

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL086-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER HOPE VALLEY-MEN'S DIVISION		STREET ADDRESS, CITY, STATE, ZIP CODE 105 COUNTY HOME ROAD DOBSON, NC 27017		
(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>INITIAL COMMENTS</p> <p>An annual survey was completed on 11/6/24. No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders and 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 34 and currently has a census of 21. The .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders has a current census of 14 and the .5600E Supervised Living for Adults with Substance Abuse Dependency has a current census of 7. The survey sample consisted of audits of 2 current clients in the 3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders and 1 current client in the .5600E Supervised Living for Adults with Substance Abuse Dependency.</p>	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE