


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/10/2018
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NAME OF PROVIDER OR SUPPLIER SUNRISE CASAWORKS AT HORIZONS	STREET ADDRESS, CITY, STATE, ZIP CODE 211 CONNOR DRIVE CHAPEL HILL, NC 27599
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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, follow-up and complaint survey was completed October 10, 2018. Complaint (intake #NC00143303) was unsubstantiated and complaint (intake #NC00143391) was substantiated. There were deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 4100 Therapeutic Homes for Individuals with Substance Abuse Disorders and Their Children</p>	V 000	<p><i>See attached letter</i></p>  <p><i>11-08-18</i></p>	
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118	<p>DHSR - Mental Health</p> <p>NOV 13 2018</p> <p>Lic. & Cert. Section</p>	

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

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to administered medication according to the physician order for one of three audited clients (#1). The findings are:</p> <p>. Review on 10/10/18 of Client 1's record revealed: - Admission date of 7/30/18. - Diagnoses of Opioid Use Disorder, Severe, Amphetamine- Substance Use Disorder, Severe and Cannabis Use Disorder, Severe</p> <p>Review on 10/10/18 of Client #1's record revealed medication upon admission: -Ibuprofen 800 mgs - take one tablet by mouth 3x daily as needed: -Suboxone 8mg/2mg - dissolve one film under the tongue 2x daily for 14 days.</p> <p>Review on 10/10/18 of Client #1's Non-Narcotic Pain Medication Sheet revealed: -Ibuprofen 800mg was taken daily until 9/26/18 a.m. -No Ibuprofen 800mg was administered on 9/26/18.</p> <p>Review on 10/10/18 of Client #1's New Orders revealed the following: -Physician order dated 9/24/18 for</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Gabapentin 300mg - take one capsule by mouth 3x per day.</p> <p>-Nurse Practitioner order dated 9/26/18 for Voltaren Gel - apply to each shoulder 4x per day as needed for pain.</p> <p>-Physician order dated 9/27/18 for Cyclobenzaprine (Flexeril) 5mg tablet - take one tablet (5mg) by mouth 3x a day as needed for 15 days for muscle spasms.</p> <p>-Physician order dated 9/27/18 for Ibuprofen 600mg - take one tablet by mouth 3x a day as needed.</p> <p>-Physician order dated 9/27/18 for Tylenol 500mg - take 2 tablets (1,000) by mouth 3x per day as needed.</p> <p>-Physician order dated 10/2/18 for Prednisone 20mg tablet - take 3 PO daily for 2 days, then 2 PO daily for 2 days, then 1 PO daily for 2 days.</p> <p>Observation on 10/10/18 at 10:00 a.m. of Client #1's medication revealed the following was available:</p> <ul style="list-style-type: none"> -Ibuprofen 600 mgs - Gabapentin 300mg -Voltaren Gel -Ibuprofen 600mg -Tylenol 500mg <p>Interview on 10/10/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> -She reported that she had a bulging disc on her shoulder and neck areas. -Reported that she got headaches from the pain. -She believed the injury was related to domestic violence. -Reported that she was in a lot of pain. -She went to the emergency room a few times for the pain. -Admitted to taken Ibuprofen daily as needed. -Admitted to taken Ibuprofen to help with the pain 	V 118		

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V 118	<p>Continued From page 3</p> <p>daily.</p> <ul style="list-style-type: none"> -Reason for the emergency room visits was due to pain and staff informed her she was not allowed to take Ibuprofen no more than 3 days per week. -She said staff was following the Nurse Prationers order. <p>Admitted taken one dose on 9/26/18 in the a.m.</p> <ul style="list-style-type: none"> -NP wrote an order for Voltaren Gel. -She reported the Voltaren Gel was offered to her as a substitute for Ibuprofen. -She said the Voltaren Gel did not work. -She confirmed the current medications prescribed above were working. -She felt better. -She saw the pain management doctor. -She would start physical therapy in the upcoming week. <p>Interview on 10/10/18 with the Nurse Practitioner/Director of Health Services revealed:</p> <ul style="list-style-type: none"> -She monitored client's medication. -Client #1 was admitted with a order for Ibuprofen 800mg. -Client #1 reported having a bulging disc. -Client #1 was asking for Ibuprofen daily . -She was concerned about client #1's daily use of Ibuprofen and the health risk. -Submitted memo to staff dated 7/13/15 regarding over the counter pain medication. -The memo suggested that clients may take OTC pain medication no more than 3 days a week. -If a client expressed a need to take medication more than 3 days a week, the client must see a health care provider to address the pain issue. -The memo was not meant to over-ride the physicians order. -She wanted client #1 to see her Primary Care Provider (PCP) to seek other options. -She wrote the order for Voltaren Gel to help with 	V 118	<p><i>9/25 med order</i></p>	

