

Division of Health Service Regulation

TITLE

(X6) DATE

STATE FORM

6899

WP3311

If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/18/2019
NAME OF PROVIDER OR SUPPLIER HOMESTEAD PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2032 HOMESTEAD ROAD CHAPEL HILL, NC 27516		
(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	Continued From page 1 Observation on 11/18/19 at about 12:55 pm of the entrance foyer revealed: -Very large water stains on the ceiling. Observation on 11/18/19 at about 1:00 pm of bathroom located upstairs revealed: -Floor marble tile by doorway was broken. -Showerhead had duct-tape wrapped around it. Observation on 11/18/19 at about 1:05 pm of bedroom located at end of hallway and to the right revealed: -Paint on wall was bubbling up and peeling off. -Walls were dirty/scratched and needing to be repainted. -Wooden floor by entrance was worn-off and needing to be re-stained and polished. Observation on 11/18/19 at about 1:10 pm of outside the facility revealed: -Grass in the back was tall. -There was an open trench in the back yard where plumbing work had been left unfinished. Interview on 11/18/19 with the Program Director revealed: -He was aware dining chairs had to be replaced. -Facility had water damage replaced, but had not painted over the stained ceiling yet. -Building was being leased. -Landlord was responsible for maintaining structure of facility. -Agency was responsible for replacing and maintaining other things that may break at the home. -A few months ago, development next to the home had dug a trench in the back in an attempt to make some plumbing connections, but the city had stopped them from doing it. -Development from next door had left trench	V 736	Painting is scheduled for 12/9/19 Showerhead already fixed Floor to be fixed Painting is scheduled for 12/9/19 Flooring scheduled for 12/2/19 Landlord has contacted the developer and a plan to fill in the hole will begin 12/2	12/16/19 11/22/19 12/2/19 12/16/19 12/16/19 12/16/19

Division of Health Service Regulation

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V 736	Continued From page 2 open. -Landlord is aware and had informed development to finish or close the trench which they opened. -Agency is awaiting for project to be completed. -Clients had been asked to not go to the backyard. -He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	On-going monitoring will be done by the program director and the Chief Compliance Officer. The Environmental Inspection will be completed quarterly to ensure compliance. All repairs will be complete by 12/16/19 Jenny Gadd, MSW Chief Compliance Officer	12/16/19

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL068-139	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/18/2019	Y3
NAME OF FACILITY HOMESTEAD PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2032 HOMESTEAD ROAD CHAPEL HILL, NC 27516		

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 V0118	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .0209 (C)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/18/2019	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 	DATE 11/18/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/25/2019		<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		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 20, 2019

Jemel Sutton, Regional Director of Triangle
Alberta Professional Services, Inc.
PO Box 14884
Greensboro, NC 27415

DHSR - Mental Health

DEC 03 2019

Re: Annual and Follow-up Survey completed November 18, 2019.
Homestead Place, 2032 Homestead Road, Chapel Hill, NC 27516
MHL # 068-139
E-mail Address: jemelsutton@gmail.com
derek.mitchell@albertakids.com

Lic. & Cert. Section

Dear Mr. Sutton:

Thank you for the cooperation and courtesy extended during the annual & follow-up survey completed November 18, 2019.

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.

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

- Re-cited standard level deficiency.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is 12/18/19.

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.

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

November 20, 2019
Alberta Professional Services, Inc.
Jemel Sutton, Regional Director of Triangle

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, Team Leader at 919-855-3822.

Sincerely,



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

Cc: qmemail@cardinalinnovations.org
File