

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl013-142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/27/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WINDEMERE GROUP HOME

2158 WINDEMERE DRIVE
KANNAPOLIS, NC 28083

APR 20 2018

Lic. & Cert. Section

(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	INITIAL COMMENTS An annual and follow up survey was completed on 3-27-18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose Primary Diagnosis Is a Mental Illness	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118	V 118 V 118 In order to rectify the issues with Client #3 self-medication orders, an appointment was made with primary care for 4/5/2018- prior to this appointment an update assessment to self-medicate was completed by staff and taken to the primary care for review. Primary care note states client #3 is approved to self-medicate. Staff training completed on 4/13 gave new instruction on short term medications (14 days or less) for individuals who self-medicate. These will now be administered by staff and recorded in Client #3's MAR by staff to ensure proper dosage and reporting. This will extend to any other client approved for self-medication. Self-medication assessments will continue to be completed annually as indicated by Monarch guidelines.	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

8829

RKXU11

If continuation sheet 1 of 6

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that medications were only self-administered with a physicians order and and medications were given according o physclans orders, effecting one of three clients (client #3). The findings are:</p> <p>Review on 3-27-18 of client #3's record revealed: -No order to self-adminlster medications signed by the physician</p> <p>Review on 3-27-18 of physicians orders for client #3 dated 3-2-18 revealed: -Benzonatate 200 mg 3 times a day for 7 days, Doxycycline Hyclate 100 mg twice a day for 14 days, and Prednisone 20 mg three pills once a day for 3 days, two pills once a day for three days and one pill once a day for 3 days.</p> <p>Review on 3-27-18 of client #3's MAR for march 2018 revealed: -Benzonatate 200 mg 3 times a day for 7 days: client took the pill at 8 am, 4 pm and 8 pm. client #3 did not slgn MAR for 4:00 pm on the 12th or 8 pm on the 12th. - Doxycycline Hyclate 100 mg twice a day for 14 days; Client #3 documented she had self administered the medicine 8 am on the 6th - the 9th, 4 pm on the 5th through the 18th 8 pm 5th , 6th and 7th, 10th, 12-18 - Prednisone 20 mg three pills once a day for 3 days, two pills once a day for three days and one pill once a day for 3 days documented as</p>	V 118		

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V 118	Continued From page 2 being administered 4 pm -5-14, 8 am 6-12th, on another line 10-12, 14. Interview on 3-27-18 with client #3 revealed: -She was independent in taking her medications, and kept her own MAR -She went to the doctor because she was sick and got new prescriptions -Staff had wrote the medicine on the MAR for her and told her where to start and end. -She had been confused about when she was supposed to take the medication. -She had taken all of the medication and dld feel better. Interview on 3-27-18 with the facility manager revealed: -Client #3 was independent in taking her medications -She thought there was a physicians order in her record that stated she could do that. Interview on 3-27-18 with the Qualified Professional revealed: -She did not know where the order to self-administer medications was. -They would make sure they got one as soon as possible. -When client #3 got short term medication, the staff might have to help her with them. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 118		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or	V 291		

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V 291	<p>Continued From page 3</p> <p>developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure coordination was maintained between the facility operator and qualified professionals are responsible for treatment affecting 2 of 3 clients (clients #2 and #3). The findings are:</p> <p>Finding #1</p>	V 291		

Division of Health Service Regulation

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V 291	<p>Continued From page 4</p> <p>Review on 3-27-18 of client #2's record revealed: -Doctors order dated 9-7-17 revealed: "Pt (patient) has gross on teeth #14 and #15 teeth are hopeless and need to be extracted. Roots are in sinus cavity. PT referred to oral surgeon for extraction." -No documentation of client #2 going to oral surgeon.</p> <p>Interview on 3-27-18 with the facility manager revealed: -Client #2's parents/guardian didn't want to pay for the oral surgeon. -She didn't realize it was an actual order, she thought "It was a suggestion." -They would look into getting the funds to have his teeth taken care of.</p> <p>Interview on 3-27-18 with the Qualified Professional revealed: -She was unaware that client #2 needed his teeth extracted. -They would get it done as soon as possible, and if the provider had to supply funds, that is what they would do.</p> <p>Finding #2</p> <p>Review on 3-27-18 of client #3's record revealed: -Client #3 went to an urgent care 3-2-18 and was diagnosed with acute bacterial sinusitis -Physicians order dated 3-2-18 revealed: "f/u (follow up) with pcp (primary care physician) 2 to 3 days. Take pt (patient) to ER (emergency room) if gets worse." -No documentation of client #3 going to her primary physician.</p> <p>Interview on 3-27-18 with client #3 revealed: -She had gotten sick and staff had taken her</p>	V 291	<p>V291</p> <p>Follow-up visit for client #3 from her primary care occurred on 4/5. Documentation of this visit is attached to this document. No additional issues from her original visit were found and her next appointment for 4/16 was scheduled at that time. This appointment was placed on the appointment calendar within 24 hours by the Qualified</p>	

