

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-381</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/11/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VILLAGES OF HOPE HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3815 NORTH TRYON STREET CHARLOTTE, NC 28206</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 8/11/23. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and their Children and 10A NCAC 27G .4300 Therapeutic Community.</p> <p>This facility is licensed for 140 and currently has a census of 102. The survey sample consisted of audits of 10 current clients.</p>	V 000		
V 111	<p><b>27G .0205 (A-B)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the</p>	V 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 111	<p>Continued From page 1</p> <p>treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure an admission assessment was completed prior to the delivery of services affecting 1 of 10 audited clients (#9). The findings are:</p> <p>Review on 8/9/23 of client #9's record revealed: - Admission date 4/5/23; - Diagnoses Cannabis Use Disorder, Moderate, Bipolar Disorder; - No admission assessment.</p> <p>Interview on 8/9/23 with client #9 revealed: - She resided at the facility since April 2023; - Everything was going good at facility.</p> <p>Interview on 8/7/23 with the Quality Assurance and Compliance Specialist revealed: - There was no admission assessment in client #9's file; - Client #9 was court ordered to the program and received services from other resources.</p> <p>Interview on 8/7/23 with the Vice President of</p>	V 111		

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V 111	Continued From page 2  Clinical Services revealed: - "Private pay clients do not have an assessment or PCP (person centered plan) because they came from recovery court. They go other places during the day for services."	V 111		