

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-777	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/13/2019
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NAME OF PROVIDER OR SUPPLIER SUNLIGHT BEHAVIOR CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2030 HOKE LOOP ROAD FAYETTEVILLE, NC 28314
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V 000	INITIAL COMMENTS An annual and follow up survey was completed on September 13, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
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 reviews and interviews, the facility failed to hold fire and disaster drills at least quarterly on each shift. The findings are: Interview on 9/12/19 the Qualified Professional (QP) stated: -The facility staffed with the following shifts: -3 week day shifts, Monday through Friday: 8 am - 2 pm; 2 pm - 10 pm; 10 pm - 8 am.	V 114	<u>Emergency Plans & Supplies</u> The facility manager will ensure that A fire & disaster drill will be held per shift per quarter on all 5 shifts by staff.	11-12-19

DHSR-Mental Health

OCT 07 2019

Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Yonja S. Council

TITLE
Administrator

(X6) DATE
10-1-19

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V 114	<p>Continued From page 1</p> <p>-2 week end shifts, Saturday and Sunday: 8 am - 8 pm; 8 pm - 8 am.</p> <p>Review on 9/13/19 of the fire drills documented between 7/1/18 through August 2019 revealed:</p> <p>-Quarter 7/1/18 - 9/30/18: No fire drills documented for the week day 2 pm - 10 pm, or the week end, 8 pm - 8 am shifts.</p> <p>-Quarter 10/1/18 - 12/31/18: No fire drills documented for the week day 8 am - 2 pm, or the week end, 8 pm - 8 am shifts.</p> <p>-Quarter 1/1/19 - 3/31/19: No fire drills documented for the week day 2 pm - 10 pm shift.</p> <p>Review on 9/13/19 of the disaster drills documented between 7/1/18 through August 2019 revealed:</p> <p>-Quarter 7/1/18 - 9/30/18: No disaster drills documented for the week day 10 pm - 8 am shift, or the week end 8 am - 8 pm and 8 pm - 8 am shifts.</p> <p>-Quarter 10/1/18 - 12/31/18: No disaster drills documented for the week day 8 am - 2 pm and 2 pm - 10 pm shifts, or the week end 8 pm - 8 am shift.</p> <p>-Quarter 1/1/19 - 3/31/19: No disaster drills documented for the week day 8 am - 2 pm, or the week end 8 am - 8 pm; 8 pm - 8 am shifts.</p> <p>-Quarter 4/1/19 - 6/30/19: No disaster drills documented for the week day 8 am - 2 pm; 2 pm - 10 pm shifts, or the week end 8 pm - 8 am shift.</p> <p>Interview on 9/13/19 the QP stated:</p> <p>-She was not aware that fire and disaster drills were required for all shifts.</p> <p>-They had never done drills on all 5 shifts.</p>	V 114		
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V 118	Continued From page 2	V 118		
V 118	27G .0209 (C) Medication Requirements	V 118		
	<p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as</p>		<p><u>Medication Requirements:</u></p> <p>Retraining on Medication Administration and Seizure Management will be conducted on 10-10-19 @ 5:30pm for all staff by the RN.</p> <p>In addition, the RN will conduct weekly audits. This will ensure that medication will be administered as ordered.</p> <p>This includes ensuring that D/C orders are in place, Reauthorizations are taken place and documentation is being completed.</p> <p>Client #4 Meds are being followed and D/c order was obtained.</p>	11-12-19

