

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-694</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/09/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNITED RESIDENTIAL SERVICES OF NORTH CAROL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6503 KEMPER COURT FAYETTEVILLE, NC 28303</b>
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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 INITIAL COMMENTS  
  
An annual, complaint and follow up survey was completed on July 9, 2018. The complaint was unsubstantiated (Intake #NC00140691). Deficiencies were cited.

V 000

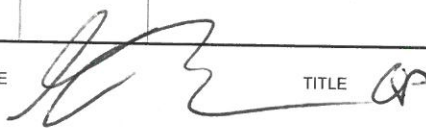
This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

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 cause of the incident; and  
(6) other individuals or authorities notified or responding.  
(b) Category A and B providers shall explain any

V 367

**DHSR - Mental Health**  
  
**AUG 31 2018**  
  
**Lic. & Cert. Section**

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

 TITLE **CP**

(X6) DATE  
**7/6/2018**

# Appendix 1-B: Plan of Correction Form

Plan of Correction	
<b>Division Of Health Services Regulation</b>	<b>United Residential Services of NC, Inc.</b> 6503 Kemper Court Fayetteville, NC 28303
<b>Provider Name:</b> United Residential Services	<b>Phone:</b> (910)584-6268
<b>Provider Contact Person for follow-up:</b> Gerald Nickelberry	<b>Fax:</b>
<b>Address:</b> 6503 Kemper Court Fayetteville, NC 28303	<b>Email:</b> Unitedresidentialservicesinc@yahoo.com
Finding	Time Line
<b>V 367</b> 27G .0604 Incident Reporting	Implementation Date: 7/10/2018  Projected Completion Date: 7/10/2018
<b>V736</b> Facility Grounds Maintenance	Implementation Date: 7/9/2018  Projected Completion Date: 7/20/2018
Corrective Action Steps	Responsible Party
As per rule, Level II incident reports shall be completed and submitted within 72 hours of becoming aware of the incident. If there is a question as to whether an incident is level I or level II, the QP shall be responsible for contacting the appropriate resource for clarification. The QP shall monitor and ensure that the Level II incident report is submitted via IRIS as per policy within the specified 72 hour time frame.  All damages made by participant(s) have been repaired as of 7/15/2018. Repairs were made to the dining room, and bedroom walls. Deep cleaning occurred in each room of the home. A replacement dresser was purchased to replace the dresser with a missing drawer. The hallway bathroom door was repaired so that it will easily lock and unlock.  Policy: As per policy, within 72 hours of the damage occurring, securing of estimates shall begin. Within a reasonable time frame a vendor is chosen and repairs are made. Time frames are subject to the complexity of the repair needed and the availability of materials to complete the job.	QA/QI committee QP of URS Facility manager Facility staff  QA/QI committee QP of URS Facility manager Facility staff



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

July 11, 2018

**DHSR - Mental Health**

Jessie James  
United Residential Services of N.C. Inc.  
P.O. Box 25928  
Fayetteville, NC 28314

**AUG 31 2018**

**Lic. & Cert. Section**

Re: Annual, Complaint and Follow Up Survey completed 07/09/18  
United Residential Services of North Carolina #2, 6503 Kemper Court,  
Fayetteville, NC 28303  
MHL # 026-694  
E-mail Address: unitedresidentialservicesinc@yahoo.com  
Intake #NC00140691

Dear Mr. James:

Thank you for the cooperation and courtesy extended during the annual, follow up and complaint survey completed 07/09/18. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that the deficiency is now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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 09/07/18.

**What to include in the Plan of Correction**

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.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- 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 Wendy Boone at 252-568-2744.

Sincerely,

*Emily Stanley, BSW*

Emily Stanley, BSW  
Facility Compliance 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  
Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO  
Victoria Whitt, Director, Sandhills Center LME/MCO  
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO  
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