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V 291	<p>Continued From page 5</p> <p>to the doctor.</p> <ul style="list-style-type: none"> -She felt better now. -She had not gone back to her primary care physician. <p>Interview on 3-27-18 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She didn't know why client #3 had not gone back to the doctor. -They would address this with all staff about the importance of following through with physicians orders. 	V 291	<p>Profession in review of the visit documentation provided.</p> <p>Appointment was met. Staff retraining on ensuring follow-up appointments are recorded and attended as indicated on the staff training ticket attached with this packet.</p> <p>Client #2 follow-up with an oral surgeon for tooth extraction-currently Individual is refusing the appointment but appointment is being scheduled for July 10th at 2pm which was the first available appointment with the oral surgeon. He will be seen at North Charlotte Oral Surgery. It will be the client's decision along with his guardian's to meet or cancel this appointment.</p>	

MONARCH

Name: [REDACTED]

Record Number: 294130

ASSESSMENT FOR SELF ADMINISTRATION OF MEDICATION

Assessment Completed By: [REDACTED]

(Name and Title)

Residential
Manager

Date Completed: 4/5/18

Directions: Review each item listed below for each medication ordered (prescription and over the counter). Mark item 'yes' if person can satisfactorily complete each item and 'no' if they cannot. Provide description of correct skill level if answered 'no'

Assessment Item		If no, describe person's current skill level
Can name each medication.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Can name the reason each medication is taken.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Can give the frequency each medication is taken.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Can give the appropriate route for each medication.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Can give the appropriate dosage for each medication.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Can name appropriate storage requirements for each medication.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can name common side effects for each medication.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Can recognize when experiencing side effects or problems from taking medication.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Can describe how side effects and problems related to medication should be followed up.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can state the potential consequences of not taking the medication or of not taking the medication properly.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Can state what to do if he/she misses a dose, takes a wrong dose, or experiences an adverse reaction.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Can state whether or not he/she should drink alcohol while taking the medication.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Team members involved in review of assessment:

MONARCH

Name

Record Number:

29413C

If any assessment items scored 'no' will be supported through assistive technology please describe this support:

Team recommendation:

- ☒ Support self administration of medications
☐ Do not support self-administration of medications at this time.

If self-administration is not supported, please list what the team will do to assist the person in obtaining these skills:

Team recommendation for follow up assessment:

- ☒ Does not need to be repeated unless change in skill level is noted ☐ Annually ☐ Quarterly
☐ Other:

Signature of Staff Completing Assessment

[Redacted Signature]

Date:

4/5/18

[Redacted Signature]

4/5/18

Name: [REDACTED]

Medical ID#: [REDACTED]

Record Number: [REDACTED]

PHYSICIAN'S PROGRESS NOTE

All entries must be dated and signed legibly

[REDACTED] here to complete forms to allow her to continue self administering her own meds. She has been doing this for 2 years. Her Psychiatrist has approved her to take her bipolar meds.

She successfully learned her meds, dosing, when for use, and potential side effects.

I have approved her to take her own meds for Asthma, Allergies, OCPD.

[Signature]

Signature

[Signature]

Date

4/5/18

Carolinas HealthCare System

CFM Concord
270 Copperfield Blvd
Suite 102
Concord, NC 28025
Phone: 704-786-6521
Fax: 704-782-9703

Patient Visit Summary

Name: [REDACTED] MRN: [REDACTED] DOB: [REDACTED] Visit Date: 04/05/2018
Phone: [REDACTED] Age: [REDACTED] Sex: [REDACTED] Primary Care Provider:
Race: Caucasian Ethnicity: Non-Hispanic Preferred Language: English

Carolinas HealthCare System thanks you for allowing us to assist you with your healthcare needs. The following includes patient education materials and some information regarding your health. Information from today's visit may be missing or incomplete if your CHS facility/provider has yet to transition to all aspects of the electronic medical record. Should you have any questions or concerns regarding your visit, please contact your physician or healthcare provider at your convenience.

Your regular doctor is: JONES , CARLA D MD
Your doctor or location today: JONES , CARLA D MD

Reason for Visit: 1. form completion to self administer meds
Today's Diagnosis: GERD (gastroesophageal reflux disease); Seasonal allergies

Today's Clinical Information:

Height: 5 ft 9 inch
Weight: 171.0 lb
BMI: 25.25 kg/m2
Blood Pressure: 134 mmHg / 80 mmHg
Additional Information:

Allergies:

Haldol, LaMictal, Mellaril, meloxicam, pseudoephedrine, Zithromax

Problem List:

Asthma; Bipolar disorder; Former smoker; GYN exam for high-risk Medicare patient; History of HPV Infection; Hyperlipidemia; Seasonal allergies

Name: [REDACTED]
MRN: [REDACTED]

Recorded at this visit:**Procedures**

No Procedures documented

Medications and Immunizations Administered During This Visit

No medication administered during this visit

Orders this Visit

No visit orders documented

Completed Results:**Laboratory and Radiology this Visit** (last charted value for your 04/05/2018 visit)

No Laboratory and Radiology documented

Medication Information:

	Continue Taking These Medicines at Home	Next Dose Due
1.	albuterol (ProAir HFA 90 mcg/inh Inhalation aerosol) 2 puff inhaled 4 times a day as needed Wheezing/Shortness of Breath as needed for wheezing and cough	
2.	albuterol (ProAir HFA 90 mcg/inh inhalation aerosol) 2 puff inhaled 4 times a day as needed Wheezing/Shortness of Breath	
3.	aspirin (aspirin chewable) See Instructions TAKE 1 TABLET BY MOUTH ONCE DAILY AT 8AM	
4.	benztropine (benztropine 0.5 mg oral tablet) 1 tablet by mouth daily at 8am	
5.	buPROPion (buPROPion 100 mg/12 hours (SR) oral tablet, extended release) 1 tablet by mouth every day	
6.	fluticasone-salmeterol (Advair Diskus 250 mcg-50 mcg Inhalation powder) See Instructions INHALE 1 PUFF BY MOUTH 2 TIMES A DAY AT 8AM AND 8PM *****DUE FOR A 6 MONTH FOLLOW UP APPT	
7.	loratadine (Loratadine 10 mg oral tablet) See Instructions TAKE 1 TABLET BY MOUTH ONCE DAILY AT 8AM	
8.	misc supply (tennis elbow band) See Instructions dispense one 'tennis elbow band' for left arm; wear 6-8 hrs a day only	
9.	montelukast (montelukast 10 mg oral tablet) See Instructions TAKE ONE TABLET BY MOUTH IN EVENING AT 8PM. *please schedule appointment for refills	

Name: [REDACTED]
MRN: [REDACTED]

10.	predniSONE (predniSONE 20 mg oral tablet) See Instructions 3 tablets for 3 days, 2 tablets for 3 days, 1 tablet for 3 days with food or milk	
11.	raNITidine (raNITidine 150 mg oral tablet) See Instructions TAKE ONE TABLET BY MOUTH TWICE A DAY AT 8AM AND 8PM	
12.	risperIDONE (RisperDAL 3 mg oral tablet) 1 tablet by mouth each night at bedtime	
13.	triamcinolone topical (triamcinolone 0.1% topical cream) 1 application apply to skin two times a day use on palms of hands for 1 week	

*This is a list of current information in your Carolinas HealthCare System medical record. It may include information from your visits to other offices or medications you told us were prescribed by other physicians or health care providers. If you have questions about this information, please contact your physician or health care provider.

Scheduled Appointments:

	Date	Time	Location	Provider	Phone Number
1.	04/16/18	10:30 am	CFM Concord	Gridley, Tonda L	704-786-6521

Follow Up:

Reminders:

1. If you have questions about your medicines, please ask your Doctor or a pharmacist.
2. Please bring your medicine list and pill bottles to all Doctor visits, medical testing, or if you are going to the ER or Hospital.
3. Remember to discard old medicine lists and update any records.

Important Phone Numbers:

Poison Control Center 1-800-222-1222

National Suicide Prevention Lifeline 1-800-273-TALK (8255)

Smoking Cessation 1-800-QUIT NOW (1-800-784-8669)

National Domestic Violence Hotline 1-800-799-SAFE

MyCarolinas Patient Online Access

Carolinas Healthcare System now offers MyCarolinas. It provides secure online access to your health information. With MyCarolinas, you can:

- Send a message to your doctor
- Look at your health record
- View lab and other test results
- Pay your bill

Name: [REDACTED]

MRN: [REDACTED]

These are just some of the things you can do with MyCarolinas. It is free. It is secure. It is very easy to use. For more information and to get started, visit <https://my.carolinashealthcare.org> Choose **Enroll Online**.

Name: [REDACTED]
MRN: [REDACTED]

4 of 4

04/5/2018 15:11:25

Plan of Correction Training

Any doctor appointments MUST be noted on the calendar. Any follow-up on that appointment MUST be made within 24 hours and MUST be written on the calendar.

Managers will send Team Lead weekly ALL appointments with note as to whether or not a follow up is needed on Friday of each week.

Any short term medications (14 days or less) will be given by staff even if someone is self medicating. Staff will also record on the MAR the entry for these medications.

By the end of April, self-medication assessments need to be completed for all PWS. Anyone who is ready to self medicate will be reviewed by TL and an appointment with their primary care will be made to get IN WRITING permission from the doctor to allow self-medication. This information is to go into a sheet protector and placed in the MAR book of the person and another in a sheet protector in the main record book.

Anyone self medicating will be observed by staff and MAR's reviewed at least 2x's weekly with corrections made appropriately at that time. Additional observations and reviews may be added depending on the medications and the reason for taking them.

All physicals and CCA's will be scheduled at least 2 months prior to expiration of the previous years assessment. Monarch physical forms will be taken to ALL physical appointments and again, any follow up suggested, recommended, or ordered by the physician will be scheduled within 24 hours. Copies of these assessments will be placed in the main record book and not purged until a new document has been completed to replace it.

Failure to meet these standards will result in disciplinary action.

MONARCH Injury Registration Form

DATE: 10/10/2018

TIME: 10:00

LOCATION: Warehouse

REGISTRATION NUMBER: 101018

SL. NO.	PERSON NAME	DESIGNATION	DEPARTMENT	SIGNATURE
1	Shree Sagar	ES	ES	Shree Sagar
2	Dance Sagar	ES	ES	Dance Sagar
3	Shree Sagar	ES	ES	Shree Sagar
4	Arjun McArthur	ES	ES	Arjun McArthur
5	Shree Sagar	ES	ES	Shree Sagar
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MONARCH

Inservice Registration Form

TOPICS: Trainers - list each topic that you discuss
See In-service sheet attached.

MINUTES:

DATE: 4/16/2018

LOCATION: Windermere

TIME: AM / PM

UNTIL: AM / PM

PRESENTER/TITLE: TL, QP

#	PRINT NAME	TITLE	DEPARTMENT	SIGNATURE
1		RM	LTSS	
2		BS	LTSS	
3		BS	LTSS	
4		BS	LTSS	
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TX Result Report

P 1

04/20/2018 10:23

Serial No. A61E011019740

TC: 94415

Addressee	Start Time	Time	Prints	Result	Note
9197333207	04-20 10:22	00:00:57	000/018	No Ans	FWD

Note

TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,
 DPG:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSAC:CSAC,
 FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original,
 FCODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax,
 IPADR:IP Address Fax, I-FAX:Internet Fax

Result

OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,
 TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,
 Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over,
 POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error,
 DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.



Monarch Corporate Office
 350 Pee Dee Avenue
 Suite A
 Albemarle, NC 28001
 Phone: (704) 986-1500
 Website: MonarchNC.org

Fax Transmittal Form

Executive Director: Peggy S. Terhune, Ph.D.

TO:

Name: Patricia Work Company: NC MH Licensure Certification Phone number: 919-855-3795 Fax number: 919-715-8078 Attn: Patricia Work Urgent For Review <input checked="" type="checkbox"/> Please Reply
--

FROM:

Name: Monarch / Cindy VanCamp Address: 350 Pee Dee Ave. City, State, Zip: Albemarle, NC 28001 Phone number: 704-305-9034 Fax number: 1-866-723-0271 Email address: Date sent: 4/20/2018 Time sent: # Pages Including Cover Page: 17

COMMENTS:

PLEASE NOTE:

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Fax Transmittal Form

Executive Director: Peggy S. Terhune, Ph.D.



Name: Patricia Work
Company: NC MHA Licensure Certification
Phone number: 919-855-3795
Fax number: 919-715-8078

Attn: Patricia Work
Urgent
For Review ✓
Please Reply

Name: Monarch / Cindy VanCamp
Address: 350 Pee Dee Ave.
City, State, Zip: Albemarle, NC 28001
Phone number: 704-305-9034
Fax number: 1-866-723-0271
Email address:

Date sent: 4/20/2018
Time sent:
Pages Including Cover Page: 17

COMMENTS:

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April 17th, 2018

MH Licensure and Certification Section
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Surveyor,

Please find the enclosed the Plan of Correction for the March 27th, 2018 for Monarch's Winderemere Home. We appreciate your help and assistance in providing the best possible services for our persons supported. If there are questions or additional information is needed, please contact Cindy VanCamp, Team Leader, Qualified Professional at 704-305-9034 or e-mail cynthia.vancamp@monarchnc.org.

Thank you for your attention to this matter.

Sincerely,



Cindy VanCamp
Team Leader/Qualified Professional
Monarch