STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R	
		MHL076-131	B. WING		06	/27/2023
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	, ZIP CODE		
PATH OF I	HOPE, INC-ALPHA HOU	ISE 373 HILI	LSTREET			
		ASHEB	ORO, NC 27203			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ACTION SHOULD BE COMP TO THE APPROPRIATE DA	
∨ 000	INITIAL COMMENTS		V 000			
	An annual and follow-up survey was completed on June 27, 2023. Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G. 5600E Supervised Living for Substance Abuse Adults					
	The facility is licensed for 6 and currently has a census of 3.					
	The survey sample c current clients.	consisted of audits of 3				
V 118	27G .0209 (C) Medic	cation Requirements	V 118			
	10A NCAC 27G .020 REQUIREMENTS	9 MEDICATION				
	(c) Medication admir (1) Prescription or no	nistration: on-prescription drugs shall				
	•	to a client on the written thorized by law to prescribe				
	drugs. (2) Medications shall	be self-administered by				
	client's physician.	thorized in writing by the				
	administered only by	uding injections, shall be licensed persons, or by				
	pharmacist or other I	rained by a registered nurse, egally qualified person and				
	(4) A Medication Adn	and administer medications. ninistration Record (MAR) of ed to each client must be kept				
	current. Medications	administered shall be y after administration. The				
	MAR is to include the (A) client's name;	-				
	(B) name, strength, a(C) instructions for a	and quantity of the drug; dministering the drug;				
		e drug is administered; and f person administering the				

PRINTED: 06/29/2023 FORM APPROVED

Division of Health Service Regula STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
						R
	MHL076-131		D. WING		06	5/27/2023
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
PATH OF I	HOPE, INC-ALPHA HOU	SE				
			ORO, 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 C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	ACTION SHOULD BE COMPL TO THE APPROPRIATE DAT	
V 118	Continued From page 1		V 118			
	drug. (5) Client requests fo checks shall be reco	r medication changes or rded and kept with the MAR pointment or consultation				
	orders to administere have an order to self ensure the medicatio	ew, observation, and ailed to have physician ed medications, failed to -administer, and failed to in administration record was one of three audited clients				
	- Admission date of 5 - Diagnosis of Stimul Severe.	ant Use Disorder Cocaine				
	for the following med -Quetiapine 300 (300mg) by mouth ev	mg tablet - take 1 tablet by				
	by mouth daily. -Atorvastatin 40	ng tablet - take one tablet by				
	mouth at bedtime. -Mirtazapine 15r mouth at bedtime.	ng tablet - take one tablet by				
	capsules by mouth tw	-				
		ovided from a previous facility used practical nurse (LPN).				

Division of Health Service Regulation

6899

IEJD11

STATE FORM

PRINTED: 06/29/2023 FORM APPROVED

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL076-131	B. WING		R 06/27/2023	
			DDRESS, CITY, STATE,		00/21/2023	
		373 HILI	_ STREET			
ATH OF	HOPE, INC-ALPHA HOU	SE ASHEBO	DRO, NC 27203			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From page	2	V 118			
	revealed the following self-administered and May 2023: -Quetiapine 300r -Duloxetine 60m -Atorvastatin 40r -Mirtazapine 15m -Omeprazole 20 June 2023 -There was no cu Interview on 6/27/23 Director/Qualified Pro -Client #1 received di previous facility. -He was not aware th signed by an LPN rat -Client #1 would be s get current orders. -Client #1 did not hav from the doctor. -Client #1 did not hav	d from May-June 2023 g medication was l initialed by client #1. ng tablet. g capsule. ng tablet. mg tablet. mg tablet. urrent June 2023 MAR. with the Program fessional revealed: scharge medication from a e medication order was her than a physician. cheduled to see a doctor to e a self-administer order				

IEJD11