

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

6899

If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/23/2018
NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING GROUP HOME AT OLD SALISE		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127		
(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 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> - A hole approximately 1 ½ inches round was in the sheetrock on the wall near the head of the bed; - The window blind was broken; <p>Kitchen/Dining area:</p> <ul style="list-style-type: none"> - An oval-shaped hole was in the sheetrock on the wall near the exit door and was approximately 4 inches x 6 inches in size; <p>- Exterior:</p> <ul style="list-style-type: none"> - Trash was scattered throughout the yard; - A broken window screen was lying on the ground below a window on the front side of the house. <p>Interview on 3/22/2018 with client #1 revealed:</p> <ul style="list-style-type: none"> - The damage to the fall and closet door in his bedroom occurred when he had punched the closet door and flipped his desk while he was in a "rage" during the past weekend; - He thought that the hole in the kitchen wall had already been fixed approximately one month ago; - The trash in the yard was from a staff member from a sister facility "throwing s*** out of his car ..." <p>Interview on 3/22/2018 with client #2 revealed:</p> <ul style="list-style-type: none"> - A former client had caused the hole in the kitchen wall "a while back"; - The trash in the yard may have come from clients #1 and #3 throwing their "cigarettes and stuff" in the yard. <p>Interview on 3/22/2018 with client #3 revealed:</p> <ul style="list-style-type: none"> - His window blind may have been broken when he climbed out of his window; - A former client had put holes in the walls; - The only trash in the yard that he knew about was probably just cigarette butts that the wind blew into the yard. 	V 736	<p>closet doors. Window blinds will be replaced w/ damaged, and damaged window blinds will be repaired.</p> <p>Trash in the yard has been removed.</p>	<p>4/15/18</p> <p>3/24/18</p>

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V 736	<p>Continued From page 2</p> <p>Interview on 3/23/2018 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Client #1 put holes in his walls and closet door during a behavioral outburst during the past weekend; - The window blinds may have been damaged when client #3 climbed through his window; - There had not been any problems with trash in the yard; - The wind may have blown trash into the yard. <p>Interview on 3/23/2018 with the Owner/Director revealed:</p> <ul style="list-style-type: none"> - Client #1 had put the holes in the wall in his bedroom last weekend; - The broken window blinds were probably caused by client #3 climbing out of his window; - Repairs were made promptly when they occurred. 	V 736		



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

March 27, 2018

Shanita Lovelace, Owner/Director
Independent Living Group Home, LLC
4401 N. Cherry Street
Winston-Salem, NC 27105

Re: Annual Survey Completed March 23, 2018
Independent Living Group Home at Old Salisbury Road, 2415 Old Salisbury Road, Winston-Salem, NC 27127
MHL#: 034-288
E-mail Address: shanita001@bellsouth.net

Dear Ms. Lovelace:

Thank you for the cooperation and courtesy extended during the annual survey completed March 23, 2018.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is May 22, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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TEL 919-855-3795 • FAX 919-715-8078

LOCATION: 1800 UMSTEAD DRIVE • WILLIAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2718 MAIL SERVICE CENTER • RALEIGH, NC 27699-2718

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Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Clarice Rising, MSW, LCSW
Facility Survey Consultant I
Mental Health Licensure & Certification Section

Cc: Rob Robinson, Director, Alliance Behavioral Health LME/MCO
Wes Knepper, Quality Management Director, Alliance Behavioral Health LME/MCO
W. Rhett Melton, Director, Partners Behavioral Healthcare LME/MCO
Selenna Moss, Quality Management Director, Partners Behavioral Healthcare LME/MCO
Victoria Whitt, Director, Sandhills Center LME/MCO
Carol Robertson, Quality Management Director, Sandhills Center LME/MCO
Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
File

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