Durham County Community Living Programs, Inc.

Post Office Box 51159 Durham, N.C. 27717-1159 (919) 489-0682

Regis Avenue Group Home
MHL # 032-261
Plan of Correction to Survey Completed 12/29/21
Intake # NC00183597

V 110 27G.0204 Training and Supervision of Paraprofessionals:

<u>To Correct the Deficiency</u>: Ms. Sauls found that this Rule is not met as evidenced by Staff #1 failed to demonstrate the knowledge, skills, and abilities required for the population served.

On December 22nd, training was given to both managers in this home related to client rights and stress management. The incident concerned Staff #1 yelling at a consumer. In addition, Administrative investigations found that Staff #2 used her position and influence to sway the consumers to say things that may be false or exaggerated regarding Staff #1. Both of these concerned Clients Rights, and resulted in stress, leading us to complete these trainings for both staff.

Training to be scheduled for Staff #1 in the next 30 days includes Mindset, to review the skills she previously learned in training.

Training to be scheduled for Staff #2 in the next 30 days includes HIPAA, as Staff #2 was found to violate HIPAA regulations in giving information to other consumers and staff, instead of properly reporting to her supervisor. In addition, we will review Professional Ethics; as those ethics were not upheld in the treatment of Staff #2 by Staff #1.

Both Staff #1 and #2 are facing disciplinary action in the form of write-ups warning them that further action will be taken if these types of violations continue. In addition, the two staff are unable to repair the damage to this professional relationship, so Staff #2 will be moved to another Team away from Staff #1, and away from the consumers whom she attempted to manipulate.

To Prevent the Deficiency from Occurring Again: We will monitor and supervise both staff pertaining to the issues listed above, and competency in the indicated areas. The supervising Division Director will be responsible for monitoring and supervising each staff, at least weekly, and at monthly meetings. The Division Director will have weekly house meetings with the consumers on Tuesdays to review the previous shift and address any issues that may arise before Staff #1 or Staff #2 goes off shift. Any issues raised by the consumers will be documented and brought to the attention of the Assistant Director to address. The Assistant Director and Division Director will speak with the consumers regularly throughout the week to assure that the consumers' concerns are addressed promptly.

<u>Who will Monitor</u>: The Assistant Director is responsible for supervising and monitoring the Division Director to make sure that these actions are occurring on a regular and ongoing basis.

How Often the Monitoring will Take Place: The Division Director will be in the home monitoring staff and consumers at least weekly. The Division Director must submit monthly supervision notes to the Assistant Director relating to her supervision and monitoring of the two managers. A weekly house meeting agenda will be copied and submitted to the Assistant Director as evidence of the weekly meeting with the consumers taking place.

Respectfully Submitted,

Elizabeth Scott, BS, QDDP

Executive Director December 29, 2021



ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 15, 2021

Elizabeth Scott, Executive Director Durham County Community Living Programs, Inc. P.O. Box 51159 Durham, NC 27717

Re:

Complaint and Follow up Survey completed December 13, 2021

Regis Avenue Group Home, 4425 Regis Avenue, Durham, NC 27705

MHL # 032-261

E-mail Address: ewscott-dcclp@ncrrbiz.com

Intake #NC00183597

Dear Ms. Scott:

Thank you for the cooperation and courtesy extended during the Complaint and Follow up survey completed December 13, 2021. The complaint was substantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

All tags cited are standard level deficiencies.

Time Frames for Compliance

• Standard level deficiency must be *corrected* within 60 days from the exit of the survey, which is 2/11/22.

What to include in the Plan of Correction

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

12/15/21 Regis Avenue Group Home Elizabeth Scott

- Indicate what measures will be put in place to correct the deficient area of
 practice (i.e. changes in policy and procedure, staff training, changes in staffing
 patterns, etc.).
- Indicate what measures will be put in place to *prevent* the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

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

Send the <u>original</u> completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,

Kimberly R Sauls

Facility Compliance Consultant I

KARSIL

Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL032-261 Y1 STREET ADDRESS, CITY, STATE, ZIP CODE REGIS AVENUE GROUP HOME STATE FORM: REVISIT REPORT MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 4425 REGIS AVENUE

DURHAM, NC 27705

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEN Y4	Л	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID D. S.	140700			0	ID D	
ID Prefix		Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	27G .0303(c)	Completed	Reg. #	Completed	Reg. #	Completed
LSC		12/13/2021	LSC		LSC	
ID Prefix		Correction	ID Prefix	Correction	ID Prefix	Correction
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LSC			LSC		LSC	
REVIEWED		REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Kimberly R Sauls		DATE 12/15/21
REVIEWED CMS RO	D BY	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Cons	sultant I	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/6/2021			R ANY UNCORRECTED DEFICIEN DTED DEFICIENCIES (CMS-2567)			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: _ R-C. B. WING MHL032-261 12/13/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4425 REGIS AVENUE REGIS AVENUE GROUP HOME DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed DHSR - Mental Health on December 13, 2021. The complaint was substantiated (intake #NC00183597). JAN 3 _ 2022 Deficiencies were cited. This facility is licensed for the following service Lic. & Cert. Section category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The survey sample consisted of audits of 6 current clients. V 110 27G .0204 Training/Supervision V 110 Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness: (3) analytical skills: (4) decision-making; (5) interpersonal skills: (6) communication skills; and (7) clinical skills.

Division of Health Service Regulation

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

LIFE TO STATE FORM

STATE FORM

134/21

If continuation sheet 1 of 8

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2 2 2000	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL032-261	B. WING		R-C 12/13/2021	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 12/	13/2021
REGIS A	VENUE GROUP HOM	un .	GIS AVENUE I, NC 27705			
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V 110	Continued From pa	ge 1	V 110			
	develop and implement for the initiation of the	pody for each facility shall ment policies and procedures he individualized supervision ch paraprofessional.				
	three audited staff (the knowledge, skill population served. The knowledge, skill population served. The knowledge, skill population served. The knowledge states and the knowledge states are also as a constant of the knowledge states and the knowledge states are also as a constant of the knowledge states a	views and interviews one of staff #1) failed to demonstrate is and abilities required for the The findings are: //21 of client #1's record //21 of client #1's record //21 of client #2's record //22 of client #2's record //23 of client #3's record //24 of client #3's record				
	-Admission date of 1 -Diagnoses of Mild I Developmental Disa Congenital Hypothyr	ntellectual and				

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	25 9500000000000000000000000000000000000	PLE CONSTRUCTION 3:		E SURVEY PLETED
	MHL032-261		B. WING		1	R-C 13/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
REGIS A	VENUE GROUP HOM	E	IS AVENUE , NC 27705			
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V 110	Continued From pa	ge 2	V 110			
		r, Chronic Kidney Disease, Bladder, Heartburn, and Gout.				
	revealed: -Admission date of -Diagnoses of Mode	erate Intellectual and ability, Diabetes, Hypertension				
	revealed: -Admission date of -Diagnoses of Mild I Developmental Disa Blood Pressure, Ch Kidney Disease, Ins					
	revealed: -Admission date of '-Diagnoses of Mild Developmental Disa	Intellectual and ability, Schizophrenia, Type II is, Dyshidrotic Eczema and				
	revealed: - Staff #1 had a hire	of the facility's personnel files date of 3/3/21. as a Group Home Manager.				
	-She had an inciden group home. -Staff #1 fussed at h "b***h."	11 with client #1 revealed: t with staff #1 last week at the er. Staff #1 called her a a "b***h" in front of the other				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3:	COM	PLETED
	MHL032-261		B. WING		100	-C 13/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE		
REGIS A	VENUE GROUP HOM	4425 REG	IS AVENUE			
IXLOIO A	WEIVOL GROOF HOW	DURHAM	NC 27705)		
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V 110	Continued From pa	ge 3	V 110			
	-Staff #1 got upset of make an appointmed -Staff #1 fussed at a the doctorShe does not like so the other clients in the -Staff #1 told her to November 2021She told the Division with staff #1, however line with staff #1, however line with staff #1, however line with staff #1 yelled at heap acket of sweetend -She also heard staff #1 yelled at client #1 -She heard staff #1 you." -Staff #1 and client #1 you." -Staff #1 and client #1 line with a	when she called her doctor to ent to get shingles shot. her and asked why did she call staff #1. Staff #1 also yelled at he home. get her butt to the table in on Director about the issues fer she did not believe her. 21 with client #3 revealed: fer once or twice. She thought out a week or two ago. for her coffee. If #1 yelling at client #1. Staff I a lot. tell client #1 "I'm done with #1 had a recent incident and the [staff #1], I don't like her." 21 with client #4 revealed: 's] ways." Staff #1 talked loud nem. te [staff #1], they want her	V 110			
	client #1 to get her "a	a**" in the kitchen to eat that happened around April				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
					R	R-C	
		MHL032-261	B. WING		12/	13/2021	
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V 110	throughout the grout the door in client #1 -Staff #1 also had homeStaff #1's grandsor group home. He rar while she was nake -She talked with the #1 mistreating clien occasion. Interview on 12/13/2 -There were days wid get frustratedShe had a loud voic clientsShe did clash with since she worked at -The clients never syelling or any other the homeShe had her grands about 12 hours, he can bout 14 hours, he can bout 14 hours and bout 14 hours	rs slamming the doors up home. She saw her slam 's face. uer grandson at the group In was running all over the into client #2's bedroom Id and getting dressed. It is Division Director about staff It #1 on more than one 21 with staff #1 revealed: If when she was in pain and she Id the client #1, it's been that way It that home. It is any anything to her about issues when she is working at It is son at the group home for It is did not stay overnight. It is gave her permission to It is any anything. In with staff #2 revealed: It with staff #2 revealed: It with staff #1 left her shift. It is staff #1 left her shift. It is staff #1 yelled and screamed If it is she wanted to call her	V 110	DEFICIENCY)			
	her attentionClient #1 was the cl most about staff #1.	lient who complained the					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE	1 12/1	13/2021
REGIS A	VENUE GROUP HOM	F	IS AVENUE NC 27705			
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V 110	family members in to occasions. -Some of the clients Director about their clients felt like their linterview on 12/10/2 -She worked as clie was at the home widuring the day. -She overheard statemore than one occasions are the control of the con	s mentioned staff #1 had the home on several stalked to the Division concerns with staff #1. The issues were not addressed. 21 with staff #3 revealed: nt #2's one on one staff. She the Group Home Managers of #1 yelling at client #1 on asion. It upset and she would bout a recent incident with #1 asked her for money. and cried while she talked tell the clients "what goes on the house." If #1 say "I know I yell at you'll bout and controlling to the post of their way to be nice to out of their	V 110	DEFICIENCY)		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FL	AN OF CORRECTION	IDENTIFICATION NOMBER.	A, BUILDING:			
		MHL032-261	B. WING			-C 13/2021
NAME (F PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
REGIS	AVENUE GROUP HOM	E	IS AVENUE , NC 27705			
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V 12	it was okShe felt like staff # work with these clie -The Division Direct address anything w -She knew staff #2 Division Director ab #1. The issues were Interview on 12/10// revealed: -Staff #1 said that s really was not sure -Staff #1 called her was trying to make -She had given clie doctor and staff #1 -Staff #1 seemed to know she had perm -Client #1 called he Client said staff #1 she called the Doct -Client #1 said staff -She was at the hor never heard her yel -Staff #1 had a loud being inappropriate -She was aware tha visit the homeAs far as she knew in the home for a lo -It was not against to members in the hor -She was not aware running around the #2's room while she	cause she was here and said I needed a lot of training to ents. Itor really did not want to ith staff #1. and the clients talked to the cout some concerns with staff e not addressed. I with the Division Director The had "a motherly tone", she what that meant. I recently and said client #1 an appointment, and #1 permission to call her didn't know that. I be upset because she didn't hission. I the day after that incident. I got upset with her because or's office. I was yelling at her. I was yelling at her. I voice, she can't say she was with the clients. I voice, she can't say she was with the clients. I the family members were not not period of time. The rules to have family me. I of staff #1's grandson home and going into client was getting dressed. I/21 and 12/13/21 with the	V 110	DEFICIENCY)		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	SURVEY	
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V 110	management abou-Staff #2 complaint issues. She had no abusive type issues-Staff #2 would "nit doesStaff #2 would get staffThey were aware to a recent incident. To about client #1 callia appointmentStaff #1 admitted staff incident, however agency did addressed. The Division Director has the aring anything incomposition of the clientsShe was aware stavisit the home in the understanding the finder of a short per staff and the clients.	ory of complaining to ther co-staff. s were generally "petty" of complained about any so pick" everything the other staff the clients upset with the other that staff #1 and client #1 had here was a misunderstanding ng to schedule a doctor's she yelled at client #1 during wer she apologized to her. The set that incident with staff #1, tor had been working at the rest three weeks. The ad not reported seeing and/or appropriate between staff #1 aff #1 had a few staff members	V 110			

Durham County Community Living Programs, Inc.

P.O. Box 51159

Durham, NC 27717-1159

(919) 489-0682

Fax	
To: Kimberly Sauls DHSR	From: Elizabeth Scott Extension #: 24
DHSR "	Extension #: 24
Fax: (919) 715 - 8078	Pages: 14 (including cover)
Phone:	Date: /2/29/7/
Re: Plan of Correction	CC:
☐ Urgent ☐ For Review ☐ Please Comment	☐ Please Reply ☐ Please Recycle
Comments:	much!

This fax, including any attachments, is for the sole use of the sender and intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply fax or telephone and destroy all copies of the original message.

Durham County Community Living Programs, Inc. Fax Number: (919) 493-0869

TRANSMISSION VERIFICATION REPORT

TIME : 12/29/2021 13:29 NAME : DCCLP FAX : 9194930869 TEL : 9194890682 SER.# : BROJ1J598192

DATE,TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

12/29 13:24 9197158078 00:04:38 14 OK STANDARD

Durham County Community Living Programs, Inc.

Post Office Box 51159 Durham, N.C. 27717-1159 (919) 489-0682

Regis Avenue Group Home

MHL # 032-261

Plan of Correction to Survey Completed 12/29/21

Intake # NC00183597

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Respectfully Submitted,

Elizabeth Scott, BS, ODDP

Executive Director December 29, 2021



ROY COOPER • Governor

MANDY COHEN, MD. MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 15, 2021

Elizabeth Scott, Executive Director
Durham County Community Living Programs, Inc.
P.O. Box 51159
Durham, NC 27717

Re: Complaint and Follow up Survey completed December 13, 2021

Regis Avenue Group Home, 4425 Regis Avenue, Durham, NC 27705

MHL # 032-261

E-mail Address: ewscott-dcclp@ncrrbiz.com

Intake #NC00183597

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What to include in the Plan of Correction

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION 1808 Umstead Drive, Williams Building, Raleigh, NC 27603 MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27609-2718 www.ncdhha.gov/dhsr - TEL: 919-855-3795 - FAX: 919-715-8078

12/15/21 Regis Avenue Group Home Elizabeth Scott

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- · Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

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

Send the <u>original</u> completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely.

Kimberly R Sauls

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

C¢.

DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant

DCCLP

STATE FORM: REVISIT REPORT

	STATE FORM. R	EAIOH VELOVI	
PROVIDER / SUPPLIER / CHA/	MULTIFLE CONSTRUCTION		DATE OF REVISIT
	A. Ruildino	Y2	the the tensor of the tensor o
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE	
REGIS AVENUE GROUP HOM	E	4425 REGIS AVENUE	
		DURHAM, NC 27705	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM	DATE	ITEM	DATE	ITEM	DATE
Y4	Y5	Y4	Y5	Y4	Y5
ID Prefix V0736	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .0303(c)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/13/2021	LSC		LSC	, and the second
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. //	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg.#	Completed
LSC	SA ALBERTANIA MANAGEMENT AND A SECOND STATE OF THE SECOND STATE OF	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
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ID Prefix	Gorrection	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	signature of surveyor Kimberly R Sauls		DATE 12/15/21
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Con	ısultant I	DATE
FOLLOWUP TO SURVE	Y COMPLETED ON		FOR ANY UNCORRECTED DEFICIENT SECTED DEFICIENT SECTED DEFICIENCIES (OMG-250F)		

Division	of Health Service Re	egulation				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	S CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL032-261	s. wing		R-C 12/13/2021	
		*************************************	J		I I I I I I I I I I I I I I I I I I I	
NAME OF F	PROVIDER OR SUPPLICE			STATE, ZIP CODS		
REGIS A	VENUE GROUP HOM	E	NC 27705			
(X4) ID PREFIX TAIS	(I ACH DEFICIENC	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCHDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL	DBE COMPLETE	
V 000	INITIAL COMMEN	τs	V 000			
A G April accessor a minut of the						
* v .	category: 10A NCA Living for Adults wit	sed for the following service C 27G .5600C Supervised th Developmental Disability.	:		:	
м «ментиномининоминином»	The survey sample current clients.	consisted of audits of 6			·	
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110			
10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this						
* Overamentendent moore # # #	knowledge, skills at population served.	ars snar demonstrate nd abilities required by the	!			
	employment system then qualified profe professionals shall	a competency-based is established by rulemaking, ssionals and associate demonstrate competence, hall be demonstrated by sincluding:				
	 (1) technical knowl (2) cultural awaren (3) analytical skills (4) decision-makin (5) interpersonal sl (6) communication (7) clinical skills 	edge; ess; ; g; kills;)			
ivision of He	alth Service Regulation	ENINADOLITO DEDDECENZATIVE O/O/O		T-17(3)	·	

STATE FORM

By DHSR Mental Health Licensure & Certification at 1:46 pm, Dec 29, 2021

FORM APPROVED

Division	of Health Service Ro	egulation				
AND MILAN OF COORECTION INCOME TO A TICK ATICK AND ASSETS.		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MH1.032-261	B. WING	1001 720 1	R-4 12/1	C 3/2021
		Language Commence of the Comme			***	
NAME OF 8	PROVIDER OR SUPPLIER		DRESS, CITY, ST	Alm, SP Court	,	
REGIS A	VENUE GROUP HOM		I, NC 27705			
(X4) ID PREFIX TAG		TEMENT OF DEFIDIENCIES YMUST RE PRECEDED BY FULL SCHLENTIFFRING HYFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (FACH CORRECTIVE ACTION SHOU DEFICIENCY)		(X5) COMPLETE
V 110	Continued From pa	ige 1	V 110		į	
	develop and impler for the initiation of t	nody for each facility shall ment policies and procedures the individualized supervision of paraprofessional				
	Based on record re three audited staff	et as evidenced by: views and interviews one of (staff #1) failed to demonstrate ils and abilities required for the The findings are:				
	revealed: -Admission date of -Diagnoses of Mild Developmental Dis	Intolloctual and ability, Anxiety, Adjustment essed Mood, Senile				
	revealed: -Admission date of -Diagnoses of Mild Developmental Dis Disorder, Cognitive Gastroesophageal deficiency. c. Review on 12/10 revealed: -Admission date of -Diagnoses of Mild Developmental Dis	Intellectual and ability, Major Depressive Disorder, Down Syndrome. Reflux Disease and B12 1/21 of client #3's record				

Division of Health Carving Regulation						
The state of the s		(x2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL032-261	s. WING		R- 12/1	C 3/2021
NAME OF	PROVIDER OR SUPPLIEK	STREET AD	DRESS, CITY. ST	TATE, ZIP CODE		
	VENUE GROUP HOM		IS AVENUE , NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX FAG	PROVIDER'S PLAN OF CORRECT (MACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE (IATF
V 110	Continued From pa	ige 2	V 110			•
		r, Chronic Kidney Disease. Bladder, Heartburn, and Gout.				•
	revealed: -Admission date of -Diagnoses of Mod Developmental Dis and High Choleste e. Review on 12/10 revealed: -Admission date of -Diagnoses of Mild Developmental Dis Blood Pressure, Ci Kidney Disease, In Heart Failure, Dep f. Review on 12/10 revealed: -Admission date of -Diagnoses of Mild Developmental Dis	lerate Intellectual and sability, Diabetes, Hypertension rol. 2/21 of client #5's record 10/2/06. Intellectual and sability. Type II Diabetes, High hronic Migraines, Chronic isomnia, Chronic Right Side ression and High Cholesterol. 21 of client #6's record 11/5/15. I Intellectual and sability, Scripping and sability.				
	Review on 12/13/2 revealed: - Staff #1 had a hir - Staff #1 was hire interview on 12/10 - She had an incide group home Staff #1 fussed at "b***h."	1 of the facility's personnel files				**************************************

