Appendix 1-B: Plan of Correction Form

Plan of Correction Complaint Survey Completion Date: 11/24/2021						
Please complete <u>all</u> requested information Correction form to: Mental Health Licensure and Certification Sect NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC27699-2	on and mail completed Plan of	In lieu of mailing the for	m, you ma	y e-mail the c	omple	eted electronic form to:
Provider Name: Provider Contact Person for follow-up:	Micheaux Hollingsworth			Phone: Fax: Email:	(910)) 878-1502) 878-1503 2601@yahoo.com
Address:	769 Aberdeen Road Raeford, NC 283	376				
Finding	Corrective Action			onsible Party		Time Line
V.364.G.S. 122C-62 Additional Rights in 24- hour Facilities Based on record review and interviews, the facility failed to ensure that clients can make and receive confidential telephone calls affecting 3 of 3 clients (Clients # 1, # 2 and # 3).			Responsible Party Owner / Management Team – will develop and implement policies and procedures QA Director / Clinical Director- will monitor and ensure compliance Staff – will conduct adhere to emergency standard practices		nt I e to	Time Line Implementation Date: 12/20/2021 - ongoing Projected Completion Date: 01/21/2022