

PRINTED: 12/03/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/02/2021
NAME OF PROVIDER OR SUPPLIER LINDEN LODGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2251 LINDEN ROAD ABERDEEN, NC 28315		
(X4) ID PREFIX TAG X	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 and follow up survey was completed on December 2, 2021. Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adult with Mental Illness.

The survey sample consisted of audits of three current clients.

V 108

27G .0202 (F-) Personnel Requirements

10A NCAC 27G .0202 PERSONNEL REQUIREMENTS

(f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following:

- (1) general organizational orientation;
- (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;

- (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and
- (4) training in infectious diseases and bloodborne pathogens.

(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and

V 000

V108 Violation:

- 1. What measures will be put in place to correct the deficient area of practice?

Answer: We have added necessary training material on mental illness in the group home, specifically Schizoaffective Disorder to each employee for required reading.

V 108

In addition, The Executive Director and House manager have signed up and paid for a training through AHEC in Greensboro "Key Issues in Assessing and Treating Serious Mental Illness" on 2/11/2021 that is the only one listed on AHEC website currently for Mental Health- specifically Schizophrenia. We will be putting together a training from the information we learn at the Greensboro training and sharing with the employees.

In addition, we have received copies of all employees' highest education level and have added them to the employee files.

- 2. What measures will be put in place to prevent the problem from occurring again?

Answer: We have added these items to our onboarding process of new employees. I have attached for reference. We will update the paperwork after February training.

- 3. Who will monitor the situation to ensure it will not occur again?

Answer: The Executive Director will monitor and has added to the employee file checklist for all new hires.

- 4. How often will monitoring take place?

Answer: The ED will monitor upon each new employee as well as yearly in November.

<p>V 108</p>	<p>Continued From page 1</p> <p>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure three of three audited staff (Staff #4, the Executive Director and Staff #6) met the minimum level of education requirements and received training to meet the needs of the clients as specified in the treatment/habilitation plan The findings are:</p> <p>Review on 12/2/21 of Staff #4's personnel file revealed: -Staff #4 had a hire date of 2/9/18. -Staff #4 was hired as a Group Home Relief Staff. -There was no evidence of a high school diploma or degree. -There was no evidence of mental health/developmental disability/substance abuse training.</p> <p>Review on 12/2/21 of the Executive Director's personnel file revealed: -She had a hire date of 5/26/21. -She was hired as the Executive Director. -There was no evidence of a high school diploma or degree. -There was no evidence of mental health/developmental disability/substance abuse training.</p> <p>Review on 12/2/21 of Staff #6's personnel file</p>	<p>V 108</p>		
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V 108	Continued From page 2 revealed: -Staff #4 had a hire date of 6/18/21. -Staff #4 was hired as a Direct Support Professional -There was no evidence of a high school diploma or degree. -There was no evidence of mental health/developmental disability/substance abuse training. Interview on 12/2/21 with the Executive Director revealed: -She had not been trained on things that needed to be completed for staff prior of hiring them. -She was not aware that staff had to complete client specific training. -She confirmed the educational credentials and trainings were not in the personnel record.	V 108	V112 Violation 1. What measures will be put in place to correct the deficient area of practice? Answer: PCPs are finished and signed by clients. 2. What measures will be put in place to prevent the problem from occurring again? Answer: We will have PCPs at least annually, preferably every 6 months. 3. Who will monitor the situation to ensure it will not occur again? Answer: The Executive Director will be responsible.	
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;	V 112	4. How often will monitoring take place? Answer: We will review PCPs every 6 months with clients have them sign the PCP.	

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V 112	Continued From page 3 (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on records review and interview, the facility failed to have a Person Centered Plan with written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained affecting two of three clients (#1, and #3). The findings are: Review on 12/2/21 of Client #1's record revealed: -Admission date of 3/30/16 -Diagnoses of Schizoaffective Disorder; Other specified Anxiety Disorder. -Client #1 had a Person Centered Plan dated 5/8/20. -Client #1's Person Centered Plan had no current written consent or agreement by the client or responsible party. Review on 12/2/21 of Client #3's record revealed: -Admission date of 6/1/15. -Diagnoses of Schizoaffective Disorder; Other specified Anxiety Disorder -Client #3 had a Person Centered Plan	V 112		

<p>V 112</p>	<p>Continued From page 4</p> <p>-Client #3's Person Centered Plan had no current written consent or agreement by the client or responsible party.</p> <p>Interview on 12/2/21 with the Executive Director revealed:</p> <p>-She was responsible for completing the Person Centered Plans.</p> <p>-She had completed the Person Centered Plan for clients #1 and #3, but clients had not reviewed or signed them.</p> <p>-She confirmed that the Person Centered Plans for Clients #1 and #3 had no written consent or agreement by the client or responsible party.</p>	<p>V 112</p>	<p>V114 Violation</p> <p>1. What measures will be put in place to correct the deficient area of practice?</p> <p>Answer: We will have a disaster drill and fire drill once per quarter per shift. We have added these items to our calendar for reminders and compliance.</p> <p>2. What measures will be put in place to prevent the problem from occurring again?</p> <p>Answer: We have added these items to our calendar for reminders and compliance.</p>
<p>V 114</p>	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct disaster drills under conditions</p>	<p>V 114</p>	<p>3. Who will monitor the situation to ensure it will not occur again?</p> <p>Answer: Executive Director</p> <p>4. How often will monitoring take place?</p> <p>Answer: We will have a disaster drill and fire drill once per quarter per shift. We have added these items to our calendar for reminders and compliance.</p> <p>AS a second check, we will be monitoring Monthly reviewing our last one at our monthly meetings to ensure none slip by.</p>

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V 114	Continued From page 5 that simulate emergencies quarterly and for each shift. The findings are: Review on 12/2/21 of the facility's disaster drill log revealed the following: -3/26/21- 1st shift -6/2/21- 1st shift. -9/2/21- 2nd shift. -There were no disaster drills performed on the 2nd shift for the first quarter of 2021. -There were no disaster drills performed on the 2nd shift for the second quarter of 2021. -There were no disaster drills performed on the 1st shift for the third quarter of 2021. Interview on 12/2/21 with the Executive Director and Staff #4 revealed: revealed: -They had been confused on when and how often the disaster drills had to be conducted. -They had been instructed to do one disaster drill per quarter and to alternate them. -They confirmed the facility failed to conduct disaster drills under conditions that simulate emergencies quarterly and for each shift.	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.	V 131	V131 →	

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V 131	Continued From page 6 This Rule is not met as evidenced by: Based on review of records review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for three of three staff (Staff #4, the Executive Director and Staff #6). The findings are: Review on 12/2/21 of Staff #4's personnel file revealed: -Staff #4 had a hire date of 2/9/18. -Staff #4 was hired as a Group Home Relief Staff. -There was no documentation of a HCPR check completed for Staff #4 on file. Review on 12/2/21 of the Executive Director's personnel file revealed: -She had a hire date of 5/26/21. -She was hired as the Executive Director. -There was no documentation of a HCPR check completed for the Executive Director on file. Review on 12/2/21 of Staff #6's personnel file revealed: -Staff #4 had a hire date of 6/18/21. -Staff #4 was hired as a Direct Support Professional -There was no documentation of a HCPR check completed for Staff #6 on file. Interview with the Executive Director on 12/2/21 revealed: -She had been hired for the position back in May of this year and no one had informed her that she needed to complete the HCPR's. -She had not been trained on things that	V 131	V131 Violation 1. What measures will be put in place to correct the deficient area of practice? Answer: We have done the HCPR for each employee all were satisfactory. 2. What measures will be put in place to prevent the problem from occurring again? Answer: Each time we hire a new employee we will run the report within 5 days of any new hire. This has also been added to our New Hire Checklist. 3. Who will monitor the situation to ensure it will not occur again? Answer: Executive Director 4. How often will monitoring take place? Answer: Yearly in November during a review of employee files.		

V 131	Continued From page 7 file of a HCPR check completed for Staff #4, herself and Staff #6. -A new HCPR request was made for all staff at the group home.	V 131		
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Schizoaffective Disorder

Schizoaffective disorder is a chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression.

Many people with schizoaffective disorder are often incorrectly diagnosed at first with bipolar disorder or schizophrenia. Because schizoaffective disorder is less well-studied than the other two conditions, many interventions are borrowed from their treatment approaches:

Schizoaffective is relatively rare, with a lifetime prevalence of only 0.3%. Men and women experience schizoaffective disorder at the same rate, but men often develop the illness at an earlier age. Schizoaffective disorder can be managed effectively with medication and therapy. Co-occurring substance use disorders are a serious risk and require integrated treatment.

Symptoms

The symptoms of schizoaffective disorder can be severe and need to be monitored closely. Depending on the type of mood disorder diagnosed, depression or bipolar disorder, people will experience different symptoms:

- Hallucinations, which are seeing or hearing things that aren't there.
- Delusions, which are false, fixed beliefs that are held regardless of contradictory evidence.
- Disorganized thinking. A person may switch very quickly from one topic to another or provide answers that are completely unrelated.
- Depressed mood. If a person has been diagnosed with schizoaffective disorder depressive type they will experience feelings of sadness, emptiness, feelings of worthlessness or other symptoms of depression.
- Manic behavior. If a person has been diagnosed with schizoaffective disorder: bipolar type they will experience feelings of euphoria, racing thoughts, increased risky behavior and other symptoms of mania.

Causes

The exact cause of schizoaffective disorder is unknown. A combination of causes may contribute to the development of schizoaffective disorder.

- **Genetics.** Schizoaffective disorder tends to run in families. This does not mean that if a relative has an illness, you will absolutely get it. But it does mean that there is a greater chance of you developing the illness.

- **Brain chemistry and structure.** Brain function and structure may be different in ways that science is only beginning to understand. Brain scans are helping to advance research in this area.
- **Stress.** Stressful events such as a death in the family, end of a marriage or loss of a job can trigger symptoms or an onset of the illness.
- **Drug use.** Psychoactive drugs such as LSD have been linked to the development of schizoaffective disorder.

Diagnosis

Schizoaffective disorder can be difficult to diagnose because it has symptoms of both schizophrenia and either depression or bipolar disorder. There are two major types of schizoaffective disorder: bipolar type and depressive type. To be diagnosed with schizoaffective disorder a person must have the following symptoms.

- A period during which there is a major mood disorder, either depression or mania, that occurs at the same time that symptoms of schizophrenia are present.
- Delusions or hallucinations for two or more weeks in the absence of a major mood episode.
- Symptoms that meet criteria for a major mood episode are present for the majority of the total duration of the illness.
- The abuse of drugs or a medication are not responsible for the symptoms.

Treatment

Schizoaffective disorder is treated and managed in several ways:

- Medications, including mood stabilizers, antipsychotic medications and antidepressants
- Psychotherapy, such as cognitive behavioral therapy or family-focused therapy
- **Self-management strategies and education**

People with schizoaffective disorder are often treated with a combination of medications and psychotherapy. How well treatment works depends on the type of schizoaffective disorder, its severity and its duration.

Medications

Doctors and other mental health professionals will often prescribe medications to relieve symptoms of psychosis, stabilize mood and treat depression. The only medication approved by the FDA to treat schizoaffective disorder is the antipsychotic drug paliperidone (Invega).

However, some medications approved for the treatment of other mental health conditions may be helpful for schizoaffective disorder. These medications include:

- **Antipsychotics.** A health care provider will prescribe antipsychotics to relieve symptoms of psychosis, such as delusions and hallucinations.
- **Antidepressants.** When schizoaffective disorder is depressive-type antidepressants can alleviate feelings of sadness, despair and trouble concentrating.
- **Mood stabilizers.** When bipolar disorder is the underlying mood disorder, mood stabilizers can help stabilize the highs and lows.

Psychotherapy

Family involvement, psychosocial strategies, self-care peer support, psychotherapy and integrated care for co-occurring substance use disorders can all be part of an individual support plan.

- **Cognitive behavioral therapy (CBT)** helps change the negative thinking and behavior associated with feelings of depression. The goal of this therapy is to recognize negative thoughts and to teach coping strategies. With conditions like schizoaffective disorder that have symptoms of psychosis, additional cognitive therapy is added to basic CBT (CBTp). CBTp helps people develop coping strategies for persistent symptoms that do not respond to medicine.

Alternative Treatment Options

For cases where medication and psychotherapy do not work for a person with schizoaffective disorder, ECT may be worth considering. ECT involves transmitting short electrical impulses into the brain. Although ECT is a highly effective treatment for severe depression, it is not the first choice in treating schizoaffective disorder.

Cultural Considerations

Research has shown that African Americans and Latinos are more likely to be misdiagnosed with schizoaffective disorder, so people who have been diagnosed should make sure that their mental health professional understands their background and shares their expectations for treatment.

Helping A Client in need

Recognize early symptoms. You may be able to prevent a serious episode of the illness before it happens. Symptoms of mania and depression often have warning signs. The beginnings of mania typically feel good and that means your family member may not want to seek help. Identify signals such as lack of sleep and speaking quickly that signal impending mania. A deep depression often only begins with a low mood, feeling fatigued or having trouble sleeping.

Communicate. Not everyone enjoys confronting problems head on but doing so is critical to healthy communication. Make time to talk about problems, but know that not just any time is right. For example, if a client has bipolar II and becomes angry, it might be safe to try and talk through the situation. But if your friend with bipolar I becomes angry, your reaction may need to be different. It's more likely that this anger will turn to rage and become dangerous, including physical violence.

React calmly and rationally. Even in situations where your family member or friend may "go off," ranting at you or others, it's important to remain calm. Listen to them and make them feel understood, then try to work toward a positive outcome.

Additional information can be found online at NAMI or the Mayo Clinic.

I have read over the above and understand the residents at Linden Lodge have Schizoaffective Disorder.

Employee Signature Asuley Baker Date 12/6/21

(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan;

Psychotherapy

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I have read over the above and understand the residents at Linden Lodge have Schizoaffective Disorder.

Employee Signature Amber Chavis Date 12-9-21

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Employee Signature

Rebecca Sparks

Date

12/8/21

(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan;



Ashley Baker <ashleyatlinden@gmail.com>

Registration Confirmation: Key Issues in Assessing and Treating Serious Mental Illness

1 message

registration@ahectools.com <registration@ahectools.com>
To: ashleyatlinden@gmail.com

Tue, Dec 7, 2021 at 9:05 AM

Registrant:
Ashley Baker
4989 Vass Carthage Road
Cathage, NC 28327
Employer: Linden Lodge Foundation, Inc.
Registrant's Email Address: ashleyatlinden@gmail.com

Event Name: Key Issues in Assessing and Treating Serious Mental Illness

Amount Paid: \$90.00
Payment Method: Mastercard
Account Ending in: 7691

Event Details Available Here

Selected Credits

Credit Name	Credit Hours
Contact Hours	5.000

Important: Please do not reply to this automated message. Contact the AHEC by phone if you need to make changes to your registration. All replies to this message are routed to an unmonitored mailbox.

CANCELLATION/SUBSTITUTIONS

Registrants cancelling between two weeks and two business days prior to the first day of the event will incur a 30% cancellation fee (\$25 minimum).
No refunds will be given for cancellations received less than two business days prior to the event.
No refunds or credits will be given for no-shows.
Substitutes are welcome (please notify us in advance of the event).
Cancellations MUST be made in writing by mail or email at easternahec@ecu.edu.

From: registration@ahectools.com
Subject: Registration Confirmation: Key Issues in Assessing and Treating Serious Mental Illness
Date: December 7, 2021 at 9:13 AM
To: rebecca_sparks@ymail.com

Registrant:
 Rebecca Sparks
 104 Pineland Dr.
 Hamlet, NC 28345
 Employer: Linden Lodge Foundation
 Registrant's Email Address: rebecca_sparks@ymail.com

Event Name: Key Issues in Assessing and Treating Serious Mental Illness

Amount Paid: \$90.00
 Payment Method: Mastercard
 Account Ending in: 7667

[Event Details Available Here](#)

Selected Credits

Credit Name	Credit Hours
Contact Hours	5.000

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 No refunds or credits will be given for no-shows.
 Substitutes are welcome (please notify us in advance of the event).
 Cancellations MUST be made in writing by mail or email at easternahec@ecu.edu.



Linden Lodge Foundation, Inc.

P. O. Box 4153
 Pinehurst, NC 28374
 (910) 295-0600

Employee File Checklist

Employee Name _____

Hire Date _____ **Last Day of Employment** _____

Is this person Re-hirable? _____ **Signed** _____

Employee File

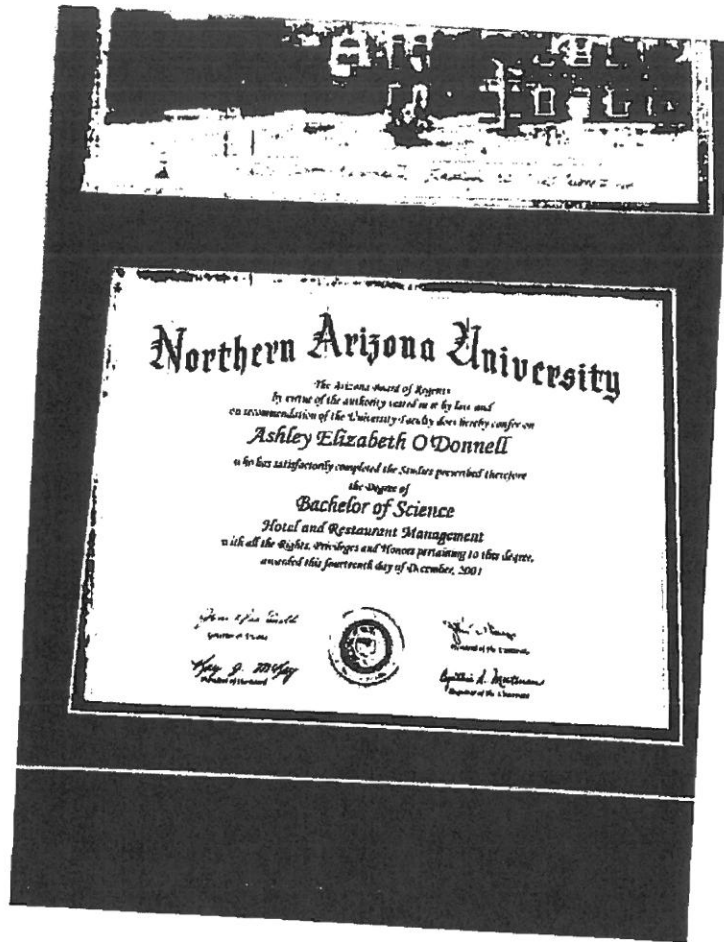
Current	Document	Comment
	Application/Resume	
	Employment at Will Statement/Current Contract	
	Job Description Signed	
	Confidentiality Statement/Media Release Form	
	Lodge House Rules	
	Covid Vaccine copy	
	Background Check	
	Reference Check	
	https://www.ncnar.org/verify_listings1.jsp Registry Check within 5 days of hire	
	High School Diploma or highest level completed	
	Client Rights Signed	

File for Payroll Purposes

Current	Document	Comment
	NC W-4	
	I-9	
	W-4	
	Direct Deposit Form	

Certifications

Date Issued	Document	Comment
	Bloodborne Pathogens Certification	
	CPR Certification	
	NCI Certification	
	First Aid Certification	
	Medication Review Certificate	
	Yearly Mental Health Certificate of Training	



Richmond Community College

Richmond County



North Carolina

By authority of the State Board of Community Colleges
and upon the recommendation of the Faculty, the Board of Trustees
hereby confers upon

Rebecca Anne Sparks

the degree of

Associate in Applied Science

Human Services Technology

Cum Laude

together with all the rights, honors and privileges appertaining thereto.
Sixteenth Day of May Two Thousand Fifteen

Chairman, Board of Trustees

President of the College

The University of North Carolina at Pembroke

by action of the Board of Trustees
upon recommendation of the Faculty has conferred upon

Amber Chauis

the degree of

Bachelor of Arts
Sociology


with all the rights, honors and privileges therewith appertaining.

In witness whereof, this Diploma has been signed and the
Seal of the University affixed at Pembroke, North Carolina, this,
the twenty-second day of May, two thousand and twenty-one.


Chair, Board of Governors
University of North Carolina


President, University of North Carolina




Chair, Board of Trustees


Chancellor, The University of North Carolina
at Pembroke

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28 Open Out of Town Daily Out of Town	29 9:30am - Emily	30 10am - Jason	1 11am - Emily: 1pm - Emily:	2 12pm - Goodbye 6:15pm - Aberdeen	3 9am - Ashley: 9:30am - Dean: 10am - Jane to 12pm - Caroline 5:30pm - Pinchot 7pm - Deane	4 11am - SP
5	6 11:55am - Emily 1:55pm - Emily 3:36am - Emily 12pm - 4 Seasons 12pm - ALL: 3pm - Ab House	7 10am - Jason 10:30am - Dakota: 1:30pm - Jason 2:15pm - Jason	8 9am - Breakfast: 10:30am - Dakota: 1pm - Emily to 7:30pm - Punjabi Dr	9 10:45am - Carolina: 10:45am - Dean to 1:30pm - Terminus	10 12:15pm - 2pm - Dakota: 3pm - Ashley to	11 11am - Aberdeen
12 Dora - Meeting Mind	13 9:36am - Emily 12pm - All: Emily 1pm - Kiki's Bar	14 10am - Jason 10:36am - Kiki: 10:36am - Dakota:	15 9am - Breakfast: 1:15pm - Dakota: 11am - Emily 11:30pm - Ashley:	16 10:30am - Dakota: 10:30am - Dean to	17 10:30am - Dakota: 2pm - Dakota:	18
19 Dora - Meeting Mind	20 10:30am - Emily 12pm - All: Emily 10am - Emily: Dora 2:30pm - Dakota:	21 10am - Jason 10:30am - Kiki: 10:30am - Dakota:	22 9am - Breakfast: 10:30am - Dakota: 1pm - London:	23 9:30am - Dean to 10:30am - Dakota: 10:30am - Dean to	24 10:30am - Dakota: 10:30am - Dean to 10:30am - Dakota: 2pm - Dakota:	25 Christmas Eve Christmas Day
26 Dora - Meeting Mind Emily - Meeting Mind Dora - Meeting Mind	27 10:30am - Emily 11am - All: Emily 1:30pm - Emily:	28 10am - Jason 10:30am - Kiki: 10:30am - Dakota:	29 9am - Breakfast: 10:30am - Dakota: 11am - Emily	30 9:30am - Dean to 10:30am - Dakota: 10:30am - Dean to	31 Day off for New New Year's Eve 3pm - Ashley:	1 New Year's Day

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27 9am - Weekly Vital	28 9:30am - Daily 12pm - All Weekly	1 First Day of 9am - Jason 10:30am - Keith 11:45am - Dakota 1pm - Jason Dr.	2 9am - Brendan 11:45am - Dakota	3 10:45am - Dakota 11:45am - Jason Dr.	4 2pm - Dakota	5
6 9am - Weekly Vital	7 <i>NIGHT</i> Director Bill 9:30am - Daily 12pm - All Weekly	8 9am - Jason 10:30am - Keith 11:45am - Dakota	9 9am - Brendan 11:45am - Dakota	10 10:45am - Dakota 11:45am - Jason Dr.	11 11am - All Weekly 2pm - Dakota	12
13 Daylight Saving 9am - Weekly Vital	14 9:30am - Daily 12pm - All Weekly	15 9am - Jason 10:30am - Keith 11:45am - Dakota	16 Director Bill 9am - Brendan 11:45am - Dakota	17 St. Patrick's Day 10:45am - Dakota 11:45am - Jason Dr.	18 2pm - Dakota	19
20 9am - Weekly Vital <i>Day</i>	21 9:30am - Daily 12pm - All Weekly Director Bill 2:45pm - Dakota	22 9am - Jason 10:30am - Keith 11:45am - Dakota	23 9am - Brendan 11:45am - Dakota	24 10:45am - Dakota 11:45am - Jason Dr.	25 2pm - Dakota	26
27 9am - Weekly Vital	28 9:30am - Daily 12pm - All Weekly	29 9am - Jason 10:30am - Keith 11:45am - Dakota	30 9am - Brendan 11:45am - Dakota	31 10:45am - Dakota 11:45am - Jason Dr.	1 2pm - Dakota	2



NORTH CAROLINA

Nurse Aide I Registry
Medication Aide Registry
Health Care Personnel Registry

Verification of Listing/Search Results:

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling at <https://mats.dhhs.state.nc.us/>.

Social Security Number: [REDACTED]

The listing verification is completed. Please record confirmation number **122582767W** in your business files to validate this inquiry which was made on 12/02/2021.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

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Ashley Baker



NORTH CAROLINA
Nurse Aide I Registry
Medication Aide Registry
Health Care Personnel Registry

Verification of Listing/Search Results:

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling at <https://mats.dhhs.state.nc.us/>.

Social Security Number: [REDACTED]

The listing verification is completed. Please record confirmation number **181949101W** in your business files to validate this inquiry which was made on 12/02/2021.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

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Rebecca Sparks



NORTH CAROLINA

Nurse Aide I Registry

Medication Aide Registry

Health Care Personnel Registry

Amber Chavis

Verification of Listing/Search Results:

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling at <https://mats.dhhs.state.nc.us/>.

Social Security Number: [REDACTED]

The listing verification is completed. Please record confirmation number **224771501W** in your business files to validate this inquiry which was made on 12/02/2021.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

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Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]



[REDACTED]'S PERSON-CENTERED PROFILE

Name: [REDACTED]	DOB: [REDACTED]	Medicaid ID: [REDACTED]	Record #: [REDACTED]
(Non - CAP-MR/DD Plans ONLY) PCP Completed on: 08/31/2021	(CAP-MR/DD Plans ONLY) Plan Meeting Date: 12/09/21	Effective Date: 12/98/21	

WHAT PEOPLE LIKE AND ADMIRE ABOUT....

People like and admire [REDACTED] because he does a great job in the yard, he enjoys going places and is always personable.

WHAT'S IMPORTANT TO....

Things that are important to [REDACTED] are:
His salvation and his family.
Church, reading the Bible, listening to Christian music.

HOW BEST TO SUPPORT....

[REDACTED] likes to eat and its important that he feels safe when he eats his food. Always encouraging and supporting [REDACTED] to feel better.

ADD WHAT'S WORKING / WHAT'S NOT WORKING

What works for [REDACTED] is:
Linden Lodge- he likes living at LL.
Talking with other residents and staff.
Volunteering at the hospital
Taking his medication. See Attached copy of his current medication.
No more than 30 days a year therapeutic leave.
No more than 1 hour home alone and 6 hours in the community.

What is not working for Jason:

[REDACTED] has a difficult time memorizing although he is always quick to count and know if his medication is correct.

ACTION PLAN

The Action Plan should be based on information and recommendations from: the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals, and any other supporting documentation.

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).
[REDACTED] would like to become independent in the future.

Where am I now in the process of achieving this outcome? (Include progress on goals over the past years, as applicable).

- Currently [REDACTED] lives at Linden Lodge.
- [REDACTED] has support of family, staff, and friends.
- [REDACTED] is compliant in taking his medications.
- [REDACTED] is working with a psychiatrist for medication management
- [REDACTED] has been diagnosed with paranoid schizophrenia, partial-complex seizure disorder, Vitamin D deficiency, and status post left hemispherectomy
- [REDACTED] needs to coordinate between the following agencies: Primary Care Physician, First Health Outpatient Behavioral,

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]
 Linden Lodge-Residential
 • [REDACTED] continues managing the weight he has lost.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] has been hospitalized with schizophrenia on and off since 2008. He is managing his symptoms by complying with recommendations from his providers, participating in treatment with his psychiatrist and remaining medication compliant.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal #1 [REDACTED] will continue to demonstrate improved symptom management skills complying with the recommendations of providers, participating in treatment, remaining medication compliant and not being hospitalized for the next six consecutive months.	[REDACTED] family, Linden Lodge Staff, Primary care provider, psychiatrist	Ongoing supervised living 24/7. Medication routine, outpatient therapy

HOW (Support/Intervention)

- [REDACTED] will:
- Be educated on the different diagnosis, treatment options, medications, and side effects.
 - Communicate his medical issues to staff including side effects from his medication and any mood symptom increase.
 - Make appointments to address his concerns.
 - Keep track of appointments/cooperate with provider recommendations & evaluations.
 - Communicate his concerns/needs to providers.
- Take medication as prescribed
- Help [REDACTED] identify signs of mood deterioration
 - Assist [REDACTED] with keeping track of appointment dates/times
 - Educate [REDACTED] with making & attending appointments as needed.
 - Assist [REDACTED] with transportation to appointments.
- Other service providers will:
- Provide periodic evaluations/assessments to [REDACTED]
 - Provide ongoing medication management and education.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
05/01/2019	11/28/2018	O	[REDACTED] still refuses to see a therapist, but he comes to all the classes at Linden Lodge & is medication compliant and sees his PMHNP.
10/15/2019	05/31/2019	O	[REDACTED] still refuses to see a therapist, but he comes to all the classes at Linden Lodge & is medication compliant and sees his PMHNP.
11/15/2020	05/15/2020	O	[REDACTED] still refuses to see a therapist, but he comes to all the classes at Linden Lodge & is medication compliant and sees his PMHNP.
6/8/2022	12/08/2021	O	[REDACTED] still refuses to see a therapist & is medication compliant and sees his PMHNP.

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Jason has gained about 20 pounds in the last year (2016-2017)

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal #2 [REDACTED] will participate in exercise/physical activities at least 30 minutes three times a week over the next 6 consecutive months.	[REDACTED] Linden Lodge staff	Ongoing Supervised living 24/7

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #:

HOW (Support/Intervention)

- [REDACTED] will:
- Engage in the physical activities of walking and yard maintenance.
- Linden Lodge staff will:
- Remind [REDACTED] to use our Wellness Center
 - Offer support and encouragement to [REDACTED]
 - Supervise [REDACTED] in yard & home maintenance.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
05/02/2017	12/02/2016	O	Since December [REDACTED] has met his goal through yard work, walking and yoga.
11/05/2017	05/05/2017	O	Since May [REDACTED] has met his goal through yard work, Linden Lodge projects and walking with the other residents.
5/17/2018	11/17/2017	O	Since November [REDACTED] has met his goal through yard work, Linden Lodge projects and walking with the other residents. But he is still overweight and still in need of exercise.
05/01/2019	11/28/2018	O	[REDACTED] has done well with his yard work and exercising in the Wellness Center 3x a week.
10/15/2019	05/31/2020	O	[REDACTED] has continued to do well working out in the LL wellness center without prompts and has been very active in the yard.
	12/08/2021	D	[REDACTED] is at 216 pounds. He is happy with his weight. Loosing weight his no longer a goal or priority for [REDACTED]

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] spends too much time alone on the couch in the living room or in his room. He often fails to join in on informal group conversations.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal #3 In order to become more a part of the Linden Lodge family and to avoid lethargy [REDACTED] will spend less time in isolation and more time participating with the group.	[REDACTED] Linden Lodge staff	Ongoing Supervised living 24/7

HOW (Support/Intervention)

- [REDACTED] will:
- Spend less time in isolation
 - Participate more often in group activities.
- Linden Lodge staff will:
- Include [REDACTED] in group activities

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
11/20/2016	05/20/2016	O	[REDACTED] has come to most every class at Linden lodge and joins the residents and staff on their various outings. But, during less formal time he still spends to much of the day in isolation. At night [REDACTED] is more social.
05/02/2017	12/02/2016	O	After December 2016, [REDACTED] has made constant improvement in this area.
11/05/2017	05/05/2017	O	[REDACTED] continues to make strides in this area developing a number of friendships with the residents of Linden Lodge.
05/17/2018	11/17/2017	O	From November through May [REDACTED] met this goal. But, he still needs to keep it before him.
11/11/2018	05/11/2018	D	
10/15/2019	05/15/2020	R	[REDACTED] is doing very well staying alert during the day and has become an

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

6/8/2022 12/08/2021 O [REDACTED] important member of our Linden Lodge Family. [REDACTED] enjoys going on group outings with residents and staff. During the day he stays in his room most of the time.

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

**** Copy and use as many Action Plan pages as needed.**

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: There have been occasions when [REDACTED] has had verbal altercations with his mother and he presently seems to be distant from his brother.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal #4 [REDACTED] will study how families operate so that he can communicate his needs, desires, and frustrations more clearly with his family and others.	[REDACTED] Linden Lodge staff	Ongoing Supervised living 24/7

HOW (Support/Intervention)

- [REDACTED] will:
- Attend family systems each week
 - Stay in contact with his family
- Linden Lodge staff will:
- Facilitate classes

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
11/05/2017	05/05/2017	O	[REDACTED] came to 21 out of 21 family systems classes in this time-period and regularly contributed.
5/17/2018	11/17/2017	O	[REDACTED] attended 35 of 36 family systems- positive psychology classes in this time period and regularly contributed.
11/11/2018	05/11/2018	R	The goal has been revised to reflect new class at Linden Lodge.
10/15/2019	05/15/2020	O	[REDACTED] has very good communication with his Mom and Dad and has spoken to them often. He does not speak with his brother [REDACTED]
6/8/2022	12/08/2021	D	We no longer offer this program; [REDACTED] seems to be communicating his needs with his family.

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Before the onset of his brain illness, [REDACTED] had a successful lawn maintenance business. It is important for him to be able to use his gifts in this area.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal #5 [REDACTED] will help maintain the grounds of Linden lodge	[REDACTED] Linden Lodge staff	Ongoing Supervised living 24/7

HOW (Support/Intervention)

- [REDACTED] will:
- Help with yard maintenance at the direction of the House Manager and Executive Director.
 - Suggest ways to improve the yard maintenance of Linden Lodge.
- Linden Lodge staff will:
- Suggest tasks for [REDACTED] to perform.
 - Listen to [REDACTED] ideas on yard maintenance.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
11/05/2017	05/05/2017	O	[REDACTED] has done a wonderful job of taking care of the yard.

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #:

5/17/2018	11/17/2017	O	[REDACTED] has done a wonderful job of taking care of the yard.
11/11/2018	05/11/2018	O	[REDACTED] has done a wonderful job of taking care of the yard.
05/11/2019	11/29/2018	O	[REDACTED] has done a wonderful job of taking care of the yard.
10/15/2019	05/15/2020	O	[REDACTED] has done very well with maintain the grounds at Linden Lodge and has begun to do some weeding as well.
6/8/2022	12/08/2021	O	[REDACTED] continues to do a good job with this and is a part of the household expectations. He has achieved this goal.

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] spends too much time at Linden Lodge and needs to spend more time interacting in public. This will help him overcome his tendency to isolate.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal #6 [REDACTED] will volunteer as an equipment delivery person at First Health of the Carolinas Moore Regional Hospital for three hours per week.	[REDACTED] Linden Lodge staff, First Health Volunteer Services	Ongoing Supervised living 24/7

HOW (Support/Intervention)
 [REDACTED] will:

- Go through First Health Orientation and Training
- Prepare for volunteering by being suitable dressed and being ready to go on time.

Linden Lodge staff will:

- Provide transport to and from First Health

First Health will:

- Provide [REDACTED] with supervision for his volunteer position

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
5/17/2018	11/17/2017	O	From November 25-May8 [REDACTED] did not miss a volunteer assignment and it seems to be a good fit.
11/11/2018	05/11/2018	O	[REDACTED] has not missed a scheduled date for volunteering.
10/15/2019	05/15/2019	O	[REDACTED] continues to volunteer at First Health. He has made new friends and is doing well. We encouraged him to add a new day but he has declined.
10/15/2020	08/31/2020	O	[REDACTED] continues to volunteer at First health at this time we are on Stay home.
6/8/2022	12/08/2021	O	[REDACTED] has done great with volunteering, he is consistently ready and prepared, he enjoys volunteering. [REDACTED] volunteered 2 days a week this past summer he is back to 1 day a week. [REDACTED] has potential to do more we are working on opportunities to further his reach.

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Though [REDACTED] had met his exercise goal on a regular basis, he continues to gain weight. He is currently six feet tall and weighs 236 pounds for an obese BMI of 32.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal #7 [REDACTED] will seek to lost 1 to 2 pounds a month through exercise and diet until he gets his weight under control.	[REDACTED] Linden Lodge staff	Ongoing Supervised living 24/7

HOW (Support/Intervention)
 [REDACTED] will:

- Limit his intake of carbohydrates and sugar
- Exercise regularly

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #:

Linden Lodge staff will:
 • Provide nutritional food for dinner.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
11/11/2018	05/11/2018	O	[REDACTED] has done well with this goal.
10/15/2019	05/15/2019	O	[REDACTED] continues to be conscious about his intake of carbs and has done well eliminating dark fluids and sugars from his diet.
6/8/2022	12/08/2021	O	[REDACTED] needs to revisit this goal and make more of an effort to watch what he eats and/or exercise more as in goal# 2. Currently [REDACTED] is happy with his weight he said he watches his sugar and is losing weight gradually.

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CRISIS PREVENTION AND INTERVENTION PLAN
 (Use this form or attach your crisis plan.)

Significant event(s) that may create increased stress and trigger the onset of a crisis. (Examples include: Anniversaries, holidays, noise, change in routine, inability to express medical problems or to get needs met, etc. Describe what one may observe when the person goes into crisis. Include lessons learned from previous crisis events):

Events that may create increased stress & trigger the onset of a crisis for [REDACTED] are getting up to early, people being critical of him, witnessing poor food preparation and people being mean to him.

Crisis prevention and early intervention strategies that were effective. (List everything that can be done to help this person AVOID a crisis):

Effective crisis prevention and early intervention strategies for [REDACTED] are reading the bible, praying, taking a ride with others, calling his mother, and listening to music.

Strategies for crisis response and stabilization. (Focus first on natural and community supports. Begin with least restrictive steps. Include process for obtaining back-up in case of emergency and planning for use of respite if an option. List everything you know that has worked to help this person to become stable):

Depending on the situation, [REDACTED] likes to be by himself and listen to Christian music.

Describe the systems prevention and intervention back-up protocols to support the individual. (i.e. Who should be called and when, how can they be reached? Include contact names, phone numbers, hours of operation, etc. Be as specific as possible.)

Who	Phone	When can we contact	Support type/Comment
Linden Lodge Staff	910-295-0600	24/7	
Moore County Sherriff CIT	910-947-2931	24/7	
Moore Regional Inpatient	910-715-1500	24/7	
Ashley Baker	910-691-2810	24/7	
Trevis & Vickie Averett	919-478-3142	24/7	
Dr. Scott Michael Luneau	910-244-4400	8-5 M-F	Regular Doctor
Dr. Mary Mandell	910-715-3370	8-5 M-F	Psychiatrist
Spectrum Eye			He doesn't have to go

Name: [Redacted] DOB: [Redacted] Medicaid ID: [Redacted] Record #:

Dr. Kuhn	910-295-6868	8-5 M-F	He doesn't have to go/ he just went to him
Pinehurst Neurology, P.A.			

Specific recommendations for interacting with the person receiving a Crisis Service:

- The best way to approach [Redacted] in a crisis is to:
- Have a calm, non-threatening manner
 - Remove bystanders from the situation
 - Work with other staff & significant others to diffuse the crisis
 - Encourage [Redacted] to work things out on his own
 - Maintain Respect for [Redacted] throughout the crisis
 - Call for outside help as a last resort

PLAN SIGNATURES

I. PERSON RECEIVING SERVICES:

- I confirm and agree with my involvement in the development of this PCP. My signature means that I agree with the services/supports to be provided.
- I understand that I have the choice of service providers and may change service providers at any time, by contacting the person responsible for this PCP.
- For CAP-MR/DD services only, I confirm and understand that I have the choice of seeking care in an intermediate care facility for individuals with mental retardation instead of participating in the Community Alternatives Program for individuals with Mental Retardation/Developmental Disabilities (CAP-MR/DD).

Legally Responsible Person: Self: Yes No

Person Receiving Services: (Required when person is his/her own legally responsible person)

Signature: [Signature] _____ Date: 12/9/21
(Print Name) [Print Name]

Legally Responsible Person (Required if other than person receiving Services)

Signature: _____ Date: 1/1
(Print Name)

Relationship to the Individual: _____

II. PERSON RESPONSIBLE FOR THE PCP: The following signature confirms the responsibility of the QP/LP for the development of this PCP. The signature indicates agreement with the services/supports to be provided.

Signature: [Signature] _____ Date: 12/9/21
(Person responsible for the PCP) Linden Lodge (Name of Case Management Agency)

Child Mental Health Services Only:
For individuals who are less than 21 years of age (less than 18 for State funded services) and who are receiving or in need of enhanced services and who are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the adult criminal court system, the person responsible for the PCP must attest that he or she has completed the following requirements as specified below:

- Met with the Child and Family Team - Date: 1/1
- OR Child and Family Team meeting scheduled for - Date: 1/1
- OR Assigned a TASC Care Manager - Date: 1/1
- AND conferred with the clinical staff of the applicable LME to conduct care coordination.

If the statements above do not apply, please check the box below and then sign as the Person Responsible for the PCP:
 This child is not actively involved with the Department of Juvenile Justice and Prevention or the adult criminal court system.