Division :	of Health Service Re	egulation				
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-()
		MHL032-261	R. WING		12/13	72021
NAME OF F	PROVIDER OR SUPPLIER	" - "	DRESS. CITY, S	TATE, ZIP CODE		
REGIS A	VENUE GROUP HOM	#	NC 27705		<u> </u>	
(X4) ID PRHEIX TAG	A ACH DEFICIENCY	JEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PRÉEX FAG	PROVIDER'S PLAN OF CORRECT! (I ACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE CATE
V 110	Continued From pa	ge 3	V 110		• (***	
	-Staff #1 got upset make an appointme-Staff #1 fussed at the doctorShe does not like: the other clients in -Staff #1 told her to November 2021She told the Division with staff #1, hower linterview on 12/10/-Staff #1 yelled at her at -Staff #1 yelled at he packet of sweete -She also heard staff #1 yelled at client #1 was upset -Client #1 said "I he linterview on 12/10/" and yelled at all of -"They really don't away from this hon -"They have talked she will not do anyto Director are tight; Interview on 12/10/-Staff #1 was alway #1.	when she called her doctor to ent to get shingles shot. her and asked why did she call staff #1. Staff #1 also yelled at the home. get her butt to the table in on Director about the issues wer she did not believe her. 21 with client #3 revealed: ser once or twice. She thought bout a week or two ago, her because she was frying get ner for her coffee. aff #1 yelling at client #1. Staff #1 a lot. tell client #1 "I'm done with #1 had a recent incident and the stee [staff #1], I don't like her." (21 with client #4 revealed: staff #1], I don't like her."			And the state of t	
	client #1 to get her	"a"" in the kitchen to eat that happened around April				

Division	of Health Service Re	egulation			4	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATÉ SURVEY COMPLETED	
		MHL932-261	E. WING		R- 12/1:	C 3/2021
NAME OF F	PROVIDER OR SUPPLIFE	STREET AD	DRF\$\$. CITY, S	STATE, ZIP CODE		
REGIS A	VENUE GROUP HOM		IS AVENUE , NC 27705			
(X4) ID PREFIX TAG	(BACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D B0	(X5) COMPLETE DATE
V 110	Continued From pa	ge 4	V 110			
	-Staff #1 was alway throughout the grot the door in client #1-Staff #1 also had it homeStaff #1 also had it homeStaff #1's grandso group home We saw while she was nake. She talked with the #1 mistreating clien occasion. Interview on 12/13/-There were days very hard a loud voclientsShe had a loud voclientsShe did clash with since she worked a -The clients never syelling or any other the homeShe had her grand about 12 hours, he -The Assistant Direkeep her grandson. Interview on 12/13/-The client #1 would credient #1 would say at herClient #1 would say at herClient #1 would say at herClient #4 just receithe door in her face her attention.	is slamming the doors up home. She saw her slam I's face. her grandson at the group in was running all over the high client #2's bodroom hed and getting dressed. It Division Director about staff at #1 on more than one 21 with staff #1 revealed: when she was in pain and she lice, but does not yell at the client #1, it's been that way at that home. Isay anything to her about lissues when she is working at dison at the group home for did not stay overnight. Income gave her permission to I she was babysitting. 21 with staff #2 revealed: with her about the issues they by after staff #1 left her shift. I staff #1 yelled and screamed by she wanted to call her				

Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/OUA		(X2) MULTIPL A. BUILDING.	E CONSTRUCTION	TAMOO (EX)	SURVEY PLETED	
				þ	- C	
			R WING			1313034
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODF		
	-	4425 REC	SIS AVENUE			
REGIS A	VENUE GROUP HOM		I, NC 27705	***		
(X4) ID PREFIX TAG	(BACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LULL SCIDENTIFYING INFORMATION)	ID PRFFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JID BE	(XS) COMPLETE
V 110	Continued From pa	ige S	V 110			
	-Three of the client	s mentioned staff #1 had				
	1	the home on several				
	occasions.					
	-Some of the client	s talked to the Division				
	Director about their	concerns with staff #1. The	1			<u>.</u>
	clients felt like their	issues were not addressed.				
	Intoniov on 12/10/	21 with staff #3 revealed:				-
		ent #2's one on one staff. She				
		ith the Group Home Managers				
	during the day.					
		off #1 yelling at client #1 on				
	more than one occ					į
	-Client #1 would get upset and she would					
	sometimes cry.					
	-Client #1 told her about a recent incident with staff #1.					
		f #1 asked her for money.	i			}
		refused to give her any money.	1			
		t and cried while she talked				
	about that incident					
		tell the clients "what goes on				
	in the house stays in the house." -She also heard staff #1 say "I know I yell at you'll					
	sometimes." -Staff #1 was very loud and controlling to the					-
	clients.	out and boundary in the	1			
		of the clients were afraid of	;			į
	staff #1.		ĺ			;
		out of their way to be nice to				
	[staff #1] so she do	on't get on them."				
		eak up for herself. Client #1				;
	1	not afraid of staff #1.				
		grandchild in the home. He				[
	was running all ove	er the house. In ear into client #2's hadroom.				r ·
	-	out the shower and was	1	1		
		ne thought the grandchild was		4		
	at the home a few					
-The Division Director knew staff #1's grandchild						

