

InReach
4530 Park Road, Ste. 300
Charlotte, NC 28209
704-536-6661 Fax 704-536-0074

DHSR Plan of Correction

Facility Address: 7401 Lisa Circle, Charlotte, NC 28215
MHL #: 060-158
Survey Date: 3/2218
Findings: Standard Deficiency
Survey Consultant: Gina McLain

Cited Deficiency: V118 27G .0209 C Medication Requirements	Failure to initial MAR immediately after administration
1. Measures taken to correct Deficiency	Medication policy reviewed with staff. Coaching memo to staff for error.
2. Measures implemented to Prevent future occurrences	Medication administration reminder at monthly refresher training.
3. Staff responsible for Monitoring	Program Manger and Operations Manager
4. Monitoring frequency	Minimum quarterly

Additional Comments:

Completed by: Debbie Shiftlett, COO



DHSR - Mental Health

APR 16 2018

Lic. & Cert. Section



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

March 26, 2018

Debbie Shiflett, Director of Housing
InReach
4530 Park Road Suite 300
Charlotte, NC 28209

Re: Annual Survey completed 3/22/18
InReach/Lisa Circle, 7401 Lisa Circle, Charlotte, NC 28215
MHL # 060-158
E-mail Address: dshiflett@inreachnc.org

Dear Ms. Shiflett:

Thank you for the cooperation and courtesy extended during our annual survey completed March 22, 2018. A deficiency was cited.

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 deficiencies must be **corrected** within 60 days from the exit of the survey, which is May 21, 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.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

WWW.NCDHHS.GOV

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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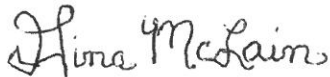


Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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 Lynn Grier at (704)596-4072.

Sincerely,



Gina McLain
Facility Survey Consultant I

Cc: Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
File

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