

See Attachment #7-#6

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/28/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PEARL'S ANGEL CARE, INC

1423 GRANDVIEW DRIVE
FAYETTEVILLE, NC 28314

(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 survey was completed on April 28, 2020. The complaint was unsubstantiated (Intake #NC00163378). Deficiencies were cited. This facility is licensed for the following services category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

DHSR-Mental Health

MAY 21 2020

Lic. & Cert. Section

Division of Health Service Regulation

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

Betty Washington

TITLE

Director

(X6) DATE

5/13/20

STATE FORM

6899

06Y111

If continuation sheet 1 of 12

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting two of three current clients (#1 and #2) and one of one former client (FC #3). The findings are:</p> <p>Finding #1: Review on 04/23/20 of client #1's record: - 16 year old male. - Admission date 03/17/20. - Diagnoses of Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactive Disorder (ADHD), Borderline Intellectual Developmental Disability, Post-Traumatic Stress Disorder (PTSD), Disruptive Mood Dysregulation Disorder.</p> <p>Review on 04/23/20 of client #1's Person-Centered Profile (PCP) completed on 01/07/20 revealed: - "Update 03/06/2020...([Client #1] has been caught sneaking around the manager's office. He was found to have stolen contraband (cellphone) from a peer."</p> <p>Review on 04/23/20 of the North Carolina Incident Response Improvement System (IRIS) a level 2 for client #1 revealed: - Date of incident 03/21/20. - Time of incident 11:20 pm. - "Describe the cause of this incident, (the details of what led to this incident). Staff went to glance in on consumer and thought he was in the bed until he pulled the covers back and learned he had stuff his back and had left through his bedroom window. Staff went to search for him but</p>	V 112	<p>The Staff will continue to Monitor the consumers in 15 minute intervals during sleep time.</p> <p>Staff will keep a visual on consumers at all times during the awake hours. Staff will continue to keep the sleep charts and keep abreast of consumer behaviors during sleep time.</p> <p>Staff will continue to sit in a chair in the hallway to monitor the consumer during sleep time.</p> <p>Staff will keep alarms set and monitor the consumers for safety.</p> <p>The Director implemented a new Discharge Policy that will be signed at the time of admission. The emergency discharge policy will allow the consumer to be discharged immediately if they elope from the facility and if staff can not secure the consumer. The consumer will be discharged immediately for noncompliance with the program rules and destruction of property.</p> <p>The AP will ensure Staff are re-trained on the Policy and if they do not follow the policy they will be terminated.</p>	5/1/20

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V 112	<p>Continued From page 2</p> <p>he had the advantage on them. Police was called and make a report. Consumer did return to the home at 4:00 am in good status. Told his roommate you should of gone the party was bumpin."</p> <p>- "Describe how this type of incident may have been prevented or may be prevented in the future as well as any corrective measures that have been or will be put in place as a result of the incident. Staff will turn hall or bedroom light on and completely turn the covers back to make contact with the consumer in bed."</p> <p>Interview on 04/27/20 client #1 stated:</p> <ul style="list-style-type: none"> - He had resided at the facility for a month and a half. - He recalled eloping through the window. - The alarms at the facility were easily disarmed. - Staff only check on them once at the beginning of the shift, if they hear a noise and staff slept at night. <p>Finding #2:</p> <p>Review on 04/23/20 of client #2's record:</p> <ul style="list-style-type: none"> - 17 year old male. - Admission date of 07/11/18. - Diagnoses of Conduct Disorder, ADHD, Child Physical Abuse, PTSD. <p>Review on 04/23/20 of client #2's PCP dated 06/18/19 revealed:</p> <ul style="list-style-type: none"> - "Action Plan...6-18-19: During this authorization: Consumer AWOL(Absence Without Leave) from the group home because he wanted to another peer in the group home... - 9-17-19 During this authorization: Consumer AWOL from school and the group home. We did police reports due to being over the time to look for him. QP asked him why did he leave school. He said well my poeer said he wanted to go home 	V 112		

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V 112	<p>Continued From page 3</p> <p>so I decided to accompany him. Then the next the day he AWOL and QP again asked him why did he run. He stated that his peer told him that he was going to jail on Monday. QP explained to him that he has no cases pending nor is he in trouble with the law so why would he be going to jail. QP did point out to him that if he keeps AWOLing then we will discuss an higher level of care to secure him because we can't keep him safe and secure..."</p> <p>- Goal #7 AWOL "Consumer will improve by not AWOL(ing) from the home, school or community to avoid engaging in an unexpected behavior, with one reminder, on 4 out 5 opportunities, as measured by observation and documentation...How (Support/Intervention) Pearls Angel Care will confront & provide behavioral redirects/modifications when [Client #2] exhibits inappropriate anger behaviors, ignores, disrespects, fails to follow rules/boundaries &/or instructions. Pearls Angel staff group Home will teach behavioral skills..."</p> <p>- "Crisis Prevention and Intervention Plan...When all preventative measures have not been effective, the /Pearls Angel Care team will need to meet to discuss implementation of interventions."</p> <p>Review on 04/23/20 of the IRIS a level 2 incident for client #2 revealed:</p> <ul style="list-style-type: none"> - Date of incident 03/21/20. - Time of incident 11:20 pm. - "Describe the cause of this incident, (the details of what led to this incident) Staff was processing with 2nd shift to see how shift went. Staff went to check on consumer and observed him in his bed. Staff went back to his room around 11:20 and turned his room light on and realized consumer had stuff his bed and jumped out the window to go a previous consumer party. Consumer was returned to the home by the police around 3:27 	V 112		

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V 112	<p>Continued From page 4</p> <p>am appeared to be in good status."</p> <ul style="list-style-type: none"> - "Describe how this type of incident may have been prevented or may be prevented in the future as well as any corrective measures that have been or will be put in place as a result of the incident. Staff will walk completely in the room and turned the light on and if need be pull covers back to make sure a person is in the bed." <p>Interview on 04/27/20 client #2 stated:</p> <ul style="list-style-type: none"> - He was 17 years old. - He resided at the facility approximately two years. - He stated normally there is one staff working at the facility. - He stated staff perform nightly checks occur every 15 to 20 minutes. - He recalled the incident on 03/21/20 when he and other clients left the facility through the backdoor to go to a party. - The alarms at the facility were easily disarmed. <p>Finding #3</p> <p>Review on 04/23/20 of FC #3's record revealed:</p> <ul style="list-style-type: none"> - 17 year old male. - Admission date of 02/17/20. - Diagnoses of PTSD, Major Depression Disorder, ODD, Cannabis use disorder, ADHD. - Discharged date of 04/02/20. <p>Review on 04/23/20 of FC#3 PCP completed on 01/15/20 revealed:</p> <ul style="list-style-type: none"> - "Action Plan...He was placed in GH (Group Home) placement after being ejected from TFC (Therapeutic Foster Care) for breaking curfew...02-10-2020...Per self-report, a peer ran and [FC #3] saw an opportunity, so he ran with him. [FC#3] jumped a barbed wire fence and broke his toe while running..." - "Active Discharge Planning...02-10-2020...The 	V 112		

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V 112	<p>Continued From page 5</p> <p>team discussed the escalation of behaviors including aggression and elopement...Barriers to discharge: History of Aggression, Property Destruction, AWOL.."</p> <p>Review on 04/23/20 for the IRIS a level 2 incident report for FC #3 revealed:</p> <ul style="list-style-type: none"> - Date of incident 03/21/20. - Time of incident 11:20 pm. - "Describe the cause of this incident, (the details of what led to this incident). Consumer was in his room at the beginning of shift at 11:00 pm while staff was turning shift over. Staff went to check on consumer by at 11:20 turning on his room light and pulling back the covers to learn that he had placed his pillow, clothes and shoes to make body and jumped out his bedroom window. AP and staff went to look for the consumers and returned back to the home to complete the police. Consumer did returned on 3-22-20 at 10:30 am by [unknown person]". - "Describe how this type of incident may have been prevented or may be prevented in the future as well as any corrective measures that have been or will be put in place as a result of the incident. One staff will process with 2nd shift and the other will go turn room lights on and turn back the covers to see a live person in the bed at the beginning of every shift." <p>FC#3 was unavailable for interview due to admission to a higher level of care</p> <p>Interview on 04/27/20 staff #4 stated:</p> <ul style="list-style-type: none"> - He worked at facility approximately 2 months. - He worked the 11-7am shift. - He recalled the incident on 03/21/20 the elopements of client #1, client #2 and FC #3. - He recalled checking on the clients and seeing their feet in bed. 	V 112		

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V 112	<p>Continued From page 6</p> <ul style="list-style-type: none"> - He recalled going to the room with the AP (Associate Professional)/ Licensee to find the beds stuffed with clothes. - The alarm at facility had not been set at the time of the elopements of the clients - There are motion detectors outside the windows. - The police were called. - Staff now they sit in a chair in the hallway to monitor clients. <p>Interview on 04/27/20 the AP/Licensee stated:</p> <ul style="list-style-type: none"> - She was aware of clients prior history of elopements in the PCPs. - She had alarms and motion detectors at the facility. - She will now ensure a staff will continue to monitor clients during shift change and sit in the hallways at night. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of</p>	V 293		

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V 293	Continued From page 7 mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.	V 293		
	This Rule is not met as evidenced by:			

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V 293	Continued From page 8 Based on record review and interviews the facility failed to provide services designed to include individualized supervision to ensure safety, affecting two of three current clients (#1 and #2) and one of one former client (FC #3). The findings are: See Tag V112 for specifics. Interview on 04/27/20 and 04/28/20 the Associate Professional/Licensee stated: - One staff will continue to monitor clients during shift change. - Staff will continue to do 15 minute checks and sit in the hallway to monitor clients. Staff complete every 15 minute bed check documentation. - Staff will monitor clients during the day in the living room area. - One window alarm was not functioning properly and a local business was scheduled to repair. No client was currently in that bedroom until repair is made. - The doors at the facility have alarms.	V 293	On 3/21/20 the strategies that were in place were followed. However, those strategies have been revised to include only one staff member to be involved with shift turnover and the other staff member will remain in the hallway to monitor the consumers. Staff observed the consumers in bed at the beginning of the Shift. However, they eloped during shift change while staff were completing shift turnover briefings. Consumers broke the alarms on their windows to elope. And the motion detector sensor had been broken by consumers. This elopement occurred within the first few minutes of the shift change. Therefore, a staff member will remain in the hallway and will be briefed from the other Staff member on the events of the previous shift. The Staff will provide Individualized supervision To the consumer by Processing with the consumer to Prevent elopement. Following the crisis plan, implementing anger management techniques. Monitoring the consumer at all times. Ensuring all safety devices are implemented. Discharging consumer Immediately for disruptive Behaviors and non-compliance to the program policy when behaviors does not allow Staff to ensure the safety of the consumer.	5/1/20
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents;	V 296		

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V 296	Continued From page 9 (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to provide the minimum number of	V 296	The AP and QP provided Individualized Supervision by increasing staff on each shift to assist with the disruptive behaviors. AP attempted to provide control of the elopements by having emergency CFT meetings. However, the DSS worker (Freeman) would not discharge the consumer without a 30 day notification according to the Wake Co contract. The QP located a PRTF that would admit client #3 after the 30 days. Two of the parents refused to Take their sons home, stating "They could never return back to live at their home because of their violent behaviors." The AP completed a compliant with the Cumberland Co DSS for abandonment on the Parent of the consumer #1. The QP completed a complaint on the parent of consumer #2 for Abandonment with Lee Co DSS. The AP attempted to secure the consumer #1 with a Involuntary Commitment From the Magistrate (RothRock) it was denied willful behaviors. The AP contacted the Juvenile Detention Center spoke with Court counselor (Baker) she Denied the request for a Secure Order to secure the Consumer #1 for property Damage and Communicating Threats. The Staff attempted To secure the consumers but When the Family members refused to be involved with their Own children and DSS refused To take the consumers into Care we had no other alternative But to keep the consumers and continue to attempt to secure them. The Parent, legal guardian, Department of Social Services, nor the Court System would Provide any assistance with Securing the consumers. Property was damaged to Include Staff vehicles, the group Home doors, windows, walls, and alarm systems. Staff were attacked and assaulted By the consumers. Only police Reports were completed but due to The covid-19 only major criminal juveniles cases are being incarcerated per the magistrate and court counselor. Individualized supervision was Provided; however, the consumer Attacked staff and destroyed their Property to elope from the facility.	

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NAME OF PROVIDER OR SUPPLIER PEARL'S ANGEL CARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE FAYETTEVILLE, NC 28314		
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V 296	<p>Continued From page 10</p> <p>direct care staff required. The findings are:</p> <p>Review on 04/21/20 of the client list provided by the facility revealed :</p> <ul style="list-style-type: none"> - 3 clients currently resided at the facility. - Client #1, #2 and #4 were currently residing at the facility. <p>Review on 04/23/20 of client #1's record:</p> <ul style="list-style-type: none"> - 16 year old male. - Admission date 03/17/20. - Diagnoses of Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactive Disorder (ADHD), Borderline Intellectual Developmental Disability, Post-Traumatic Stress Disorder (PTSD), Disruptive Mood Dysregulation Disorder. <p>Review on 04/23/20 of client #2's record:</p> <ul style="list-style-type: none"> - 17 year old male. - Admission date of 07/11/18. - Diagnoses of Conduct Disorder, ADHD, Child Physical Abuse, PTSD <p>Review on 04/23/20 of client #4's record:</p> <ul style="list-style-type: none"> - 14 year old male. - Admission date 03/18/20. - Diagnoses of ADHD, Conduct Disorder, Cannabis Use Disorder. <p>Interview on 04/27/20 client #1 stated:</p> <ul style="list-style-type: none"> - 16 year old male. - He had resided at the facility for a month and a half. - There was only one staff with clients at night. <p>Interview on 04/27/20 client #2 stated:</p> <ul style="list-style-type: none"> - He was 17 years old. - He resided at the facility approximately two years. - He stated normally there is one staff working at 	V 296	<p>There were 3 staff members On shift. I went to the office to retrieve a picture for Det Blake to use for the media Release the Parent approved for her to use while Consumer #1 was AWOL. In the meanwhile the consumer returned to the home. I informed the Staff to not allow the consumer to Enter the home until she took his temperature. The Staff informed me that the thermometer Was not working. I asked her to goto the CVS and Get another thermometer and to put the consumer #1 in his room and follow the quarantine policy. I texted Det Blake to Inform her the consumer #1 had Returned home from being Awol. She texted me she was On her way to the home. I completed a CFT on consumer #1. Mr Hughes called me while I was at the Office and completed my Exit Survey. Det Blake came to the home while the 2nd Staff member And Myself were gone. I had given the 2nd Staff Member permission to pickup another thermometer From CVS to take Consumer #1 temp after being AWOL. Due to Covid-19 and Consumer #1 just returning From being AWOL I did not Want to take all the Consumers out of the house together. In an effort to secure the consumers and staff from Being exposed to the Corona virus. I made a decision to send the 2nd staff member To the CVS and continue to Practice the 6 feet distancing and quarantine consumer #1 from the other consumers and staff members.</p>	5/1/20

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/28/2020
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NAME OF PROVIDER OR SUPPLIER

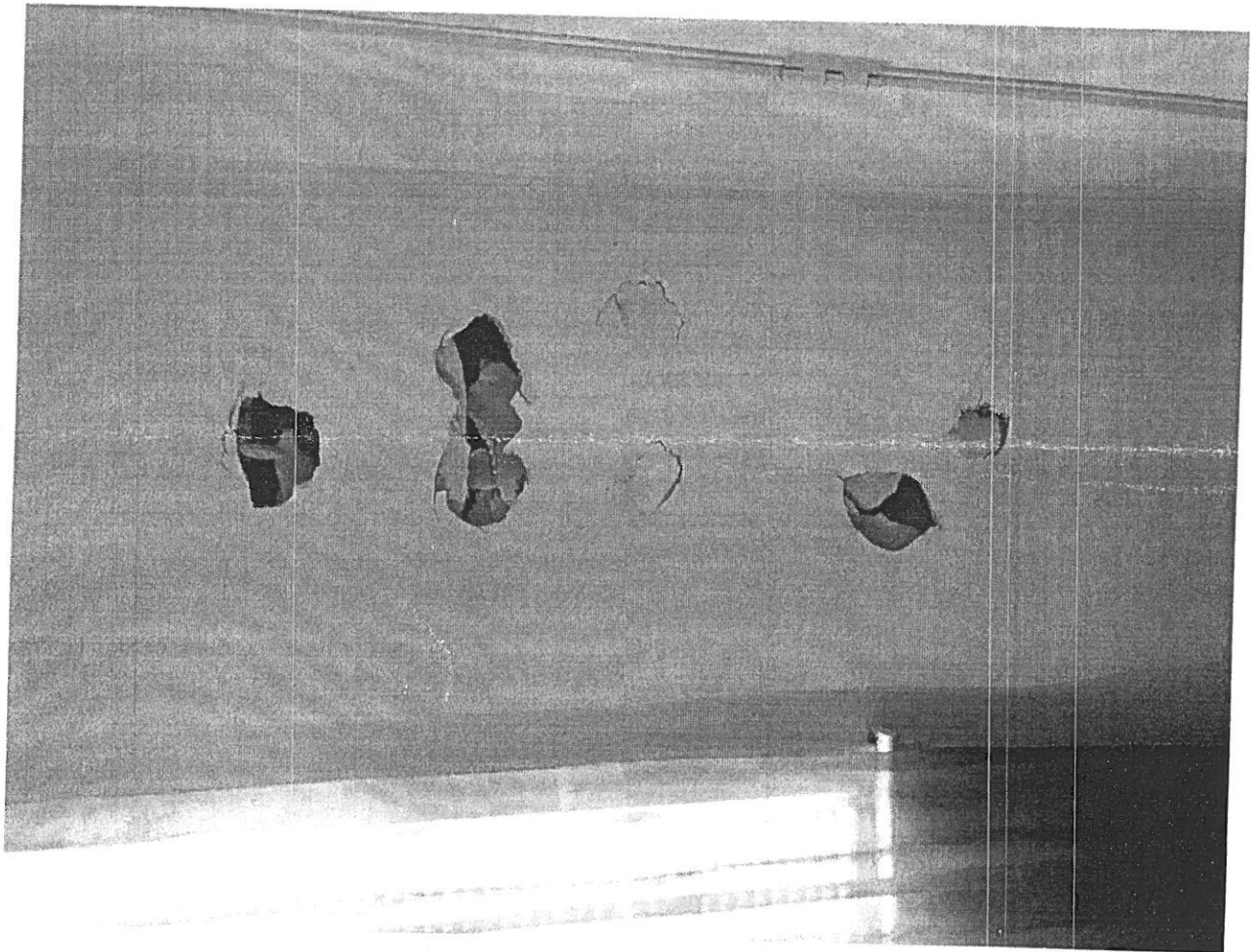
STREET ADDRESS, CITY, STATE, ZIP CODE

PEARL'S ANGEL CARE, INC

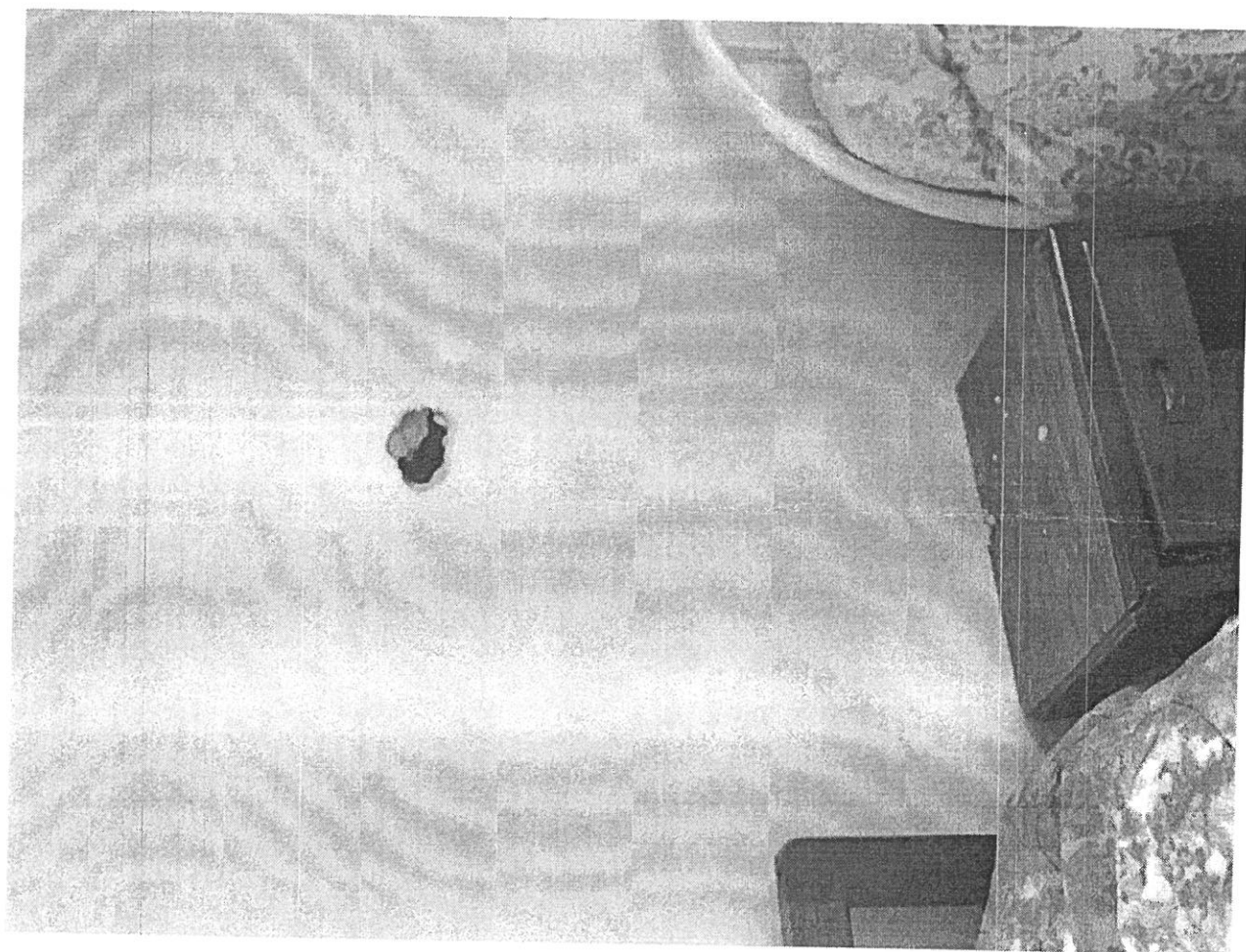
**1423 GRANDVIEW DRIVE
FAYETTEVILLE, NC 28314**

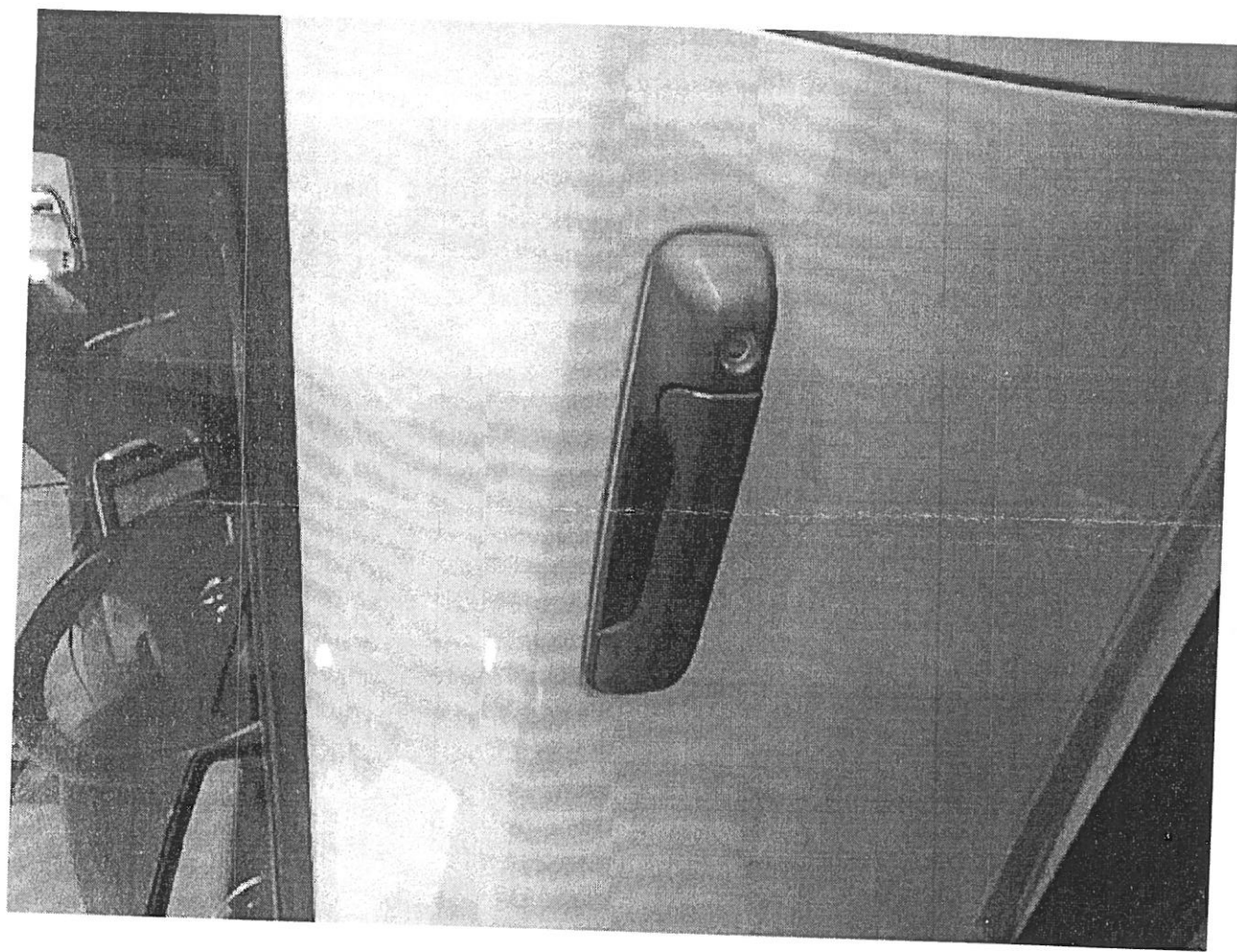
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	<p>Continued From page 11</p> <p>the facility.</p> <p>Client #4 refused to be interviewed.</p> <p>Interview on 04/28/20 with a local police detective stated:</p> <ul style="list-style-type: none"> - She had visited with a client today at the facility at approximately 3:20pm. - There was one male staff member present with 3 juveniles. <p>Interview on 04/28/20 with the Associate Professional/Licensee stated:</p> <ul style="list-style-type: none"> - She was aware one staff was left with the clients on 04/28/20. - One staff had gone to pick up something from a local pharmacy. - The staff member came "right back" to the facility. - She should have requested all the clients and staff to go to the pharmacy. - She is aware there should be two staff at all times at the facility. 	V 296		

Attachment (1)



#2





Scratch in Vehicle [REDACTED]

3-30-20.

Pressing Charges for Vandalism

now can move forward to pressing charges on him
since he admitted to damaging [REDACTED]

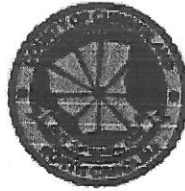
BRENDA REID JACKSON
Director

SECTION CHIEFS

Kristin Bonoyer
Adult Services

Sharon McLeod
Children's Services

VACANT
Economic Services



CUMBERLAND
COUNTY
NORTH CAROLINA

DEPARTMENT OF SOCIAL SERVICES

4/6/2020

attachment # 4

ASSISTANT DIRECTORS

Christopher Carr
Legal Services

Crystal Black
Adult Services

Sandy Connor
Children's Services

Vivian Tookes
Economic Services

John Nalbene
Business Operations

Pearl's Angel Care
Veronica Hebert
231 West Lake Rd suite 102
Fayetteville NC 28314

Dear Veronica Hebert

Thank you for your report of suspected child neglect regarding the above named child(ren),
dated: 4/6/2020.

The report is currently being investigated. You will be notified of the findings and of any action taken
by the department at the completion of the investigation.

The [REDACTED] The referral was sent to Lee County Social Services for assessment.

Due to the allegations contained in the referral, your report was not referred to Law Enforcement.
We appreciate your concern for the welfare of children in our community.

Sincerely,

Christie Carey

Intake Department
Child Protective Services

Sherry Q. Dawson-Williams (DH)

Sherri Q. Dawson-Williams
Social Work Supervisor II
Child Protective Services

5-day Notice to Complainant
copy/file

We stand united to strengthen individuals and families and to protect children and vulnerable adults...

P.O. Box 2429 • Fayetteville, North Carolina 28302-2429 • (910) 323-1540 • Fax: (910) 677-2885

#5

Lee County DSS
P.O. Box 1066
Sanford, NC 27330



Lee County DSS
P.O. Box 1066
Sanford, NC 27330

Veronica Herbert
Suite 102 231 West Lake Rd
Fayetteville, NC 28314

REPORTER NOTIFICATION LETTER



Dear Veronica Herbert,

Thank you for your report of suspected child abuse, neglect, and/or dependency regarding the above-named child(ren) that you made on 04/06/2020.

The maltreatments in the report meet the statutory definition of abuse, neglect and/or dependency under N.C.G.S. §7B-101 (or as a result of the special nature of the neglect maltreatments) and the report was accepted and assigned for a Child Protective Services Assessment.

Under North Carolina law (N.C.G.S. §7B-302) when the County Child Welfare Agency receives a report that meets the legal definition of child abuse, neglect and/or dependency, the County Child Welfare Agency must make a prompt and thorough assessment. This assessment is completed in order to ascertain the facts of the case, the extent of the abuse, neglect or dependency, and the risk of harm to the juvenile, in order to determine whether protective services should be provided or the complaint should be filed as a petition.

The CPS Assessment will be conducted by Lee County Child Welfare Agency.

The Child Welfare Agency will make every reasonable attempt to complete the assessment within 45 days. At the end of assessment, you will receive a letter that will inform you of the findings. The assigned worker for this assessment is: Rolanda Jones and the contact phone number is: (919) 718-4690.

Your concern for the welfare of children and families in our community is appreciated. If you have additional concerns regarding the child and/or family, please do not hesitate to contact the assessment worker identified above.

Sincerely,

Rolanda Jones
(Child Welfare Social Worker)
(919) 718-4690

Takishia McMiller



(Child Welfare Supervisor)
(919) 718-4690

BRENDA REID JACKSON
Director

SECTION CHIEFS

Kristin Bomoyer
Adult Services

Sharon McLeod
Children's Services

VACANT
Economic Services



CUMBERLAND
★ COUNTY ★
NORTH CAROLINA

DEPARTMENT OF SOCIAL SERVICES

4/29/2020

PEARL'S ANGEL CARE
BETTY WASHINGTON
231 WESTLAKE ROAD SUITE 102
FAYETTEVILLE NC 28314

#6
ASSISTANT DIRECTORS

Christopher Carr
Legal Services

Crystal Black
Adult Services

Sandy Connor
Children's Services

Vivian Tookes
Economic Services

John Nalbene
Business Operations

OFFICIAL BUSINESS

RE: [REDACTED] [REDACTED] [REDACTED]

Dear BETTY WASHINGTON

Thank you for your report of suspected child dependency regarding the above named child(ren), dated: 4/28/2020.

The report has been accepted for: Family Assessment. During the assesement the child's safety, well-being, and needs of the family will be addressed. You will be notified of the findings and of any action taken by the department at the completion of this Family Assessment.


Due to the allegations contained in the referral, your report was not referred to local law enforcement.

We appreciate your concern for the welfare of children in our community.

Sincerely,


Cecilia Brito

CECILIA BRITO
Social Worker
Child Protective Services


Tammy Martin

TAMMY MARTIN
Social Work Supervisor III
Child Protective Services

5-day Notice
copy/file

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