Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-187	A. BUILDING: _____ B. WING _____	R 08/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLES NEST RETREAT	320 CHISHOLM TRAIL JACKSONVILLE, NC 28546

(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 August 15, 2018. A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities and 10 A NCAC 27G .5100 Community Respite Services.	V 000	DHSR - Mental Health SEP 05 2018 Lic. & Cert. Section	
V 784	27G .0304(d)(12) Therapeutic and Habilitative Areas 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s). This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a sleeping area for staff separate from the areas in which habilitative activities are routinely conducted. The findings are: Observations on 8/14/18 at approximately 4:10pm revealed: -6 bedrooms occupied by 4 clients. -A mattress on a bed frame and a hammock were located in the den. -No separate area for staff to sleep.	V 784	V 784- Group home QP will work with DHSR Construction Section to ensure proposed correction measures are within licensing rules. QP will also work with local code inspectors to ensure adding an additional sleeping area for staff, so that they do not have to sleep in areas where therapeutic and habiltative functions are routinely conducted, meets all local, state, and federal guidelines. QP will continue to review all applical rules and guidlines to ensure continued compliance and prevent future issues with non-compliance. QP will continue to monitor the Group Home on a weekly basis to ensure continued compliance.	10/14/2018 Ongoing Ongoing

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: BSQP — (X6) DATE: 8/29/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 784	Continued From page 1 Interview on 8/14/18 the Qualified Professional stated: -Currently one client bed room was vacant, and the other bedroom was used for respite clients. -The staff on site during the night were sleep staff. -Staff slept on the bed or in the hammock located in the den. -He was not aware a separate sleep area was required for overnight sleep staff. -He would find a solution to make sure the facility provided a separate sleep area for staff.	V 784		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

DHSR - Mental Health
SEP 05 2018
Lic. & Cert. Section

August 20, 2018

Tammy L. Cleveland, President
IQUOLIOC, Inc.
211 Drummer Kellum Road
Jacksonville, NC 28546

Re: Annual and Follow up Survey completed August 15, 2018
Eagles Nest Retreat, 320 Chisholm Trail, Jacksonville, NC 28546
MHL # 067-187
E-mail Address: cleveland_home@yahoo.com
jorgerios73@yahoo.com

Dear Ms. Cleveland:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed August 15, 2018.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. An additional deficiency was 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

- Tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be ***corrected*** within 60 days from the exit of the survey, which is October 14, 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 Wendy Boone at 252-568-2744.

Sincerely,

Betty Godwin

Betty Godwin, RN, MSN
Nurse Consultant
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
File