 minutes. Interview on 9/29/21 with staff #2 revealed: - The clients were only allowed to make telephone calls on Tuesdays and Saturdays for 10 minutes. - "I feel like they should be able to have access to the phone more often than they do." Interview on 9/29/21 with the Financial Director revealed: - The clients "get two personal telephone calls a week. One on Tuesday and one on Saturday, 10 minutes each." Interview on 9/29/21 with the Executive Director revealed:

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- "It is written in the rules that their (clients')

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: MHL029-006 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1675 EAST CENTER STREET EXTENSION PATH OF HOPE LEXINGTON, NC 27292 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 364 Continued From page 6 V 364 telephone calls will be restricted." V 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND **EXTERIOR REQUIREMENTS** (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations, and interviews the facility failed to be maintained in a safe, clean, attractive, and orderly manner. The findings are: Downstairs tub being replaced and then flooring. Regair & chern. Observations from approximately 2:58 pm- 3:36 pm on 9/29/21 of the facility revealed: - The downstairs bathroom had caulking that had pulled away from the wall and bathtub. The walls and baseboards were dirty. The downstairs bathroom vinyl flooring had several holes/rips in the flooring around the toilet area. - The upstairs bathroom had gaps between the 10-29-2 baseboards and the walls. The baseboard was cracked and coming a part. There was a hole in

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deteriorating.

the lower wall to the right of the shower. The

- Bedroom #2: a dresser was missing a drawer. - Bedroom #3: one nightstand was missing a drawer and both dressers were missing a drawer. - Bedroom #4: a dresser was missing a drawer. - The wooden steps leading up to the second floor: the front area to step #7 was cracked and

baseboards and walls were dirty.

PRINTED: 10/04/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING MHL029-006 B. WING 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 1675 EAST CENTER STREET EXTENSION PATH OF HOPE LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 736 Continued From page 7 V 736 will be replacing with an aluminum ramp.

Orden and permits have been placed.

Will install as soon as Gombility can get parts. - 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. - The Executive Director had talked about replacing the bathtub in the downstairs bathroom. She felt the flooring and the baseboards in the downstairs bathroom needed to be replaced. - The upstairs bathroom walls and baseboards were "gross and terrible." She felt the walls and baseboards in the upstairs bathroom needed to be replaced. - Someone had come to look at the outside ramp to replace it. Interview on 9/29/21 with the Finance Director revealed: - She was not aware that the clients' dressers and nightstands were missing drawers. - The downstairs bathroom would soon have a new shower in place of the bathtub. The baseboards and everything in the downstairs bathroom would be replaced. - She had not received a maintenance report regarding the wood deteriorating on the wooden step leading upstairs. - The facility is waiting on engineer drawings to

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new ramp.

revealed:

obtain a permit that will allow construction of a

Interview on 9/29/21 with the Executive Director

- The facility is trying to replace the clients'

dressers and nightstands.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED B. WING MHL029-006 09/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1675 EAST CENTER STREET EXTENSION PATH OF HOPE LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) upstairs bath base bourds
beigreplaced and
painted. V 736 Continued From page 8 V 736 - The downstairs bathroom will be replaced but she does not know when. - She had not noticed the baseboards in the upstairs bathroom. - "We know the ramp is bad. We were cited by construction (June 2021) for two loose boards on the ramp."

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