

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/26/2021
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NAME OF PROVIDER OR SUPPLIER WHITTECAR GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3257 LAKE WOODARD DRIVE RALEIGH, NC 27604
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(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 An annual, complaint and follow up survey was completed on August 26, 2021. The complaint was unsubstantiated (Intake #NC00178850). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.	V 000		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum	V 536	DHSR - Mental Health SEP 13 2021 Lic. & Cert. Section	

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

[Handwritten Signature]

TITLE
[Handwritten Initials]

(X6) DATE
9-9-2021

Division of Health Service Regulation

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V 536	<p>Continued From page 1</p> <p>annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p>	V 536		

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V 536	<p>Continued From page 2</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher</p>	V 536		

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V 536	<p>Continued From page 3</p> <p>instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited staff (staff #1) was trained in Alternatives to Restrictive Interventions. The findings are:</p> <p> </p> <p>Review on 8/20/21 of staff #1's record revealed: -Hire date of 2/15/21 -No training present for Alternative to Restrictive Interventions</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>Interview on 8/24/21 staff #1 stated: -Had been working in the home since 2/15/21. -Mostly worked the weekend shift alone. -Had an Alternative to Restrictive Interventions within the last year while working at another facility in another state. -No one mentioned she needed to have another training in Alternative to Restrictive Interventions.</p> <p>Interview on 8/20/21 The Director/Qualified Professional (QP) stated: -The company used Therapeutic Crisis Interventions (TCI) for training. -Trainings had been difficult to get due to Covid. -Was not aware staff needed the Alternatives to Restrictive Interventions prior to working with the clients. -Will schedule staff #1 for TCI in the next few days.</p> <p>Further interview on 8/26/21 the Director/QP stated: -Staff #1 has been scheduled for TCI on 8/27/21.</p>	V 536		

Plan of Correction

V 536 27E .0107 Client Rights – Training on Alternative to Restrictive Interventions

All new hire will be trained on TCI (Therapeutic Crisis Intervention) upon working at Whittecar group home. TCI trainer will ensure all new hire are properly trained as well as trained on different techniques and restraints before the end of training.

Program Director will ensure LSC policy manual is updated stating TCI (Therapeutic Crisis Intervention) will be completed before their shift.

Program Manager will review personal charts regularly to ensure all employees are up to date on their TCI training as well as refresher training. Program Director will schedule TCI training annually or as needed. TCI certificates will be placed in personal charts upon completion.

A handwritten signature in cursive script that reads "Rholonda Artis". The signature is written in black ink and is positioned above the printed name.

Rholonda Artis

09/09/2021

Program Directors/supervisors shall provide or secure orientation programs, annual continuing education and training for employees to enhance their competencies and knowledge needed to administer, manage and deliver quality services, and to assure that all staff are kept informed of the rights of clients. Continuing Education Training costing \$300 or less can be approved by the Program Director. Each staff is required to maintain current certification and/or training in CPR, First Aid, Bloodborne Pathogens, defensive driving, and alternative to restrictive interventions.

All direct service personnel will receive behavior management training that includes:

1. recognizing situations, including medical conditions, that may lead to a crisis
2. understanding how staff behavior can influence the behavior of persons served and;
3. appropriate methods for de-escalating volatile situations, including verbal techniques, medications and other non-restrictive ways of dealing with aggressive or out of control behavior.

All regular employees are also required to attend new employee orientation. The facility shall maintain an ongoing record of all education and training activities provided or attended.

Specifically, documentation by the staff of receipt of client rights information shall be recorded on the Client Rights Documentation form and maintained by the facility.

All residential program staff shall be required to participate in training activities designed to make them more effective in their work and, hopefully, to make their work more meaningful for them. LSC staff training programs shall fall into one of two categories: Basic Training or Specialized Training.

CATEGORIES OF TRAINING

I. BASIC TRAINING

Basic Training shall be defined as training that must be completed in order for an employee to either (a) move from introductory to regular status or (b) remain qualified for the position in which he/she is employed. It consists of the training activities listed in the Basic Training Schedules in this section and all required certification training. A record of Basic Training completed is to be maintained for all residential staff.

II. SPECIALIZED TRAINING

Specialized training shall be defined as that which is not included as a part of the Basic Training curriculum, but is intended to supplement Basic Training material or to meet specific program or area staff preparation needs and to meet COA and/or licensure requirements. Employees are expected to participate in two types of Specialized Training:

1. Specialized In-Service Training: Special topic training that is designed for and provided to LSC staff “in-house” (program, area, agency), and is not offered as a part of the Basic

Training program.

2. External Training & Development: Job-related training courses, workshops and conferences offered outside LSC at the local, regional, and national levels.

A record of Specialized Training completed is to be maintained for all employees on the employee's training record in accordance with the guidelines presented later in this section. All training obtained by an employee during their year of employment shall be included on their performance evaluations as detailed in the agency Policy and Procedures Manual.

TRAINING RECORDS

A record of all basic, on-going and specialized training successfully completed shall be maintained for every residential program employee in the employee's training record.

PART I: REQUIRED FOR REGULAR STATUS

Once all basic training required for movement to Regular Status has been completed and documented on the employee's Training Record.

PART II: REQUIRED FOR CONTINUED EMPLOYMENT

Each staff member must complete 10 hours of training annually and successfully complete all required recertification programs to remain employed. All training must be documented in the employee's training record. This record must be kept current in order for the employee to remain qualified for his/her position.

NOTE: In group homes licensed by NC Department of Facility Services, refresher training shall occur at least on an annual basis to include information on:

1. alternatives to the use of physical restraints,
2. guidelines on when to intervene
3. emphasis on safety and respect for the rights and dignity of all persons involved
4. strategies for the safe implementation of restrictive interventions.
5. the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the youth and the safe use of restraint throughout the duration of the physical intervention.
6. prohibited procedures.
7. debriefing strategies, including their importance and purpose; and
8. documentation methods and procedures.

Title: Employee Training

Manual: Adult Residential Services Manual

Section 3.01

Date Approved: 9/7/2021

Approved by: Matt Hembree

PART III: SPECIALIZED

Completion of all specialized in-service and external training and development programs shall be documented on the employee's training record.

The facility shall maintain an ongoing record of all education and training activities provided or attended.

Each facility shall provide or secure annual continuing education and training for employees to enhance their competencies and knowledge needed to administer, manage, and deliver quality services, and to assure that all staff are kept informed of the rights of clients. **BASIC TRAINING SCHEDULE FOR RESIDENTIAL STAFF**

During the first 90 days of employment each staff will receive the following training:

AGENCY ORIENTATION

DESCRIPTION: Conducted quarterly in Raleigh, Salisbury, and Columbia for the purpose of introducing new employees to agency history, purpose and goals, organization, philosophy and central administration staff.

CONDUCTED BY: Human Resources Department

CONTACT PERSON: Director of Human Resource

TO BE COMPLETED WITHIN: 1st 90 days of employment

Health Insurance Portability and Accountability Act (HIPPA)

DESCRIPTION: Conducted online will include an overview on HIPPA utilizing a video and a review of all agency policies and procedures for privacy and security.

CONDUCTED BY: Human Resources Department

CONTACT PERSON: Director of Human Resource

TO BE COMPLETED WITHIN: 1st month of employment

ORIENTATION TO PROGRAM

DESCRIPTION: Conducted in the facility for the purpose of introducing new employees to the facility. Staff will use the Orientation to Group Home checklist (6.5.1.) as a guide for the orientation.

CONDUCTED BY: Program Director, RC II

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: 1st week of employment

PERSONNEL AND CLIENT RIGHTS MANUAL

DESCRIPTION: Conducted at work location. Each new employee receives a Personnel and Client Rights Manual, has a formal conference with his/her supervisor to answer any questions about it and signs the Acknowledgement Form.

CONDUCTED BY: Program Director

CONTACT PERSON: Program Director

Title: Employee Training

Manual: Adult Residential Services Manual

Section 3.01

Date Approved: 9/7/2021

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TO BE COMPLETED WITHIN: 1st week of employment

STRUCTURED OBSERVATION

DESCRIPTION: Conducted at work location and consists of pairing the employee with an RC II, RC Supervisor or Program Director to learn program structure and implementation prior to working independently; includes regular feedback sessions for questions, concerns, discussions.

CONDUCTED BY: Program Director, RC Supervisor, RC II

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: 1st 2 weeks of employment

SERVICE MANUAL READING AND REVIEW

DESCRIPTION: Conducted at work location. Includes independent review of the Service Manual by the employee and four formal conferences (one/week) between the supervisor and employee to discuss and reinforce important sections of the manual and answer any questions. Upon completion, employee and supervisor shall sign the Acknowledgement of Review/Training of Service Manual (includes review of emergency procedures).

CONDUCTED BY: Program Director, RC II

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: 1st month of employment

FIRST AID

DESCRIPTION: Basic Red Cross First Aid Training

CONDUCTED BY: Certified Red Cross Trainer

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: 90 days of employment

CPR

DESCRIPTION: Basic Red Cross or Heart Association CPR Training

CONDUCTED BY: Certified Trainer

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: 90 days of employment

INCIDENT REPORT TRAINING

DESCRIPTION: Live training conducted in various locations across both states that focuses on the LSC incident reporting system. Discussed in detail are: what constitutes an incident, the different types of and levels of incidents, the protocol and procedures surrounding the reporting of incidents. Training also covers issues surrounding the protocol for reporting abuse and neglect.

CONDUCTED BY: QM Department

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: 1st month of employment

Alternatives to Restrictive Interventions

DESCRIPTION: Conducted in various locations within the state. Techniques presented in this

Title: Employee Training

Manual: Adult Residential Services Manual

Section 3.01

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program are designed to provide the skills, knowledge, and confidence direct care workers need in order to effectively deal with individuals with challenging behaviors in order to bring about change and growth. Staff will receive initial and ongoing competency-based training in restrictive behavior management interventions. Staff will complete post-testing to ensure competency.

CONDUCTED BY: Certified trainer in alternatives to restrictive interventions

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: Prior to working with client(s)

FIRE EXTINGUISHERS

DESCRIPTION: Video training on the basic use of fire extinguishers and is provided in the facility.

CONDUCTED BY: Program Director

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: 90 days of employment

DEFENSIVE DRIVING

DESCRIPTION: Video of DMV Defensive Driving Course and is provided in the facility.

CONDUCTED BY: Program Director

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: 90 days of employment

BLOODBORNE PATHOGENS

DESCRIPTION: Video training of universal precautions

CONDUCTED BY: Program Director

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: 90 days of employment

MEDICATION EDUCATION AND ADMINISTRATION

DESCRIPTION: A training to help staff understand basic medication issues and how to administer medication safely and document such administration.

CONDUCTED BY: Registered Nurse,

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: 90 days of employment

CLIENT RIGHTS TRAINING

DESCRIPTION: Review policies and procedures regarding client rights and complete Client Rights Documentation form (6.5.2.).

CONDUCTED BY: Program Director, RC II

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: 30 days of employment

CULTURAL DIVERSITY TRAINING

DESCRIPTION: Training through Essential Learning

CONDUCTED BY: On-site via agency intranet

Title: Employee Training

Manual: Adult Residential Services Manual

Section 3.01

Date Approved: 9/7/2021

Approved by: Matt Hembree

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: 90 days of employment

TBI Specific Trainings:

Program Director/Manager Training:

Certified Brain Injury Specialist (CBIS) with yearly renewal: (2 day training and completion of training segment, review, and testing completion. Completion of 10 hours of training in respective field)

Note: To be eligible an individual has to have completed 500 hours working directly with those having TBI to take the CBIS course/exam.

CBIS Training Modules currently include (but may not be limited to:

Neuroanatomy/neuroimaging (parts of the brain/brain mapping)

Neuroplasticity/ neuropsychology

Mild traumatic brain injury

Disorders of consciousness

Medical and physical complications

Fatigue and sleep disturbance

Aging

Cognitive and neurobehavioral complications

Psychosocial complications

Substance misuse

Legal issues

Rehabilitation treatment approaches

Gender/pediatrics/adolescents

Families

Cultural competency

Military populations

Outcomes/return to work/participation

All TBI Waiver Staff Trainings:

NCBIANC Online trainings all staff completed within 30 days of hire:

Cognitive and Behavioral Consequences of TBI in Adults

Crisis De-Escalation & Management for First Responders

Pediatric Traumatic Brain Injury

Public Service and TBI in North Carolina

Substance Use and Traumatic Brain Injury

Program Staff trainings for all TBI Waiver Services:

NEW EMPLOYEE ORIENTATION- ONE TIME

NEW EMPLOYEE OREIENTTION- PART TIME Staff / ONE TIME

CONFIDENTIALITY & HIPAA- ANNUAL

LSC Incident Report Training

ADMIN STAFF Training for Administrative Staff- ANNUAL

Title: Employee Training

Manual: Adult Residential Services Manual

Section 3.01

Date Approved: 9/7/2021

Approved by: Matt Hembree

POSITIVE BEHAVIOR SUPPORT (PBS)
(NCI) (or equivalent) N. CAROLINA INTERVENTION- PART A,
ALL STAFF- 90 DAY Performance Review
SUPERVISORS/ONE TIME
CPR- EVERY(2 yrs)/First Aid Training (2 yrs)/Medication Management/DLA Training for
DLA reports/Drivers Safety Training/LSC IT Services/LSC Incident Reporting/

TRAINING FOR SPECIAL POPULATION THE GROUP HOME SERVES

DESCRIPTION: Training through Essential Learning

CONDUCTED BY: On-site via agency intranet

CONTACT PERSON: Program Director

TO BE COMPLETED WITHIN: 90 days of employment



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

8/31/21

Ms. Rholonda Artis, Program Director
Lutheran Family Services in the Carolinas
3257 Lake Woodard Drive
Raleigh, NC 27604

Re: Annual, complaint & follow up Survey completed 8/26/21
Whittecar Group Home, 3257 Lake Woodard Drive, Raleigh, NC 27604
MHL # 092-475
E-mail Address: rartis@lscarolinas.net
Intake #NC00178850

Dear Ms. Artis:

Thank you for the cooperation and courtesy extended during the annual, complaint & follow up survey completed 8/26/21. The complaint was unsubstantiated.

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

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- A Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 10/25/21.

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

8/31/21
Whittecar Group Home
Rholonda Artis

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



Kimberly Thigpen
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant