



52305 East Broad Avenue
Rockingham, North Carolina 28379
(910)-417-4950 Phone
(910)-417-4953 Fax
divinekoncepts@etiw.net

June 20, 2018

To Whom It May Concern:

Please find enclosed, the Plan of Correction for the deficiencies found during the Annual Survey at the Steele Group Home on June 4, 2018.

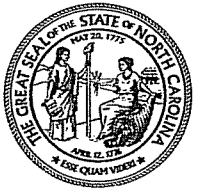
Should you need additional information, or further assistance, please do not hesitate to contact me at the above address or phone number.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brenda T. Capel".

Brenda T. Capel
CEO/President
Divine Koncepts, Inc.





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

June 13, 2018

Brenda Capel, President/CEO
Divine Concepts, Inc.
315-A South Long Drive
Rockingham, NC 28379

Re: Annual Survey completed June 4, 2018
Steele Street House, 418 Steele Street, Rockingham NC, 28379
MHL # 077-044
E-mail Address: divineKoncepts@etiw.net

Dear Ms. Capel:

Thank you for the cooperation and courtesy extended during the annual survey completed 6/4/18.

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

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 8/4/18.

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.

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

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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June 13, 2018
Ms. Capel
Divine Koncepts, Inc.

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 contact the South Piedmont Team Leader, Mr. Bryson Brown at (919) 855-3822.

Sincerely,



Johanna Edwards RN
Nurse Consultant
Mental Health Licensure & Certification Section

Cc: Victoria Whitt, Director, Sandhills Center LME/MCO
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO
File

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL077-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/04/2018
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NAME OF PROVIDER OR SUPPLIER STEELE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 418 STEELE STREET ROCKINGHAM, NC 28379
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on June 4, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p>DHSR-Mental Health</p> <p>JUN 26 2018</p> <p>Lic. & Cert. Section</p>	
V 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 45G .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC</p>	V 116	<p><i>Arrangements were made with local pharmacy on 6/19/18 to deliver bundles and supply at least three pill separately for consumption to utilize during home visits. Should consume med more than three of each med, the bundles will be taken back to the pharmacy for dispensing. The new pharmacy will initiate this procedure with the August med since the current pharmacy</i></p>	08/01/18

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Bruno Chapel 06/20/2018

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. This is essential for ensuring the integrity of the financial data and for providing a clear audit trail.

2. The second part of the document outlines the various methods used to collect and analyze data. These methods include direct observation, interviews, and the use of specialized software tools.

3. The third part of the document describes the results of the data collection and analysis. It shows that there is a significant correlation between the variables being studied, which supports the hypothesis.

4. The fourth part of the document discusses the implications of the findings. It suggests that the results could be used to inform policy decisions and to guide future research in this area.

5. The fifth part of the document concludes the study and provides a summary of the key findings. It emphasizes the need for further research to explore the underlying mechanisms of the observed relationships.

6. The sixth part of the document discusses the limitations of the study. It notes that the sample size was relatively small and that the study was limited to a specific geographic area.

7. The seventh part of the document provides a list of references for the sources used in the study. These references include academic journals, books, and online resources.

8. The eighth part of the document discusses the future directions of the research. It suggests that further studies should be conducted to explore the long-term effects of the variables being studied.

9. The ninth part of the document provides a list of appendices. These appendices include additional data, charts, and tables that support the findings of the study.

10. The tenth part of the document is the conclusion. It summarizes the main findings of the study and reiterates the importance of accurate record-keeping and data analysis.

11. The eleventh part of the document is the final section. It includes a list of acknowledgments and a list of contact information for the authors.

12. The twelfth part of the document is the end of the document. It includes a list of footnotes and a list of references.

