

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2018
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NAME OF PROVIDER OR SUPPLIER WOODLAND HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 110 EAST BOSTON AVENUE PINEBLUFF, NC 28373
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on November 1, 2018. The complaint was substantiated (intake #NC00144684). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G . 1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness and 10A NCAC 27G. 5400 Day Activity for Individuals of All Disability Groups.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">NOV 19 2018</p> <p style="text-align: center;">Lic & Cert. Section</p>	
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p>	V 115		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <p style="text-align: center;"><i>Freda Kletoch, COO</i></p>	TITLE _____	(X6) DATE 11-14-18
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V 115	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews staff failed to provide supervision to ensure safety of one of four audited clients (#1). The findings are:</p> <p>Review on 10/31/18 of client #1's record revealed: -Admission date of 2/19/10. -Diagnoses of Schizophrenia, Mild Mental Retardation, Alcohol Abuse and Cocaine Abuse. -Client #1 had no approved unsupervised time at the facility.</p> <p>Review of personnel records on 11/1/18 revealed: -Staff #1 had hire date of 9/19/12. -Staff #1 was hired as a Paraprofessional.</p> <p>Review of personnel records on 11/1/18 revealed: -Staff #2 had hire date of 10/31/11. -Staff #2 was hired as a Paraprofessional.</p> <p>Review of personnel records on 11/1/18 revealed: -Staff #3 had hire date of 1/25/17. -Staff #3 was hired as a Paraprofessional.</p> <p>Review of facility records on 10/31/18 revealed: -An incident report dated 10/25/18 had the following: "Approximately 9:45am, staff notified consumers that we would be leaving for Halloween Party in Asheboro and everyone was recommended to go to the bathroom before our departure. Consumers exited building went to both vans and began loading vans, as staff gathered needed supplies and was clearing the</p>	<p>V 115</p> <p>V 115</p>	<p>On 10/26/18, Program Director developed a Community Outing Attendance Log of all consumers to be placed in each van for any outings or leaving the facility for any reason. Staff will check members as they enter the van and exit the van for any events. At least 15 minutes prior to leaving the building the members will be asked if they need to use the bathroom. Staff will recheck the building and secure the building. On returning, staff will do a roll call of all members. All staff and members were trained on new implementation of Community Outing Attendance Log and new protocol was put in place on 10/26/18. Program Director will monitor and review the log weekly. During monthly staffing, protocol and implementation of log will be discussed. Monthly, staff will discuss with members the importance of implementing the log for their accountability and safety. As new members are admitted to the program, training on use of the log will take place. Also, when new staff or fill-in staff are assigned to the facility, they will receive training during orientation. On 11/13/18 the original Community Outing Attendance Log was revised to include more detail. This Community Outing Attendance Log has been distributed to all programs and residential group homes to begin using immediately after staff training. See attached Training Record dated 10/26/18, together with original Community Outing Attendance Log. In addition, see attached revised Community Outing Attendance Log and Training Record dated 11/13/18. A revised Orientation Checklist is also attached which includes the Community Outing Attendance Log.</p>	<p>10/26/18</p> <p>Ongoing</p> <p>11/13/18</p> <p>Ongoing</p>

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V 115	<p>Continued From page 2</p> <p>building. [Client #1] reentered building without staff seeing him enter the front door which staff had not check before locking it to leave. Upon arrival at Halloween party, consumers exited van and dispersed into the crowd of other consumers. Approximately 12:15pm, staff noticed that [Client #1] was missing and immediately notified [the Director]. [The Director] and other staff rechecked party to see if [Client #1] was overlooked-[Client #1] was not at the location. Staff immediately notified [local] police dept. (department) to have them check [Name of facility] premises for [Client #1]. [Local] police dept. (department) returned call to staff to confirm that [Client #1] was on the premises unattended. [The Director] proceeded to [Woodland House]-arriving at 2:25pm."</p> <p>Interview on 11/1/18 with client #1 revealed: -One day last week staff left him alone at the building. -They were all going out to a party in another city. -They were loading the van and he had went back into the building. -He went back into the building in order to use the bathroom. -When he looked back outside both vans had already left. -Staff had left him at the building alone. -He was not sure if staff saw him when he went into the building to use the bathroom. -He thought he was at the building alone for about 1 1/2 hours. -A police officer showed up and stayed with him until the Director arrived.</p> <p>Interview on 11/1/18 with staff #1 revealed: -She was working during the incident with client #1. -They were all loading up the vans in order to attend a party in Asheboro.</p>	V 115		

