



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-857</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRESH START HOME FOR CHILDREN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1929 MURRYHILL ROAD GREENSBORO, NC 27403</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 736	<p>Continued From page 1</p> <p>-Admission date of 06/20/2020 -Diagnoses of Adjustment Disorder, Oppositional Defiant Disorder (ODD) and Moderate Depression -Age 15</p> <p>Review on 09/02/2021 of Client #4's record revealed: -Admission date of 03/22/2021 -Diagnoses of Major Depressive Disorder, ADHD by history, History of Self Injurious Behaviors (SIB) -Age 15</p> <p>Observation of the facility on 08/31/2021, from 04:30 PM through 04:43 PM of Client #1, 2 and 3's bedroom windows revealed: -Client #1's bedroom had 1 window. Window had a flat head screw in the frame, which prevented it from opening. -Client #2's bedroom had 2 windows. Window #1 opened partially; approximately an inch and a half and window #2 had a flat head screw in the frame, preventing it from opening. -Client #3's bedroom had 1 window. Window opened partial; approximately 1-2 inches.</p> <p>Interview on 08/31/2021 with Client #1 revealed: -She didn't know about the screws in the other residents' windows.</p> <p>Interview on 08/31/2021 with Client #2 revealed: -She didn't know they (the screws) were there.</p> <p>Interview on 08/31/2021 with Client #3 revealed: -Never noticed the screws in the windows.</p> <p>Interview on 08/31/2021 with Client #4 revealed: -Client #4 resided in Client #1's bedroom when</p>	V 736	<p>On September 15th the current QP and AP presented the new form to the staff and walked them through on how to make sure that all windows are good working conditions.</p> <p>It would be the responsibility of the AP to do periodical checks of windows.</p> <p>After the finding, the QP and AP explained to the residents that it always important to let someone know, (LCSW, Ms. Traci, the AP or QP when a staff is doing something to put them in danger. We let them know that they would not get in trouble.</p> <p>09/02/2021</p>

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V 736	<p>Continued From page 2</p> <p>she (Client#4) first entered the program. She (Client#4) later moved out of the room, where Client#1 now resides.</p> <p>-Noticed the screw in the window around 03/22/2021.</p> <p>-She was told it was done to keep them (clients) from escaping.</p> <p>-Heard that people had broken in and out of the windows before.</p> <p>Interview on 09/03/2021 with Staff #1 revealed: - "The girls mentioned it (screws in the window) to me, but I did not mention to the [Qualified Professional (QP)]."</p> <p>Interview on 08/31/2021 with the Associate Professional (AP) revealed: -"I had no idea screws were in the windows."</p> <p>Interview on 08/31/2021 with the QP revealed: -"I had no idea they (screws) were in the windows. I do not know who could have put them in there. We passed the fire inspection and construction so I'm not sure how long they have been there. Maintenance can come from [nearby city] to remove screws."</p> <p>Review on 08/31/2021 of Plan of Protection, dated 08/31/2021 and handwritten by the QP revealed: -What immediate action will the facility take to ensure the safety of the consumers in your care? "Group Home maintenance will be coming from [nearby city] to come to remove the screws ..." -Describe your plans to make sure the above happens. "Group Home AP and QP will be here at the Group Home to watch the maintenance man remove the screws from the windows ..."</p> <p>The facility client's diagnoses included; Major</p>	V 736		

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V 736	Continued From page 3  Depressive Disorder, ADHD by history, History of SIB, Adjustment Disorder, ODD, PTSD, Disruptive Mood Disorder, and Conduct Disorder (Adolescent Onset). Observation of the facility revealed Client # 1 and #2 bedroom windows would not open due to flat head screws in the frame. In addition, Client#3's bedroom window was able to open partially. As a result, immediate evacuation or exit of the facility during a fire or any other emergency through the bedroom windows would have been prevented, which placed all clients at substantial risk of serious harm. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$500.00 is imposed. If the violation is not corrected within 23 days, an administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to maintain safe water temperatures between 100-116 degrees	V 752	Rule 10A NCAC 27G.0304 Hot Water Temperatures. Temperature immediately that day. Consumer complain that the water is not getting hot enough, but when check the temperatures are right at 116 degrees. Bathroom room remodel when finished on 9/30. The water heater balance pressure valve was adjusted. This stopped the big variance in the different areas.  It is the QP responsibility to make sure their is a working them. at the site at all times.  The AP is responsible for checking temp varies time during the day to ensure accurate temp readings. Director/Owner had a meeting with the QP and AP and put these additional measure in place for accurate water temp. Director also told the maintenance man do not adjust the water temp on the hot water heater unless the director authorize it.	9/30/21  9/2/21  9/2/21  9/3/21

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V 752	<p>Continued From page 4</p> <p>Fahrenheit (°F). The findings are:</p> <p>Observation of the facility on 08/31/2021 between approximately 04:20 PM-4:50 PM revealed elevated water temperatures in the following areas:</p> <ul style="list-style-type: none"> <li>-Bathroom sink 119 °F</li> <li>-Bathroom shower 125 °F</li> <li>-Kitchen sink 128 °F</li> </ul> <p>Review on 08/31/2021 of facility temperature log from August 1, 2021- August 31, 2021 revealed:</p> <ul style="list-style-type: none"> <li>-120 °F on 08/05/2021</li> <li>-120 °F on 08/11/2021</li> <li>-121 °F on 08/16/2021</li> <li>-120 °F on 08/23/2021</li> <li>-121 °F on 08/25/2021</li> </ul> <p>Interview on 09/03/2021 with Client #1 revealed: -"It's (water) ok, never been burnt. I can adjust it.."</p> <p>Interview on 08/31/2021 with Client #2 revealed: -Never been burned by it (water) -"I just adjust it (water) ..."</p> <p>Interview on 08/31/2021 with Client #3 revealed: -"The water is not too hot for me. It is to my liking ..." -Never been burned and feel the water temperature was appropriate -"If it's too hot, I turn the hot water down ..."</p> <p>Interview on 08/31/2021 with Client #4 revealed: -Always noticed the water was hot and just added more cold water -Never been burned</p> <p>Interview with the Associate Professional (AP) on 09/02/2021 revealed:</p>	V 752		

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V 752	<p>Continued From page 5</p> <p>-"No one said anything about water too hot. We do a daily water temp check and it was never that high (128)."</p> <p>Interviews with the Qualified Professional (QP) on 08/31/2021, 09/1/2021, and 09/02/2021 revealed: -"We haven't heard anything about the water being too hot. We do a water temp check daily. I didn't realize it was that high (128). The gauge is in the basement and staff have access to it. I don't know if someone messed with it or not. Staff have access to the basement. I don't recall it being that high and the girls have not said anything." -"Water temperature reader broke yesterday (08/30/2021) ..."</p>	V 752		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL041-857	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/9/2021	Y3
NAME OF FACILITY FRESH START HOME FOR CHILDREN			STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403		

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 V0296	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 27G .1704	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	09/09/2021	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Curnisha L. Leak</i>	DATE 09/20/2021
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/21/2020		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

**VIA CERTIFIED MAIL**

September 21, 2021

Ms. Traci Martin  
JMJ Enterprise, LLC  
2020 Textile Drive  
Greensboro, NC 27405

**RE: Type A2 Administrative Penalty**  
**Fresh Start Home for Children, 1929 Murryhill Road, Greensboro NC 27403**  
**MHL # 041-857**  
**E-mail Address: tmartin@jmjenterprise.net**

Dear Ms. Traci Martin:

Based on the findings of this agency from a survey completed on September 9, 2021, we find that JMJ Enterprise, LLC has operated Fresh Start Home For Children in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services issues. After a review of the findings, this agency is taking the following action:

**Administrative Penalty** – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A2 administrative penalty of \$500.00 against JMJ Enterprise, LLC for violation of 10A NCAC 27G .0303 Location and Exterior Requirements (V736). Payment of the penalty is to be made to the Division of Health Service Regulation and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalty is not paid within sixty (60) days of this notification, a 10% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

**Appeal Notice** – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of

**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

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9-21-21

Fresh Start Home For Children

Traci Martin

Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

Office of Administrative Hearings  
6714 Mail Service Center  
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel  
Department of Health and Human Services  
Office of Legal Affairs  
Adams Building  
2001 Mail Service Center  
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 336-861-7342 within thirty (30) days from the date of this letter. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Robin Sulfridge, Western Branch Manager at 336-861-7342.

Sincerely,

*Michiele Elliott*

Michiele Elliott, Acting Chief  
Mental Health Licensure & Certification Section

Cc: [dhsrreports@dhhs.nc.gov](mailto:dhsrreports@dhhs.nc.gov), DMH/DD/SAS  
[Medicaid.dhsr.notice@dhhs.nc.gov](mailto:Medicaid.dhsr.notice@dhhs.nc.gov), NC Medicaid  
[accreditationNotifications@nctracks.com](mailto:accreditationNotifications@nctracks.com), NC Medicaid Fiscal Agent  
[qmemail@cardinalinnovations.org](mailto:qmemail@cardinalinnovations.org)  
[QM@partnersbhm.org](mailto:QM@partnersbhm.org)  
[\\_DHSR\\_Letters@sandhillscenter.org](mailto:_DHSR_Letters@sandhillscenter.org)  
Heather Skeens, Director, Guilford County DSS  
Candice W. Moore, NCDPS (all child residential facilities with juvenile justice involvement)  
Pam Pridgen, Administrative Supervisor



NC DEPARTMENT OF  
**HEALTH AND  
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MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 21, 2021

Ms. Traci Martin  
JMJ Enterprise, LLC  
2020 Textile Drive  
Greensboro, NC 27405

Re: Annual/Compliant/Follow Up Survey completed September 9, 2021  
Fresh Start Home for Children, 1929 Murryhill Road, Greensboro NC 27403  
MHL # 041-857  
E-mail Address: [tmartin@jmjenterprise.net](mailto:tmartin@jmjenterprise.net)  
Intake #NC00180330 and #NC00180513

Dear Ms. Traci Martin:

Thank you for the cooperation and courtesy extended during the Annual/Compliant/Follow Up Survey completed September 9, 2021. The complaints were unsubstantiated.

As a result of the follow up survey, it was determined that the deficiency is 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**

- Type A2 rule violation was cited for 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (V736).
- All other tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Type A2 violations must be **corrected** within 23 days from the exit date of the survey, which is October 2, 2021. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A2 violation by the 23<sup>rd</sup> day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 against JMJ Enterprise, LLC for each day the deficiency remains out of compliance.
- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is November 8, 2021.

**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

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**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.

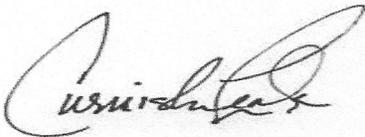
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

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. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Curnisha L. Leak  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [qmemail@cardinalinnovations.org](mailto:qmemail@cardinalinnovations.org)  
[QM@partnersbhm.org](mailto:QM@partnersbhm.org)  
[\\_DHSR\\_Letters@sandhillscenter.org](mailto:_DHSR_Letters@sandhillscenter.org)