

**Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
Rule Violation and Client/Staff Identifier List**


Facility Name: Brannock Home MHL Number: 041-1215  
Exit Date: 2/11/22 Surveyor(s): Angela Medlin

**EXIT PARTICIPANTS: Ronald Benjamin, Licensee, Rosetta Daniel, QP and Ronnisha Benjamin-Teasley, QP**

- **Annual**  
**48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.**

Rule Violation/Tag #/Citation Level: Rule Violation/Tag #/Citation Level: G.S. 131E -256  
HCPR Prior Employment Verification (V131)/Standard

**Client & Staff Identifier List  
(Indicate staff title or number beside each name)**

Client #   
 Client # \_\_\_\_\_  
 Client # \_\_\_\_\_  
 Client # \_\_\_\_\_  
 Client # \_\_\_\_\_  
 Client # \_\_\_\_\_  
 Client # \_\_\_\_\_  
 Client # \_\_\_\_\_  
 Client # \_\_\_\_\_  
 Client # \_\_\_\_\_

Staff #   
 QP #1   
 QP #2   
 Staff # \_\_\_\_\_  
 Staff # \_\_\_\_\_

**CITATION LEVEL:** Number of days from survey exit for citation correction  
 Standard = 60 days    Recite – standard = 30 days    Type A = 23 days    Type B = 45 days  
 Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

**Tag 131**

**What measures will be put in place to correct deficient area of practice?**

ALL Health Care Personnel Registry checks will be filed and stored away properly and no Clinical staff/QP's will be allowed to trash or take out any Health Care Personnel Registry checks

**What measures will be put in place to prevent the problem from occurring again?**

Training for any clinical staff/future Qualified Professionals

**Who will monitor the situation to ensure it will not occur again ?**

Qualified Professional

**How often will monitoring take place?**

Monitoring will occur monthly and HCPR will be maintained yearly

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Facility Name: Quality Care III, LLC-Pleasant Garden Home MHL Number: 041-1173  
Exit Date: 2/15/22 Surveyor(s): Angela Medlin

**EXIT PARTICIPANTS:** Rosetta Daniels, OP

\_\_\_\_\_  
\_\_\_\_\_

- Annual

**COVID NOTIFICATION:** In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level 10A NCAC 27G .5601 Scope (V289)/standard

**Client & Staff Identifier List  
(Indicate staff title or number beside each name)**

Client #             
Client #             
Client #             
Client #             
Client #             
Client #             
Client #             
Client #             
Client #             
Client #           

Staff #1             
Staff #             
Staff #             
Staff #           

**CITATION LEVEL:** Number of days from survey exit for citation correction  
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**Tag 289**

**What measures will be put in place to correct deficient area of practice?**

Director will complete paperwork and contact the proper channels to make changes, so that the correct License is in place.

**What measures will be put in place to prevent the problem from occurring again?**

Director and the QP will monitor License that are approved to ensure the correct License is in place

**Who will monitor the situation to ensure it will not occur again ?**

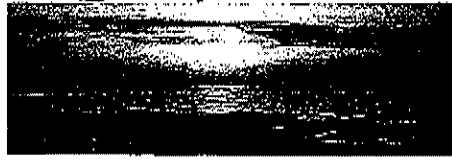
Director/QP

**How often will monitoring take place?**

Monitoring will occur yearly

**RECEIVED**  
By cvhicks at 11:29 am, Mar 14, 2022

*Quality Care III*



FACSIMILE TRANSMITTAL

To: <i>Angela Medlin</i>	Fax #: <i>919-715-8078</i>
From: <i>Quality Care III</i>	Fax #: <i>336-370-6457</i>
Pages:	Date: <i>3/10/22</i>
Re: <i>Plan of Correction</i>	

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