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V 115	<p>Continued From page 3</p> <ul style="list-style-type: none"> -She did see client #1 get onto her van. -A few minutes later she saw client #1 get off of her van. -She saw client #1 walk over to the other van. -She never saw client #1 go back into the building. -She thought they left for Asheboro around 10:15 AM. -They arrived to their destination around 11:30 AM. -She thought they realized around 12 noon that client #1 was not with them. -She notified the Director that client #1 was missing. -She called the police department closest to the facility. -She wanted a police officer to go by the facility to see if client #1 was there. -The Director left the party in Asheboro and returned to the facility. -Client #1 did not have unsupervised time at the facility. -She confirmed staff failed to provide supervision to ensure safety for client #1. <p>Interview on 11/1/18 with staff #2 revealed:</p> <ul style="list-style-type: none"> -She was working during the incident with client #1. -All of the staff and clients were all loading up two vans for an outing. -They were going to a holiday party in Asheboro. -There were two other staff and fifteen clients going on the outing. -She never saw client #1 go back into the building while they were loading the vans. -She thought they left for Asheboro around 10:20 AM. -They arrived to their destination around 11:30 AM. -She thought they realized client #1 was missing 	V 115		
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V 115	<p>Continued From page 4</p> <p>once they arrived to their destination. -They notified the Director that client #1 was missing. -The Director left the party in Asheboro and returned to the facility. -Client #1 did not have unsupervised time at the facility. -She confirmed staff failed to provide supervision to ensure safety for client #1.</p> <p>Interview on 11/1/18 with staff #3 revealed: -She was working during the incident with client #1. -They were all loading up the vans in order to go to a party. -They were going to a Halloween party in Asheboro. -She thought she had at least eight clients on her van. -Staff #2 was also on the van with her. -She was not sure if she ever saw client #1 on her van. -She never saw client #1 go back into the building to use the bathroom. -She thought they left the building around 10:15 AM. -They arrived in Asheboro around 11:30 AM. -She thought they realized client #1 was missing shortly after arriving in Asheboro. -Staff immediately notified the Director that client #1 was missing. -Staff #1 called the police department closest to the facility. -The Director immediately left the party in Asheboro and returned to the facility. -Client #1 did not have unsupervised time at the facility. -She confirmed staff failed to provide supervision to ensure safety for client #1.</p>	V 115		

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V 115	<p>Continued From page 5</p> <p>Interview on 10/31/18 with the Director revealed:</p> <ul style="list-style-type: none"> -There was a recent incident with staff and client #1. -Client #1 was left at the facility unsupervised by staff. -Staff and clients were loading up the vans in order to attend a party in Asheboro. -There were three staff and at least 15 clients loading two vans. -He was not at the facility while they were loading the vans. -He left his home and went straight to Asheboro in order to set up for the party. -When staff from the facility arrived he asked them the whereabouts of client #1. -They all looked around and realized client #1 was not at the party. -He immediately left Asheboro and headed to the facility. -When he arrived at the facility there was a police officer there with client #1. -He thought client #1 was alone for about two hours. -Client #1 told him he had gone back into the building while they were loading the vans. -Client #1 told him he went back into the building to use the bathroom. -Client #1 told him when he was done using the bathroom both vans were gone from the facility. -Staff told him they did not realize client #1 got off the van and went back into the building. -Client #1 did not have unsupervised time at the facility. -He confirmed staff failed to provide supervision to ensure safety for client #1. <p>Interview on 10/31/18 with the Chief Operating Officer revealed:</p> <ul style="list-style-type: none"> -The Director did contact her last week about the incident with staff and client #1. 	V 115		
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V 115	<p>Continued From page 6</p> <ul style="list-style-type: none"> -She was told client #1 was left at the facility unsupervised by staff. -She was told that while staff were loading the van for an outing client #1 went back into the building. -Staff were loading up the vans in order to attend a party in Asheboro. -Staff did not realize client #1 was in the building and they left him alone at the facility. -The Director told her they called the local police department to report the incident. -She was told a police officer went by the facility and stayed with client #1 until the Director arrived. -Client #1 does not have unsupervised time at the facility. -She confirmed staff failed to provide supervision to ensure safety for client #1. <p>Review on 11/1/18 of a Plan of Protection written by the Director and Chief Operating Officer dated 11/1/18 revealed:</p> <p>What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?: "On 10/26/18 [The Director] developed a roster list of all consumer's to be placed in each van for any outings or leaving the facility for any reason. Staff will check members as they enter the van and exit the van for any events. At least 15 minutes prior to leaving the building the members will be ask if they need to use the bathroom. The head counts have been accounted for on the van. Staff will recheck the building and secure the building on returning staff will do a roll call of all members."</p> <p>Describe your plans to make sure the above happens. "All staff and members was trained on new implementation of roster and new protocol was put in place on 10/26/18. [The Director] will monitor and review roster weekly. Upon monthly</p>	V 115		

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V 115	<p>Continued From page 7</p> <p>staffings, protocol and implementation of roster will be discussed. Monthly staff will discuss with members the importance of implementing the roster for their accountability and safety. As new members are admitted to the program, training of the roster will take place. Also when new staff or fill in staff are assigned to [Name of facility] they will receive training during orientation."</p> <p>Client #1 was left unsupervised at the facility without staff being present. While preparing to go on a community outing to Asheboro which was over an hour away from the facility, staff had unknowingly left client #1 at the facility. Client #1 had left the facility van and had gone back into the facility without staff knowledge to use the bathroom while staff and other clients were loading onto the two facility vans. Staff #1, staff #2 and staff #3 did not realize client #1 was not with them on the vans until they arrived at their destination in Asheboro. Client #1 was left unsupervised at the facility for over two hours until a police officer arrived. Client #1 did not have approved unsupervised time at the facility without staff supervision. This violation constitutes a Type B violation which is detrimental to health, safety or welfare of clients. If the violation is not corrected within 45 days, administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 115		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of</p>	V 132		

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V 132	<p>Continued From page 8</p> <p>unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the</p>	V 132		

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V 132	<p>Continued From page 9</p> <p>facility failed to ensure an allegation of abuse was reported to the North Carolina Health Care Personnel Registry (HCPR) of the Division of Health Service Regulation within five working days affecting one of four audited clients (#1). The findings are:</p> <p>Review on 10/31/18 of client #1's record revealed: -Admission date of 2/19/10. -Diagnoses of Schizophrenia, Mild Mental Retardation, Alcohol Abuse and Cocaine Abuse.</p> <p>Review of personnel records on 11/1/18 revealed: -Staff #1 had hire date of 9/19/12. -Staff #1 was hired as a Paraprofessional.</p> <p>Review of personnel records on 11/1/18 revealed: -Staff #2 had hire date of 10/31/11. -Staff #2 was hired as a Paraprofessional.</p> <p>Review of personnel records on 11/1/18 revealed: -Staff #3 had hire date of 1/25/17. -Staff #3 was hired as a Paraprofessional.</p> <p>Review of facility records on 10/31/18 revealed: -An incident report dated 10/25/18 had the following: "Approximately 9:45am, staff notified consumers that we would be leaving for Halloween Party in Asheboro and everyone was recommended to go to the bathroom before our departure. Consumers exited building went to both vans and began loading vans, as staff gathered needed supplies and was clearing the building. [Client #1] reentered building without staff seeing him enter the front door which staff had not check before locking it to leave. Upon arrival at Halloween party, consumers exited van and dispersed into the crowd of other consumers. Approximately 12:15pm, staff noticed that [Client</p>	<p>V 132</p> <p>V 132</p>	<p>On 11/1/18, William Pone, Director and Freda Kletsch, COO attempted to enter the report into the Health Care Registry in IRIS. Although the program Director and COO thought the Health Care Registry was complete, it wasn't until Freda Kletsch, COO was notified by Angie Kivett with Sandhills Center on 11/2/18 that the Health Care Registry section was blank. On 11/6/18 the Health Care Registry was re-entered by Theresa Foster, QI/Training Coordinator. In the future, reporting to the Health Care Registry will be completed within 5 days of the incident. Freda Kletsch, COO will monitor each incident regarding the Health Care Registry.</p>	<p>11/6/18</p> <p>Ongoing</p>

