

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 02/27/2026
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NAME OF PROVIDER OR SUPPLIER HOPE VALLEY-MEN'S DIVISION	STREET ADDRESS, CITY, STATE, ZIP CODE 105 COUNTY HOME ROAD DOBSON, NC 27017
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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>INITIAL COMMENTS</p> <p>An annual survey was completed on 2/27/26. No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3400 Residential Treatment - Individuals with Substance Abuse Disorders; 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP); 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment (SACOT) and 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>The facility is licensed for 34 beds and has a current census of 20. The 10A NCAC 27G .3400 Residential Treatment - Individuals with Substance Abuse Disorders is licensed for 22 and has a current census of 12; the 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP) is licensed for 0 and has a current census of 5; the 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment (SACOT) is licensed for 0 and has a current census of 0 and the 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency is licensed for 12 and has a current census of 8.</p> <p>The survey sample consisted of audits of 2 current .3400 clients and 1 current SAIOP/5600E client.</p>	V 000		

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