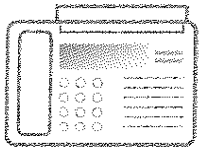
FAX

Getting Ready, Inc.
510 Church Street
Black Creek, NC 27813
Phone (252) 281-1718



Getting Ready, Inc.

To: Gloria Locklear
Fax number: 919-715-8078

From: Getting Ready, Inc.
Fax number: (252) 281-4842

Date: 1·27·2021

Regarding: POC :

Phone number for follow-up:
252·292·6077

Comments: 8 pages including fax cover sheet

RECEIVED
By DHSR Mental Health Licensure & Certification at 12:40 pm, Jan 27, 2021

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

January 22, 2021

Laura Atkinson
Getting Ready, Inc.
P.O. Box 355
Black Creek, NC 27813

Re: Complaint and Follow Up Survey completed 1/13/21
Getting Ready, Inc., 510 Church Street, Black Creek, NC 27813
MHL # 098-145
E-mail Address: latkinson@gettingreadywilson.net
Intake #NC00172627

Dear Ms. Atkinson:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed 1/13/21. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report.

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

- Re-cited standard level deficiency.

Time Frames for Compliance

- Re-cited standard level deficiency must be ***corrected*** within 30 days from the exit of the survey, which is 2/12/21.

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.
- 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.

1/22/21
Ms. Atkinson
Getting Ready, Inc.

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 Gloria Locklear at 910-214-0350.

Sincerely,

Emily Jones, BSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net
Pam Pridgen, Administrative Assistant

PRINTED: 01/21/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-145	A. BUILDING: _____ B. WING _____	R 01/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GETTING READY INC	510 CHURCH STREET BLACK CREEK, NC 27813

(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 13, 2021. The complaint was substantiated (Intake #NC00172627). A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program.	V 000		
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 was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 1/13/21 at approximately 10:45am revealed: -Classroom #1: Paint was in both sinks and had not been cleaned. -Classroom #2: -Classroom #3: 2 holes in wall behind door. A white patched area and not painted was behind the door near the teachers desk. A ceiling tile near the light had damage and was brown in	V 736		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Laura Atkinson | CCO | 1.27.2021

PRINTED: 01/21/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-145	A. BUILDING: _____ B. WING _____	R 01/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GETTING READY INC	510 CHURCH STREET BLACK CREEK, NC 27813

(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 736	Continued From page 1 color. -Kitchen area: White patched area and not painted next to the sink. A large area under the table of food storage had sheetrock exposed and several nail holes present in the wall. -Several areas in the hall way that had exposed sheetrock and peeling paint. -The end of the hallway at the back of the facility had 2 white patched areas and not painted. During interview on 1/13/21 the Director of Human Resources revealed: -The area in the kitchen use to have cubbies and they were removed. -The other areas in the facility would be repaired. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
MHL098-145 (Y1)	(Y2)	1/13/2021 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GETTING READY INC	510 CHURCH STREET BLACK CREEK, NC 27813

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0118 Reg. # 27G .0209 (C) LSC	Correction Completed 01/13/2021	ID Prefix V0738 Reg. # 27G .0303(d) LSC	Correction Completed 01/13/2021	ID Prefix V0752 Reg. # 27G .0304(b)(4) LSC	Correction Completed 01/13/2021
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Emily Jones, BSW [signature]	DATE 1/13/21
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
8/14/2019	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

EVENT ID: QAIP12

STATE FORM: REVISIT REPORT (11/06)

Corporate Office:
510 Church Street
Black Creek, NC 27813
252.281.1718 (phone)
252.281.4842 (fax)
www.gettingreadywilson.net

V 736 27G .0303(c) Facility and Grounds Maintenance

Deficiency 1: Classroom #1:

Finding: Paint was in both sinks and had not been cleaned.

Corrective Action Steps: Staff will clean classroom daily including sinks, desks, floors, common area, and bathroom.

How to Prevent: Office Manager/Quality Assurance Direction and Day Treatment Director will check behind Day Treatment staff to make sure that daily cleaning is occurring. Monitoring will take place on a daily basis.

Responsible Party: Office Manager/Quality Assurance Direction and Day Treatment Staff

Deficiency 2: Classroom 3:

Finding: 2 holes in wall behind door. A white patched area and not painted was behind the door near the teachers desk. A ceiling tile near the light had damage and was brown in color.

Corrective Action Steps: A painter has been scheduled to come in to patch the holes and paint the walls. Ceiling tiles will be purchased and replaced.

How to Prevent: Any holes or patches or peeling paint will be fixed in a timely manner.

Responsible Party: Office Manager/Quality Assurance Director

Deficiency 3: Kitchen:

Finding: White patched area and not painted next to the sink. A large area under the table of food storage had sheetrock exposed and several nail holes present in the wall.

Corrective Action Steps: White patched area will be fixed and painted. Nail holes will be patched and the wall will be painted.

How to Prevent: Any patches made will be painted after it dries.

Responsible Party: Office Manager/Quality Assurance Director

Deficiency 4: Hallway:

Finding: Several areas in the hallway that had exposed sheetrock and peeling paint.

Corrective Action Steps: Exposed sheetrock and peeling paint will be corrected, walls will be painted.

Getting Ready, Inc.

How to Prevent: Any patches or holes or peeling paint will be fixed in a timely manner.

Responsible Party: Office Manager/Quality Assurance Director

Deficiency 5: End hallway:

Finding: The end of the hallway at the back of the facility had 2 white patched areas and not painted.

Corrective Action Steps: White patched areas and walls will be painted.

How to Prevent: Any patches or holes or peeling paint will be fixed in a timely manner.

Responsible Party: Office Manager/Quality Assurance Director

Laura Atkinson CCO
Responsible Party (Office Manager/Quality Assurance Director)

1.27.2021
Date