Division of Health Service Regulation

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V 116	<p>Continued From page 1</p> <p>Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that dispensing of medications was restricted to persons authorized by law to do so affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 6/1/18 of Client #1's record revealed the following information; – Admitted to the facility on 3/7/06. – 67 years old. – Diagnoses include Severe Intellectual Developmental Disability, Intermittent Explosive Disorder, Type A Psychosis, Obsessive Compulsive Disorder, Hypertension, Hyperlipidemia and Seasonal Allergies.</p> <p>Review on 6/4/18 of the facilities Level I Incident Reports notebook revealed documentation that on 11/6/17 Client #1 was given Amlodipine that was prescribed for another client. This report indicated "wrong meds (medications) was pulled." (Amlodipine is used to treat high blood pressure)</p> <p>Interview on 6/4/18 with the Group Home Manager regarding the above medication error revealed the following information; – Client #1 was on a home visit when he received the Amlodipine. – When the clients go on overnight home visits their medications are punched out from the</p>	V 116	<p><i>has already delivered the July meds to the facility. The new procedure will eliminate this error from occurring in the future. Home mgr. will inspect all meds upon delivery and report any/all discrepancies to the Sp. Supervisors. Completed the uniform Employees by correct procedure to follow.</i></p>	

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Division of Health Service Regulation

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V 116	<p>Continued From page 2</p> <p>bubble-pack the pharmacy sends them in and put into a weekly plastic medication holder.</p> <ul style="list-style-type: none"> - The staff filling this medication holder punched the Amlodipine from another client's bubble-pack. - She was not aware that preparing any more than one dose of any medication was by definition dispensing medication, and the facility therefore could not punch several days of medication out of client's bubble-packages and send them with the client for administration while away from the facility. <p>During interview on 6/4/18 the Qualified Professional nor the Licensee CEO were aware of this dispensing definition either.</p>	V 116		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or 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</p>	V 291		

THE UNITED STATES OF AMERICA
DISTRICT COURT OF THE DISTRICT OF COLUMBIA

IN RE: [Name], Debtor.
Case No. [Number]

Chapter 11
Reorganization

Debtor's Statement of Financial Affairs
As of [Date]

1. Name of Debtor: [Name]
2. Address: [Address]

3. Date of Filing: [Date]
4. Date of Statement: [Date]

5. Name of Attorney: [Name]
6. Name of Accountant: [Name]

7. Name of Trustee: [Name]

8. Name of Debtor's Representative: [Name]

9. Name of Debtor's Representative: [Name]

10. Name of Debtor's Representative: [Name]

11. Name of Debtor's Representative: [Name]

Division of Health Service Regulation

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V 291	<p>Continued From page 3</p> <p>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 observation, interview and record review, the facility failed to maintain coordination between the facility and the Qualified Professionals responsible for health care affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 5/31/18 of Client #2's record revealed the following information;</p> <ul style="list-style-type: none"> - Admitted to the facility on 12/9/16. - Diagnoses include Moderate Intellectual Developmental Disability, and Schizoaffective Disorder-Undifferentiated Type. - A Physician's order dated 4/20/18 for Pataday eye drops, 1 drop in each eye every morning. <p>Interview on 5/1/18 with the Group Home Manager revealed the following information;</p> <ul style="list-style-type: none"> - The pharmacy told her that they did not receive a copy of the above prescription. - Without a paper prescription or an Emailed prescription from the Physician's office they would not be able to dispense this medication to the facility for administration to the client. - The pharmacy told her that they would attempt to contact the Physician for the order. - She has not heard anything since from either 	V 291	<p><i>Home mgr. did make several attempts to obtain prescription but did not have documentation of phone calls to pharmacy or doctor's office. Supervisor completed with home manager which included each contact to physician and/or pharmacy in reference to meds must be documented and filed in each consumer's chart. All difficulties with prescriptions must be reported to DP and/or CEO. This is effective immediately.</i></p>	6/20/18

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Division of Health Service Regulation

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V 291	Continued From page 4 the pharmacy or the Physician's office. – She did not follow-up trying to obtain this medication, or get clarification about the medication with the pharmacy or the Physician's office. During interview on 6/4/18 with the Licensee revealed she was not aware this medication had not been obtained/administered to Client #2 for over 5 weeks. She stated she would look at the current process for obtaining medications, and address it with staff.	V 291		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the	V 367	<i>all staff and up to receive updated procedure. Incident Report Training by CD. This training to be documented and placed in Employees personnel file. all Employees will adhere to Incident Reporting policies as outlined in policy form. All staff will be done. all training to be completed by 6/30/18</i>	<i>6/30/18</i>

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. This is essential for ensuring the integrity of the financial statements and for providing a clear audit trail.

2. The second part of the document outlines the various methods used to collect and analyze data. These methods include direct observation, interviews, and the use of specialized software tools. Each method has its own strengths and limitations, and they are often used in combination to provide a comprehensive view of the data.

3. The third part of the document describes the process of data cleaning and validation. This involves identifying and correcting errors, missing values, and outliers in the data. It is a critical step in ensuring the accuracy and reliability of the data used for analysis.

4. The fourth part of the document discusses the various statistical techniques used to analyze the data. These techniques include descriptive statistics, inferential statistics, and regression analysis. Each technique is used to answer specific questions about the data and to test hypotheses.

5. The fifth part of the document describes the process of data visualization. This involves creating charts, graphs, and tables that clearly and effectively communicate the results of the analysis. Visualization is an important tool for identifying trends and patterns in the data.

6. The sixth part of the document discusses the final steps of the data analysis process, including the preparation of reports and the presentation of findings. This involves summarizing the results of the analysis in a clear and concise manner and providing recommendations based on the findings.

7. The seventh part of the document provides a summary of the key points discussed in the document and offers some final thoughts on the importance of data analysis in decision-making.

Division of Health Service Regulation

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V 367	<p>Continued From page 5</p> <p>cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall</p>	V 367	<p><i>Op and CEO will monitor monthly reporting to make sure incident reports are completed in timely manner as well as proper procedures followed, and reported to LME. Please note that restrictive interventions used in facility are a part of each consumer's service plan</i></p>	

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Division of Health Service Regulation

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V 367	<p>Continued From page 6</p> <p>include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that all Level II incidents were reported to the LME (Local Management Entity) within 72 hours of becoming aware of the incident.</p> <p>Review on 6/1/18 of Client #1's record revealed the following information;</p> <ul style="list-style-type: none"> - Admitted to the facility on 3/7/06. - 67 years old. - Diagnoses include Severe Intellectual Developmental Disability, Intermittent Explosive Disorder, Type A Psychosis, Obsessive Compulsive Disorder, Hypertension, Hyperlipidemia and Seasonal Allergies. <p>Review on 5/31/18 of Client #2's record revealed the following information;</p> <ul style="list-style-type: none"> - Admitted to the facility on 12/9/16. 	V 367		

See page 546

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting.

2. The second part of the document outlines the various methods and techniques used to collect and analyze data. It includes a detailed description of the experimental procedures and the statistical tools employed to interpret the results.

3. The third part of the document presents the findings of the study. It shows that there is a significant correlation between the variables being studied, and that the proposed model provides a good fit to the observed data. The results are supported by statistical tests and graphical representations.

4. The fourth part of the document discusses the implications of the findings and suggests areas for further research. It highlights the need for more comprehensive data collection and the development of more sophisticated analytical models to address the complexities of the problem.

5. The fifth part of the document concludes the study and summarizes the key points. It reiterates the importance of the research and the potential for future applications in related fields.

6. The final part of the document provides a list of references and a list of authors. It also includes a brief biography of the lead researcher and a statement of funding support.

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V 367	<p>Continued From page 7</p> <p>– Diagnoses include Moderate Intellectual Developmental Disability, and Schizoaffective Disorder-Undifferentiated Type.</p> <p>Review on 5/31/18 of Client #3's record revealed the following information;</p> <p>– Admitted to the facility on 7/6/06.</p> <p>– Diagnoses include Moderate Intellectual Developmental Disability, Schizophrenia-Paranoid Type, Intermittent Explosive Disorder and Hearing Loss.</p> <p>Review on 5/31/18 of the North Carolina IRIS (Incident Response Improvement System) program revealed that no level I or level II reports had been submitted since 2015.</p> <p>Review on 6/4/18 of the facilities Level I Incident Reports notebook revealed documentation of the following events;</p> <p>– Client aggressive/destructive behavior and/or threats of harm to others (without police involvement):</p> <p>Client #2 - four times (8/12/17, 1/17/18, 3/15/18 and 5/14/18).</p> <p>Client #3 - two times (8/1/17 and 8/3/17).</p> <p>– Client destructive behavior (with Police involvement):</p> <p>Client #2 - once (11/3/17).</p> <p>– Clients requiring physical restraint (therapeutic holds):</p> <p>Client #2 - twice (3/21/17 and 11/3/17).</p> <p>Client #3 - once (8/1/17).</p> <p>– Client physical aggression toward staff:</p> <p>Client #3 - once (7/12/17, punched a staff member in the mouth).</p> <p>– Client injury requiring medical treatment:</p> <p>Client #1 - once (6/9/17, fell during the night and sustained multiple skin tears/cuts).</p>	V 367		

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in the context of public administration and financial management.

2. The second part of the document outlines the various methods and tools used for data collection and analysis. It highlights the need for standardized procedures to ensure the reliability and validity of the information gathered. This includes the use of surveys, interviews, and statistical software.

3. The third part of the document focuses on the ethical considerations surrounding data collection and analysis. It stresses the importance of obtaining informed consent from participants and ensuring that their data is used only for the purposes stated at the time of collection. Confidentiality and data protection are also key concerns.

4. The fourth part of the document discusses the challenges and limitations of data collection and analysis. It notes that data may be incomplete, biased, or difficult to interpret, and that these factors can affect the accuracy of the results. It also mentions the potential for data manipulation and the need for rigorous quality control measures.

5. The fifth part of the document provides a summary of the key findings and conclusions. It reiterates the importance of a systematic and ethical approach to data collection and analysis, and offers recommendations for improving the quality and reliability of the data used in public administration and financial management.

6. The sixth part of the document discusses the implications of the findings for policy-making and practice. It suggests that the results of the study can be used to inform the development of more effective and transparent public administration and financial management systems, and to identify areas for further research and improvement.

7. The seventh part of the document provides a detailed description of the methodology used in the study. It outlines the research design, the data collection methods, and the statistical techniques used for data analysis. This section is intended to provide a clear and comprehensive overview of the research process for other researchers and practitioners.

8. The eighth part of the document discusses the limitations of the study and the need for further research. It acknowledges that the study has some limitations, such as the potential for bias and the limited scope of the data, and suggests that future research should aim to address these issues and expand the scope of the study.

9. The ninth part of the document provides a final summary and conclusion. It reiterates the main findings of the study and the importance of a systematic and ethical approach to data collection and analysis. It also offers some final thoughts on the implications of the study for public administration and financial management.

10. The tenth part of the document provides a list of references and a bibliography. It includes references to the various sources of information used in the study, as well as other relevant literature in the field of public administration and financial management. This section is intended to provide a comprehensive overview of the research context and to allow other researchers to access the sources used in the study.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL077-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2018
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NAME OF PROVIDER OR SUPPLIER STEELE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 418 STEELE STREET ROCKINGHAM, NC 28379
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V 367	<p>Continued From page 8</p> <p>Interview on 6/3/18 with the Licensee revealed that the facility's Qualified Professional (QP) is responsible for submitting incident reports to the LME through the IRIS system.</p> <p>Interview on 6/4/18 with the QP revealed she was unaware that events requiring police, medical treatment or physical restraint are classified as level II incidents, and should be entered into IRIS.</p>	V 367	<p><i>QP and staff to be retrained as stated on pages 5 & 6 in reference to incident reporting. All staff to be retrained and completed by 6/30/18. CEO will be responsible for training and evidence of training to be placed in each employee's personnel file. Incident Report Book to be reviewed by QP and QA/AT for error and inappropriate documentation.</i></p>	

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