

Division of Health Service Regulation

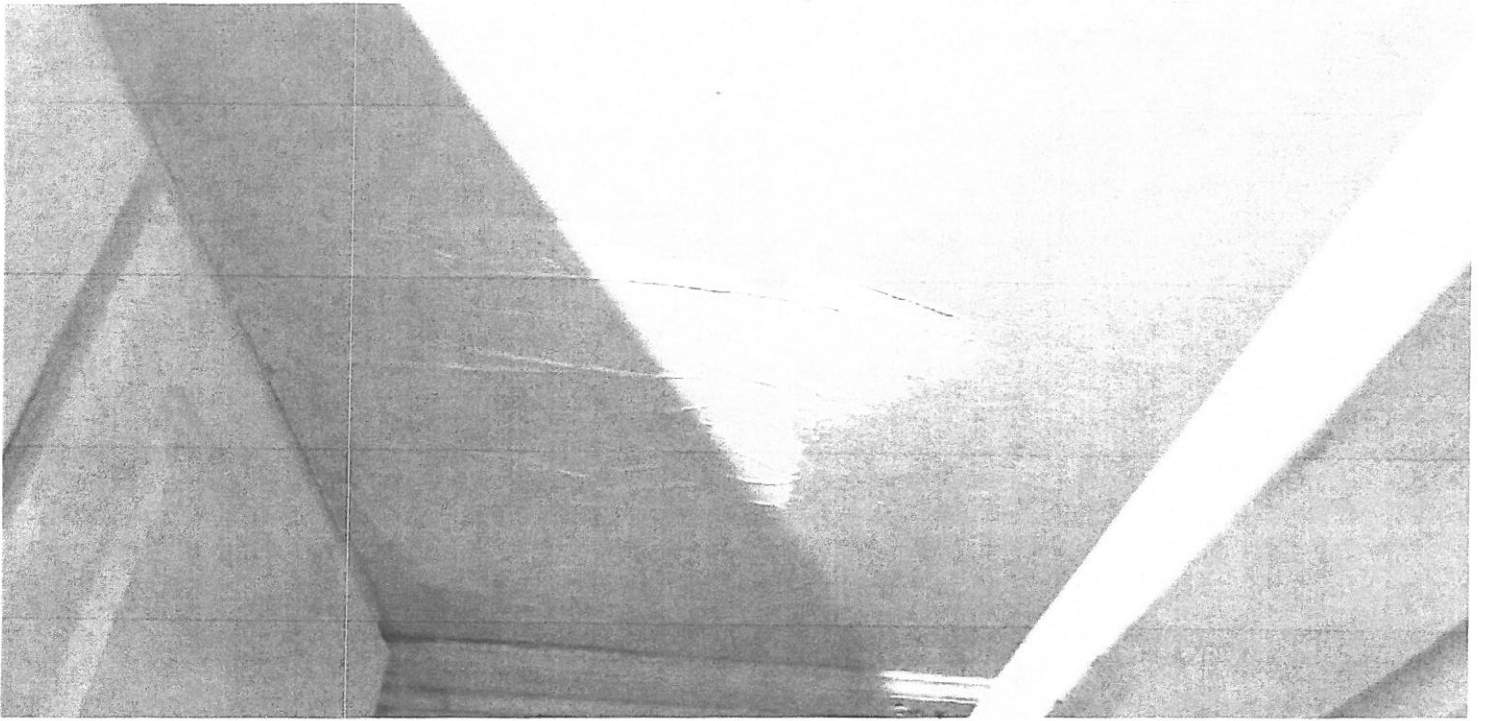
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/06/2020
--	---	--	--

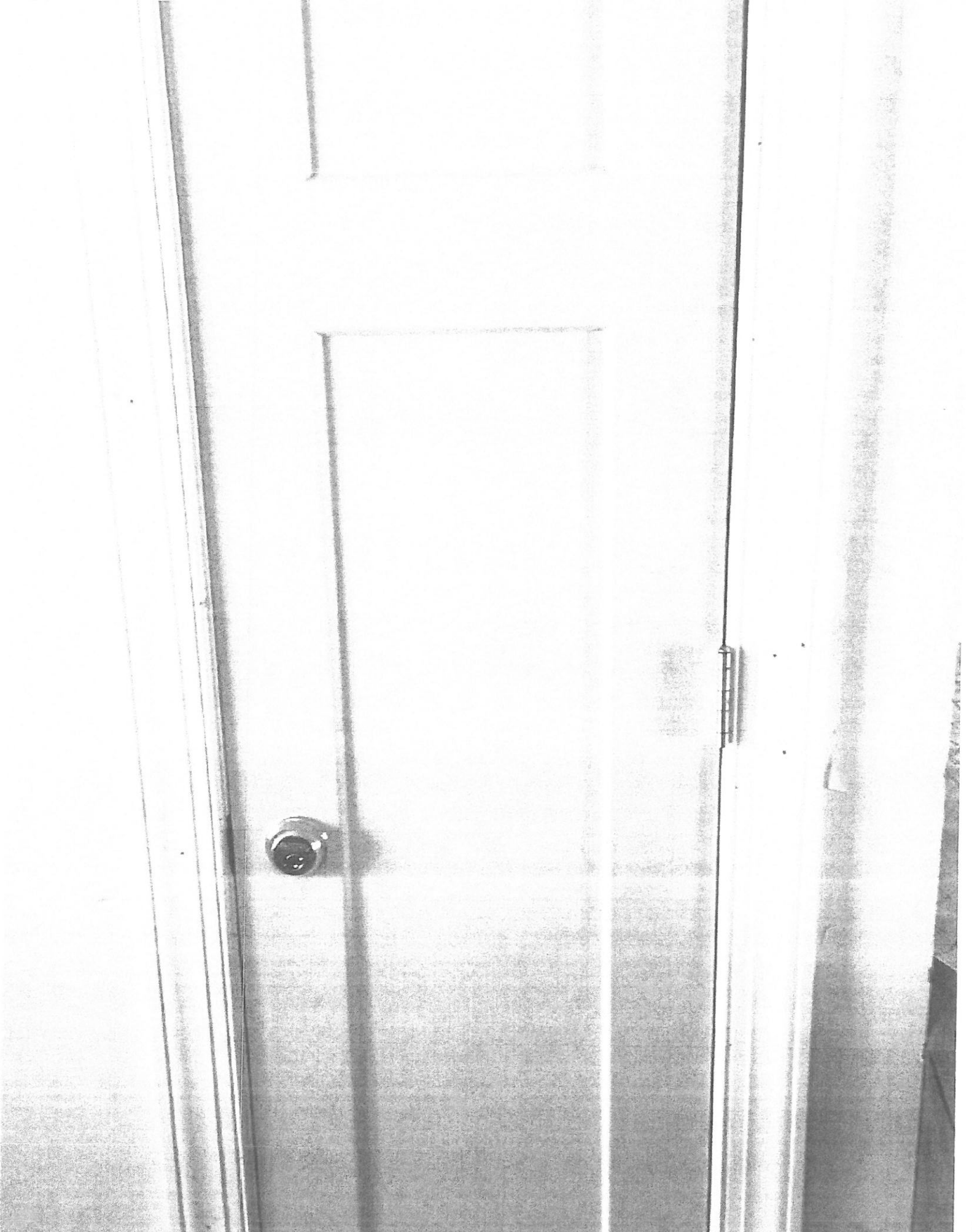
NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP HI	STREET ADDRESS, CITY, STATE, ZIP CODE 21 LANEXA LANE SPRING LAKE, NC 28390
---	--

(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	INITIAL COMMENTS A complaint and follow up survey was completed on January 6, 2020. The complaint was unsubstantiated (intake #NC00158590). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000	DHSR - Mental Health FEB 03 2020 Lic. & Cert. Section	
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: 1# Observation on 1/6/20 at 10:10 AM of the hallway leading to the garage/playing room revealed: -Ceiling had a large dark water stain. 2# Observation on 1/6/20 at 10:15 AM of the living area revealed: -Closet door by the front door had a hole in the wood and also had a section that had been punched in. -There was a baseball size hole on the wall behind the front door made by the door handle.	V 736	Group Home Manager or Designee for Group Home Facility will conduct a daily walk through to ensure that all programs are in compliance. Supervisor will complete a Repair order within 72 hours and upon notification, repairs will be completed in a timely manner. Please See Attachments for Verification. ① maintenance repaired and Painted Dark Spot ② closet door was replaced ③ Hole was repaired	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Cathy N. ... MSW, LCSW
STATE FORM 6899
TITLE
President/Clinical Director
(X6) DATE
1/24/2020
If continuation sheet 1 of 3





Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/06/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP H	STREET ADDRESS, CITY, STATE, ZIP CODE 21 LANEXA LANE SPRING LAKE, NC 28390
---	--

(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
<p>V 736</p> <p>5#</p> <p>6#</p> <p>7#</p> <p>8#</p> <p>9#</p> <p>10#</p>	<p>Continued From page 1</p> <p>-Plastic cap on the wall for the TV cable was broken.</p> <p>Observation on 1/6/20 at 10:20 AM of the hallway leading to the rooms revealed: -The return vent on the ceiling for the air condition was very dirty with lint/dust.</p> <p>Observation on 1/6/20 at 10:22 AM of bedroom#1 (First to the right of hallway) revealed: -Patched repairs on walls had not been painted over. -Patched repair on wall had been punched in exposing plaster. -There was a hole by the closet door.</p> <p>Observation on 1/6/20 at 10:25 AM of bathroom inside bedroom #1 revealed: -Linoleum flooring was peeling off by the tub.</p> <p>Observation on 1/6/20 at 10:30 AM of bedroom #2 (First to the left of hallway) revealed: -Patched repairs on walls had not been sanded down and painted over.</p> <p>Observation on 1/6/20 at 10:33 AM of the hallway bathroom revealed: -Air conditioning vent on the ceiling was very rusted.</p> <p>Interview on 1/6/20 with the House Manager revealed: -Agency was responsible for doing maintenance for the home. -Holes on walls were recently made by a former resident. -He was still in the process of finishing sanding down repaired patches. -He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean,</p>	<p>V 736</p>	<p>TV mount was removed from the wall.</p> <p>Vent was cleaned and Filter was changed</p> <p>wall was sand down and painted</p> <p>wall was repaired</p> <p>Linoleum was repaired.</p> <p>wall was sanded and painted</p> <p>Air vent was replaced</p> <p>All repairs must be turned in to the main office. Maintenance have 72 hours to complete the repairs</p>	

#5



Small, illegible text block at the top left of the page.

Small rectangular box containing illegible text.

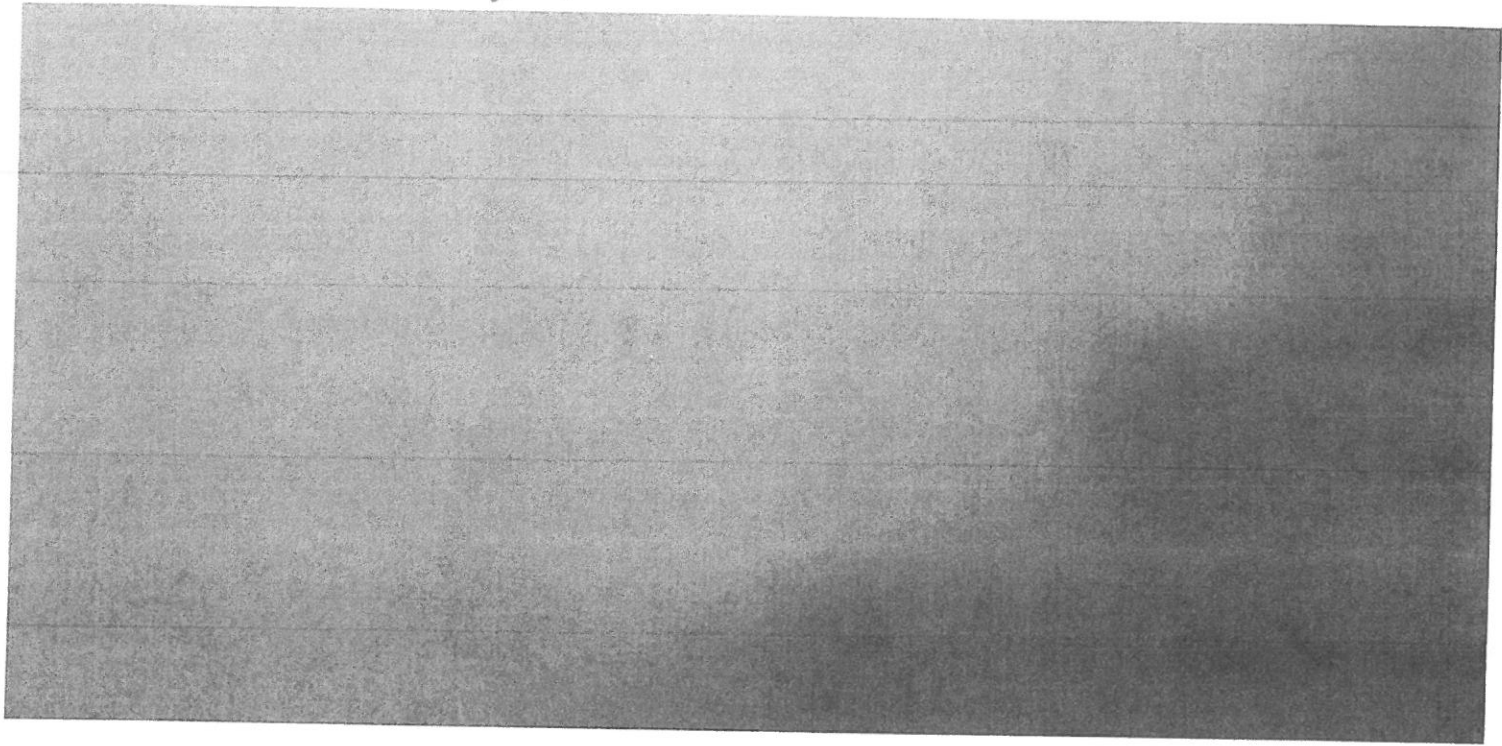
Small rectangular box containing illegible text.

Small rectangular box containing illegible text.

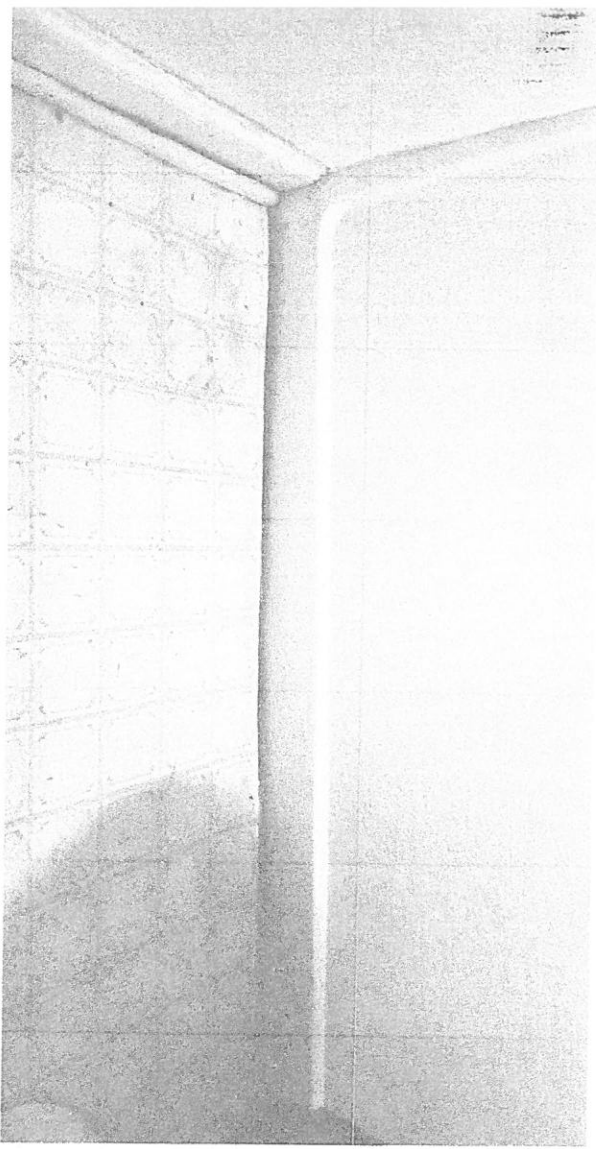
Small rectangular box containing illegible text.

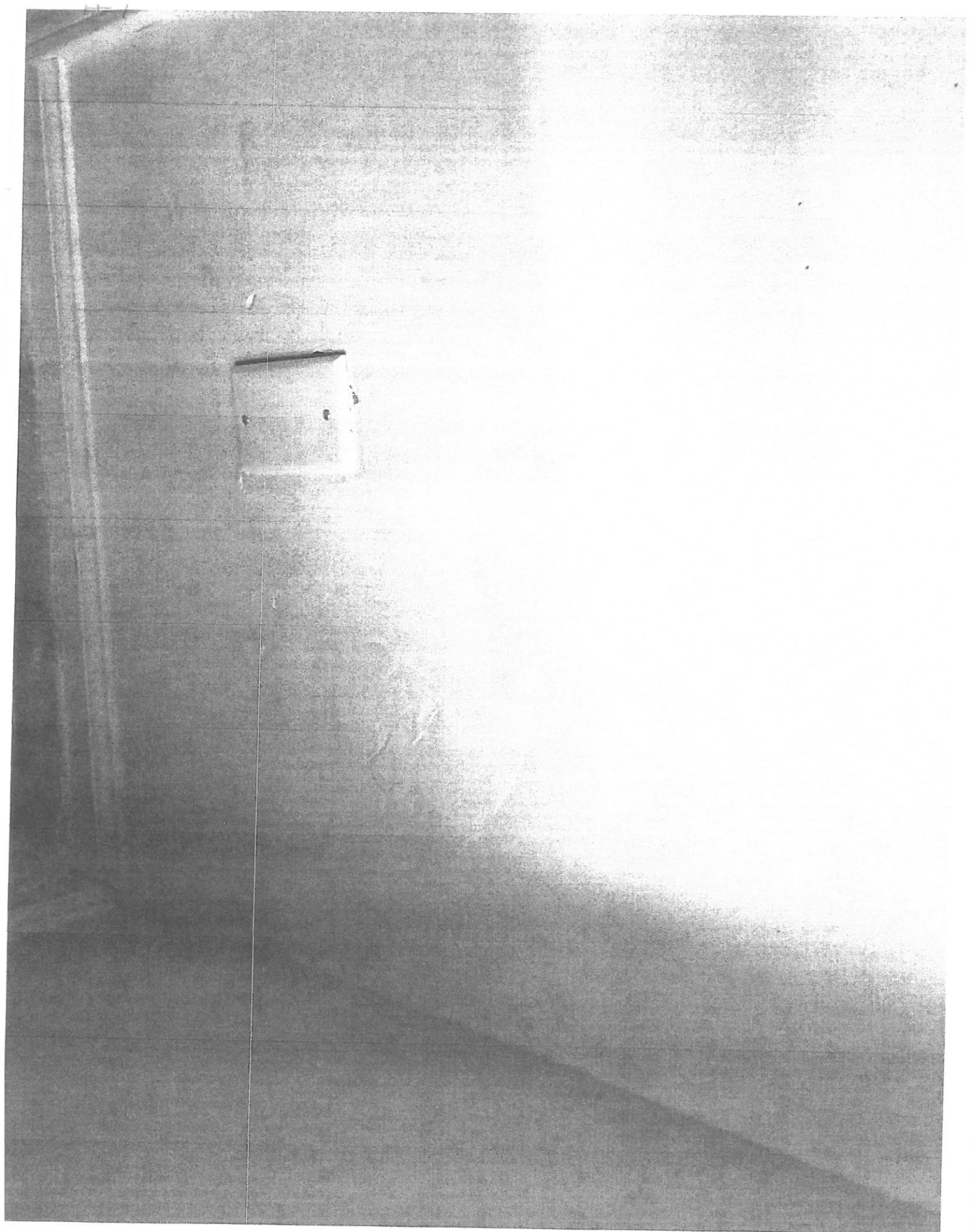
Small rectangular box containing illegible text.

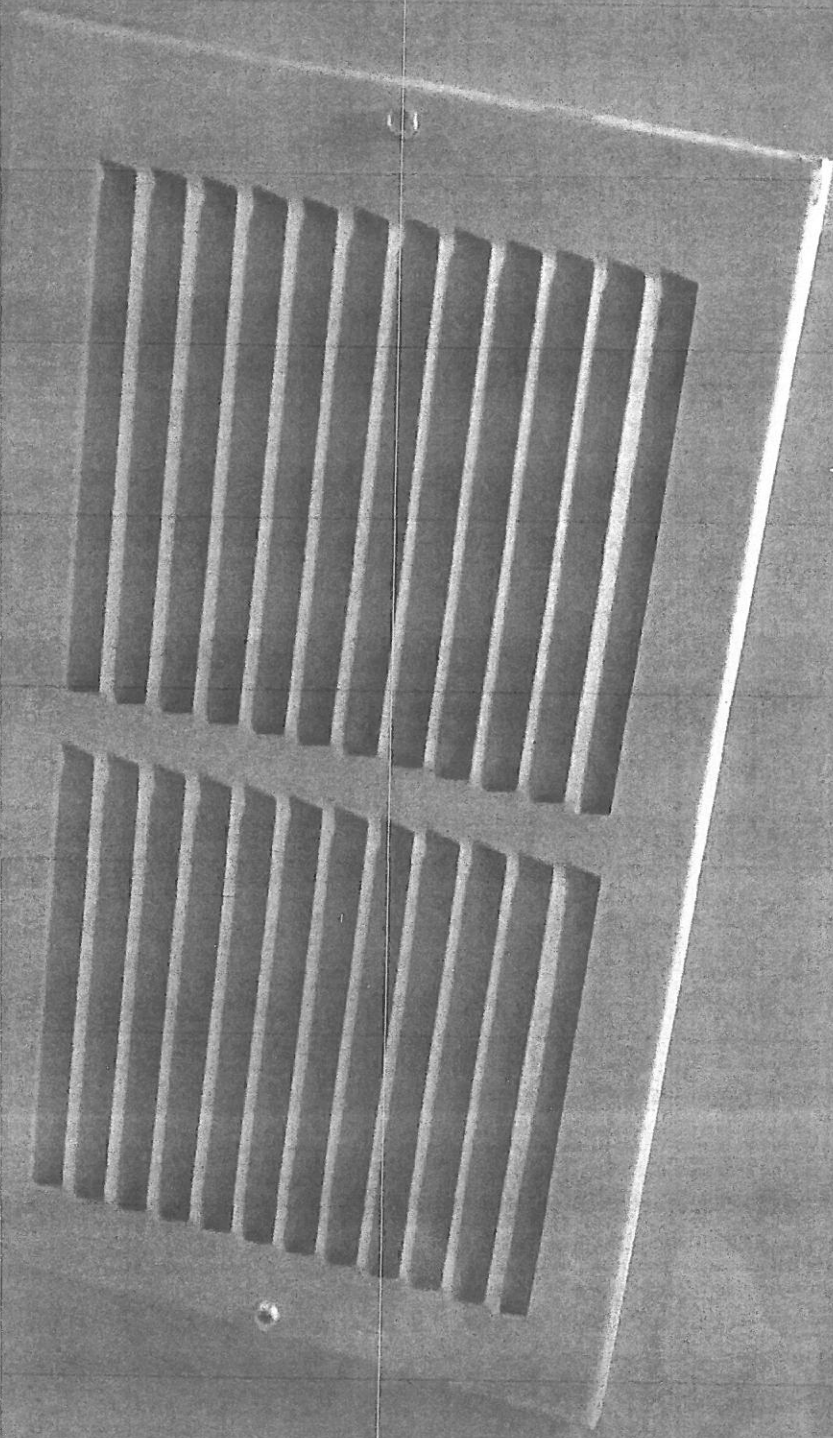
II 4



#8









SIERRA'S RESIDENTIAL SERVICES, INC.
1995 US 421 North Lillington, NC 27546
Phone: (910) 814-4243 – Fax: (910) 814-4245



To: Edgar Garrido, Facility Compliance Consultant I
Mental Health Licensure and Certification Section NC Division of
Health Service Regulation
2718 Mail Service Center Raleigh, NC 27699-2718

Date: January 29, 2020

Dear Mr. Garrido,

Enclosed you will find my Plan of Corrections your request.

If you should have any questions or concerns or should need additional information, please feel free to reach out to me via email at srscare@aol.com or call me directly at (910) 257-1156.

Sincerely,

A handwritten signature in black ink that reads "Scottie J. Vanhook, MSW, LCSW".

Scottie J. Vanhook, MSW, LCSW
CEO/Clinical Director
Sierra's Residential Services, Inc.
Bus. Phone #: (910) 814-4243
Fax Phone #: (910) 814-4245

DHSR - Mental Health

FEB 03 2020

Lic. & Cert. Section