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
	MHL054-172	A. BUILDING: _____ B. WING _____	R 03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABHS - 4123 - NORTHFORK	4123 NORTHFORK DRIVE LA GRANGE, NC 28551

(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 March 7, 2019. 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	DHSR - Mental Health MAR 18 2019 Lic. & Cert. Section	
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 was not maintained in an attractive and orderly manner. The findings are: Observation on 3/7/19 at approximately 1:30 pm of the facility revealed: - One light bulb in the 4 bulb light fixture in the kitchen was not working. - Cabinet doors in the kitchen did not close properly. - Client #1's dresser was missing drawer pulls. - The television stand in client #3's bedroom had a broken drawer and no drawer pull. - 2 light bulbs in the 4 bulb light fixture in client #3's bedroom did not work. - The paint was peeling around the sink in the hall bathroom. - A green recliner in the living room with the arm broken loose and hanging away from the body of	V 736	All light fixtures will be tested and replaced as needed. eh checking the bulbs, we discovered the sockets were bad. The cabinet doors in the kitch will be adjusted so they will close. A new television stand and recliner will be purchased. The fabric on the sofa will be cleaned. If still shows sign of being torn the sofa will be	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mandi Bishop — TITLE: Co-Director — (X6) DATE: 3/13/19

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
	MHL054-172	A. BUILDING: _____ B. WING _____	R 03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABHS - 4123 - NORTHFORK	4123 NORTHFORK DRIVE LA GRANGE, NC 28551

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V 736	Continued From page 1 the chair. - The upholstery on a brown sofa in the living room was worn and appeared dirty. - Carpet throughout the facility was soiled. During interview on 3/7/19 Qualified Professional/Co-Owner #1 stated the property owner/landlord was not very responsive to requests for repairs. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	replaced. Carpet will be cleaned and we will request the landlord to replace it. Any missing drawer knobs will be replaced. Bathroom will be painted to repair peeling paint. In the future QP's will monitor homes on a monthly basis and request any needed repairs be made immediately. After request has been made, QP's will follow up to ensure all repairs have been completed. 4/6/2019 All repairs have been submitted to landlord	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
MHL054-172		3/7/2019

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ABHS - 4123 - NORTHFORK	4123 NORTHFORK DRIVE LA GRANGE, NC 28551

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 Reg. # 27G .0209 (C) LSC	Correction Completed 03/07/2019	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
			Connie Anderson	3/7/19
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
3/28/2018	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

March 11, 2019

Maude Bishop, Co-Director
Angie Wallace, Co-Director
Advance Behavioral Health Services, Inc.
PO Box 789
Kinston, NC 28502

Re: Annual and Follow-Up Survey completed 3/7/19
ABHS – 4123 – NORTHFORK, 4123 Northfork Drive, LaGrange, NC 28551
MHL # 054-172
E-mail Address: abhs@abhsinc.com

Dear Ms. Bishop and Ms. Wallace:

Thank you for the cooperation and courtesy extended during the annual and follow-up survey completed March 7, 2019.

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

Enclosed you will find the deficiency 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 deficiency found, the time frame for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited 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 April 6, 2019.

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, South Coastal Team Leader, at 252-568-2744.

Sincerely,

Connie Anderson

Connie Anderson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
DHSRreports@eastpointe.net