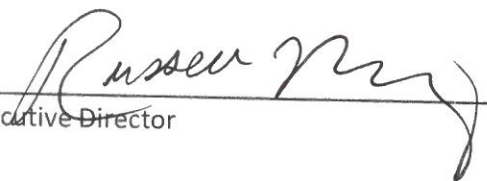


# Morgan Support Services

<b>Long Term Goal:</b> MSS will remain in compliance with the standards, rules, regulations, and laws of all oversight entities.			
Issue	Plan of Correction	Who Is Responsible?	Completion Date
The facility failed to ensure that the Department (Health Care Personnel Registry (HCPR)) was notified of all allegations against health care personnel	<b>All</b> instances of allegation of abuse, neglect or exploitation will be investigated by Morgan Support Services, and report made to Health Care Personnel Registry utilizing the reporting guidelines provided by that agency. Copy of reporting will be added to internal investigation materials.	Executive Director	Ongoing
The facility failed to ensure all instances of alleged abuse were reported to the local Department of Social Services (DSS)	<b>All</b> instances of allegation of abuse that are reported to Morgan Support Services will be investigated and the local DSS Adult Protective Services unit will be notified immediately. Record will be made of that contact to include date, time, name of person contact and disposition of the contact. The record will be included in the internal investigation file.	Executive Director	Ongoing

Signature of Responsible Staff:

  
 \_\_\_\_\_  
 Executive Director

9/26/2020  
 Date

DHSR-Mental Health  
 OCT 03 2020  
 Lic. & Cert. Section



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

September 16, 2020

Russell Morgan, Executive Director  
Russell Morgan  
500 Spring Garden Street  
Greensboro, NC 27401

Re: Complaint Survey Completed September 10, 2020  
The Shoppe by MSS, 500 Spring Garden Street, Greensboro, NC 27401  
MHL# 041-842  
E-mail Address: morgansupportservices@gmail.com  
Intake #NC168559

Dear Mr. Morgan:

Thank you for the cooperation and courtesy extended during the complaint survey completed September 10, 2020. The complaint was unsubstantiated.

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**

- All tags cited are standard level deficiencies.

#### **Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is November 9, 2020.

#### **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.

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

September 16, 2020  
Russell Morgan  
Russell Morgan

- 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.

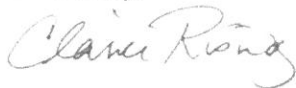
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

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 Barbara Perdue at (336) 861-6283.

Sincerely,



Clarice Rising, MSW, LCSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: DHSR\_Letters@sandhillscenter.org  
Pam Pridgen, Administrative Assistant