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V 132	<p>Continued From page 10</p> <p>#1] was missing and immediately notified [the Director]. [The Director] and other staff rechecked party to see if [Client #1] was overlooked-[Client #1] was not at the location. Staff immediately notified [local] police dept. (department) to have them check [Name of facility] premises for [Client #1]. [Local] police dept. (department) returned call to staff to confirm that [Client #1] was on the premises unattended. [The Director] proceeded to [Woodland House]-arriving at 2:25pm."</p> <p>-There was no documentation of an investigation for staff #1, staff #2 and staff #3 leaving client #1 at the facility unsupervised.</p> <p>-There was no documentation that the facility had reported this incident of neglect to North Carolina HCPR.</p> <p>Interview with the Director on 10/31/18 revealed:</p> <p>-There was a recent incident with staff and client #1.</p> <p>-Client #1 was left at the facility unsupervised by staff.</p> <p>-Staff and clients were loading up the vans in order to attend a party in Asheboro.</p> <p>-There were three staff and at least 15 clients loading two vans.</p> <p>-He was not at the facility while they were loading the vans.</p> <p>-He left his home and went to straight to Asheboro in order to set up for the party.</p> <p>-When staff from the facility arrived he asked them the whereabouts of client #1.</p> <p>-They all looked around and realized client #1 was not at the party.</p> <p>-He immediately left Asheboro and headed to the facility.</p> <p>-When he arrived at the facility there was a police officer with client #1.</p> <p>-He thought client #1 was alone for about two hours.</p>	V 132		

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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
V 132	<p>Continued From page 11</p> <ul style="list-style-type: none"> -Client #1 told him he had gone back into the building while they were loading the vans. -Client #1 told him he went back into the building to use the bathroom. -Client #1 told him when he came back outside both vans were gone. -Staff told him they did not realize client #1 got off the van and went back into the building. -Client #1 did not have unsupervised time at the facility. -He did not report the incident to HCPR. -The Chief Operating Officer possibly reported the incident to HCPR. -He confirmed the agency had not reported the incident of neglect to North Carolina HCPR within five working days. <p>Interview on 10/31/18 and 11/1/18 with the Chief Operating Officer revealed:</p> <ul style="list-style-type: none"> -The Director did contact her last week about the incident with staff and client #1. -She was told client #1 was left at the facility unsupervised by staff. -She was told that while staff were loading the van for an outing client #1 went back into the building. -Staff were loading up the vans in order to attend a party in Asheboro. -Staff did not realize client #1 was in the building and they left him alone at the facility. -The Director told her they called the local police department to report the incident. -She was told a police officer went by the facility and stayed with client #1 until the Director arrived. -Client #1 does not have unsupervised time at the facility. -They really did not have to do an investigation because staff told them the details of the incident. -She did not realize that incident had to be reported to HCPR. 	V 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2018
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NAME OF PROVIDER OR SUPPLIER WOODLAND HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 110 EAST BOSTON AVENUE PINEBLUFF, NC 28373
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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
V 132	Continued From page 12 -She confirmed the agency had not reported the allegations of abuse to North Carolina HCPR within five working days.	V 132		

TRAINING RECORD

Date of Training: 10/26/18 Time: 4P-5P
Instructor: William Pone, BSW Title: PBR Director
Subject: Consumer accountability at PBR and on van during

Brief Subject Outline (attach separate sheet if more space needed)

PBR discussed with staff incident of consumer
being left behind at PBR, PBR Review new protocol
for accountability of leaving the building and returning
with consumer's