Signature: _____ Date: 1/1
(Person responsible for the PCP) _____ (Print Name)

III. SERVICE ORDERS: REQUIRED for all Medicaid funded services; RECOMMENDED for State funded services. (SECTION A): For services ordered by one of the Medicaid approved licensed signatories (see Instruction Manual). My signature below confirms the following: (Check all appropriate boxes.)

- Medical necessity for services requested is present, and constitutes the Service Order(s).

Name: _____ **DOB:** _____ **Medicaid ID:** _____ **Record #:** _____

- The licensed professional who signs this service order has had direct contact with the individual. Yes No
- The licensed professional who signs this service order has reviewed the individual's assessment. Yes No

Signature: _____ License #: _____ Date: ____/____/____

(Name/Title Required) (Print Name)

(SECTION B): For Qualified Professionals (QP) / Licensed Professionals (LP) ordering:

- CAP-MR/DD or
- Medicaid Targeted Case Management (TCM) services (if not ordered in Section A)
- **OR recommended** for any state-funded services not ordered in Section A.

My signature below confirms the following: (Check all appropriate boxes.) Signatory in this section must be a Qualified or Licensed Professional.

- Medical necessity for the CAP-MR/DD services requested is present, and constitutes the Service Order.
- Medical necessity for the Medicaid TCM service requested is present, and constitutes the Service Order.
- Medical necessity for the State-funded service(s) requested is present, and constitutes the Service Order

Signature: _____ License #: _____ Date: ____/____/____

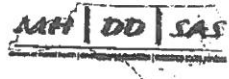
(Name/Title Required) (Print Name) (If Applicable)

IV. SIGNATURES OF OTHER TEAM MEMBERS PARTICIPATING IN DEVELOPMENT OF THE PLAN:

Other Team Member (Name/Relationship): *Karina Smith* Date: 12/8/21

Other Team Member (Name/Relationship): _____ Date: ____/____/____

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]



[REDACTED] PERSON-CENTERED PROFILE

Name: [REDACTED]	DOB: [REDACTED]	Medicaid ID: [REDACTED]	Record #: [REDACTED]
(Non - CAP-MR/DD Plans ONLY) PCP Completed on: 11/1/2021		(CAP-MR/DD Plans ONLY) Plan Meeting Date: 11/01/2021 Effective Date: 11/01/2021	

WHAT PEOPLE LIKE AND ADMIRE ABOUT....

What people like and admire about [REDACTED] is the following:

- [REDACTED] is caring and compassionate person who has a gift working with special needs high school students and people of all ages.
- [REDACTED] is often upbeat. She has a very infectious laugh.
- [REDACTED] lifts the spirits of those around her.
- [REDACTED] has a special knack for learning languages and is a fast learner.
- [REDACTED] is very honest in her interactions.
- [REDACTED] is hardworking
- [REDACTED] has good people skills.
- [REDACTED] is conscientious about cards to everyone.
- [REDACTED] is very helpful to residents and staff and always seems to know where things are.
- [REDACTED] is both reliable and dependable.

WHAT'S IMPORTANT TO....

Things that are important to [REDACTED] include:

- [REDACTED] likes to help people by treating others as she likes to be treated.
- [REDACTED] friends at Linden Lodge and [REDACTED] are very important to her.
- Being honest, doing the right thing and doing a job to the best of her ability are three things that very important to [REDACTED]
- [REDACTED] values people doing their job without having to be asked.
- [REDACTED] family is very important to her. She considers [REDACTED] family.

HOW BEST TO SUPPORT....

[REDACTED] would like to be supported by:

- Allowing her to take a break each day.
- Allowing her time to listen to music or watch a funny movie or color when she needs to.
- Allowing her time to read books.

ADD WHAT'S WORKING / WHAT'S NOT WORKING

[REDACTED] feels the following is working for her:

- The schedule [REDACTED] has now is working well.
- [REDACTED] gets along well with people.
- [REDACTED] enjoys her therapist Marianne McCrary
- Things are going great with her family.
- ** Please see the attached file for a list of [REDACTED] current medication

[REDACTED] feels right now everything is going well.

ACTION PLAN

The Action Plan should be based on information and recommendations from: the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals, and any other supporting documentation.

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).

[REDACTED] would like to learn another language- German (Because her great grandparents are German). Specifically interested in Babble App.

Where am I now in the process of achieving this outcome? (Include progress on goals over the past years, as applicable).

[REDACTED] is going to work with her Mom [REDACTED] on this goal.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] continues to experience negative Symptoms related to her diagnosis; hearing voices, having racing thoughts, etc. Emily still has some difficulty effectively managing the symptoms related to her schizoaffective disorder.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal #1 [REDACTED] will continue to demonstrate improved symptom management skills complying with the recommendations of providers, participating in treatment, remaining medication compliant and not being hospitalized for the next six consecutive months.	[REDACTED] family, Linden Lodge Staff, Other Service providers: LCSW, Primary care provider, psychiatrist mental health nurse Practitioner	Ongoing supervised living 24/7. Medication routine, outpatient therapy

HOW (Support/Intervention)

[REDACTED] will:

- Be educated on the different diagnosis, treatment options, medications, and side effects.
- Communicate his medical issues to staff including side effects from his medication and any mood symptom increase.
- Make appointments to address his concerns.
- Keep track of appointments/cooperate with provider recommendations & evaluations.
- Communicate his concerns/needs to providers.
- Take medication as prescribed.

Linden Lodge Staff will:

- Help [REDACTED] identify signs of mood deterioration
- Assist [REDACTED] with keeping track of appointment dates/times
- Educate [REDACTED] with making & attending appointments as needed.
- Assist [REDACTED] with transportation to appointments.

Other service providers will:

- Provide periodic evaluations/assessments to [REDACTED]

Provide ongoing medication management and education.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
9/15/2019	4/13/2019	O	[REDACTED] Continues to do well with Medication Management
04/01/2022	10/01/2021	A	[REDACTED] Continues to do well with Medication Management

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: There are occasions when [REDACTED] has a hard time communicating with her family in an open, separate, and equal way.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
-------------------------	--------------------	---------------------

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

Goal # 2: [REDACTED] with study Positive Psychology and use mindfulness techniques to help her with her negative symptoms.		[REDACTED] Deb Holmes House Manger	Ongoing supervised living 24/7.
HOW (Support/Intervention) [REDACTED] will:			
<ul style="list-style-type: none"> Attend Positive Psychology classes weekly Maintain contact with each member of her family. 			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
2/20/2019	8/22/2018	O	[REDACTED] has had a few different visits with her family and has enjoyed each one.
9/15/2019	4/13/2019	O	[REDACTED] has done well in the Class and using techniques being discussed.
04/01/2022	10/01/2021	D	We no longer offer psychology classes.
Status Codes:		R=Revised	O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: There are occasions when [REDACTED] has a hard time communicating with her family in an open, separate and equal way.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal # 3: [REDACTED] will work to stabilize her anxiety levels when under stress which will enhance her ability to effectively cope with the full variety of life's anxieties.	[REDACTED] Linden Lodge Staff LCSW	Ongoing supervised living 24/7 Outpatient Therapy

HOW (Support/Intervention)
[REDACTED] will:

- Learn and implement calming skills to reduce overall anxiety and manage anxiety symptoms.
- Identify, challenge, and replace biased, fearful self-talk with positive, realistic, and empowering self-talk
- Work with her LCSW

Linden Lodge Staff will:

- Teach [REDACTED] relaxation skills and how to apply these skills to her daily life.
- Teach [REDACTED] to implement a thought stopping technique for worries that have been addressed but persist.
- Reinforce [REDACTED] insights into the role of her past emotional pain and present anxiety.
- Ask [REDACTED] to develop and process a list of key past and present life conflicts that continue to cause her worry.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
8/16/2018	2/16/2018	O	[REDACTED] has a good relationship with her therapist. Is a regular participant in psychology classes at Linden Lodge, reads, rides her moped and has many friends at the Lodge, Church, School and increasingly in the community.
2/20/2019	8/22/2018	O	We are studying Positive Psychology in class and [REDACTED] participates very well and seems to be gaining techniques for self esteem and gratitude awareness
9/15/2019	4/13/2019	O	[REDACTED] has implemented Cognitive Behaviors to replace some of her ticks
04/01/2022	10/01/2021	D	Program is Discontinued
Status Codes:		R=Revised	O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] is a hard worker, but enjoys riding her moped in her

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

spare time.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal #4: [REDACTED] will insure and maintain her moped that she can enjoy at her leisure.	[REDACTED] Linden Lodge Staff	Ongoing supervised living 24/7.

HOW (Support/Intervention)
 [REDACTED] will:

- Pay for her insurance
- Maintain her moped so that it is in good working order.

Linden Lodge Staff will:

- Provide advice to assist [REDACTED] in maintaining her moped.
- Transport [REDACTED] for Supplies

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
8/16/2018	2/16/2018	O	[REDACTED] moped has a dead battery in September, She got it fixed in October and really enjoyed riding it until it became too cold to ride.
2/20/2019	8/22/2018	O	[REDACTED] filled the gas tank on her moped and it was overfilled which has caused it to flood.
9/15/2019	4/13/2019	O	[REDACTED] will get the renewal done and be able to keep using her moped.
04/01/2022	10/01/2021	A	

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] enjoys cooking. She helps out with making all nights except Free for all Fridays.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal # 5: [REDACTED] will help prepare meals at Linden Lodge every day.	[REDACTED] Linden Lodge Staff	Ongoing supervised living 24/7.

HOW (Support/Intervention)
 [REDACTED] will:

- Look for fun recipes to test

Linden Lodge Staff will:

- Assist with preparation as needed

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
8/16/2018	2/16/2018	O	[REDACTED] enjoys making meals.
2/20/2019	8/22/2018	O	[REDACTED] enjoys making meals.
9/15/2019	4/13/2019	O	[REDACTED] enjoys making meals.
04/01/2022	10/01/2021	A	[REDACTED] enjoys making meals.

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] enjoys cooking. She helps out with making all nights except Free for all Fridays.

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

WHAT (Short Range Goal)			WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal #6: [REDACTED] would like to lose a few pounds.			[REDACTED] Linden Lodge Staff	Ongoing supervised living 24/7.
HOW (Support/Intervention) [REDACTED] will: • Work toward her goal and eat healthier and exercise more Linden Lodge Staff will: • Help her as needed				
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.	
9/15/2019	4/13/2019	O	[REDACTED] has done well with this goal and is working out 4 times a week.	
04/01/2022	10/01/2021	A	[REDACTED] is currently happy with her weight.	
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued				

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Managing OCD symptoms				
WHAT (Short Range Goal)			WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal #7: Continue to work toward managing OCD symptoms.			[REDACTED] Linden Lodge Staff	Ongoing supervised living 24/7.
HOW (Support/Intervention) [REDACTED] will: Use your personal plates, silverware, and towels to help with anxiety with OCD. Linden Lodge Staff will: Continue to support her in using her personal items and replace if needed.				
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.	
06/01/2022	11/01/2021	O	[REDACTED] continues to make progress recognizing things that may help her.	
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued				

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Managing Psychosis symptoms				
WHAT (Short Range Goal)			WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal #8: Continue to work toward managing psychosis symptoms.			[REDACTED] MaryAnn McCray Therapist	Ongoing supervised living 24/7.
HOW (Support/Intervention) [REDACTED] will: When people are coming and going [REDACTED] has some thoughts that she may say something rude to the person out loud. It is nothing that she would think, just voices coming in her head occasionally. She will talk to Mrs. McCray about working through this. MaryAnn MCCray will: Come up with a plan to work through this issue.				
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.	

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

06/01/2022	11/01/2021	O	[REDACTED] continues to make progress recognizing things that she needs to work through.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

**** Copy and use as many Action Plan pages as needed.**

CRISIS PREVENTION AND INTERVENTION PLAN
(Use this form or attach your crisis plan.)

Significant event(s) that may create increased stress and trigger the onset of a crisis. (Examples include: Anniversaries, holidays, noise, change in routine, inability to express medical problems or to get needs met, etc. Describe what one may observe when the person goes into crisis. Include lessons learned from previous crisis events):

[REDACTED] experiences increased stress when she becomes tired or when she hears what she perceives to be a series of criticisms.

Crisis prevention and early intervention strategies that were effective. (List everything that can be done to help this person AVOID a crisis):

It is important for staff to observe when [REDACTED] is tired. On those occasions, she needs to be given some space.

Strategies for crisis response and stabilization. (Focus first on natural and community supports. Begin with least restrictive steps. Include process for obtaining back-up in case of emergency and planning for use of respite if an option. List everything you know that has worked to help this person to become stable):

The best way to help stabilize [REDACTED] is to give her rest and space.

Describe the systems prevention and intervention back-up protocols to support the individual. (i.e. Who should be called and when, how can they be reached? Include contact names, phone numbers, hours of operation, etc. Be as specific as possible.)

Who	Phone	When can we contact	Support type/Comment
Linden Lodge Staff	910-295-0600	24/7	
Moore County Sherriff CIT	910-947-2931	24/7	
Moore Regional Inpatient	910-715-1500	24/7	
Ashley Baker	910-691-2810	24/7	
[REDACTED]		24/7	Longtime friend
Mary Ann McCrary	910-528-0991	M-F 8am-5pm	LCSW (Licensed Clinical Social Worker)
Julie Thomas	910-295-5511	M-F 8am-5pm	PA, Pinehurst Medical
[REDACTED]		M-F 8am-5pm	Home Phone
[REDACTED]		24/7	Dad
[REDACTED]		24/7	Mom
Sandhills Family Dentistry	(919) 499-9950	M-F 8am-5pm	Dentist

Specific recommendations for interacting with the person receiving a Crisis Service:

The best way to approach [REDACTED] in a crisis is to:

- Have a calm, non-threatening manner
- Remove bystanders from the situation
- Work one person at a time with [REDACTED]

Name: [Redacted] DOB [Redacted] Medicaid ID [Redacted] Record #: [Redacted]

- Encourage [Redacted] to solve the situation on her own.
- Give [Redacted] time and space to calm down.
- Maintain respect for [Redacted] throughout the crisis.

PLAN SIGNATURES

I. PERSON RECEIVING SERVICES:

- I confirm and agree with my involvement in the development of this PCP. My signature means that I agree with the services/supports to be provided.
- I understand that I have the choice of service providers and may change service providers at any time, by contacting the person responsible for this PCP.
- For CAP-MR/DD services only, I confirm and understand that I have the choice of seeking care in an intermediate care facility for individuals with mental retardation instead of participating in the Community Alternatives Program for individuals with Mental Retardation/Developmental Disabilities (CAP-MR/DD).

Legally Responsible Person: Self: Yes No

Person Receiving Services: (Required when person is his/her own legally responsible person)

Signature: [Redacted] (Print Name) Date: 11/01/2021

Legally Responsible Person (Required if other than person receiving Services)

Signature: _____ (Print Name) Date: / /

Relationship to the Individual: _____

II. PERSON RESPONSIBLE FOR THE PCP: The following signature confirms the responsibility of the QP/LP for the development of this PCP. The signature indicates agreement with the services/supports to be provided.

Signature: *Ashley Baker* MARRP 12/10/21 (Person responsible for the PCP) Linden Lodge Foundation Inc (Name of Case Management Agency) Date: 11/01/2021

Child Mental Health Services Only:

For individuals who are less than 21 years of age (less than 18 for State funded services) and who are receiving or in need of enhanced services and who are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the adult criminal court system, the person responsible for the PCP must attest that he or she has completed the following requirements as specified below:

- Met with the Child and Family Team - Date: / /
- OR Child and Family Team meeting scheduled for - Date: / /
- OR Assigned a TASC Care Manager - Date: / /
- AND conferred with the clinical staff of the applicable LME to conduct care coordination.

If the statements above do not apply, please check the box below and then sign as the Person Responsible for the PCP: This child is not actively involved with the Department of Juvenile Justice and Prevention or the adult criminal court system.

Signature: _____ (Person responsible for the PCP) _____ (Print Name) Date: / /

III. SERVICE ORDERS: REQUIRED for all Medicaid funded services; RECOMMENDED for State funded services. (SECTION A): For services ordered by one of the Medicaid approved licensed signatories (see Instruction Manual). My signature below confirms the following: (Check all appropriate boxes.)

- Medical necessity for services requested is present, and constitutes the Service Order(s). Yes No
- The licensed professional who signs this service order has had direct contact with the individual. Yes No
- The licensed professional who signs this service order has reviewed the individual's assessment. Yes No

Signature: _____ License #: _____ Date: / / (Name/Title Required) (Print Name)

(SECTION B): For Qualified Professionals (QP) / Licensed Professionals (LP) ordering:

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

- CAP-MR/DD or
- Medicaid Targeted Case Management (TCM) services (if not ordered in Section A)
- **OR recommended** for any state-funded services not ordered in Section A.

My signature below confirms the following: (Check all appropriate boxes.) Signatory in this section must be a Qualified or Licensed Professional.

- Medical necessity for the CAP-MR/DD services requested is present, and constitutes the Service Order.
- Medical necessity for the Medicaid TCM service requested is present, and constitutes the Service Order.
- Medical necessity for the State-funded service(s) requested is present, and constitutes the Service Order

Signature: _____ License #: _____ Date: / /
 (Name/Title Required) (Print Name) (If Applicable)

IV. SIGNATURES OF OTHER TEAM MEMBERS PARTICIPATING IN DEVELOPMENT OF THE PLAN:

Other Team Member (Name/Relationship): Rebecca Sparks / House Manager Date: 12/8/21

Other Team Member (Name/Relationship): _____ Date: / /



██████████ S PERSON-CENTERED PROFILE

Name: ██████████	DOB: ██████████	Medical ID: ██████████	Record #: ██████████
(Non - CAP-MR/DD Plans ONLY) PCP Completed on: 09/01/2021		(CAP-MR/DD Plans ONLY) Plan Meeting Date: 12/07/2021 Effective Date: 12/8/2021	

WHAT PEOPLE LIKE AND ADMIRE ABOUT....

- What people admire about ██████████ is the following:
- He gets along well with others.
 - The artwork ██████████ creates
 - The electronic music ██████████ composes
 - The portfolio of graphic design that ██████████ has produced.
 - His helpful attitude.

WHAT'S IMPORTANT TO....

- Things that are important to ██████████ include:
- Fulfillment from electronic music composition
 - Website Design
 - Graphic design
 - Dreams
 - Well-being

HOW BEST TO SUPPORT....

- ██████████ feels most supported by having a network of people who are supportive and caring like the people at Linden Lodge.
- ██████████ likes living in a safe environment that provides structure and stability.
- ██████████ is back in school and would like to be supported in this decision.

ADD WHAT'S WORKING / WHAT'S NOT WORKING

- The things that are working for ██████████ are:
- Linden Lodge has been essential in his recovery from mental illness.
 - Fellow residents at Linden Lodge are helpful.
 - Staff at Linden Lodge is awesome.
 - Consistent medication.
 - Therapy when needed
 - Establishing a safe schedule
 - Dedicating himself to school and his website.
- See attached for a list of ██████████'s current medication.
- What is not working for ██████████
- ██████████ wants to move out and become independent, he feels he is in a good place currently and does not want to mess that up.

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #:

ACTION PLAN

The Action Plan should be based on information and recommendations from: **the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals, and any other supporting documentation.**

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).

[REDACTED] would like to become independent.

Where am I now in the process of achieving this outcome? (Include progress on goals over the past years, as applicable).

At the present time

- [REDACTED] resides at Linden Lodge
- [REDACTED] has the support of his mother, stepdad, father in California, staff, and friends
- [REDACTED] is medication compliant.
- [REDACTED] is working with PMHNP and his psychologist- Joel Monroe
- [REDACTED] has been diagnosed with Schizoaffective Paranoid Type.
- [REDACTED] needs to coordinate between the following agencies:
 - a. Primary care physician
 - b. First Health medication management
 - c. First Health Outpatient
 - d. Linden Lodge- Residential

• **CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:** [REDACTED] suffers from Schizoaffective Paranoid Type.

WHAT (Short Range Goal)		WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal #1 [REDACTED] will manage symptoms of his mental illness by complying with provider recommendations, participating in treating, taking medications as prescribed and no psychiatric hospitalizations.		[REDACTED] Linden Lodge Staff Other Service providers	Ongoing, Supervised Living 24/27
HOW (Support/Intervention)			
[REDACTED] will:			
<ul style="list-style-type: none"> • Be educated on different diagnoses, treatment options, medications, and side effects. • Communicate his medical issues with staff including side effects from his medication • With assistance, keep track of his appointments • Cooperate with provider recommendations and evaluations. • Communicate any mental/physical health concerns/needs to providers. • Take medications as prescribed with assistance from staff. 			
Linden Lodge Staff will:			
<ul style="list-style-type: none"> • Help [REDACTED] identify signs of mood deterioration • Assist [REDACTED] with Keeping track of appointment dates/times • Provide assistance and transportation as needed • Provide education about diagnosis, treatment options, medications, and side effects. 			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
9/15/2019	01/15/2019	O	[REDACTED] continues to do well with symptom management
9/15/2019	10/15/2019	O	[REDACTED] continues to do well with symptom management

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

9/15/2019	3/15/2019	O	[REDACTED] continues to do well with symptom management
3/15/2020	09/15/2019	O	[REDACTED] continues to do well with symptom management
6/7/2022	12/7/2021	O	[REDACTED] continues to do well with symptom management

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Beyond issues with his father, [REDACTED] is distant from other family members as well.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal # 2: [REDACTED] will study how families operate so that he can communicate his needs, desires, and frustrations more clearly. Adjusted to Well being based students, meditations, mindfulness, and cognitive behaviors.	[REDACTED] Deb Holmes	Ongoing, Supervised Living 24/27

- HOW (Support/Intervention)**
[REDACTED] will:
- Attend positive psychology class each week
 - Continue to stay in contact with his family members
- Linden Lodge staff will:
- Deb Holmes will facilitate the class

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
2/25/18	8/25/17	O	[REDACTED] attended 10 of 12 classes. He continues to have good contact with his family.
9/9/2018	3/9/2018	O	[REDACTED] attended 17 of 27 classes because of his job at Food Lion. He continues to have good contact with his family.
3/9/2018	8/31/2018	O	[REDACTED] has attended all the positive psychology classes and participates in discussion.
8/15/2019	3/15/2019	R	This goal has been revised to reflect classes are now well-being based and are taught by the Exec. Director Deb Holmes
3/15/2020	09/15/2019	O	[REDACTED] doing well with the Wellness classes and utilizing the techniques that are being suggested.
	12/7/2021	D	We no longer offer this class

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] has had unrealistic fears of being attacked or shot. Though these particular fears have abated, because of his diagnosis of paranoid schizophrenia [REDACTED] needs to know which of his fears are realistic and which of his fears are unrealistic.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal # 3 [REDACTED] will seek to eliminate interference in normal routines and remove distress caused by feared objects or situations.	[REDACTED]	Ongoing, Supervised Living 24/27

- HOW (Support/Intervention)**
[REDACTED] will:
- Verbalize an accurate understanding of information about phobias and their treatment.
 - Learn and implement calming skills to reduce and manage anxiety symptoms that may emerge during encounters which phobic objects and situations.
 - Undergo repeated exposures that have a high likelihood of being a successful experience to feared objects or situations.
 - Work with his therapist.

Linden Lodge staff will:

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

<ul style="list-style-type: none"> Discuss with [REDACTED] how phobias are very common, a natural but irrational expression of our fight or flight response. They are not a sign of weakness, but they cause unnecessary distress and disability. Teach [REDACTED] anxiety management skills to address anxiety symptoms that may emerge during encounters with phobic objects or situations. Assign [REDACTED] a worksheet in which he does situational exposures and records responses. Review and reinforce success or provide corrective feedback toward improvement. 			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
2/25/18	8/25/17	O	[REDACTED] reported being afraid of empty cars in the parking lot, guns and getting into accidents. These fears have started to subside now that he works at Food Lion and spends more time in the parking lot.
9/9/2018	3/9/2018	O	[REDACTED] still fears empty cars in the parking lot, guns and getting into an accident. He left his job on 2/3/2018 because of this fear.
3/9/2018	8/31/2018	O	[REDACTED] still has fears that he struggles with, and we are working with mindful techniques to help with the stress of this.
8/15/2019	3/15/2019	O	[REDACTED] s paranoia continues, we are helping him maintain control.
3/15/2020	09/15/2019	O	[REDACTED] is doing well managing his paranoia and addressing his fears.
6/7/2022	12/7/2021	O	[REDACTED] continues to struggle with Paranoia. Covid did not help or the gas scare. He continues to work on this. He feels he is being responsible by being aware of his surroundings.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] has learned that becoming an entrepreneur takes more energy and time than he has to give it. Therefore, [REDACTED] would like to continue working on his website as a hobby, but not a career choice.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
Goal # 4: [REDACTED] would like to further his website, [REDACTED] as a hobby. Revised Goal: [REDACTED] would like to be successful entrepreneur by obtaining wealth to support itself financially.	[REDACTED]	Ongoing, Supervised Living 24/27	
HOW (Support/Intervention) [REDACTED] will: <ul style="list-style-type: none"> Attend seminars on becoming an entrepreneur Attend classes on studying to become an entrepreneur Linden Lodge staff will: <ul style="list-style-type: none"> Provide transportation to seminars and classes on becoming an entrepreneur. 			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
9/9/2018	3/9/2018	R	[REDACTED] has fully realized that this website is more of a hobby.
3/9/2018	8/31/2018	R	[REDACTED] has been actively working on his website and enjoys it.
8/15/2019	3/15/2019	O	[REDACTED] has been actively working on his website and enjoys it.
3/15/2020	09/15/2019	O	[REDACTED] has been actively working on his website and enjoys it.
6/7/2022	12/7/2021	R	[REDACTED] would like to be a SUCCESSFUL entrepreneur.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] at times requires verbal prompting to complete his daily hygiene routine. This hinders his social interaction.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY

Name: [REDACTED] **DOB** [REDACTED] **Medicaid ID:** [REDACTED] **Record #:** [REDACTED]

Goal # 5 [REDACTED] will improve his personal hygiene by showering, shaving, brushing his teeth, and changing his clothes daily with no more than 3 verbal prompts.

Linden Lodge Staff Ongoing, Supervised Living 24/27

HOW (Support/Intervention)

- [REDACTED] will:
- Complete daily hygiene routine
 - Let staff know when he needs clothing
- Linden Lodge staff will:
- Remind verbally prompt [REDACTED] to complete daily hygiene routine
 - Offer support and encouragement for [REDACTED]

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
9/9/2018	3/9/2018	O	[REDACTED] has done a great job with this goal.
3/9/2018	8/31/2018	O	[REDACTED] has done a great job with this goal.
8/15/2019	3/15/2019	O	[REDACTED] has done a great job with this goal.
3/15/2020	09/15/2019	O	[REDACTED] has needed promoting on his cleanliness.
6/7/2022	12/7/2021	O	[REDACTED] has done a great job with this goal. [REDACTED] occasionally needs to be reminded to change shoes (he typically wears a hole in his shoes and holes in his pants) he says they are work shoes and this is his home.

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] has needed many prompts to complete his household chores.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal # 6: For [REDACTED] to learning independent living skills, it is important for [REDACTED] to complete his household chores each day.	[REDACTED]	Ongoing, Supervised Living 24/27

HOW (Support/Intervention)

- [REDACTED] will:
- Consult the chore chart each morning and make sure his chores are complete that day
- Linden Lodge staff will:
- Prompt [REDACTED] to complete his chores if they have not been completed.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
9/9/2018	3/9/2018	O	[REDACTED] was not attentive to his chores while working at Food Lion. Once he left his job, he was better at completing his chores.
3/9/2018	8/31/2018	O	[REDACTED] continues to need reminding to complete his chores.
8/15/2019	3/15/2019	O	[REDACTED] has improved in maintaining his chores.
3/15/2020	09/15/2019	O	[REDACTED] has done well with his chores and is a productive participant in the upkeep of the lodge.
6/7/2022	12/7/2021	O	[REDACTED] has done well with his chores and is a productive participant in the upkeep of the lodge. [REDACTED] needs to be reminded sometimes of keeping his room tidy. New plan is to tidy his room before he receives his morning vape.

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Brendan wants to continue improving his physical health.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY

Name: [REDACTED] DOB: [REDACTED] Medical ID: [REDACTED] Record #: [REDACTED]

Goal # [REDACTED] will participate in exercise/physical activities at least 30 minutes three times a week over the next 6 consecutive months. [REDACTED] would like to push himself to work out more.

Linden Lodge Staff

Ongoing, Supervised Living 24/27

HOW (Support/Intervention)
 [REDACTED] will: Engage in physical activities of walking, working out on exercise machines at the Linden Lodge Wellness Center, yard and home maintenance

Linden Lodge staff will:
 • Offer Support and encouragement

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
8/22/2017	2/22/2017	O	[REDACTED] did not meet his goal during this time.
2/25/2018	3/9/2018	O	[REDACTED] did a good job with his exercise this period.
9/9/2018	3/9/2018	O	[REDACTED] did a good job with his exercise this period.
3/9/2018	8/31/2018	O	[REDACTED] did a good job with his exercise this period.
8/15/2019	3/15/2019	O	[REDACTED] did a good job with his exercise this period.
3/15/2020	09/15/2019	O	[REDACTED] did a good job with his exercise this period.
6/7/2022	12/7/2021	R	[REDACTED] has not been active in the gym for awhile and is encouraged to re-commit to this goal. He does a great job helping Jane and Dakota in the yard. He would like to work out at his own rate and not be subjected to the finality of the original goal.

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] spends hours at a time alone in his room working on this computer. This isolates him from the social support of the residents and staff at Linden Lodge.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal # 8: To improve his social skills and to receive more support from residents and staff [REDACTED] will spend no more than 2 hours at a time alone in his room unless he is working on his class or business.	Linden Lodge Staff	Ongoing, Supervised Living 24/27

HOW (Support/Intervention)
 [REDACTED] will:
 • Keep track of how much time he is spending alone in his room.
 • Look for opportunities to socially interact with residents and staff.

Linden Lodge staff will:
 • Prompt [REDACTED] to interact with others.
 • Provide more social opportunities for [REDACTED]

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
2/25/18	8/25/17	R	[REDACTED] leaves his room door closed during the day when it should be open.
9/9/2018	3/09/2018	O	Since leaving his job at Food Lion, [REDACTED] has done better with this goal.
03/09/2019	08/31/2018	O	[REDACTED] has done well interacting with others and making sure he is spending time outside his room.
	12/7/2021	A	[REDACTED] continues to do well; he attends most outings with the group and often keeps his door open when he is not working on his class.

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] has received his online certificate in web design. He

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #:

now needs to work on his next step toward a job.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
Goal # 9: [REDACTED] has begun applying to jobs locally and hopes to gain employment.	[REDACTED]	Ongoing, Supervised Living 24/27	
HOW (Support/Intervention) [REDACTED] will: <ul style="list-style-type: none"> Apply for a volunteer position at Habitat for 4 hours a week by 12/31/2021. Linden Lodge staff will: <ul style="list-style-type: none"> Support his efforts in obtaining the volunteer position by accessing paperwork needed. 			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
9/9/2018	3/9/2018	O	
3/9/2018	8/31/2018	O	
8/15/2019	3/15/2019	O	
3/15/2020	09/15/2019	O	
6/7/2022	12/7/2021	R	[REDACTED] is working toward an online degree through University of Maryland Global Campus pursuing a Bachelors in Information Systems Managements. He states his teachers say he is doing well. He has agreed to volunteer for 4 hours a week and will apply at Habitat for Humanity.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Brendan has difficulty managing his time.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
Goal # 10: [REDACTED] would like to start getting up at 8:30am to manage his time better.	Linden Lodge Staff	Ongoing, Supervised Living 24/27	
HOW (Support/Intervention) [REDACTED] will: <ul style="list-style-type: none"> Set his alarm to get up in the morning Linden Lodge staff will: <ul style="list-style-type: none"> Be sure [REDACTED] is up by 8:30am 			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
3/15/2020	09/15/2019	O	[REDACTED] has done well with this goal and will continue to improve.
	12/7/2021	D	[REDACTED] has not showed any interest in continuing with this goal.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] has been smoking since 2009. Smoking is taking its effects on him now that he is in his [REDACTED]

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
Goal # 11: Brendan would like to reduce his smoking.	[REDACTED]	Ongoing, Supervised Living 24/27
HOW (Support/Intervention) Brendan will:		

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #:

<ul style="list-style-type: none"> Try to cut back on his smoking. Linden Lodge staff will:			
<ul style="list-style-type: none"> Remind [REDACTED] of his goal. Invite him to try different ways of quitting- First Health Stop Smoking Class, Patches, gum, hypnosis 			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
9/9/2018	3/9/2018	O	
3/9/2018	8/31/2018	O	[REDACTED] has made no progress toward this goal.
8/15/2019	3/15/2019	O	[REDACTED] is not actively pursuing this goal
3/15/2020	09/15/2019	O	[REDACTED] is not actively pursuing this goal
6/7/2022	12/7/2021	D	[REDACTED] is not committed to this goal because he no longer smokes cigarettes he vapes.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] feels he is overweight, and it is affecting his health.			
WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY	
Goal # 12 [REDACTED] will seek to lost 1 or 2 pounds per month until he reaches a healthy weight range.	[REDACTED] Linden Lodge Staff	Ongoing, Supervised Living 24/27	
HOW (Support/Intervention) [REDACTED] will:			
<ul style="list-style-type: none"> Try and eat no more than 150 grams of carbs a day and no more than 10g of sugar at a meal. Linden Lodge staff will:			
<ul style="list-style-type: none"> Remind [REDACTED] of his goal. Provide a nutritionally balanced meal at dinner time. 			
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
9/9/2018	3/9/2018	O	[REDACTED] is doing well maintaining his weight.
3/9/2018	8/31/2018	O	[REDACTED] is doing well maintaining his weight.
8/15/2019	3/15/2019	O	[REDACTED] is doing well maintaining his weight.
3/15/2020	09/15/2019	O	[REDACTED] is doing well maintaining his weight.
6/7/2022	12/7/2021	O	[REDACTED] would like to maintain a healthy diet.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

**** Copy and use as many Action Plan pages as needed.**

Name: [REDACTED]

DOB: [REDACTED]

Medical ID: [REDACTED]

Record #:

CRISIS PREVENTION AND INTERVENTION PLAN
(Use this form or attach your crisis plan.)

Significant event(s) that may create increased stress and trigger the onset of a crisis. (Examples include: Anniversaries, holidays, noise, change in routine, inability to express medical problems or to get needs met, etc. Describe what one may observe when the person goes into crisis. Include lessons learned from previous crisis events):
[REDACTED] occasionally has issues with authority figures, he has really worked on this. Confrontations with people to jeopardize his lifestyle currently.

Crisis prevention and early intervention strategies that were effective. (List everything that can be done to help this person AVOID a crisis):

- The best way for [REDACTED] to avoid a crisis is to
- Stability he feels good with where he is at
 - Continue to be medication compliant
 - To engage in physical activity daily
 - Consult staff if he is having any difficulty

Strategies for crisis response and stabilization. (Focus first on natural and community supports. Begin with least restrictive steps. Include process for obtaining back-up in case of emergency and planning for use of respite, if an option. List everything you know that has worked to help this person to become stable):

Leave surroundings for a brief period of time.
Isolate in his room until he feels safe.

Describe the systems prevention and intervention back-up protocols to support the individual. (i.e. Who should be called and when, how can they be reached? Include contact names, phone numbers, hours of operation, etc. Be as specific as possible.)

Who	Phone	When can we contact	Support type/Comment
Linden Lodge Staff	910-295-0600	24/7	
Moore County Sheriff CIT	910-947-2931	24/7	
Moore Regional Inpatient	910-715-1500	24/7	
Ashley Baker	910-691-2810	24/7	
[REDACTED]	[REDACTED]	24/7	
Dr. Joel Monroe	910-715-3370	M-F 8am-5pm	Longtime friend
Dr. David Hipp	910-295-5511	M-F 8am-5pm	Therapist with First Health Behavioral
Dr. Joel Monroe	910-715-3370	M-F 8am-5pm	Internal Medicine, Pinehurst Medical
[REDACTED]	[REDACTED]	24/7	Psychologist
[REDACTED]	[REDACTED]	24/7	Stepdad
[REDACTED]	[REDACTED]	24/7	Mom

Specific recommendations for interacting with the person receiving a Crisis Service:

- The best way to approach [REDACTED] in a crisis is to:
- Have a calm, non-threatening manner
 - Remove bystanders from the situation
 - Work one person at a time with [REDACTED]
 - Encourage [REDACTED] to solve the situation on his own.
 - Give [REDACTED] time and space to calm down.
 - Maintain respect for [REDACTED] throughout the crisis.

Name:



DOB:



Medicaid ID:



Record #:

PLAN SIGNATURES

I. PERSON RECEIVING SERVICES:

- I confirm and agree with my involvement in the development of this PCP. My signature means that I agree with the services/supports to be provided.
- I understand that I have the choice of service providers and may change service providers at any time, by contacting the person responsible for this PCP.
- For CAP-MR/DD services only, I confirm and understand that I have the choice of seeking care in an intermediate care facility for individuals with mental retardation instead of participating in the Community Alternatives Program for individuals with Mental Retardation/Developmental Disabilities (CAP-MR/DD).

Legally Responsible Person: Self: Yes No

Person Receiving Services: (Required when person is his/her own legally responsible person)

Signature:

Date: 12/7/2021

Legally Responsible Person (Required if other than person receiving Services)

Signature: _____ (Print Name)

Date: / /

Relationship to the Individual: _____

II. PERSON RESPONSIBLE FOR THE PCP: The following signature confirms the responsibility of the QP/LP for the development of this PCP. The signature indicates agreement with the services/supports to be provided.

Signature: Hisuley Baker
(Person responsible for the PCP)

Linden Lodge
(Name of Case Management Agency)

Date: 12/7/21

Child Mental Health Services Only:

For individuals who are less than 21 years of age (less than 18 for State funded services) and who are receiving or in need of enhanced services and who are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the adult criminal court system, the person responsible for the PCP must attest that he or she has completed the following requirements as specified below:

- Met with the Child and Family Team - Date: / /
- OR Child and Family Team meeting scheduled for - Date: / /
- OR Assigned a TASC Care Manager - Date: / /
- AND conferred with the clinical staff of the applicable LME to conduct care coordination.

If the statements above do not apply, please check the box below and then sign as the Person Responsible for the PCP:
 This child is not actively involved with the Department of Juvenile Justice and Prevention or the adult criminal court system.

Signature: _____ (Person responsible for the PCP)

(Print Name)

Date: / /

III. SERVICE ORDERS: REQUIRED for all Medicaid funded services; RECOMMENDED for State funded services.

(SECTION A): For services ordered by one of the Medicaid approved licensed signatories (see Instruction Manual).

My signature below confirms the following: (Check all appropriate boxes.)

- Medical necessity for services requested is present, and constitutes the Service Order(s). Yes No
- The licensed professional who signs this service order has had direct contact with the individual. Yes No
- The licensed professional who signs this service order has reviewed the individual's assessment. Yes No

Signature: _____ (Name/Title Required)

(Print Name)

License #: _____ Date: / /

(SECTION B): For Qualified Professionals (QP) / Licensed Professionals (LP) ordering:

- CAP-MR/DD or
- Medicaid Targeted Case Management (TCM) services (if not ordered in Section A)
- OR recommended for any state-funded services not ordered in Section A.

My signature below confirms the following: (Check all appropriate boxes.) Signatory in this section must be a Qualified or Licensed

Name: [Redacted]

DOB: [Redacted]

Medicaid ID: [Redacted]

Record #:

Professional:

- Medical necessity for the CAP-MR/DD services requested is present, and constitutes the Service Order.
- Medical necessity for the Medicaid TCM service requested is present, and constitutes the Service Order.
- Medical necessity for the State-funded service(s) requested is present, and constitutes the Service Order.

Signature: _____

(Name/Title Required)

(Print Name)

License #: _____

Date: / /

(If Applicable)

IV. SIGNATURES OF OTHER TEAM MEMBERS PARTICIPATING IN DEVELOPMENT OF THE PLAN:

Other Team Member (Name/Relationship): Kebria Sparks / House Manager

Date: 12/8/21

Other Team Member (Name/Relationship): _____

Date: / /



Linden Lodge Foundation, Inc.

P. O. Box 4153
Pinehurst, NC 28374
Phone (910) 295-0600
Fax (910) 420-2590

To:	DHHS Attention: Caitlin Hicks	From:	Ashley Baker
Fax:	919-715-8078	Pages:	56, including this one
Phone:	Office: 919-855-3963	Date:	12/14/2021
Re:	Mental Health Licensure and Certification	cc:	

Urgent For Review Please Comment Please Reply Please Recycle

WE HAVE A NEW FAX NUMBER 910-420-2590

Hello Caitlin,

Please see the attached documents for our annual survey plan of correction.

Should you require any additional information, please let me know.

Thank you,

Ashley Baker
Linden Lodge
Executive Director
o:910-295-0600
c: 910-691-2810
ashleyatlinden@gmail.com