DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G275	A. BUILDING _____ B. WING _____	09/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-ROANOKE HOUSE	103 & 105 CLEARFIELD DRIVE ROANOKE RAPIDS, NC 27870

(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) COMPLETION DATE
W 186	DIRECT CARE STAFF CFR(s): 483.430(d)(1-2) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to have sufficient staff on 2nd shift, to execute active treatment programs, assist with meal preparation, assist with toileting assistance and supervise clients, to prevent client to client physical altercations. This affected 3 of 5 audit clients (#2, #8 and #11). The finding are: Second shift staff were unable to keep all clients appropriately engaged in activity and provide visual supervision. a. During observations at the group home on 9/9/19 starting at 3:50 pm, there were two direct care staff in the home with six clients. Four of the clients were ambulatory and another client was able to self propel in wheelchair. Two of the clients (#2 and #9) were sitting in wheelchairs on the enclosed screen porch, another client (#8) was receiving toileting assistance at the rear of the house from staff C, whereas staff D remained in the activity room with clients (#5, #10 and #11) working on separate activities at the table. Staff D had already begun preparing dinner and invited client #10 to join her in the kitchen, to prepare for dinner, once client #8 and staff C re-entered the	W 186	Additional staff hours wil be added to the schedule to assure sufficient direct care staff to manage and supervise client #2, #8, #11 and all clients on all shifts. A special focus will be on executing all clients' active treatment programs. Programs will include implementation and assistance during mealtime preparation, toileting needs, to intervene and prevent client to client altercations and keep all clients engaged in activities identified in meeting needs identified in their Person Center Plans (reinforcement etc.). All employees will be inserviced on client #2 and all client's Behavior Support plans. The Director will monitor weekly to assure adequate staffing is appropriate to meet client needs. RECEIVED SEP 30 2019 DHSR-MH Licensure Sect	11-8-19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Chief Operations Officer 9-27-19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 186	Continued From page 1 room at 3:59 pm. The observations continued with staff D and client #9 spending the majority of the next hour, removing food from the oven, processing the texture of the food for modified diets and setting the table. Client #2 remained sitting on the porch, not engaged in any meaningful activity, and was observed occasionally pulling at the waistband of her shorts and was repositioned in her chair by staff C, once. During review on 9/10/19 of client #2's behavior support plan (BSP) undated, revealed that she would receive positive reinforcement through opportunities for individual attention with a preferred staff each day to reinforce the absence of program target behaviors. Staff should first ask her if there's anything she wishes to do. This is to occur in the afternoon after she returns home for the day program site. A preferred staff member should be available to be with (client #2) during reinforcement period if the scheduling of this staff person allows. b. During observations in the group home, on 9/9/19 at 5:00 pm, staff D was in the kitchen finishing meal preparations and staff C begun to take client #8, then client #9 to the bathroom at 5:10 pm. Client #5 remained at the table in the activity room, looking through magazines. Client #11 came from the living room and went to the table where client #5 sat alone and snatched the magazines away, causing client #5 to have a verbal outburst. Neither staff was in the vicinity but could hear the outburst and called out to client #11, asking him, what he was doing. Neither staff left the kitchen or bathroom, to investigate what clients #5 and #11 were doing.	W 186		

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W 186	Continued From page 2 Client #11 became focused on taking the magazines away from client #5, who had been given a trash can by staff to clean up her area. Client #11 was observed coming back into the activity room from the living room, three times, to grab the magazine papers away from client #5. The last time the papers were grabbed, client #5 hit client #11 on his back. Client #11 did not retaliate against client #5, but hit client #8 in the groin, as client #8 walked into the room. When client #8 turned around to exit the room, client #11, shoved client #8 in his back. Neither staff were in the room to witness the incidents, redirect the clients, or physically intervene. During record review on 9/10/19 of client #11's individual personal plan (IPP) dated 11/29/18 revealed that client #11 depended on staff to intervene and help him display appropriate behaviors through the use of verbal and physical prompts. c. During observations in the group home on 9/9/19 at 5:20 pm, staff C brought client #2 to the dining room table in wheelchair, then repositioned client #2 who had slouched down in her chair. Client #2 became upset and struck staff #2, then began pounding her right fist on the wooden table, repeatedly. Client #2 continued to be agitated for the next 30 minutes, with no redirection from staff, who were assisting other clients with their meals. Client #2 would occasionally thrash her arms and struck client #11, sitting closest to her, several times. During record review on 9/10/19 of client #2's BSP revealed that client #2 had a goal to reduce frequency of agitation behavior and should be responded to by focusing on preventative	W 186		

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W 186	Continued From page 3 measures, positive behavior reinforcement, non-restrictive staff interventions when target behaviors occur. Targeted behaviors were described as vocal agitation and physical agitation that included thrashing her arms. Target behavior intervention procedures also included give her a verbal cue to stop the behavior. If she begins to display physical agitation behaviors as defined, proceed as follows. Repeat the verbal prompts, but this time pair with brief/light physical touch cues to stop or otherwise block the target behaviors. If she has thrown materials or is thrashing her arms, simply move her wheelchair to a distance away from any other loose material and from other consumers. If she continues to demonstrate agitation at this point, then the behavior interventions needs supersedes other aspects of her schedule. In this case, she will be offered the option to move to another (calmer) area with no demands. Interview with staff D on 9/9/19, revealed that two staff were assigned to work in the home on 2nd shift (3-11 pm) but sometimes they had a staff float between the two homes, giving them three staff. Interview with the director on 9/10/19, revealed that she had not received any complaints from staff regarding staffing concerns. The facility mainly used two staff per shift, but sometimes, there was a 3rd staff working, who floated between the two homes. Interview with the qualified individual developmental professional (QIDP) on 9/10/19, revealed that staff should contact her if they are unable to physically intervene to avoid physical altercations amongst clients.	W 186		

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W 214	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(iii) The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure an assessment occurred for 1 of 5 audit clients (#3) who was legally blind. The finding is: Client #3 did not have an assessment by services for the blind to see how the environment could be adapted or if technology, training or other personal supports would help staff assist him. Throughout observations on 9/9/19 and 9/10/19, client #3 ran into things with his wheelchair. At the day program, on 9/9/19, he was provided a Simon to tap the colors when they lit up and a paper to color during leisure. At meals on 9/9/19 and 9/10/19 he struggled to see his food and thanked one staff when she told him where something was. On 9/9/19 at dinner, he thought he was finished and said so. When staff said for him to finish his vegetable, he said he ate all of it and when it was pointed out to him he was thankful and ate the remainder. Review on 9/10/19 of client #3's individual program plan (IPP) dated 10/4/18, revealed he is legally blind in his left eye and has significant visual impairment in his right eye. The IPP did not indicate any instructions to staff as to how to assist him with his visual impairment. Interview on 9/10/19 with the qualified intellectual	W 214	A core meeting will be held regarding a comprehensive assessment for client #3 regarding ways his environment can be adapted to provide needed support to train and or assist staff with meeting his needs due to his visual impairment. The assessment will identify Client #3 specific developmental and behavior management needs. Services for the blind wil be contacted to schedule an appointment for client #3 for a funtional assess-ment within the next 2 weeks. Functional assessment will be updated for all clients. Core team meetings will be held and goals and/or services developed as needed. All staff will receive training on all identified needs based on results from the functional assessment for client #3 and all clients with identified specific needs to increase their skill level. The Director and Regional QP will monitor functional assessment for all clients monthly and follow up to assure completion of any identified needed assessments for all clients.	11-8-19

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W 214	Continued From page 5 disability professional (QIDP) revealed he had not had an assessment by services for the blind and would benefit from such an assessment.	W 214		
W 240	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure the individual personal plan (IPP) for 1 of 5 audit clients (#8) included all relevant and specific information for staff to know how to assist the clients eat safely and independently. The findings is: The IPP for client #8 did not contain instructions for staff regarding the behavior of stealing fluids from other clients at meals. During lunch observation at the day program on 9/9/19 at 11:45 am, staff B provided client #8 with nectar thickened fluids at mealtime. During the meal, client #8 sat at a large square table with three other clients. Client #8 was able to stand and walk independently. Client #8 was observed standing and reached across the table and took the cup full of water from client #5 sitting across from him. Client #8 had the cup near his mouth, when staff A took it away from him. During dinner observation at the group home on 9/9/19 at 5:55pm, client #8 was observed to take a cup with fruit juice from client #9, after staff D left the dining room table to retrieve more nectar	W 240	An interim core meeting will be held regarding revelant information needed in client #8 person centered plan (pcp) to identify the level of support needed by staff to keep him safe during mealtimes.Mealtime guidelines will clearly outline needed intervention and all staff trained to carry them out with a focus on fostering client #8 independence during meals. A service goal or training goal as deemed appropriate by the team will outline strategies regarding client #8 behavior of stealing fluids from his peers during meals. All staff will receive training on the goal and/or service estabilished. All clients mealtimes skills will be assessed and goals and/or services developed as identified by the team. All staff will inserviced on all goals and or services developed. The Director will monitor meals at least 3 times per week upon implementation of identified goals/ services and at least 2 times weekly thereafter.	11-8-19

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W 240	Continued From page 6 thickened fluids for client #8. Staff C who remained at the table, quickly moved to client #8 to prevent him from drinking out of someone else's cup. An additional observation at 6:10 pm revealed that client #8 made another attempt to take a cup of water from client #5, who sat next to him, while client #5 was drinking. Staff D had to intervene to ensure that client #8 didn't drink thinned liquids. Client #8 then got up from the table, walked into the kitchen and opened the refrigerator and freezer; he did not find anything that interest him. Review on 9/9/19 of client #8's IPP dated 6/6/19 revealed that he had a history of aspiration pneumonia, which continued to be a risk for him and that he required nectar thick liquids. Staff were to assure his diet was followed to prevent aspiration. Interview on 9/10/19 with the management team, which encompassed the director, qualified intellectual developmental professional (QIDP) and the executive director (ED) revealed that client #8 did not have a formal goal for food stealing and that it was not defined as a targeted behavior in the BSP.	W 240		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.	W 249	All staff will receive training in ICF/IID Level of Care Basics: * Active Treatment * Encouraging Independence * Teaching Cues * Providing the least amount of assistance necessary * Meaningful activities/choices for client # 2 * Meaningful activities for all clients * Equipment guidelines /program	11-8-19

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W 249	Continued From page 7 This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure a pattern of interactions supported the individual program plans (IPPs) in the areas of meaningful activities/choices, equipment guidelines (helmet and walker), and program implementation/integration. This affected 4 of 5 audit clients (#2, #3, #8 and #11). The findings are: 1. Client #3 was not encouraged to utilize his walker as per his IPP. Throughout observations on 9/9/19-9/10/19, client #3 was observed in a wheelchair and was not encouraged to use his walker. Review on 9/9/19 of client #3's IPP dated 10/4/18 revealed he should be encouraged to use a walker. Further review of client #3's most current physical therapy evaluation also noted "staff should encourage....as much mobility as able" to keep his strength in his legs. Interview on 9/19/19 with the qualified intellectual disabilities professional (QIDP) confirmed he should have been encouraged to use his walker. 2. During afternoon observations at the group home on 9/9/19 starting at 3:50 pm, client #2 remained sitting on the porch, not engaged in any meaningful activity, and was observed occasionally pulling at the waistband of her shorts. Client #2 had no contact from staff, except	W 249	* Client # 3 usage of walker for mobiity to maintain strength in legs * Equipment guidelines for all clients * Client # 2 behavior plan * Client # 2 goals to place cup in bin and wipe her mouth * Client #8 behavior plan (which address wearing a soft helmet) to prevent injury to head due to self-injurious behaviors * All clients' behavior goals A core meeting will be held to discuss client # 11 mealtime skills. Mealtime guidelines will be developed to outline strategies as deemed appropriate by the team outlining eating pace, spillage of his food, usage of eating utensils, fingerfoods etc. The Director will monitor these programs at least 2 times per week. The regional QP will monitor monthly, document findings and follow up as needed for changes as identified.	

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W 249	Continued From page 8 for repositioning in wheelchair. Client #2 became agitated being touched for repositioning, and had verbal outburst, pounded her fists on her body and wheelchair. At 5:20 pm, staff C relocated client #2 from the porch to the dining room table for dinner. During the meal, client #2 was able to feed herself independently and hold her cup, with minimum assistance by staff. Client #2 was still agitated and pounded her fist on table, and thrashed her arms, hitting client #11 on his right arm. Client #2 was not given verbal instructions to stop hitting nor was she moved away from others, to avoid contact. Also, client #2 was not prompted to wipe her mouth during the meal and was permitted to roll away from the table, afterwards, without prompting from staff to put her cup in the bin. During morning observations at the group home on 9/10/19 starting at 8:00 am, client #2 displayed agitation throughout her meal but was able to feed herself and hold a cup to drink fluids. During the meal, staff did not prompt client #2 to wipe her mouth. After the meal, client #2 rolled away from the table, without any verbal prompts to place her cup in the bin. During record review on 9/10/19 of client #2's behavior support plan (BSP) revealed that client #2 had a goal to reduce frequency of agitation behavior and should be responded to by focusing on preventative measures, positive behavior reinforcement, non-restrictive staff interventions when target behaviors occur. Targeted behaviors were described as vocal agitation and physical agitation that included thrashing her arms. Target behavior intervention procedures also included give her a verbal cue to stop the behavior. If she begins to display physical agitation behaviors as	W 249		

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W 249	Continued From page 9 defined, proceed as follows. Repeat the verbal prompts, but this time pair with brief/light physical touch cues to stop or otherwise block the target behaviors. If she has thrown materials or is thrashing her arms, simply move her wheelchair to a distance away from any other loose material and from other consumers. If she continues to demonstrate agitation at this point, then the behavior interventions needs supersedes other aspects of her schedule. In this case, she will be offered the option to move to another (calmer) area with no demands. Also a component of client #2's BSP allowed for positive reinforcement through opportunities for individual attention with a preferred staff each day to reinforce the absence of program target behaviors. Staff should first ask her if there's anything she wishes to do. This is to occur in the afternoon after she returns home for the day program site. A preferred staff member should be available to be with (client #2) during reinforcement period if the scheduling of this staff person allows. An additional review on 9/10/19 of client #2's individual personal plan (IPP) dated 1/31/19, revealed that she was able to clear table and throw her trash away with staff cues. She also had training goals to put her cup in the bin and to wipe her mouth with a tissue with manipulations. During an interview with the qualified individual developmental professional (QIDP) on 9/10/19 revealed that client #2 had a BSP and that staff should practice training goals of placing cup in bin, tolerating tooth brushing and wiping mouth with tissue at all opportunities. 3. During observations in the group home, on 9/9/19 at 5:20 pm, client #11 sat at the dining	W 249		

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W 249	Continued From page 10	W 249		

table to eat dinner and was able to feed himself independently. The dinner menu included pork loin, cabbage and tater tots. Client #11 had a spoon placed on the left side of his plate, but didn't use it; instead client #11 chose to feed himself at a rapid pace, using only his fingers to pick up the food. Client #11 was observed picking a thick whole piece of pork loin, placing it between his teeth, then using his right hand, to pull the meat out of his mouth, in order to get smaller pieces to chew. Client #11 had a great deal of spillage on the table, floor and in his chair during his meal and wanted extra portions of food. Staff C gave client #11 an extra serving of cabbage, then both staff C and D, reminded client #11 to use his spoon, after he started out to use his fingers again.

During observations in the group home, on 9/10/19 at 8:00 am, client #11 sat at the dining table to eat breakfast. He was served dried cereal and ate it with his fingers, instead of using a spoon. Client #11 was not prompted by staff to use his spoon.

During record review on 9/10/19 of client #11's IPP dated 11/29/18 revealed that client #11 refused to use a fork or have staff attempt to use manipulation with a fork. Client #11 would use a spoon, when he wanted too. Client #11 would receive verbal cues from staff to use his utensils since client #11 preferred to eat with his fingers.

During an interview on 9/10/19 with the QIDP, she revealed that staff should encourage client #11 to slow down and use a spoon.

4. During observation at the day program on 9/9/19 from 11:45 am until 12:20 pm, staff B

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G275	A. BUILDING _____ B. WING _____	09/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-ROANOKE HOUSE	103 & 105 CLEARFIELD DRIVE ROANOKE RAPIDS, NC 27870

(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) COMPLETION DATE
W 249	Continued From page 11 assisted client #8 with lunch, but did not ensure that his helmet was removed during the meal. During review on 9/9/19 of client #8's IPP, dated 6/6/19, it revealed that client #11 had a history of agitation behaviors and hitting his head on the wall. Client #8 would wear a soft helmet to prevent injury to head, from self-injurious behaviors (SIB) with the exception of allowing 2 hour blocks of removal and removing the helmet at meals and snacks for 30 minutes. During an interview with staff C on 9/9/19, she commented that per client #2's plan, his helmet was removed for snacks and meals. During an interview with the director on 9/10/19, it was confirmed that client #2 should not wear his helmet at meals.	W 249		
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interview the facility failed to follow dietary orders for 1 of 5 audit clients (#2). The finding is: Client #2 did not receive 8 ounces of prune juice at each meal. a. During lunch observation at the day program on 9/9/19 from 11:45 am to 12:20 pm, client #2 did not receive any prune juice with her meal. The	W 460	In the future client # 2 will receive prune juice at each meal according to her dietary orders. Each client will receive a nourishing, well-balanced diet including modified and specially-prescribed diets. A diet card will be provided for client # 2 and all clients during meals as a visual reminder for staff to ensure that all clients receives a nourishing well balanced diet as specificied in their diet orders. The Director will monitor mealtimes at least 2 times weekly and provide any interventions need to assure all clients receive diets as ordered.	11-8-19

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	34G275	A. BUILDING _____ B. WING _____	09/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-ROANOKE HOUSE	103 & 105 CLEARFIELD DRIVE ROANOKE RAPIDS, NC 27870

(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) COMPLETION DATE
W 460	Continued From page 12 clear shipping container that was sent from the group home to the day program, containing the clients' meals, also did not have any visible containers of prune juice. b. During dinner observation at the group home on 9/9/19 from 5:30 pm to 6:10 pm, client #2 did not receive any prune juice with her meal. Record review on 9/9/19 of client #2's individual personal plan (IPP) dated 1/31/19, revealed due to a history of chronic constipation, she needed to receive 8 ounces of prune juice with each meal. Interview on 9/10/19 with the director, revealed that staff were expected to give client #2 prune juice at meals. The director added that client #2 did not have a history of refusing prune juice and it was available in their food inventory.	W 460		

Skill Creations, Inc.
Post Office Box 1636
Goldsboro, North Carolina 27533-1636
Telephone: (919)734-7398 Fax: (919)735-5064
"Creating Life Skills With Those We Serve"

6

Fax Transmission

To: Ms. Lesa Williams
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation

919-715-8078

From: Fontaine Swinson

Date: 9/27/2019

Here is the Plan of Correction for:

SCI Roanoke House
Provider Number 34G275, MHL 042015

If you have any questions, do not hesitate to contact me. I can be reached via email

or by telephone at : fontaine.swinson@skillcreations.com; phone number 919-920-4476

.

The original is being sent by US Mail.

Thank you,

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

September 19, 2019

Ms. Fontaine Swinson, Executive Director
Skill Creations, Inc.
1109 Royall Avenue
PO Box 1664
Goldsboro, NC 27534

Re: Recertification Completed 9-10-19
SCI Roanoke, 103 & 105 CLEARFIELD DRIVE, Roanoke Rapids, NC 27870
Provider Number: 34G275
MHL#042015
E-mail Address: fontaine.swinson@skillcreations.com

Dear Ms. Swinson:

Thank you for the cooperation and courtesy extended during the recertification survey completed Sept 10, 2019. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 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 and what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited.

Time Frames for Compliance

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is November 8, 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 CMS-2567 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

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Joy Alford at 919-605-4336.

Sincerely,
W. Joy Alford

Joy Alford, QIDP/SW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
QM@partnersbhm.org
dhhs@vayahealth.com
DHSRreports@eastpointe.net