

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601387	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/11/2019
NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE-SARDIS		STREET ADDRESS, CITY, STATE, ZIP CODE 151 NORTH SARDIS ROAD CHARLOTTE, NC 28270		
(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 survey was completed on 6/11/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<p><i>Please see attached Doc</i></p> <p>DHSR - Mental Health</p> <p>JUN 26 2019</p> <p>Lic. & Cert. Section</p>	6/23/19
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. 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 at least quarterly and repeated for each shift. The findings are: Interview on 6/10/19 with the Program Manager revealed the facility began operations with it's first client in late 12/2018.	V 114		

Division of Health Service Regulation

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

Mike Halden

TITLE *Program Manager*

(X6) DATE 6/23/19

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V 114	Continued From page 1 Interview on 6/10/19 with staff #1 revealed: -the facility operated three shifts; -A shift was from 7am-3pm; -B shift was from 3pm-11pm; -C shift was from 11pm-7am. Review on 6/10/19 of the facility's fire and disaster drills documentation revealed: -no A shift fire and disaster drills from 1/1/19-6/10/19 except one disaster on 2/11/19; -no C shift fire and disaster drills from 1/1/19-6/10/19. Interview on 6/10/19 with staff #2 revealed: -worked all three shifts; -not conducted any fire drills on his shift. Interview on 6/11/19 with the Program Manager revealed he will ensure drills are completed as required on all shifts.	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.	V 131	<i>please see attached doc</i>	<i>6/23/19</i>

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V 131	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 2 of 3 staff (#1, #3). The findings are:</p> <p>Review on 6/10/19 of personnel records revealed the following: -staff #1 was hired on 11/5/18 with the job title of Life Skills Trainer and the HCPR was accessed on 11/13/18; -staff #3 was hired on 11/9/18 with the job title of Life Skills Trainer and the HCPR was accessed on 11/13/18.</p> <p>Interview on 6/10/19 with staff #1 revealed she started working at the facility in November 2018.</p> <p>Interview on 6/10/19 with staff #2 revealed she started working at the facility in November 2018.</p> <p>Interview on 6/11/19 with the Program Manager revealed he will ensure HCPR checks are completed as required moving forward.</p>	V 131			

NeuroRestorative Charlotte Response to Annual Survey

Below is the Providers plan of corrections

Deficiency V 114-

Going forward drills will be completed in accordance with an internal rotation schedule developed by the program and corporate. Ensuring that all drills rotate throughout all shifts. This has been put into effect as of 6/12/2019 this will be monitored by Program Manager Michael Holton and be completed monthly.

Deficiency V 131-

Going forward all HCPR will be completed prior to hiring of staff, it has been communicated with the human resource dept., that this check will be completed during initial background checks. Put in place 6/13/2019 this will be monitored by Program Manager Michael Holton this will be completed at each hiring prior to first day.

If these plans do not satisfy the requirements, please reach out to the program manager.

Thank you,



Michael Holton | Program Manager

NeuroRestorative

151 Sardis Rd N, Charlotte NC 28270

Michael.Holton@NeuroRestorative.com

P 704-367-5100 | C 540-521-9668 | F 704-367-5203



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 17, 2019

Michael Holton
Mentor ABI, LLC
313 Congress Street
Boston, MA 02210

DHSR - Mental Health

JUN 26 2019

Lic. & Cert. Section

Re: Annual Survey completed 6/11/19
NeuroRestorative-Sardis, 151 North Sardis Road, Charlotte, NC 28270
MHL # 060-1387
E-mail Address: michael.holton@neurorestorative.com

Dear Mr. Holton:

Thank you for the cooperation and courtesy extended during the annual survey completed June 11, 2019. Deficiencies were cited.

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

- Standard level deficiencies were cited.

Time Frames for Compliance

- The standard level deficiencies must be corrected within 60 days from the exit date of the survey, which is August 10, 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.

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

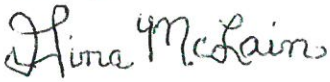
June 17, 2019
Michael Holton
Mentor ABI, LLC

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 Lynn Grier at (704)596-4072.

Sincerely,

A handwritten signature in black ink that reads "Gina McLain". The signature is written in a cursive, flowing style.

Gina McLain
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

CC: qmemail@cardinalinnovations.org
File