

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/11/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>CEDAR STREET RESIDENTIAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 CHRISTIAN DRIVE</b> <b>LUMBERTON, NC 28358</b>		
(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 December 11, 2018. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<p><b>DHSR - Mental Health</b></p> <p><b>JAN 04 2019</b></p> <p><b>Lic. &amp; Cert. Section</b></p> <p>All Fire Drills will be held monthly, rotated on different shifts and weekends to ensure that Community Innovations are following the Guidelines to the Division of Health Service Regulation. Documentation will be kept to reflect all drills have been completed in the designated time. Program Manager will submit all drills to Community Innovations Quality Management Department monthly and all drills will be monitored by the Qualified Professional to ensure that all Drills are completed and in compliance with Community Innovations Policy and Procedures.</p>	12/31/18	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 12/11/18 of facility records revealed: - 1st quarter 2018 - Fire Drills (January, February, March); no fire drill for second shift documented. - 2nd quarter 2018</p>	V 114			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

J4YW11

If continuation sheet 1 of 2

*Melissa Bryant* Director, Division of Health Service Regulation 12/31/2018

Division of Health Service Regulation


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/11/2018</b>
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V 114	Continued From page 1  (April, May, June); no documented fire drill for first shift and no disaster drill for first shift documented for review.  Interview on 12/11/18 the Qualified Professional (QP) stated: - She understood the fire and disaster drills were to be completed quarterly and repeated on each shift.	V 114			

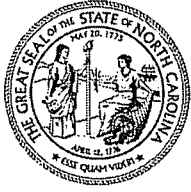
# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL078-095	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/11/2018
NAME OF FACILITY CEDAR STREET RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 115 CHRISTIAN DRIVE LUMBERTON, NC 28358	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0118	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .0209 (C)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/11/2018	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 12/11/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/7/2017		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 21, 2018

Melissa Bryant  
Community Innovations, Inc.  
80 Alliance Drive  
Whiteville, NC 28472

Re: Annual and Follow Up Survey completed 12/11/18  
Cedar Street Residential, 115 Christian Drive, Lumberton, NC, 28358  
MHL #078-095  
E-mail Address: mbryant@communityinnovations.com

Dear Ms. Bryant:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 12/11/18.

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. 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 other tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 02/09/19.

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

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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

12/21/18  
Melissa Bryant  
Cedar Street Residential

- 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,

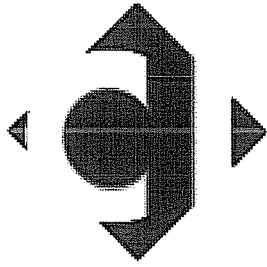


Gloria S. Locklear  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO  
Sarah Stroud, Director, Eastpointe LME/MCO  
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO  
File

12/21/18  
Melissa Bryant  
Cedar Street Residential

12/21/18  
Melissa Bryant  
Cedar Street Residential



**COMMUNITY  
INNOVATIONS, INC.**

Whiteville Office  
80 Alliance Drive  
Whiteville, NC 28472  
910-642-5697

[www.communityinnovations.com](http://www.communityinnovations.com)

December 31, 2018

Gloria Locklear  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Re: Annual and Follow-up Survey completed on 12/11/18  
Cedar Street Residential, 115 Christian Drive, Lumberton, NC 28358

Dear Ms. Locklear:

Please find enclosed Plan of Correction for Annual Survey completed on December 11, 2018. If you have any question, please feel free to call me at the above number or my cell 910-625-5305.

Sincerely,

Melissa Bryant,  
Contract Division Director

Enclosure

DHSR - Mental Health

JAN 04 2019

Lic. & Cert. Section