

Plan of Correction

DHSR-Mental Health

JUN 26 2018

Lic. & Cert. Section

This plan of correction goes into effect as of 5-11-18. The plan of correction that has been implemented and put into place to make sure similar occurrences never happen again, is below.

1. Trainings and supervision will occur monthly for staff, by the qualified professional.
2. Any consumer involved in any unsafe acts, will immediately be seen by a licensed physician within 24 hours.
3. All consumers will have 24/7 monitoring by staff at all times, when together or in any common areas.
4. Any consumers, with any sexual abusive or sexual manipulative behaviors will not be admitted to home with other consumers at the residence.
5. Consumer with Sexual Manipulative behaviors has been discharged form the program as of 5/16/18.
6. The Qualified Professional will monitor each staff for proper interaction and supervision of consumers



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

June 4, 2018

Joseph A. Whaley, Director/Qualified Professional
Bottom Up Outreach Center
554 Bedford Knoll Drive
Winston-Salem, North Carolina 27107

Re: Annual and Complaint Survey completed May 21, 2018
Bottom Up Outreach Center, 554 Bedford Knoll Dr. Winston-Salem, NC. 27107
MHL # 034-342
E-mail Address: josephwhaley_events@yahoo.com
(Intake #NC00138416)

Dear Mr. Whaley:

Thank you for the cooperation and courtesy extended during the Annual and Complaint Survey completed May 21, 2018. The complaint was substantiated.

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

- Type A1 rule violation is cited for 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112)
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type A1 violations and the cross referenced citation must be **corrected** within 23 days from the exit date of the survey, which is June 13, 2018. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violations by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against Bottom Up Outreach Center for each day the deficiency remains out of compliance.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr • TEL: 919-855-3750 • FAX: 919-733-2757

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Joseph A. Whaley BSIQP - Director

- The standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is July 20, 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.**

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,



Scott M. Walton, LCSW, C/I
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Victoria Whitt, Director, Sandhills Center LME/MCO
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO
Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
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