

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-781	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 10/11/2019
NAME OF PROVIDER OR SUPPLIER OUR HOME-AUNT ZOLA'S			STREET ADDRESS, CITY, STATE, ZIP CODE 408 ANDREW STREET GREENSBORO, NC 27406		
(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	<p>INITIAL COMMENTS</p> <p>A complaint and limited follow up survey for the Type A1 rule violation was completed on 10/11/2019. This was a limited follow up survey, only 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) and 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) and 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). The complaint was unsubstantiated (intake #NC155691). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p>	V 000			
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic</p>	V 367			

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NOV 09 2019
DHSR-MH Licensure Sect

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

YDX511

If continuation sheet 1 of 7

Division of Health Service Regulation

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V 367	Continued From page 1 means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 2</p> <p>or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ul style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report level II incidents to the LME/MCO (Local Management Entity/Managed Care Organization) responsible for the catchment area within 72 hours of becoming aware of the incident. The findings are:</p> <p>Reviews on 6/18/2019 and 6/21/2019 of client #2's record revealed: - Admission date: 5/28/2019 - Diagnoses: Conduct Disorder; Problems with</p>	V 367			

Division of Health Service Regulation

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V 367	<p>Continued From page 3</p> <p>primary support group; Problems related to the social environment; Educational problems; Economic Problems; Problems related to interactions with the legal system; and Other psychological and environmental problems;</p> <ul style="list-style-type: none"> - Age: 16; - A "Clinical Assessment" dated 5/22/2019 that revealed a history of physical aggression, property destruction, elopement, legal system involvement including probation violation, multiple out of home placements, and refusal to follow rules. <p>Review on 10/9/20189 of former client (FC) #5's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 6/21/2019; - Discharge date: 7/19/2019; - Diagnoses: Post Traumatic Stress Disorder; Attention Deficit-Hyperactivity Disorder, combined type; and Mild Intellectual Disabilities; - Age: 15 - An assessment dated 4/10/219 that noted a history of physical aggression, oppositional behaviors, defiance, impulsivity, negative peer involvement, involvement with the legal system, and elopement. <p>Review on 10/7/2019 of local Police reports and the local 911 Communications call logs dated 5/28/2019 to 10/2/2019 revealed:</p> <ul style="list-style-type: none"> - There were a total of 4 police incident reports and 37 calls to 911 Communications related to the facility and/or facility clients; - Calls included run away/absent without leave (AWOL)/missing persons, burglary of residence, theft of a staff's phone, and a non-urgent welfare check. <p>Reviews on 10/10/2019 and 10/11/2019 of the facility's incident reports revealed:</p>	V 367			

Division of Health Service Regulation

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V 367	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Some of the level I AWOL incident reports did not have times listed that specified when clients left and/or returned to the facility; - 14 of the Police-involved and 911 Communications calls requiring level II incident reports were not entered into the Incident Response Improvement System (IRIS); - Of the Police and 911 calls that were not entered into IRIS for level II and III incidents, 13 were related to missing persons/AWOL reports, 1 was a burglary of residence call, 1 was theft of a staff's phone by FC #5, and 1 was a non-urgent welfare call; - Level I incident reports were completed, but level II reports were required for AWOL incidents on July 4 (FC #5), 12 (FC #5), 13 (FC #5), 14 (FC #5), 15 (FC #5) & 20 (client #2); - A level I incident report was completed, but level II report was required for the theft of a staff's phone on July 11 (FC #5) - There were no incident reports for AWOL incidents on June 21 (FC #6), July 19 (one each for client #2 & FC #5), and October 2 (client #2); - There was no incident report for a "burglary of residence" call on June 24; - There was only one level I incident report completed on July 15, but two separate 911 Communications calls regarding AWOL's on that date; - There was no incident report related to the "welfare check" call on July 22. <p>Interview on 10/9/2019 with staff # 1 revealed:</p> <ul style="list-style-type: none"> - Staff #1 had been out of work frequently since July of 2019, and did not know the number of times the Police had been to the facility; - Staff #1 was aware of approximately 3 AWOL incidents at the facility; - The direct care staff on shift were supposed to complete incident reports when incidents 	V 367			

Division of Health Service Regulation

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V 367	<p>Continued From page 5</p> <p>occurred;</p> <ul style="list-style-type: none"> - The completed reports were then taken to the office for management staff to review; - The Qualified Professional (QP) entered level II or III incidents into IRIS. <p>Interview on 10/9/2019 with staff #2 revealed:</p> <ul style="list-style-type: none"> - The Police had only been to the facility twice during staff #2's shift; - The Police were usually called when a client went AWOL; - Clients did not usually go AWOL on his shift; - Both facility staff working at the time incidents occurred were supposed to complete incident reports; - Incident reports were then taken to the Owner /Administrator's (A/O) office for review; - Submission of level II and III incidents was probably completed at the office. <p>Interview on 10/11/2019 with the Associate Professional (AP) revealed:</p> <ul style="list-style-type: none"> - Most of the 911 calls made from the facility had been non-emergency calls; - Level II incident reports were only completed if clients were AWOL for more than 3 hours; - The AP could only recall two times that the Police had to be called to the facility; - If the Police intervened, a level II incident report was completed that included the Police report number; - If the Police only came out and talked to the clients without creating a Police event report, the facility would not complete a level II incident report; - Incident reports were supposed to be completed by whichever facility staff made the call to 911/Police; - The incident report forms completed by direct care staff went to the AP and QP for review; 	V 367			

