

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL077-071	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/11/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DILIGENT CARE GROUP HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 161 BOWEN STREET HOFFMAN, NC 28347
--	--

(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 June 11, 2019. 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	All repairs were immediately conducted on 6/11/19.	6/11/19
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain drug reviews every six months for one of three clients (#2) who received psychotropic drugs. The findings are: Review on 6/11/19 of client # 2's record revealed: -Admission date of 10/6/17. -Diagnoses of ADHD; Autism; Seizure Disorder; Cerebral Palsy; Moderate Intellectual Disability. -Physician's order dated 11/28/18 for Lamotrigine 100 mg, one tablet two times daily.	V 121	Reviews were requested & completed. Reviews will be conducted every 6 mo or as needed. Reviews will be filed in the client record.	6/11/19

RECEIVED
By DHSR - Mental Health Lic. & Cert. Section at 2:32 pm, Jul 11, 2019

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Jayne Copma* TITLE: *COPMA* (X6) DATE: *6/11/19*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL077-071	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2019
NAME OF PROVIDER OR SUPPLIER DILIGENT CARE GROUP HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 161 BOWEN STREET HOFFMAN, NC 28347		
(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 121	Continued From page 1 -The 2019 MAR for the months of April, May and June revealed client #2 was administered the above medications. -There was no evidence of a six months psychotropic drug review for client #2. Interview with the Manager on 6/11/19 revealed: -She was unaware that clients that received psychotropic medications had to have their medications reviewed by a pharmacist or physician every six months and placed in their records. -She thought that client#2 had his medications reviewed by his physicians recently. -She confirmed there was no evidence that a six months psychotropic drug review for client #2 was placed in his records.	V 121	The reviews are placed on a schedule Tickler system to ensure they get conducted. Tommy Baldwin is responsible	6/21/19
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 failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 6/11/19 at 11:08 AM of the kitchen area revealed: -Blinds behind the kitchen sink were bent and	V 736	The Blind in the window has been replaced in both windows.	6/24/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL077-071	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/11/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DILIGENT CARE GROUP HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 161 BOWEN STREET HOFFMAN, NC 28347
--	--

(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 736	<p>Continued From page 2</p> <p>curved downward in the middle.</p> <p>-Vertical blinds covering the sliding door leading to the back porch had a few missing blinds and some were misaligned.</p> <p>Observation on 6/11/19 at 11:20 AM of the hallway bathroom revealed:</p> <p>-Ceiling had a large water stain with some mildew/mold.</p> <p>-Wallpaper and paint was peeling off from the wall underneath the water stain.</p> <p>Observation on 6/11/19 at 11:25 AM of the front porch revealed:</p> <p>-Entrance door had several spots where the paint had been scratched off and chipped away.</p> <p>Interview on 6/11/19 with the Manager revealed:</p> <p>-There had been a leak on the roof a few months ago. Roof was patched and leak was repaired.</p> <p>-Plan was to paint and repair water damage in the bathroom.</p> <p>-She was aware that blinds leading to the back porch were not in good shape.</p> <p>-Agency was planning to change the blinds.</p> <p>-Agency was responsible for doing maintenance for the home</p> <p>-She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p>	V 736	<p>Blinds has been placed on the review sheet for monthly monitoring + maintenance. Tammy Baldwin - Responsible</p> <p>Ceiling has been repaired Tammy Baldwin - Responsible</p> <p>The maintenance check sheet has been adjusted to add:</p> <ul style="list-style-type: none"> - Door reviews - Window + Treatment reviews - Wall reviews - Ceiling reviews - medication reviews were added to the monitoring ticket system. <p>Responsible Staff Tammy Baldwin Jasper 6/21/19</p>	<p>6/21/19</p> <p>6/21/19</p> <p>6/21/19</p>
-------	--	-------	---	--



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

June 19, 2019

Tammy S Baldwin, CEO
Diligent Care, Inc.
310 Magnolia Square Crt
Aberdeen, NC 28315

Re: Annual Survey completed June 11, 2019
Diligent Care Group Home #1, 161 Bowen Street, NC 28347
MHL # 077-071
E-mail Address: Ttammysb@aol.com

Dear Ms. Baldwin:

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

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 deficiencies> must be **corrected** within 60 days from the exit of the survey, which is 8/10/19.

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 19, 2019
Diligent Care, Inc.
Tammy S Baldwin

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 Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Edgar Garrido, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: _DHSR_Letters@sandhillscenter.org



DILIGENT CARE, INC.

310 Magnolia Square Ct.
Aberdeen, NC 28315

Phone Number: 910-944-7500
Fax Number: 910-944-0832

Email Address: diligentcare@aol.com

Fax Transmittal Form

To: NCDHHS

From: Tammy Baldwin

Name: Susan McMickle ↓

Date Sent: July 11th, 2019

cc: Edgar Camido

Phone: 919-855-3795

Number of Pages: Fax:

Fax #: 919-715-8078

6

Phone:

Message: Correction Plan = POC.
The original is in the mail.
I'm sorry its late but it
just came through my email

Thank You,
Tammy Baldwin

The information contained in this facsimile message is legally and confidential intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that dissemination, distribution, or copy of this telecopy is STRICTLY PROHIBITED. If you have received this telecopy in error, please immediately notify us by telephone and return the original to us at the address via the United States Postal Service. THANK YOU!

Please find attached the results of the survey completed on 6/11/19 by the MHL&C Section.

The Mental Health Licensure and Certification section is offering a 3-hour session for providers who currently hold a Mental Health License (MHL) for a mental health, developmental disability or substance abuse service. The purpose of this training is to help providers gain knowledge and understanding regarding North Carolina rules & General Statutes, the MHL&C survey process, administrative sanctions and appeal opportunities, and how these rules and processes fit together. The class is free but spaces are limited and registration is required. If you are interested in finding out more, please visit the web page: <http://www.ncdhhs.gov/dhsr/mhlc/training.html>

Thank you,

Susan McMickle

Administrative Specialist I

Division of Health Service Regulation, Mental Health Licensure and Certification Section
NC Department of Health and Human Services

Main Office: 919-855-3795

Direct Office: 919-855-3963

Fax: 919-715-8078

Susan.McMickle@dhhs.nc.gov

Williams Building

1800 Umstead Drive

2718 Mail Service Center

Raleigh, NC 27699-2718

[Twitter](#) | [Facebook](#) | [YouTube](#) | [LinkedIn](#)

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.