Division of Health Service Regulation					
property production and the second se		(XZ) MULTIPLE	ECONSTRUCTION	(X3) DATC SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: ,	. A A L L L L L L L		
					R-C
	·A##	WITL032-251	Ĺ =		
NAME OF E	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY S	TATH, ZIP CODE	
			IS AVENUE		
REGIS A	VENUE GROUP HOM	E DURHAM	NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT! (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETE
V 110	Continued From pa	age 6	V 110		
	was at the home be	scause she was here and said	!		
į	it was ok.		1		
		f1 needed a lot of training to			1
	wante mitte		1		l I
		tor really did not want to			
	address anything w	and the clients talked to the	1		Ì
		oout some concerns with staff			
	#1. The issues wer				
		/21 with the Division Director			
	revealed:				
		she had "a motherly tone", she	:		
	really was not sure	recently and said client #1			
	was trying to make		1		
	-She had given clie	ent #1 permission to call her			
	doctor and staff #1	didn't know that.			
		o be upset because she didn't	1		1
	know she had perr		1		
		er the day after that Incident. got upset with her because			
	she called the Doc		i		Ì
	•	ff #1 was yelling at her.			·
		ome a lot with staff #1 and		100	
never heard her yelling at the clients.		1			
	-Staff#1 had a lou	d voice, she can't say she was			!
	being inappropriate			20 mg	
	-She was aware that staff #1 had family members				
	visit the home.	w the family members were not			
 -As far as she knew the family members were not in the home for a long period of time. 				İ	
	-It was not against the rules to have family				
	members in the ho	me.			
	- Site Was not awar	e home and going into client	1	**************************************	
		e was getting dressed.			
		and the manage of the parties of the state of the parties of the state		Terminal Control of the Control of t	
	Interviews on 12/1 Executive Director	0/21 and 12/13/21 with the	No.		
1	Tryaching muscin	revealed.			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: MHL032-261		(XZ) MULTIPLE	CONSTRUCTION	VAS, SATE COMP	COTOEN LETED	
		A. BUILDING:			R-C	
		8. WING			3/2021	
NIGRAE OF S	ROVIDER OR SUPPLIER	STREET AU	ATE, ZIP CODE			
		4425 REG	SIS AVENUE			
REGIS A	VENUE GROUP HOM	~~~	, NC 27705	PROVIDER'S PLAN OF CO	>==:	(X5)
(X4) ID PREFIX TAG	JEACH DEFICIENC	ATTMENT OF DEHICLENCIES Y MUST BE FRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	COMPLETE
V 110	Continued From pa	age 7	V 110			
	management about -Staff #2 complain issues. She had not abusive type issue -Staff #2 would "nit -Staff #2 would ge staffThey were aware a recent incident." about client #1 cal appointmentStaff #1 admitted that incident, how agency did addresting anything and the clientsShe was aware a visit the home in the understanding the home for a short	ts were generally "petty" ot complained about any				

• Comments:

Durham County Community Living Programs, Inc.

P.O. Box 51159

Durham, NC 27717-1159

(919) 489-0682

lax	
To: Kimberly Sauls DHSR	From: Elizabeth Scott Extension #: 24
DHaK	Extension #: 24
Fax: (919) 715-8078	Pages: /4 (including cover)
Phone:	Date: /2/29/21
Re: Plan of Correction	CC:
☐ Urgent ☐ For Review ☐ Please Comment	☐ Please Reply ☐ Please Recycle

RECEIVED

Thank you very much!

By DHSR Mental Health Licensure & Certification at 1:46 pm, Dec 29, 2021

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Durham County Community Living Programs, Inc. Fax Number: (919) 493-0869