Division of Health Service Regulation

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V 367	Continued From page 6 Interview on 9/19/2019 with the QP revealed: - There had not been a need for level II incident reports to be entered into IRIS since FC #5 and another former client had left the facility in July 2019; - There had not been any Police calls to the facility; - There had not been any incidents of client #2 running away. Further interview with the QP was not possible due to the QP having been ill and unable to work. Interviews from 9/19/2019 to 10/11/2019 with the A/O revealed: - The A/O was not aware that the Police had been called to the facility; - There was no need for Police intervention at the facility; - Facility staff were supposed to call 911 to let them know when clients who were AWOL returned to the facility; - Facility staff should have noted the time that clients left and returned from AWOL incidents; - The facility staff who completed the incident report for July 11 may have written the wrong date on the incident report; - Facility staff were supposed to complete incident reports the same day that incidents occurred; - The AP would sometimes complete the reports for staff; - The QP usually completed IRIS reports; - Facility staff had received training on incident reporting requirements.	V 367	V367 27G .0604 Incident Reporting Requirements: 10A NCAC 27G .604 INCIDENT REPORTING FOR CATEGORY A AND B PROVIDERS Effective September 30, 2019 and continuing, Black & Associates has Ensured that all Level II Incidents are Reported to the LME through The IRIS system in a timely Manner. Staff has been re-trained in Completing and Reporting Level II Incidents in a timely manner. The Owner-Ellen Black and Clinical Director, Dr. Alan Fraser are Responsible for documenting And submitting all reports of Level II Incidents Through the NC IRIS system.	10/27/19



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 22, 2019

Ellen R. Black, Administrator/Owner
Black & Associates Global, Inc.
102 Burrows Road
Jamestown, NC 27282

RECEIVED

NOV 19 2019

DHSR-MH Licensure Sect

Re: Complaint & Limited Follow Up Survey Completed October 11, 2019
Our Home-Aunt Zola's, 408 Andrew Street, Greensboro, NC 27406
MHL# 041-781
E-mail Address: ellenatourhome@aol.com
Intake # NC155691

Dear Ms. Black:

Thank you for the cooperation and courtesy extended during the complaint and limited follow up survey completed October 11, 2019. The complaint was unsubstantiated.

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. Additional deficiencies were cited during the survey.

This was a limited follow up survey, only the following deficiencies were reviewed for compliance. A second follow up survey will be conducted to review any additional deficiencies.

- 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109)
- and 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) – Cross Referenced

As a result of the follow up survey, it was determined that the following reviewed deficiencies are now in compliance:

- 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109)
- and 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) – Cross Referenced

Although the reviewed deficiencies are now in compliance, you remain responsible for payment of penalties levied against Black & Associates Global, Inc. during the complaint and follow up survey completed July 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

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

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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

- The tag cited is a standard level deficiency.

Time Frames for Compliance

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

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 Barbara Perdue at (336) 861-6283.

Sincerely,



Clarice Rising, MSW, LCSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@dhhs.nc.gov, DMH/DD/SAS (If FU from Type A only)
qmemail@cardinalinnovations.org
_DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

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MARK PAYNE • Director, Division of Health Service Regulation

VIA CERTIFIED MAIL

October 22, 2019

Ellen R. Black, Administrator/Owner
Black & Associates Global, Inc.
102 Burrows Road
Jamestown, NC 27282

RE: Type A1 Administrative Penalty Amount
Our Home Aunt Zola's, 408 Andrew Street, Greensboro, NC 27406
MHL # 041-781
E-mail Address: ellenatourhome@aol.com

Dear Ms. Black:

Based on the findings of this agency from a survey completed July 11, 2019 we found that Black & Associates Global, Inc. operated Our Home Aunt Zola's in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities and Substance Abuse Services.

In response to the Statement of Deficiencies that was generated as a result of the survey, the facility was to have the deficient practice corrected by August 3, 2019. A follow-up survey of the facility was performed on September 6, 2019 and it was determined the deficiency remained out of compliance with 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109).

Another follow-up survey was performed on October 11, 2019 and it was determined that the facility is now in compliance with 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). After a review of the findings, this office is planning the following action:

Type A1 Administrative Penalty – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is imposing an administrative penalty of \$500.00 against Black & Associates Global, Inc. for each day the deficiency remained out of compliance beyond the 23rd day of the survey (August 3, 2019). The October 11, 2019 follow-up survey found the deficiency to be back in compliance as of October 11, 2019. Our office has determined the facility was out of compliance with the deficiency a total of 68 days which brings the penalty amount to \$34,000.00. Payment of the penalty is to be made to the Division of Health Service Regulation. Mail your payment to the following address:

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

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October 22, 2019
Ellen Black
Black & Associates Global, Inc.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

If the penalty is not paid within sixty (60) days of this notification, a 5% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based are set out in the July 11, 2019 and September 6, 2019 Statement of Deficiencies for Our Home Aunt Zola's.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the OAH is as follows:

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 336-861-7342. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service

October 22, 2019
Ellen Black
Black & Associates Global, Inc.

Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center,
Raleigh, NC 27699-2718 or call Robin Sulfridge, Western Branch Manager at 336-861-7342.

Sincerely,

Stephanie Gilliam

Stephanie Gilliam, Chief
Mental Health Licensure & Certification Section

Cc: dhsreports@dhhs.nc.gov, DMH/DD/SAS
ncdma.dhsnotice@lists.ncmail.net, DMA
gmemail@cardinalinnovations.org
DHSR_Letters@sandhillscenter.org
Heather Skeens, Director, Guilford County DSS
Candice W. Moore, NCDPS
Pam Pridgen