ATTENDANCE

New	Signature	Print Name	Work Site	Position/Supervisor	Hourly
			Woodland	PP/Pone	
			Woodland	PP/Pone	
			Woodland	PP/Pone	

Community Outing Attendance

Van: Short Van 10/26/18 KFC

	Consumer Name	Program Attendance Consumer on Van	Beginning/Ending	Return to Woodland
1.				
2.		other van ✓	✓	
3.		✓	✓	
4.		✓	✓	
5.				
6.				
7.		✓		transferred to other van
8.				
9.				
10.				
11.				
12.				
13.				
14.		✓	✓	
15.		✓	✓	
16.		✓	✓	
17.				
18.				
19.				
20.				
21.		✓	✓	

W. J. ... BSA
12/26/18

8

8

Therapeutic Alternatives, Inc.

TRAINING RECORD

Date of Training: 11/13/16 Time: 4PM - 5PM
Instructor: William Powe, BSW Title: PSR Director
Subject: Community Duty Attendance Revised Form

Brief Subject Outline (attach separate sheet if more space needed)

PSR Director review the new Community Duty
Attendance sheets and discussed new protocol
for accountability of consumer's

ATTENDANCE

New	Signature	Print Name	Work Site	Position/Supervisor	Hourly
			Woodland	PP	1
			Woodland	PP	1
			Woodland	PP	1

COMMUNITY OUTING ATTENDANCE

Dates:

Destination:

Van:

Staff Transporting:

Consumer Name	Consumer on Van (Depart for Outing)					Consumer off Van (At Destination)					Consumer on Van (Depart from Outing)					Consumer off Van (Arrive at Program)				
	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F

Director's Signature

Date

STAFF ORIENTATION CHECKLIST

Employee Name: _____ Position: _____ Location: _____

	Director/Supervisor		Employee	
	Initials	Date	Initials	Date
1. Tour of worksite				
2. Introduction to staff				
3. Introduction to consumer				
4. Introduction to family/guardian (if applicable)				
5. View consumer's file or relevant information				
a. Behavior plans				
b. Goal plans				
c. Progress notes				
d. Medication administration records				
6. Emergency procedures (how/when to contact)				
7. Explain job description, duties, hours				
8. Go over organizational hierarchy and structure				
9. Fire exits, extinguishers, alarms, escape routes				
10. Mileage sheets				
11. Community Outing Attendance Log				
12. Use of company vehicle, cleanliness, maintenance				
13. Staff meetings/also explain that clients cannot attend				
14. Clients cannot attend staff's home/Read staff policy				
15. Petty Cash				
16. Client's personal funds/receipts required/uses of				
17. Cleanliness of company property/staff responsibility				
18. Day programs				
19. Innovations Services				
20. Menus				
21. Incident reports				
22. Location/description of MSDS notebook				
23. Location of Personal Protective Equipment				
24. P.C.S. Documentation Checklist				
25. Administer consumer medications w/supervision				
26. Transporting of Consumers: Read policies/procedures				
27. Consumer elopement policy				
28. Other: _____				

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

** If any item is non-applicable, please indicate with N/A in Director's and Employee's Initials sections, and then date.



November 14, 2018

**BY REGULAR MAIL &
TELEFAX (919-715-8078)**

Mental Health Licensure and Certification Section
North Carolina Department of Health and Human Services
2718 Main Service Center
Raleigh, NC 27699-2718

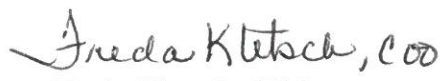
Re: Annual and Complaint Survey completed 11/1/18
Woodland House, 110 E. Boston Avenue, Pinebluff, NC 28373
MHL # 063-086
Intake #NC00144684

Dear Sir/Madam:

Enclosed please find our Plan of Correction in connection with the Department's Annual and Complaint survey completed on November 1, 2018. The original Plan of Correction is being sent to you by regular mail.

Please contact me if you need further information.

Yours truly,


Freda Kletsch, COO

FK:tf
Enclosures

DHSR - Mental Health

NOV 19 2018

Lic. & Cert. Section