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V 118	Continued From page 3 ordered by the physician and maintain current MARs affecting 2 of 3 clients audited (clients #3 and #4). The findings are: Finding #1: Review on 9/12/19 and 9/13/19 of client #4's record revealed: -13 year old male admitted 6/4/19. -Diagnoses included Major Depressive Disorder, single episode, moderate; Autism Spectrum Disorder; Attention Deficit Hyperactive Disorder (ADHD), combined type; Intellectual Developmental Disability, mild. -Order dated 7/26/19 for Guanfacine ER (extended release) 2 mg (milligrams) twice daily. (ADHD) -Order dated 8/29/19 for Guanfacine ER 2 mg, 3 tablets at bedtime. -No order documented to clarify if the Guanfacine order dated 7/26/19 was to be discontinued when the 8/29/19 order was written. -Order dated 6/28/19 for Trazodone 150 mg at bedtime. (Depression) -Order dated 7/26/19 for Trazodone 150 mg, increase to 2 tablets at bedtime. -Order dated 6/28/19 for Risperidone 1 mg for 7 days, then 2 mg at bedtime. (Mental/mood disorders, irritability associated with autistic disorder) -Order dated 7/26/19 to increase Risperidone to 3 mg at bedtime. -Order dated 7/26/19 for Desmopressin 0.2 mg, take 3 tablets at bedtime. (Night time bed wetting in children) -Order dated 8/29/19 for Desmopressin 0.2 mg, take 2 tablets at bedtime. -Order dated 6/18/19 for Hydrocortisone 2.5% ointment twice daily to the affected area for 14 days. (Skin conditions, reduces the swelling, itching, and redness)	V 118		

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V 118	Continued From page 4 Review on 9/13/19 of client #4's June 2019 MARs revealed no documentation Hydrocortisone 2.5% ointment had been administered twice daily to the affected area. Review on 9/13/19 of client #4's July 2019 MARs revealed: -Trazodone 150 mg, 1 tablet at bedtime was documented 7/1/19 - 7/31/19. (Should have increased to 2 tablets at bedtime on 7/26/19). -Transcribed order read, "Risperidone 1 mg take 1 tablet ... at bedtime for 7 days, then begin 2 mg bedtime dose." Medication documented from 7/2/19 - 7/28/19 without documentation when the client received 1 mg or 2 mg at bedtime. Dosage should have increased to 3 mg at bedtime on 7/26/19. Review on 9/13/19 of client #4's August 2019 MARs revealed: -Desmopressin 0.2 mg, 3 tablets at bedtime was documented 8/29/19 - 8/30/19. (Should have reduced to 2 tablets at bedtime on 8/29/19) Review on 9/13/19 of client #4's September 2019 MARs revealed: -Guanfacine ER 2 mg documented twice daily, 7 am and 7 pm, from 9/1/19 - 9/11/19. -Guanfacine ER 2 mg documented once daily at 7 am from 9/12/19 - 9/13/19. -Guanfacine ER 6 mg documented daily at 7 pm from 9/1/19 - 9/12/19. -Desmopressin 0.2 mg, 3 tablets at bedtime was documented 9/1/19 - 9/12/19. Finding #2: Review on 9/12/19 and 9/13/19 of client #3's record revealed: -13 year old male admitted 8/23/19.	V 118			

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Diagnoses included ADHD, and seasonal allergies. -Order dated 8/20/19 for Loratadine 10 mg daily. (Allergies) -Order dated 8/12/19 for Sertraline 100 mg in the morning for mood. -Order dated 9/4/19 for Hydroxyzine 25 mg every 8 hours as needed for itching. -Order dated 9/4/19 for Aquaphor or vaseline daily for eczema. <p>Review on 9/13/19 of client #3's August and September 2019 MARs revealed:</p> <ul style="list-style-type: none"> -Loratadine 10 mg daily was not documented as administered 8/30/19, or 9/1/19 - 9/4/19. -Sertraline 100 mg scheduled to be administered at 7 am had not been documented as administered on 9/13/19. -Hydroxyzine 25 mg had been transcribed to be administered daily at 7 pm, and was documented as administered at 7 pm 9/5/19 - 9/12/19. No documentation client requested or complained of itching. -No transcription for Aquaphor or vaseline daily and no documentation this had been administered 9/4/19 - 9/13/19. <p>Interview on 9/13/19 the Group Home Manager (GHM) stated:</p> <ul style="list-style-type: none"> -The pharmacy used by all clients was open 7 days a week. -Client #4's physician had not done the reauthorization for Risperdal. Client #4 had taken his last dose on hand 9/12/19. -He (GHM) had called the pharmacy that morning for client #4's Risperdal and Guanfacine to be filled. -He (GHM) did not believe client #4 had been continued on the 7 pm dose of Guanfacine 4 mg in addition to the 6 mg that was ordered 8/29/19. 	V 118		

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V 118	Continued From page 6 -Client #4's physician had decreased the DDAVP (Desmopressin) dose because he started him on Topamax. (Used for seizures and sometimes off-label to treat a wide range of mood disorders.) Interview on 9/13/19 the Qualified Professional stated: -Client #3 was seen on 9/4/19 by his physician and diagnosed to have eczema. The handwritten orders were not legible. After discussion with the surveyor, she (QP) called and received clarification the orders were for Aquaphor or Vaseline daily and soap & detergent for sensitive skin. -The facility had detergent for sensitive skin on site and a jar of vaseline. -After discussion with the surveyor, she (QP) called client #4's physician to get clarification on the Guanfacine orders. The physician was out until the following Thursday. She then called the pharmacy. The pharmacy had interpreted the order dated 8/29/19 to replace the 7/26/19 order. Since the physician was not available to clarify, the recommendation was to administer the 8/29/19 order, and hold the 7/26/19 order until clarification could be obtained. -The facility would follow the pharmacy recommendation for client #4's Guanfacine orders. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118			
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN	V 133			

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V 133	<p>Continued From page 7</p> <p>APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services,</p>	V 133	<p><u>Criminal History Record Check:</u></p> <p>The Administrator will ensure that SBC Inc. conducts National Background Checks (this shall include a check of the applicants fingerprints) on all applicants that have been a resident of NC for less than 5 years. In addition, Castlebranch is currently in the process of conducting the above search on Staff #6</p>	11-12-19
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V 133	<p>Continued From page 8</p> <p>Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. 	V 133		
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V 133	<p>Continued From page 9</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These</p>	V 133		
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V 133	Continued From page 10 crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a	V 133		

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V 133	Continued From page 11 criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record review and interview, the facility failed to make an offer of employment conditioned on consent to a national criminal history record check to include a check of the applicant's fingerprints affecting 1 of 1 audited staff (Staff #6) who had lived out of state within 5 years of hire. The findings are: Review on 9/13/19 of Staff #6's record revealed: -Paraprofessional hired 5/10/19. -Application documented employment from September 2016 to October 2018 in another state. -State criminal background check dated 5/2/19. -No documentation of a national criminal record	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-777	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/13/2019
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NAME OF PROVIDER OR SUPPLIER SUNLIGHT BEHAVIOR CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2030 HOKE LOOP ROAD FAYETTEVILLE, NC 28314
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(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
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V 133	<p>Continued From page 12</p> <p>check to include fingerprints.</p> <p>Interview on 9/13/19 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -She would follow up with the national criminal record check to include fingerprints for staff #6. -She would put a process in place to make sure this was done for any future hires who had lived out of state within 5 years of employment. 	V 133		
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL026-777	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/13/2019
NAME OF FACILITY SUNLIGHT BEHAVIOR CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2030 HOKE LOOP ROAD FAYETTEVILLE, NC 28314	

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 V0132	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # G.S. 131E-256(G)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/13/2019	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>Bethy Anderson</i>	DATE 9/20/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/21/2018		<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

September 23, 2019

Rachell Hodnett
Sunlight Behavior Center, Inc.
2030 Hoke Loop Road
Fayetteville, NC 28314

Re: Annual and Follow up Survey completed September 13, 2019
Sunlight Behavior Center, 2030 Hoke Loop Road, Fayetteville, NC 28314
MHL # 026-777
E-mail Address: rachellvr@gmail.com
tonyahankerson@yahoo.com

Dear Ms. Hodnett:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed September 13, 2019.

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 deficiencies must be **corrected** within 60 days from the exit of the survey, which is November 12, 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.ncdhs.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@Alliancebhc.org
DHSRreports@eastpointe.net
_DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant