

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                              |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL063-055</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br><b>09/08/2021</b> |
|---|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CRYSTAL LAKE CASAWORKS AND MATERNA</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>285 CAMP EASTER ROAD<br/>LAKEVIEW, NC 28350</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 000   | <b>INITIAL COMMENTS</b><br><br>An annual survey was completed on September 8, 2021. A deficiency was cited.<br><br>This facility is licensed for the following services:<br>10A NCAC 27G 3700 Day Treatment for Substance Abuse;<br>10A NCAC 27G 4100 Therapeutic Homes for Individuals With Substance Disorders And Their Children;<br>10A NCAC 27G 4400 Substance Abuse Intensive Outpatient Program and<br>10A NCAC 27G 4500 Substance Abuse Comprehensive Outpatient Treatment.   | V 000   | All deficiencies were reported to the landlord<br>Landlord responded & stated he would send repairman to fix repairs.<br>Landlord agreed to complete repairs within 30 days but no later than 60 days.  | 9/13/2021<br><br>9/14/2021<br><br>11/7/2021         |
| V 736   | <b>27G .0303(c) Facility and Grounds Maintenance</b><br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:<br><br>Observation on 9/8/21 at 11:30 am of Apartment 1A revealed:<br>-Closet doors from hallway closet were not installed and placed inside the closet leaning against the wall. | V 736   | Staff at Crystal Lake complete weekly apartment checks and report any needed repairs to the facility manager who then informs the landlord.<br><br>The facility manager and Program Director follow up with the landlord if repairs have not been done.<br><br><b>RECEIVED</b><br><b>SEP 22 2021</b><br><b>DHSR-MH Licensure Sect</b> |   |

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Program Director (X6) DATE: 9/17/2021

Division of Health Service Regulation

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|--------------------|--|---------------|---|--------------------|
| V 736              | <p>Continued From page 1</p> <p>Observation on 9/8/21 at 11:40 am of Apartment 8A revealed:<br/>-There was a large square water stain on the wall next to the sliding door leading to the balcony.</p> <p>Observation on 9/8/21 at 11:45 am of Apartment 8B revealed:<br/>-Carpet was dirty and with several stained spots all throughout the living area.</p> <p>Observation on 9/8/21 at 11:50 am of Apartment 7B revealed:<br/>-Sliding door leading to the balcony was missing the handle.</p> <p>Observation on 9/8/21 at 11:55 am of Apartment 2B revealed:<br/>-Closet doors from hallway closet were not installed and placed inside the closet leaning against the wall.</p> <p>Observation on 9/8/21 at 12:00 pm of Apartment 5B revealed:<br/>-Closet doors from hallway closet were not installed and placed inside the closet leaning against the wall.<br/>-Bathroom door leading from the Master bedroom to the bathroom was not stained or painted.<br/>-Carpet was dirty and with several stained spots all throughout the living area.</p> <p>Interview on 9/8/21 with the Program Manager revealed:<br/>-Agency leased the apartments where residents lived and office operated.<br/>-Landlord was responsible for conducting services/repairs.<br/>-Agency had had some trouble getting all of needed repairs done on time in the past due to landlord taking too long to respond.</p> | V 736         |   |                    |

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|-------|---|-------|--|--|
| V 736 | Continued From page 2<br><br>-She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. | V 736 |  |  |
|-------|---|-------|--|--|



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 10, 2021

Martina Baldwin  
Robeson Health Care Corporation  
P.O. Box 190  
Lakeview, NC 28350

RECEIVED

SEP 22 2021

DHSR-MH Licensure Sect

Re: Annual Survey completed September 8, 2021  
Crystal Lake Casaworks & Maternal Program, 285 Camp Easter Road, Lakeview, NC 28350  
MHL # 063-055  
E-mail Address: martina\_baldwin@rhcc1.com  
Cc: iola\_woodell@rhcc1.com

Dear Ms. Baldwin:

Thank you for the cooperation and courtesy extended during the Annual survey completed September 8, 2021.

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**

- 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 11/7/21.

**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

September 10, 2021  
Robeson Health Care Corporation  
Martine Baldwin

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 Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Edgar Garrido, MSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net  
\_DHSR\_Letters@sandhillscenter.org  
Pam Pridgen, Administrative Assistant  
File





COMMUNITY HEALTH CENTERS

Julian T. Pierce Health Center  
Pembroke, NC  
910-521-2816

Lumberton Health Center  
Lumberton, NC  
910-739-1666

Maxton Medical Center  
Maxton, NC  
910-844-5253

South Robeson Medical Center  
Fairmont, NC  
910-628-6711

PROGRAMS

Ryan White Program  
Lumberton, NC  
910-738-2110

Migrant Outreach  
Pembroke, NC  
910-521-2900

PROFESSIONAL COUNSELING SERVICES

Cambridge Place  
Smithfield, NC  
919-938-2272

Crystal Lake  
Lakeview, NC  
910-245-4339

Grace Court  
Lumberton, NC  
910-618-9912

Our House  
Pembroke, NC  
910-521-1464

Phil Jones Prevention Center  
South Central Center for  
Prevention Resources  
Pembroke, NC  
910-738-2110

The Village  
Greenville, NC  
252-752-5555

MAJORS Program  
Lumberton, NC  
910-521-2900

September 17, 2021

DHSR Construction Section  
2705 Mail Service Center  
Raleigh, NC 27699-2705

RE: Crystal Lake Casaworks And Maternal Program - MHL Biennial Survey  
285 Camp Easter Road/Lakeview Moore County  
FID #010692 MH 063-055

Dear Mr. Garrido:

Below is the Plan of Corrections for the deficiencies reported during the (DHSR) – Construction Section Biennial survey of this facility on September 8, 2021.

Your Plan of Correction should indicate the following:

What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice. **All deficiencies were reported to the landlord who stated that he would ensure repairs completed within 30 days.**

How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken to prevent the problem from occurring again. **Staff at Crystal Lake complete weekly apartment checks and report any maintenance concerns to the landlord. The landlord then determines what repairs need to be made and arranges for someone to make the repairs.**

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and. **Staff at Crystal Lake continue to follow up with the landlord updating him if the repairs have not been done.**

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. **Staff at Crystal lake continue to complete apartment checks weekly and report concerns to the landlord.**

Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. **All deficiencies were reported to the landlord and he stated that all repairs will be completed within 30 days, no later than 60 days (11/7/2021).**

*Martina Baldwin, MSW, LCSW, LCAS, CSI*

Martina Baldwin, MSW, LCSW, LCAS, CSI  
Program Director/Crystal Lake CASAWORKS  
Lakeview, NC  
(P)910-245-4339/ (Fax) 910-245-4799