

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans of Correction@dhhs.nc.gov

Provider Name:	L&J Homes- Elizabeth St.		
Provider Contact Person for follow-up:	James Graham		
Address:	803 Elizabeth St. Burlington, NC 27217		
	Phone:	(336) 227-8030	
	Fax:	(336) 227-3288	
	Email:	Omegaman1117@gmail.com	
	Provider # (336) 227-8030		

Finding	Corrective Action Steps	Who will monitor	Time Line
<p>10A NCAC 27G .0205 Assessment and Treatment/ Rehabilitation or Service Plan</p> <p>Tag #112 Assessment and treatment, habilitation and service plan.</p>	<p>Client #1 Staff #1 (James Graham)</p> <ol style="list-style-type: none"> Call ISP meeting to update service and treatment plan. <ul style="list-style-type: none"> Continue to document all incidents and follow updated service and treatment plan. Train staff , update and document training in personnel files. <ul style="list-style-type: none"> Ongoing training of Elizabeth St. personnel for compliance in regard to the service plan. Train staff how to follow policies of elopement, suicidal ideations, indecent exposure in regard to L's behaviors. <ul style="list-style-type: none"> Continue oversight 	<p>James Graham, QMHP</p> <p>Monitoring will take place monthly in staff meeting with hosue mangers and quaterly in all staff meeting.</p>	<p>Implementation Date: 09/30/2019</p> <p>Projected Completion Date: Ongoing</p>
<p>27.0205 (AB) Assessment/Treatment/Habilitation</p> <p>10A NCAC 27 27G Assessment and Treatment /Habilitation of Service Plan</p>	<p>(FC#3) Staff#1 QP complied Admission Assessment for client admission assessment that is comprehensive including</p> <ol style="list-style-type: none"> admission date, presenting problem, needs and strengths, provisional or admitting diagnosis , demographics, medication pertinent social,family, medical history, evaluations and assessments service plans. <p>Measurers to prevent the problem occurring again</p> <p>Staff #1 Will conduct Admission Assessment when member arrives on premises to insure that admission assesment is filled out in a timely manner. Staff #1 has compiled a check list that will be filled out checking off all admission paperwork</p>	<p>Who will monitor</p> <p>Christie Leath,QA/QI</p> <p>Monitoring will take place when members arrive. Compliance will bne moinited when QA/QI compliance officer conducts monthly audits of charts.</p>	<p>Implementation Date: 09/30/2019</p> <p>Projected Completion Date: ongoing</p>

DHSR-Mental Health
OCT 24 2019
Lic. & Cert. Section



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 1, 2019

Larry Leath, Chief Executive Officer
L & J Homes, Inc.
PO Box 2273
Burlington, NC 27215

Re: Annual and Follow up Survey completed September 27, 2019
L & J Homes-Apple Street, 816 Apple Street, Burlington, NC 27217
MHL #: 001-142
E-mail Address: ljhomes730@bellsouth.net, omegaman1117@gmail.com

Dear Mr. Larry Leath:

Thank you for the cooperation and courtesy extended during the Annual and Follow up survey completed September 27, 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.

The Annual and Follow up survey did not result in any cited deficiencies. Enclosed for your review is the State Form, which reflects no cited deficiencies.

If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,

Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
QM@partnersbhm.org
_DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant

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

the survey may result in the assessment of an administrative penalty of \$200.00 (Two Hundred) against L & J Homes, Inc. for each day the deficiency remains out of compliance.

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 11/26/19.

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.***

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 at 919-855-3822.

Sincerely,



Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

qmemail@cardinalinnovations.org
QM@partnersbhm.org
Pam Pridgen, Administrative Assistant

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER mhI001-073	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/27/2019
NAME OF FACILITY L & J HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 803 ELIZABETH STREET BURLINGTON, NC 27217

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
ID Prefix V0105	Correction	ID Prefix _____	Correction
Reg. # 27G .0201 (A) (1-7)	Completed	Reg. # _____	Completed
LSC _____	09/27/2019	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Kimberly R Sauls	DATE 10/7/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS) <i>[Signature]</i>	DATE 10/17/19	TITLE <i>[Signature]</i>	DATE 10/17/19
FOLLOWUP TO SURVEY COMPLETED ON 3/1/2019		<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		