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By Mental Health Licensure & Cert. Section at 9:29 am, Sep 14, 2020

PRINTED: 08/27/2020
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/27/2020
NAME OF PROVIDER OR SUPPLIER KAREN'S CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 435 BORDERS ROAD SHELBY, NC 28152		
(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 August 27, 2020. The complaint was substantiated (Intake# NC00167156). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.	V 000		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;	V 289		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Amel Odenko, BA, DP **DIRECTOR OF OPERATIONS** **9/4/2020**

STATE FORM

6899

61MS11

If continuation sheet 1 of 3

Division of Health Service Regulation
STATE FORM

If continuation sheet 3 of 3



RENEWED SERVICES, INC.

Ms. Sally Thayer
Facility Compliance Consultant
Mental Health Licensure & Certification Section
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Madam,

September 8th 2020

RE: PLAN OF CORRECTION

Thank you for the support that you have accorded us in the process of this Plan of Correction. Attached herewith are the explanation for the corrections that have been made according to the DHHSR State Form.

Waiver request is in the process and submitted through Ms. Pridgen email and original in mail.

Please let me know if you need further information.
We look forward to hearing from you.

Thanks.

Humbly submitted

Anne Odembo, QP
Director of Operations

Director of Operations

Supporting Families, Making a difference in their Lives

Corporate Office
213 Patton Dr. Ste C
Shelby, NC 28150



BEHAVIORAL HEALTHCARE
ACCREDITED PROGRAM