

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl092-576</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/16/2021</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**UNITED FAMILY NETWORK AT WILLOW SPRIN**

**9609 KENNEBEC ROAD  
WILLOW SPRINGS, NC 27592**

(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	<b>INITIAL COMMENTS</b>  A complaint, follow-up and annual survey was completed on 7/16/21. The complaint was substantiated (Intake #NC00177392). Deficiencies were cited.  This facility is licensed for the following service category 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 118	<b>27G .0209 (C) Medication Requirements</b>  <b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or	V 118		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

JR1611

If continuation sheet 1 of 16

**RECEIVED**

By DHSR Mental Health Licensure & Certification at 1:53 pm, Aug 31, 2021

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V 118	<p>Continued From page 1</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to administer medications on the written order of a physician affecting 4 of 4 audited clients (#1, #2, #3, #4). The findings are:</p> <p>1. Review on 7/6/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 9/2/20</li> <li>- 18 years old</li> <li>- Diagnoses: Attention-Deficit Hyperactivity Disorder (ADHD) combined, Oppositional Defiant Disorder (ODD), Disruptive Mood Dysregulation Disorder (DMDD), with mixed disturbance of emotion and conduct, Nicotine Use Mild</li> <li>- No physician's orders for the medications listed on the MARs noted below</li> </ul> <p>Review on 7/6/21 of client #1's May 2021 - July 2021 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Focalin XR capsule 40 milligrams (mg) (ADHD)</li> <li>- Latuda 60mg (bipolar)</li> <li>- Quetiapine 150mg (antipsychotic)</li> <li>- Clonidine 0.2mg (ADHD)</li> <li>- Guanfacine 2mg (ADHD)</li> <li>- Olanzapine 5mg (antipsychotic)</li> <li>- Trazodone 150mg (antidepressant)</li> <li>- Hydroxyzine 25mg (antihistamine)</li> <li>- Fluticasone 50mcg nasal spray (allergies)</li> </ul>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Montelakaust 10mg (allergies)</li> <li>- Cetirizine 10mg (allergies)</li> <li>- Albuterol HFA inhaler (difficulty breathing)</li> </ul> <p>2. Review on 7/6/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 3/1/20</li> <li>- 16 years old</li> <li>- Diagnoses: Unspecified Depressive disorder (d/o), ODD, ADHD combined type</li> <li>- No physician's orders for the medications listed on the MARs noted below</li> </ul> <p>Review on 7/6/21 of client #2's May 2021 - July 2021 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Atomoxetine 60mg (ADHD)</li> <li>- Melatonin 10mg (sleep aid)</li> <li>- Sertraline 100mg (depression)</li> <li>- Clonidine 0.3mg (ADHD)</li> <li>- Quetiapine 50mg (antipsychotic)</li> <li>- Retin-A 0.1% cream 20grams (gm) (acne)</li> <li>- Polyeth Glycol 3350 NF Powder 510gm (constipation)</li> </ul> <p>3. Review on 7/6/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 1/8/20</li> <li>- 17 years old</li> <li>- Diagnoses: Conduct d/o, Cannabis Use d/o, ADHD primarily inattentive, DMDD, Epilepsy, Asthma</li> <li>- No physician's orders for the medications listed on the MARs noted below</li> </ul> <p>Review on 7/6/21 of client #3's May 2021 - July 2021 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Fluoxetine 10mg (antidepressant)</li> <li>- Loratadine 10mg (allergies)</li> <li>- Elidel cream 1% (skin)</li> <li>- Levetiracetam 750mg (seizures)</li> </ul>	V 118		



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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- Fluocin Acet oil .01% (dermatitis)</li> <li>- Divalproex 500mg ER (seizures)</li> <li>- Mirtazapine 15mg (antidepressant)</li> <li>- Prazosin HCL 2mg (hypertension)</li> <li>- Quetiapine 25mg - discontinued per MAR (antipsychotic)</li> <li>- Quetiapine 300mg (antipsychotic)</li> <li>- Albuterol AER HFA inhaler (difficulty breathing)</li> <li>- Ibuprofen 400mg (anti-inflammatory)</li> <li>- Ibuprofen 800mg (anti-inflammatory)</li> </ul> <p>4. Review on 7/6/21 &amp; 7/7/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 5/13/20</li> <li>- 14 years old</li> <li>- Diagnoses: DMDD, ADHD - unspecified type, Trichotillomania, Encopresis not due to a substance or known psychological condition</li> <li>- No physician's orders for the medications listed on the MARs noted below</li> </ul> <p>Review on 7/6/21 of client #4's May 2021 - July 2021 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Aripiprazole (antipsychotic) 20mg</li> <li>- Atomoxetine (ADHD) 25mg</li> <li>- Haloperidol (antipsychotic) 1mg</li> <li>- N-Acetyl Cysteine (NAC) (respiratory health) 600mg</li> <li>- Olanzapine (antipsychotic) 5mg (1 tab)</li> <li>- Olanzapine (antipsychotic) 5mg (1/2 tab)</li> <li>- Hydroxyz HCL (allergies) 50mg</li> <li>- Haloperidol (antipsychotic) 1mg</li> <li>- Ibuprofen (anti-inflammatory) 600mg</li> <li>- Olanzapine (antipsychotic) 5mg</li> <li>- Polyeth Glycol 3350 NF powder (constipation)</li> <li>- Chocolate laxative pieces (constipation)</li> </ul> <p>Interview on 7/6/21 Staff #3 reported:</p> <ul style="list-style-type: none"> <li>- He was responsible for updated physician</li> </ul>	V 118		

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V 118	Continued From page 4  orders being placed in the client's records - He put in a request this morning to get the updated physician orders sent to him  Interview on 7/8/21 the Director reported: - Staff #3 was responsible for making sure that physician orders were in the client records - He was trying to get the orders corrected because the pharmacy was sending them copies that were cut off and not readable - That it was harder to get copies instead of leaving the appointment with a hard copy in hand since everything was electronic  This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 118	<b>V118</b> medication orders/visit summaries will be requested at the end of each appointment and entered into client chart and medication administration record  will be monitored monthly by QP Simmons	7/21/21 ongoing
V 293	27G .1701 Residential Tx. Child/Adol - Scope  10A NCAC 27G .1701 SCOPE (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. (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. (c) The population served shall be children or adolescents who have a primary diagnosis of 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	V 293		

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V 293	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- 16 years old</li> <li>- Diagnoses: Unspecified Depressive disorder (d/o), ODD (Oppositional Defiant Disorder), ADHD (Attention deficit/hyperactivity disorder)-combined type</li> <li>- No individual therapeutic treatment to meet his needs regarding the freeze program</li> </ul> <p>Review on 7/6/21 &amp; 7/7/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 5/13/20</li> <li>- 14 years old</li> <li>- Diagnoses: DMDD (Disruptive mood dysregulation disorder), ADHD - unspecified type, Trichotillomania, Encopresis not due to a substance or known psychological condition</li> <li>- No individual therapeutic treatment to meet his needs regarding the freeze program</li> </ul> <p>Review on 7/9/21 of the facility rules revealed the document did not explain the definition of freeze but had the number of days per incident that a client could be put on freeze.</p> <p>Interview on 7/9/21 the Director reported:</p> <ul style="list-style-type: none"> <li>- Freeze was a consequence of a loss of privileges when a client doesn't follow the rules</li> </ul> <p>Interview on 7/7/21 client #2 reported:</p> <ul style="list-style-type: none"> <li>- Freeze depends on what you have done</li> <li>- He had been on freeze for 3 or 4 days</li> <li>- Fighting was an automatic freeze</li> <li>- Not sure when he was getting off</li> <li>- There are more kids on freeze than off</li> </ul> <p>Interview on 7/7/21 client #4 reported:</p> <ul style="list-style-type: none"> <li>- They visit the sister facility every evening when they leave the boxing gym</li> <li>- He only sits down at the sister facility because he is on freeze</li> </ul>	V 293		

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V 293	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- Didn't know how long he had been on freeze</li> <li>- Didn't know when he was getting off of freeze</li> </ul> <p>Interview on 7/9/21 staff #3 reported:</p> <ul style="list-style-type: none"> <li>- No tracking method for freeze</li> <li>- The Director is the only one to put them on and take them off</li> <li>- The Director tells the staff who is on freeze and when they are off of freeze</li> <li>- He didn't know how long client #1 &amp; client #4 had been on freeze</li> </ul> <p>Interview on 7/9/21 staff #5 reported:</p> <ul style="list-style-type: none"> <li>- Freeze are for bad behaviors</li> <li>- Client's normally stay on freeze for 24 hours, but depends on the behavior if it's longer</li> <li>- Client #1 and #4 are on freeze and have been on freeze for about a month</li> <li>- Only the Director can put the clients on freeze and take them off of freeze</li> </ul> <p>Interview on 7/8/21 staff #6 reported:</p> <ul style="list-style-type: none"> <li>- When they are on freeze, they don't do anything but just sit there and read a book or do a puzzle</li> <li>- Freeze was when the clients break a rule and they have to be away from the group so they don't distract the others</li> <li>- Client #1 had been on freeze since he had been there at least 97% of the time</li> <li>- It seems that client #1 can do something simple and is put on freeze</li> <li>- Thought it could be some frustration from client #1 being on freeze for so long</li> </ul> <p>Interview on 7/9/21 the Director reported:</p> <ul style="list-style-type: none"> <li>- Consequences weren't just freeze but it could be a loss of games and/or outings</li> <li>- Clients were separated from the group for certain activities when on freeze</li> </ul>	V 293		



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V 293	Continued From page 8  <ul style="list-style-type: none"> <li>- A client is put on freeze when they don't follow the rules of the facility</li> <li>- He was the only one that puts them on freeze</li> <li>- He told the staff when the clients were off</li> <li>- There was no minimum or maximum for freeze</li> <li>- 3 days was usually the longest that a client was on freeze</li> <li>- Freeze was no longer than 3 days at a time per incident</li> <li>- Client #1 was not on freeze</li> <li>- Client #1 had a hard time interacting with the other clients so they gave him time and space alone or to let him read books</li> <li>- There was no documentation in reference to freeze as to when they go on, what they are on for and how long they are on</li> <li>- Staff only know because they tell each other that a client is on freeze</li> </ul> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 293	<i>V293</i> <i>Consequences and behaviors</i> <i>will be documented</i>  <i>will be monitored monthly</i> <i>by QP Simmons</i>	<i>7/9/21</i> <i>Ongoing</i>
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; (2) three direct care staff shall be present for five, six, seven or eight children or	V 296		

Division of Health Service Regulation  
STATE FORM

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V 296	<p>Continued From page 10</p> <p>1. Review on 7/6/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 9/2/20</li> <li>- 18 years old</li> <li>- Diagnoses: Attention-Deficit Hyperactivity Disorder (ADHD) combined, Oppositional Defiant Disorder (ODD), Disruptive Mood Dysregulation Disorder (DMDD), with mixed disturbance of emotion and conduct, Nicotine Use Mild</li> <li>- History (hx) of elopement, substance abuse, impulsivity and acting out</li> </ul> <p>Interview on 7/7/21 client #1 reported:</p> <ul style="list-style-type: none"> <li>- 2 staff in the facility</li> <li>- Staff were always changing</li> <li>- No primary staff in the facility</li> <li>- Yesterday going to the park it was 3 staff on the van with both facilities</li> </ul> <p>2. Review on 7/6/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 3/1/20</li> <li>- 16 years old</li> <li>- Diagnoses: Unspecified Depressive disorder (d/o), ODD, ADHD combined type</li> <li>- Hx of non-compliance with authority figures</li> </ul> <p>Interview on 7/7/21 client #2 reported:</p> <ul style="list-style-type: none"> <li>- When all the client's from both facilities are on the van, there are usually 2 staff on the van</li> <li>- Staff split up 2 kids with each (1) staff when they are transported to their facility in the staff's personal car</li> </ul> <p>3. Review on 7/6/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 1/8/20</li> <li>- 17 years old</li> <li>- Diagnoses: Conduct d/o, Cannabis Use d/o, ADHD primarily inattentive, DMDD, Epilepsy,</li> </ul>	V 296		

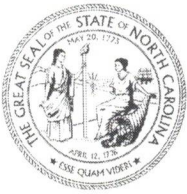


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V 296	<p>Continued From page 11</p> <p><b>Asthma</b></p> <ul style="list-style-type: none"> <li>- Hx of aggression, non-compliance, substance abuse, gang involvement, running away</li> </ul> <p>Interview on 7/7/21 client #3 reported:</p> <ul style="list-style-type: none"> <li>- It's different staff each day</li> <li>- 2 or 3 staff are in the van with his facility</li> <li>- Always at least 2-3 staff in the facility at all times</li> <li>- When they have medical appointments all client's ride together because they all have appointments at the same time</li> <li>- 4 kids may go one day to the dentist and the other 4 the next day</li> <li>- There are 3 staff on the van when they go on outings with all client's (both houses)</li> </ul> <p>4. Review on 7/6/21 &amp; 7/7/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 5/13/20</li> <li>- 14 years old</li> <li>- Diagnoses: DMDD, ADHD - unspecified type, Trichotillomania, Encopresis not due to a substance or known psychological condition</li> <li>- Hx of aggressive behaviors, peer conflict, acting out, excessive non-compliance</li> </ul> <p>Interview on 7/7/21 client #4 reported:</p> <ul style="list-style-type: none"> <li>- 2 staff are on the van whether it's 4 or 8 clients on the van</li> </ul> <p>Interview on 7/8/21 staff #6 reported:</p> <ul style="list-style-type: none"> <li>- He worked 2nd shift</li> <li>- Transported the clients to their respective facility</li> <li>- 3 staff are working but there are times that it's only 2</li> <li>- It's 2 when there's not enough staff even when they have both facilities</li> </ul>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl092-576</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/16/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITED FAMILY NETWORK AT WILLOW SPRING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9609 KENNEBEC ROAD</b> <b>WILLOW SPRINGS, NC 27592</b>		
(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 12</p> <ul style="list-style-type: none"> <li>- 1 staff using personal vehicle with 2 - 4 clients to transport</li> <li>- Depending on staff availability, 1 staff can transport 4 clients</li> <li>- Usually 1 staff have 2 clients in one car and the other staff have 2 clients in their car</li> <li>- No 2 staff ride together in their personal cars</li> <li>- His understanding is that in the facility and in the car, the ratio is 1 staff to 2 clients</li> </ul> <p>Interview on 7/8/21 staff #8 reported:</p> <ul style="list-style-type: none"> <li>- Worked 3rd shift 11pm - 7am only but would sometimes come in at 9pm</li> <li>- Sometimes the clients from this facility are at the sister facility and need to be transported when she comes on shift</li> <li>- They transport in their personal cars and 2 clients are in each car (no other staff riding in the same car)</li> <li>- Her understanding of the ratio of staff to clients in the car was 1 staff to 2 clients</li> </ul> <p>Interview on 7/9/21 the Director reported:</p> <ul style="list-style-type: none"> <li>- He only had one van to transport the clients</li> <li>- It doesn't make sense to take one facility somewhere in the van then go back and get the other facility</li> <li>- The staff transports in their personal cars, so if there is 1 staff with 2 clients and another staff with 2 clients in a car right behind them "then there is nothing wrong with that"</li> <li>- They can't have 2 staff and 2 clients in a car so each staff transports 2 clients</li> <li>- If the state would like to give him more money for another van, "then I will take it"</li> </ul> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 296	<p><i>ongoing</i></p> <p><i>V296</i> <i>All plans will be updated 9/14/21 to reflect what clients can be transported together</i> <i>will be monitored monthly by QP Simmons</i></p>	



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 5, 2021

Mr. Christopher Simmons, Director  
United Family Network, Inc.  
9609 Kennebec Road  
Willow Springs, NC 27592

Re: Annual, Complaint and Follow-Up Survey completed 07/16/21  
United Family Network @ Willow Springs, 9609 Kennebec Road, Willow Springs, NC 27592  
MHL # 092-576  
E-mail Address: chrisufn@hotmail.com  
Intake #NC00177392

Dear Mr. Simmons:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow-up survey completed 07/16/21. The complaint was substantiated.

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

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 deficiencies.

**Time Frames for Compliance**

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is 08/15/21.

**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.

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

**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



August 5, 2021

United Family Network @ Willow Springs

Mr. Christopher Simmons

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 Renee Kowalski at 919-552-6847.

Sincerely,



Tinika Ferguson, MSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section



India Vaughn-Rhodes  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org  
DHSR@Alliancebhc.org  
Pam Pridgen, Administrative Assistant