Division of Health Service Regulation

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V 118	Continued From page 4 pain with hope to decrease the need for Ibuprofen. -Client #1 went to the emergency room twice for reported pain. -Client #1 had a MRI done at the emergency room. -There were no descriptive findings; nothing concrete. -A neurosurgery doctor saw client #1 at the emergency room. -The neurosurgeon did not feel surgery was needed. -Doctor connected Client #1 to the pain management department at the hospital. -Client #1's PCP changed Ibuprofen from 800mg to 600mg and the emergency room prescribed other pain medications.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe and attractive manner. The findings are: Observation on 10/10/18 at 1:30 p.m. to 2:30 p.m. of the individual apartments revealed: -Apartment 209-6: -There was clothing on the floor and on every furniture item. Difficulties to walk in the	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 5</p> <p>apartment.</p> <p>-Apartment 209-7: -There were clothing all of the floor.</p> <p>-Apartment 209-8: -There were piles of clothing on the bedroom floor and chair.</p> <p>-Apartment 211-4: - Lamp light in the living room was not working; it's the only light in that room. -The closet door in the bedroom was off track. -Dry wall on the living room, about 12 inches long was peeled off.</p> <p>-Apartment 211-1: -There was an exposed wired hanging out of the wall in the living room.</p> <p>-Apartment 211-6: -Half of the closet door in the bedroom was removed and never replaced.</p> <p>-Apartment 211-5: -Air Conditioner was broken for about one month. Window AC was put in; apartment temperature was warm.</p> <p>-Apartment 211-8: -Floor tile cracked and peeled in the kitchen. -Laundry room closet door off track.</p> <p>-Apartment 211-10: -Bathtub stopper was broken.</p> <p>-Apartment 211-19: -Ceiling water damage in the hallway.</p> <p>Interview on 10/10/18 with clients revealed: -They had to put in a work order to fix anything broken. -Maintenance takes about one month to fix the requested broken items.</p> <p>Interview on 10/10/18 with the Director of Operations revealed: -They have staff that inspected the apartment</p>	V 736		

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V 736	<p>Continued From page 6</p> <p>weekly.</p> <ul style="list-style-type: none"> -Clients must submit maintenance request to management staff. -Management staff would submit request to the Property Manager of the subdivision. -Management staff worked directly with the Property Manager regarding maintenance issues. -Confirmed maintenance took a long time to respond to request. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		



08 November 2018

Ms. Frances E. Hicks
Facility Compliance Consultant
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

NOV 13 2018

Lic. & Cert. Section

Re: Plan of Corrective Action for Sunrise at UNC Horizons Program, MHL# 068-128
Annual, Follow-Up and Complaint Survey completed October 10, 2018

This letter and the attached documentation serve as our corrective action in response to the concerns identified during your review on the 10th of October.

- 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.

Corrective Action: V118 27G .0209 (C) Medication Requirements

Regulation outlines requirements for effective medication observation/monitoring and for current medical orders for all prescription and OTC meds taken by residential clients.

Review findings:

“The Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to administer medication according to the physician order for one of three audited clients (#1).”

The specific issue cited was that upon admission, client #1 had a prescription and medical order for ibuprofen, 800mg, TID as needed for pain from a former prescriber no longer involved in client #1's medical care. On 09/26/18 this medication was stopped and client #1 filed a complaint with DSR.

Response:

As staff observed client #1 to be taking this prescribed OTC medication as a daily TID medication rather than prn as prescribed, Horizons Nurse Practitioner, Elisabeth Johnson, Ph.D., reminded staff and client of best practice procedures as established by the FDA in 2015 that taking large doses of acetaminophen



or ibuprofen for pain for longer than 3 days places the patient at significantly increased medical risks and should only occur in conjunction with a current assessment and monitoring by that prescribing medical provider. Auditor reported only seeing said memo in the MAR and not finding a medical order over-riding the order written by client #1's former medical provider.

This best practice precaution was discussed with client #1 on 09/25/18 by Horizon's NP, Elisabeth Johnson. Johnson also wrote a new medication order, dated 09/25/2018, to cancel the previous medication order as that prescriber was no longer involved in client #1's care and thus unable to assess any current pain or medication risks. That medication order is in the MAR. Johnson recommended client #1 see her new PCP for an updated assessment of her pain issues and for ongoing monitoring of any relevant medication risks. On 9/26/18, Johnson added a prescription for Voltaren gel (a topical NSAID) with good evidence of working on localized pain. Client #1 was seen by Dr. Lakecia Pitts with UNC Family Medicine on 09/27/2018 and prescribed: ibuprofen, 600mg, TID, as needed for pain; acetaminophen 500mg, 2 tabs TID, as needed for pain; flexeril, 5mg, TID as needed for pain; Gabapentin, 300mg, 1 capsule TID.

On 9/27/18, Dr. Pitts effectively became client #1's new PCP and assumed responsibility for her medical care and any issues related to that care. Since that time client has been on the medication regimen prescribed by Dr. Pitts with all necessary medical orders in her MAR. Elisabeth Johnson, with the appropriate release in place, has informed Dr. Pitts that client #1 continues to take ibuprofen and acetaminophen as daily medications rather than prn, and client #1 has declined to follow up with Dr. Pitts other recommendations related to physical therapy, etc. Client #1 returned to the ED on 10/02/2018 and received a prescription to increase her Gabapentin dose. This information is in EPIC and available to her primary medical provider for monitoring.

Staff, Sunrise's Program Manager and Horizons' Nurse Practitioner will continue to monitor all client medications to ensure that appropriate orders are on file, that client's follow medical advice, that aberrations from medical advice is passed on to the appropriate prescriber, and that the program follows best medical practices. Medication compliance and related issues are routinely monitored by staff on a daily basis with closer monitoring occurring on a weekly basis. Concerns and questions are addressed via secure email with Horizons' medical staff.

Corrective Action: V736 27G .0303 (c) Facility and Grounds Maintenance

Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.

Review findings:



"This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe and attractive manner.

Observed issues were related to apartment 209-06, 209-07 and 209-08, "There was clothing on the floor and on every furniture item. Difficult to walk in the apartment." "There were clothing all of the floor." "There were pieces of clothing on the bedroom floor and chair." Apartments 211-04, 211-01, 211-06, 211-05, 211-08, 211-10 and 211-19 "lamp light in the living room was not working; it's the only light in that room. The closet door in the bedroom was off track. Dry wall on the living room, about 12 inches long was peeling." "There was an exposed wired hanging out of the wall in the living room." "Half of the closet door in the bedroom was removed and never replaced." "Air conditioner was broken for about one month. Window AC was put in, apartment temperature was warm." "Floor tile cracked and peeling in the kitchen. Laundry room closet door off track." "Bathtub stopper was broken." "Ceiling water damage in the hallway."

Response:

It has been our experience that issues of sanitation and disorder are common for the population we serve. We begin addressing these issues at admission both through verbal and written instruction as well as through one-to-one instructive interaction on cleaning and hygiene. We will continue to work as intensively as necessary with our families to ensure these issues are addressed and corrected. Staff will continue to make daily rounds through each unit paying particular attention to safety and sanitation.

The Sunrise Program Manager continues working with management and maintenance staff at the Sunstone Apartment complex to resolve these ongoing issues with routine maintenance in our units. The UNC Property Office and UNC Contracts offers periodic reinforcement to our requests to the Sunstone Apartment complex office.

Sincerely,

11/8/18

Marc Strange, LCAS, LPC
Clinical Instructor
Director of Residential Services
UNC Horizons Program



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 16, 2018

Ms. Crystal Royal
Director of Operations
University of North Carolina at Chapel Hill
410 N. Greensboro Street, Suite 220
Carrboro, NC 27510

Re: Annual, Follow-up and Complaint Survey Completed October 10, 2018
Sunrise CASAWORKS at Horizons, 209 & 211 Connor Drive, Chapel Hill 27514
MHL #068-128
E-mail Address: crystal_royal@med.unc.edu
Intake #NC00143303 & #NC00143391

Dear Ms. Royal:

Thank you for the cooperation and courtesy extended during the annual, follow-up and complaint survey completed October 10, 2018. Complaint #NC00143303 was unsubstantiated and complaint #NC00143391 was substantiated.

As a result of the follow-up survey, it was determined that the deficiency is not in compliance and will be recited. 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

- Re-cited standard level deficiency.
- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is November 9, 2018.
- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is December 9, 2018.

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

October 16, 2018
Ms. Crystal Royal, Director of Operations
University of North Carolina at Chapel Hill

- 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.

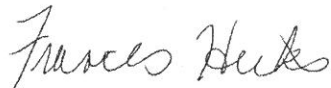
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

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 Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Frances E. Hicks, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Trey Suttan, Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
File