

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/01/2019
NAME OF PROVIDER OR SUPPLIER LINDA SHORTS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 106 GRANTHAM LANE 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 March 1, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G . 5600F, Supervised Living/Alternative Family Living.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.	V 118		

DHSR-Mental Health

MAR 1 8 2019

Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

Datali Flores BS, OP

3-12-19

STATE FORM

6899

NXT611

If continuation sheet 1 of 7

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered as ordered by the physician, MARs kept current/accurate, and medications administered recorded immediately after administration to include time the medication was administered, affecting 3 of 3 audited clients (#1, #2, #3). The findings are:</p> <p>Finding #1: Review on 3/1/19 of client #2's record revealed: -40 year old male admitted to the facility 12/06/01. -Diagnoses included Autistic disorder; mild intellectual/developmental disability, albinism, eczema, legally blind, and hypertension.</p> <p>Review on 3/1/19 of Client #2's medication orders and order dates revealed: -11/16/18: Clindamycin Phosphate 1 % lotion, apply to affected areas twice daily. (Acne) -11/16/18: Fluocinonide 0.05% (Lidex), apply small amount to scalp at bedtime. (Inflammation, itching) -11/16/18: Head & Shoulders Shampoo, apply 3 times weekly. (Dandruff) -1/11/19: Hydrochlorothiazide 12.5 mg (milligrams) daily. (Hypertension) -11/16/18: Aquaphor Healing ointment, apply to lips 3 or 4 times daily. -1/11/18: Atenolol 50 mg (Tenormin) twice daily. (Hypertension) -11/16/18: Benzoyl Peroxide 10% wash (Panoxyl), apply to face, chin, neck twice daily. (Acne)</p>	V 118			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

LINDA SHORTS HOME

**106 GRANTHAM LANE
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 118	<p>Continued From page 2</p> <p>-12/28/18: Benzotropine 1 mg twice daily. (Involuntary movements)</p> <p>-11/16/18: Ciclopirox Topical 0.77% , apply twice daily as needed to chin and neck (Loprox). (Antifungal)</p> <p>Review on 3/1/19 of client #2's MARs from 12/1/18 - 3/1/19 revealed:</p> <p>-Clindamycin 1 % lotion scheduled to be applied at 8 am and 8 pm. No documentation the lotion was applied on 2/16/19 at 8 am, or on 2/15/19 and 2/16/19 at 8 pm.</p> <p>-Fluocinonide 0.05% was scheduled to be applied at 8 pm. No documentation the solution had been administered in December 2018, 1/1/19 - 1/5/19, 1/8/19, 1/16/19 - 1/31/19, 2/1/19 - 2/9/19, 2/11/19-2/28/19.</p> <p>-Head & Shoulders Shampoo was scheduled to be applied at 8 pm. No documentation the shampoo had been administrate in December 2018. In January 2019 the shampoo had been documented as administered twice during week #1, twice in week #3, and none in week #4. In February 2019 the shampoo was documented as administered only twice, on 2/9/19 and 2/23/19.</p> <p>-Hydrochlorothiazide 12.5 mg was not documented as administered on 2/15/19 or 2/16/19.</p> <p>-Aquaphor Healing ointment was scheduled to be applied at 8am, 3 pm, 6 pm, and 8 pm. On 1/19/19 and 1/20/19 the ointment was documented only twice daily at 8 am and 3 pm. On 2/15/19 and 2/16/19 the ointment was documented only once daily at 8 am.</p> <p>-Atenolol 50 mg was scheduled to be administered at 8 am and 8 pm. No documentation the medication had been administered at 8 pm on 2/15/19 or 2/16/19.</p> <p>-Benzoyl Peroxide 10% wash was scheduled to</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>be administered at 8 am and 8 pm. No documentation the wash was administered at 8 am on 2/16/19 or at 8 pm on 2/15/19 and 2/16/19.</p> <p>-Benzotropine 1 mg was scheduled to be administered at 8 am and 8 pm. No documentation the medication had been administered at 8 pm on 2/15/19 or 2/16/19.</p> <p>-Ciclopirox Topical 0.77% was documented twice daily 12/1/19 - 12/21/18, 12/27/18 - 12/31/18, and once daily 1/1/19 - 1/20/19. No times were documented for when the medication had been administered.</p> <p>Finding #2: Review on 3/1/19 of client #3's record revealed: -31 year old male admitted to the facility 9/28/18. -Diagnoses included traumatic brain injury, other specified cognitive disorder; impulse control disorder, unspecified; asthma; seasonal allergies; convulsions; damage to left ear, does not hear well.</p> <p>Review on 3/1/19 of client #3's MARs from 12/1/18 - 3/1/19 revealed: -10/9/18: Amantadine 100 mg (Symmetrel), 2 capsules in the morning and 2 at bedtime. -1/22/19: Advair 250-50 Diskus, 1 puff twice daily, 12 hours apart. -10/2/18: Denta 5000 Plus 1.1% topical cream, use once daily. -12/12/18: Desvenlafaxine ER Tab 100 MG (Pristiq) daily. (Antidepressant) -12/12/18: Donepezil HCL 10 mg (Aricept) at bedtime. (Dementia) -10/2/18: Flonase 50 mcg (Micrograms) nasal spray, 2 puffs daily. (Allergies) -12/12/18: Lomotrigine 200 mg (Lamictal) daily in am. (mood stabilizer; anticonvulsant) -10/17/18: Lisinopril 20mg (Zestril) daily. (Hypertension)</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-10/2/18: Loratadine 10 mg (Claritin) daily in am. (Allergies)</p> <p>-10/2/18: Montelukast Sodium 10 mg (Singulair) every evening. (Allergies)</p> <p>-12/12/18: Nuedexta 20-10 mg capsule twice daily. (Mental/mood disorder, pseudobulbar affect)</p> <p>-12/12/18: Omega-3 Ethyl Esters 1 gm (Lovaza) twice daily. (Supplement)</p> <p>-10/2/18: Omeprazole DR 40 mg (Prilosec) twice daily before meals. (Reflux)</p> <p>-12/12/18: Prazosin 2 mg caps (Minipress), 2 capsules at bedtime. (Hypertension)</p> <p>-12/12/18: Quetiapine Fumarate 400 mg, 2 tablets at bedtime. (Anti-psychotic)</p> <p>-No order found for Triamcinolone 0.1% Paste (Oralene) to be applied via topical route 2-3 times daily to the affected area after meals. (Antifungal)</p> <p>Review on 3/1/19 of client #3's MARs from 12/1/18 - 3/1/19 revealed:</p> <p>-Amantadine 100 mg was only scheduled and documented as administered at 8 am in December 2018. (Client was out of the facility 12/4/18 - 12/7/18, and 12/13/18-12/31/18.) In February 2019 Amantadine was scheduled to be administered at 8 am and 8 pm. Amantadine was not documented as administered at 8 am on 2/24/19 or 2/28/19. Amantadine was not documented as administered at 8 pm on 2/15/19, 2/18/19, 2/23/19, 2/27/19, 2/28/19.</p> <p>-Advair 250-50 Diskus was scheduled for 8 am and 8 pm. Advair was not documented as administered at 8 am on 2/24/19 or 2/28/19. Advair was not documented as administered at 8 pm on 2/18/19, 2/23/19, 2/27/19, 2/28/19.</p> <p>- Denta 5000 Plus 1.1% was not documented as administered 2/16/19 - 2/18/19; 2/23/19, 2/24/19, 2/28/19. For days the medications was documented, the time it was administered was</p>	V 118		

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V 118	Continued From page 5 not documented. -Desvenlafaxine ER Tab 100 MG was scheduled for 8 am and not documented as administered 2/24/19 or 2/28/19 -Donepezil HCL 10 mg was scheduled for 8 pm and not documented as administered on 2/15/19, 2/16/19, 2/18/19, 2/23/19, 2/27/19, and 2/28/19 -Flonase 50 mcg nasal spray was scheduled for 8 am and was not documented as administered on 2/18/19, 2/24/19, and 2/28/19. -Lomotrigine 200 mg was scheduled for 8 am and was not documented as administered on 2/24/19, and 2/28/19 -Lisinopril 20mg was scheduled for 8 am and was not documented as administered on 2/24/19, and 2/28/19 -Loratadine 10 mg was scheduled for 8 am and was not documented as administered on 2/24/19, and 2/28/19 -Montelukast Sodium 10 mg was not documented as administered 2/15/19, 2/23/19, 2/27/19, and 2/28/19. -Nuedexta 20-10 mg capsule was scheduled for 8 am and 8 pm and was not documented as administered at 8 am on 2/24/19 or 2/28/19. Nuedexta was not documented as administered at 8 pm on 2/15/19, 2/23/19, 2/27/19, 2/28/19. -Omega-3 Ethyl Esters 1 gm was scheduled for 8 am and 8 pm and was not documented as administered at 8 am on 2/24/19 or 2/28/19. Omega-3 Ethyl Esters was not documented as administered at 8 pm on 2/15/19, 2/23/19, 2/27/19, 2/28/19. -Omeprazole DR 40 mg was scheduled for 8 am and 8 pm and was not documented as administered at 8 am on 2/24/19 or 2/28/19. Omeprazole was not documented as administered at 8 pm on 2/15/19, 2/23/19, 2/27/19, 2/28/19. -Prazosin 2 mg caps, scheduled to be	V 118			

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V 118	<p>Continued From page 6</p> <p>administered at 8pm, was not documented as administered on 2/14/19 - 2/16/19, 2/18/19, 2/23/19, 2/27/19, 2/18/19.</p> <p>-Quetiapine Fumarate 400 mg scheduled to be administered at 8pm, was not documented as administered on 2/14/19 - 2/16/19, 2/18/19, 2/23/19, 2/27/19, 2/18/19.</p> <p>-Triamcinolone 0.1% Paste (Oralene) was transcribed to the MARs with directions to apply a small amount topically 2-3 times daily, to the affected area after meals. None had been documented from 12/1/19 - 3/1/19.</p> <p>Finding #3: Review on 3/1/19 of client #1's record revealed: -36 year old female admitted 2/17/18. -Diagnoses included moderate intellectual disability; attention deficit hyperactive disorder (ADHD); major depressive disorder, recurrent, mild. -Order dated 6/6/18 for triple antibiotic ointment daily as needed.</p> <p>Review on 3/1/19 of client #1's February 2019 MARs revealed: -The ointment had been documented twice on 2/6/19 and 2/7/19 and once on 2/8/19. No times were documented when the ointment had been administered.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL067-026	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/1/2019
NAME OF FACILITY LINDA SHORTS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 GRANTHAM LANE JACKSONVILLE, NC 28546	

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 V0133	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # G.S. 122C-80	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/01/2019	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 <i>Betty Anderson</i>	DATE 3/6/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON
2/20/2018

☒ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☒ YES ☐ NO

Anna's Care Inc./Linda Shorts Home: Plan of Correction Form

Plan of Correction			
Please complete <u>all</u> requested information			
Provider Name: Provider Contact Person for follow-up:	Linda Shorts Home/Grantham Natalie Flores	Phone: 910-455-6724 Fax: 910-346-5489 Email: clinicalqp@annascare.com; asstdaycenterdir@annascare.com	Provider # MHL #
Address:	106 Grantham Lane, Jacksonville, NC 28546 067-026		
Finding V 188 27G.0209 (C) Medication Requirements This rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered as ordered by the physician, MAR's kept current/accurate, and medications administered recorded immediately after administration to include time and medication was administered, affecting 3 of 3 audited clients (#1, #2, #3).	Corrective Action Steps All staff received Medication Administration training today March 12, 2019. Training consisted of how to read a script, how to properly fill out an MAR, and administer and document for a PRN medication. Administrative staff will review issues and/or potential issues with the pharmacy pertaining to medication unavailability or incorrect MAR. Qualified Professional and administrative staff will monitor MAR's to ensure accuracy on a consistent basis. Monitoring of the MAR's will be done at random times.	Responsible Party Clinical and Administrative staff.	Time Line Implementation Date: March 12, 2019 Projected Completion Date: March 12, 2019
			Implementation Date: Projected Completion Date:
			Implementation Date:



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

March 12, 2019

Linda Shorts Gibson, Licensee
180 Coastal Lane
Jacksonville, NC 28546

DHSR-Mental Health

MAR 18 2019

Lic. & Cert. Section

Re: Annual and Follow up Survey completed March 1, 2019
Linda Shorts Home, 106 Grantham Lane, Jacksonville, NC 28546
MHL # 067-026
E-mail Address: leshorts@yahoo.co
clinicalqp@annascare.com

Dear Ms. Gibson:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed March 1, 2019.

As a result of the follow up survey, it was determined that some 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

- 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 March 31, 2019.

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

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

Cc: DHSR_Letters@sandhillscenter.org
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO