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		R/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL076-132			04	04/07/2022
VIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
	841 EAS	T PRITCHARD STR	EET		
DPE, INC-MANGUM HO	ASHEBO	DRO, NC 27203			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	ACTION SHOULD BE CC TO THE APPROPRIATE	
INITIAL COMMENTS		V 000			
ategory: 10A NCAC	27G. 5600E				
The survey sample co current clients.	onsisted of audits of 3				
27G .0201 (A) (1-7) G	overning Body Policies	V 105			
POLICIES a) The governing box acility or service shal written policies for the 1) delegation of man operation of the facilit 2) criteria for admissi 3) criteria for dischar 4) admission assess A) who will perform t B) time frames for co 5) client record mana A) persons authorize B) transporting recor C) safeguard of reco defacement or use by D) assurance of reco authorized users at al E) assurance of conf 6) screenings, which A) an assessment of problem or need; B) an assessment of	dy responsible for each I develop and implement e following: agement authority for the y and services; ion; ge; ments, including: he assessment; and ompleting assessment. agement, including: d to document; ds; rds against loss, tampering, y unauthorized persons; ord accessibility to I times; and identiality of records. shall include: the individual's presenting whether or not the facility				
	DPE, INC-MANGUM HO SUMMARY ST/ (EACH DEFICIENC' REGULATORY OR L NITIAL COMMENTS An annual survey was 2022. Deficiency cited This facility is licensed category: 10A NCAC Supervised Living for The survey sample co current clients. 27G .0201 (A) (1-7) G 10A NCAC 27G .0207 POLICIES a) The governing bod acility or service shal written policies for the 1) delegation of man operation of the facilit 2) criteria for admissi 3) criteria for dischar 4) admission assessi A) who will perform ti B) time frames for co 5) client record mana A) persons authorize B) transporting recor C) safeguard of reco defacement or use by D) assurance of conf 6) screenings, which A) an assessment of problem or need; B) an assessment of	WIDER OR SUPPLIER STREET A 841 EAS ASHEBO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NITIAL COMMENTS An annual survey was completed on April 7, 2022. Deficiency cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600E Supervised Living for Substance Abuse Adults The survey sample consisted of audits of 3 current clients. Summark 2020 27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES a) The governing body responsible for each acility or service shall develop and implement written policies for the following: 1) delegation of management authority for the speration of the facility and services; 2) criteria for discharge; 4) admission assessments, including: A) who will perform the assessment; and B) time frames for completing assessment. 5) client record management, including: A) persons authorized to document; B) time frames for completing assessment. 5) client record management, including: A) persons authorized to document; B) time frames for completing assessment. 5) client record management, including: A) persons authorized to document; B) time frames for completing assessment. 5) client record management, including: A) persons authorized to document;	WIDER OR SUPPLIER STREET ADDRESS, CITY, STATE. OPE, INC-MANGUM HOUSE STREET ADDRESS, CITY, STATE. SUMMARY STATEMENT OF DEFICIENCIES ID REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG NITIAL COMMENTS V 000 An annual survey was completed on April 7, 2022. Deficiency cited. V 000 NITIAL COMMENTS V 000 An annual survey was completed on April 7, 2022. Deficiency cited. V 000 Chis facility is licensed for the following service category: 10A NCAC 27G. 5600E V 105 Supervised Living for Substance Abuse Adults V 105 Cho ACC 27G .0201 (A) (1-7) Governing Body Policies V 105 10A NCAC 27G .0201 GOVERNING BODY 20LICIES V 105 a) The governing body responsible for each acility or service shall develop and implement written policies for the following: 1) delegation of management authority for the operation of the facility and services; 2) criteria for discharge; 4) admission assessment, including: A) who will perform the assessment; and B) time frames for completing assessment. 5) client record management, including: A) persons authorized to document; B) time frames for completing assessment. 5) client record sagainst loss, tampering, lefacement or use by unauthorized persons	Intervence Vider or supplier STREET ADDRESS, CITY, STATE, ZIP CODE SHALL AST PRITCHARD STREET ASHEBORO, NC 27203 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BUT FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCY MUST BE PRECEDED BUT PREVIDENTIFYING INFORMATION) ID PREVIDER'S LIAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCY MUST AND AND ACAC 27G. 5600E NITIAL COMMENTS V 000 V 000 An annual survey was completed on April 7, 2022. Deficiency cited. V 000 This facility is licensed for the following service bategory: 10A NCAC 27G. 5600E V 105 Supervised Living for Substance Abuse Adults The survey sample consisted of audits of 3 urrent clients. V 105 27G .0201 (A) (1-7) Governing Body Policies V 105 V 105 10A NCAC 27G .0201 GOVERNING BODY "OLICIES 2) orteria for discharge; 2) orticria for discharge; 3) orteria for discharge; 4) admission assessments, including: A) who will perform the assessment; and B) time frames for completing assessment. 5) client record management, including: A) persons authorized to document; B) transporting records; C) safeguard of records against loss, tampering, telacement or use by unauthorized persons; D) assurance of confidentiality of records. 6) screenings, which shall include: A) an assessment of the individual's presenting roblem or need; B) an assessment of whether or not the facility	Immediate Vitree or supplier STREET ADDRESS, CITY, STATE, ZP CODE BPE, INC-MANGUM HOUSE 841 EAST PRITCHARD STREET ASHEBORO, NC 27233 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) Ip PRETX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ADDRESS COLORS REGULATORY OR LSC DENTIFYING INFORMATION) NITIAL COMMENTS V 000 NOTACAC 27G. 5000E V 105 Dispervised Living for Substance Abuse Adults DEFICIENCY) The survey sample consisted of audits of 3 aurent clients. V 105 27G .0201 (A) (1-7) Governing Body Policies V 105 10A NCAC 27G .0201 GOVERNING BODY OLICIES DIA INCAC 27G .0201 GOVERNING BODY OLICIES 2) orther for following: 1) delegation of management authority for the operation of the facility and services; 2) orthering for the following: 1) delegation of management, including: A) persons authorized to document; B) transporting records; C) asfeguard of records against loss, tampering, telacement or use by unauthorized persons; D) assurance of conditacessibility to tuithorized uses at all times; and E) assessment of the individual's presenting roblem or need; B) an assessment of whether or not the facility

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 04/07/2022	
		MHL076-132				
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	HOPE, INC-MANGUM HO	841 EAS	T PRITCHARD STR	REET		
	TOPE, INC-MANGOM IN	ASHEBO	DRO, NC 27203			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLE O THE APPROPRIATE DATE	
V 105	Continued From page	e 1	V 105			
sion of He	 activities, including: (A) composition and a assurance and qualit (B) written quality assimprovement plan; (C) methods for moniquality and appropriation including delineation utilization of services (D) professional or clarequirement that steprofessionals and prosimals and prosimals be supervised be that area of service; (E) strategies for implication (G) review of staff quadetermination made for treatment/habilitation (G) review of all fatalitation (G) review of all fatalitation and programmatic per applicable standards purpose, "applicable means a level of commethods, and the degree methods, and the degree methods. 	y improvement committee; surance and quality itoring and evaluating the teness of client care, of client outcomes and ; inical supervision, including aff who are not qualified ovide direct client services by a qualified professional in roving client care; alifications and a to grant privileges: ities of active clients who area-operated or contracted at the time of death; lards that assure operational erformance meeting of practice. For this standards of practice"				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-132			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING	04	04/07/2022			
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	·			
PATH OF	HOPE, INC-MANGUM H	OUSE	T PRITCHARD STR	EET			
	···· _, ···· ··· ····	ASHEBO	DRO, NC 27203				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	ACTION SHOULD BE COMPLE TO THE APPROPRIATE DATE		
V 105	Continued From page 2		V 105				
	failed to develop and standards that ensur programmatic perfor standards of practice instrument including	iew and interview, the facility I implement adoption of					
	The facility presented no evidence of a CLIA Waiver.						
	kits revealed: -There was a clear of different drugs. -Client's had to dispe- After clients dispense pull the strip to show -The results identified what drug was in the -The alcohol kit was	d positive or negative and client's system. a 4-minute screening test. ne strip in their mouth and					
	revealed: -Confirmed the facili and alcohol test. -Every client admitte received a random d -Clients that returned leave pass was teste	with the Program Director ty conducted random drug d and attended the program lrug and alcohol test. d after a 24 and 48 hours ed. s no evidence the facility had					

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