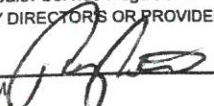



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601447</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PETERS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4410 LAUREL TWIG COURT CHARLOTTE, NC 28215</b>
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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	<p><b>INITIAL COMMENTS</b></p> <p>A follow up survey was completed on 8-20-21. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118	<p>DHSR - Mental Health</p> <p>OCT 1 2021</p> <p>Lic. &amp; Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE <b>9/27/21</b>
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**Plan of Correction Form**

<b>Mail Plan of Correction form to:</b>  Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718	<b>In lieu of mailing the Plan of Correction form, e-mail the completed electronic form to:</b>
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<b>Covenant Case Management Services, LLC</b>	<b>Site Name:</b> Peters Home	<b>Site Location:</b> 4410 Laurel Twig Court, Charlotte, NC 28215	<b>Phone:</b> 704-249-7418
<b>Contact Person for follow-up:</b>	Paul Peters, Owner		<b>Fax:</b>
<b>Address:</b>	9940 Monroe Road Suite 201 Matthews, NC 28105-5347		<b>Email:</b> <a href="mailto:paul.peters@covenantcasemanagementservices.com">paul.peters@covenantcasemanagementservices.com</a>
<b>Review Type:</b>	DHSR Onsite	<b>Date of Review/Investigation:</b> 8/20/2021	<b>Incident/Concern/Complaint #:</b>

Finding	Corrective Action Steps	Responsible Party	Time Line
V118	<p>The AFL staff will receive on-site Medication Administration re-training every six (6) weeks for the next six (6) months to ensure current Physician's orders are onsite and Medication Administration Record (MAR) are recorded/initialed/signed appropriately.</p> <p>AFL Residential Director will conduct monthly onsite observations to confirm Physician's orders is present, Physician's order/medication labels are consistent with medications documented on MAR and MAR indicate that medications have been administered by AFL as evident by AFL staff writing his initials on the corresponding medication name/time on the MAR.</p> <p>Registered Nurse (RN) will conduct onsite Medication Administration re-training/observations every six (6) weeks for the next six (6) months to ensure current Physician's orders are onsite and MAR are recorded/initialed/signed appropriately. RN will re-evaluate the AFL Staff Medication Administration competency after 6 months to determine if the AFL staff's knowledge, skills and ability supports a return to routine quarterly reviews by the RN.</p>	<p>AFL Staff-Peters Home</p> <p>Dana Bintz, CCMS AFL Residential Director</p> <p>Nanci Crawford- Registered Nurse</p>	<p>Implementation Date: 9/23/2021</p> <p>Projected Completion Date: 3/22/2021</p> <p align="right"> <span style="color: blue;">DHSR - Mental Health</span>  <span style="color: red;">OCT 1 2021</span>  <span style="color: blue;">Lic &amp; Cert. Section</span> </p>

Covenant Case Management Services, LLC  
9940 Monroe Road, Suite 201  
Matthews, NC 28105-5347  
www.CovenantToServe.com  
Fax #: (704) 908-0251



September 23, 2021

DHSR - Mental Health

OCT 1 2021

Lic. & Cert. Section

Ms. Kim Goff  
Facility Compliance Consultant I  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

RE: MHL- 60-1447

Dear Ms. Goff:

Thank you for your visit to the Peters Home on August 20, 2021. We have used your feedback to address the cited areas of deficiencies in the Peters Home. Enclosed you will find the Plan of Correction (POC) in response to the Peters Home Follow up Survey Results letter mailed on September 1, 2021.

Please contact me with any further issues or concerns regarding the Peters Home (MHL- 60-1447).

Sincerely,

Paul Peters, Owner  
Covenant Case Management Services, LLC  
[paul.peters@covenantcasemanagementservices.com](mailto:paul.peters@covenantcasemanagementservices.com)

cc: Dana Bintz, Covenant Case Management Services, LLC AFL-Residential Director  
Thaddeus Dowson, Covenant Case Management Services, LLC-QM Director