Appendix 1-B: Plan of Correction Form

MOV 1 6 2020

Plan of Correction

Lic. & Cert. Section

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

Provider Name: Provider Contact Person for follow-up:	Cordelia Akagha	Phone:	Phone: 919 649-5435	
		Fax:		
		Email:		
Address:	Kimberly House		Provider # 092-412	

Finding	Corrective Action Steps	Responsible Party	Time I in
10ANCAC 27G.0303(V736) standard	Deficiencies found regarding the exterior to Kimberly House are in the process of being corrected. A Repair/Handy Man has been contracted to keep the items in compliance.	Cordelia Akagha	Time Line Implementation Date: 10/27/2020 Projected Completion Date 11/27/2020
10 NCAC A 27 G.0304(744) standard	Deficiencies found regarding the design and equipment at the Kimberly House have been corrected. A Repair/Handy Man has been contracted to complete the necessary repairs.	Cordelia Akagha	Implementation Date: 10/27/2020 Projected Completion Date: 11/27/2020
	Conditio Allagha, Director		Implementation Date: