STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-091	A. BUILDING: _____ B. WING _____	04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA - DELLINGER	310 TOT DELLINGER ROAD CHERRYVILLE, NC 28021

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed on April 8, 2022. The complaint was unsubstantiated (Intake # NC00185971). Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adults with Developmental Disability. The facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure emergency drills were completed quarterly and repeated for each shift.	V 114	DHSR - Mental Health APR 18 2022 Lic. & Cert. Section	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-091	A. BUILDING: _____ B. WING _____	04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA - DELLINGER	310 TOT DELLINGER ROAD CHERRYVILLE, NC 28021

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 114	Continued From page 1 Review on 4/5/22 of the facility's Fire and Disaster Drill Log revealed: -No 3rd shift fire drill for first quarter (January - March), 2021; -No 3rd shift fire or disaster drills for second quarter (April-June), 2021; -No 3rd shift disaster drills for third quarter (July-September), 2021; -No 1st shift fire or disaster drills for fourth quarter (October-December), 2021; -No 3rd shift fire drill for first quarter, 2022; -Pre-printed fire and disaster drill schedule revealed 1st shift was 7am-3pm, 2nd shift was 3pm-11pm, and 3rd shift was 11pm-7am. Interview on 4/5/22 with the Qualified Professional revealed: -Fire and disaster drills were held according to the schedule but there were errors in the schedule which did not account for the drills to be conducted quarterly repeated for each shift; -Will revise the schedule of fire and disaster drills to ensure drills are conducted quarterly repeated for each shift.	V 114	(1) Will revise the schedule for fire and disaster drills and will inservice care staff by 4/22/22 by Program Manager or Clinical Supervisor (2) Management staff will review and sign off on all fire and disaster drills monthly at safety to ensure completion and accuracy. Resp: Program Manager or Clinical Supervisor	4/22/22 4/22/22 + ongoing
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-091	A. BUILDING: _____ B. WING _____	04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA - DELLINGER	310 TOT DELLINGER ROAD CHERRYVILLE, NC 28021

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 2 unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe medications and failed to maintain a current MAR affecting 2 of 3 clients (Clients #2 and #3). The findings are: Review on 4/7/22 of Client #2's record revealed: -Admitted 4/30/21; -Diagnosed with Paranoid Schizophrenia, Moderate Intellectual Developmental Disability, and Alcohol Use Disorder; -Physician's order dated 4/30/21 for Polyeth Glycol Powder 3350 (constipation) 17 grams in 4	V 118	(3) all MAR's will be reviewed on a daily bases to check for accuracy and completion by management Staff (Program Manager, Clinical Supervisor, Home Supervisor 4/22 + ongoing (4) Med's will be checked to ensure we have the correct medication and amount in the home 4/15/22 + ongoing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-091	A. BUILDING: _____ B. WING _____	04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA - DELLINGER	310 TOT DELLINGER ROAD CHERRYVILLE, NC 28021

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 3 ounces of liquid daily; -Physician's order dated 11/17/212 for Propranolol (akathisia) 40mg (milligrams) 1 tab (tablet) twice daily; -Physician's order dated 1/20/22 for Lorazepam (anxiety) 1mg 1 tab twice daily; -Physician's order dated 4/30/21 for Lactulose Solution (constipation) 10gm (grams)/15ml (milliliters) 2 tablespoons twice daily; -Physician's order dated 3/7/22 for Clonidine (hypertension) 0.1mg one tab twice daily; -January, 2020 MAR revealed Polyeth Glycol Powder was not administered on 1/1/22, Propranolol was not administered on 1/21/22, Lorazepam was not administered on 1/22/22 (twice), 1/23/22 (twice), and 1/24/22 (twice), and Lactulose was not administered on 1/23/22, 1/24/22 (twice), and 1/25/22 due to having none in the facility; -March, 2022 MAR revealed Clonidine was not administered on 3/16/22 due to having none in the facility. Review on 4/7/22 of Client #3's record revealed: -Admitted 1/23/13; -Diagnosed with Mild Intellectual Developmental Disability, Infantile Cerebral Palsy, Major Depressive Disorder; -Physician's order dated 1/27/22 for Briviact (seizures) 50mg 1 tab twice daily; -Physician's order dated 10/18/21 for Dilantin (seizures) 30mg 2 caps (caplets) at bedtime, Lamotrigine (seizures) 200mg 1 tab daily with 100mg tab, Phenytoin Sodium Ext (seizures) 100mg 2 caps at bedtime; Primidone (seizures) 50mg 1 tab twice daily; -Physician's order dated 10/1/21 for Vimpat (seizures) 200mg 1 tab twice daily with 50mg tab; -Physician's order dated 10/4/21 for Vimpat 50mg 1 tab twice daily with 200mg tab;	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-091	A. BUILDING: _____ B. WING _____	04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA - DELLINGER	310 TOT DELLINGER ROAD CHERRYVILLE, NC 28021

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 4 -Physician's order dated 5/26/21 for Lamotrigine 100mg 1 tab twice daily with 200mg tab -Physician's order dated 3/4/22 for Fluticasone Spray (allergies) 50mcg (micrograms) 2 sprays in each nostril every morning; -February, 2022 MAR revealed no signatures for administration of Briviact, Dilantin, Lamotrigine, Phenytoin Sodium Ext, Primidone, and Vimpat on 2/5/22 and 2/19/22 both during the 8:00pm administration; -March, 2022 MAR revealed Fluticasone Spray was not administer on 3/3/22-3/5/22 due to having none in the facility. Interview on 4/7/22 with the Qualified Professional revealed: -Will ensure MARs are kept current in the future; -Will ensure medications are re-ordered timely to eliminate any missed medication doses in the future.	V 118	(5) Management staff will check MAR's daily for med errors/ refusals and ensure proper paperwork is completed as well proper people are notified. 4/15/22 + ongoing Resp: Program Mngr, Home Supervisor Clinical Supervisor	
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.	V 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-091	A. BUILDING: _____ B. WING _____	04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA - DELLINGER	310 TOT DELLINGER ROAD CHERRYVILLE, NC 28021

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 123	Continued From page 5 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure medication administration errors were reported immediately to a physician or pharmacist affecting 2 of 3 clients (Clients #2 and #3). The findings are: Review on 4/7/22 of Client #2's record revealed: -Admitted 4/30/21; -Diagnosed with Paranoid Schizophrenia, Moderate Intellectual Developmental Disability, and Alcohol Use Disorder; -Physician's order dated 4/30/21 for Polyeth Glycol Powder 3350 (constipation) 17 grams in 4 ounces of liquid daily; -Physician's order dated 11/17/212 for Propranolol (akathisia) 40mg (milligrams) 1 tab (tablet) twice daily; -Physician's order dated 1/20/22 for Lorazepam (anxiety) 1mg 1 tab twice daily; -Physician's order dated 4/30/21 for Lactulose Solution (constipation) 10gm (grams)/15ml (milliliters) 2 tablespoons twice daily; -Physician's order dated 3/7/22 for Clonidine (hypertension) 0.1mg one tab twice daily; -January, 2020 MAR revealed Polyeth Glycol Powder was not administered on 1/1/22, Propranolol was not administered on 1/21/22, Lorazepam was not administered on 1/22/22 (twice), 1/23/22 (twice), and 1/24/22 (twice), and Lactulose was not administered on 1/23/22, 1/24/22 (twice), and 1/25/22 due to having none in the facility; -March, 2022 MAR revealed Clonidine was not administered on 3/16/22 due to having none in the facility. Review on 4/7/22 of Client #3's record revealed: -Admitted 1/23/13; -Diagnosed with Mild Intellectual Developmental	V 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-091	A. BUILDING: _____ B. WING _____	04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA - DELLINGER	310 TOT DELLINGER ROAD CHERRYVILLE, NC 28021

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 123	Continued From page 6 Disability, Infantile Cerebral Palsy, Major Depressive Disorder; -Physician's order dated 3/4/22 for Fluticasone Spray (allergies) 50mcg (micrograms) 2 sprays in each nostril every morning; -March, 2022 MAR revealed Fluticasone Spray was not administer on 3/3/22-3/5/22 due to having none in the facility. Interview on 4/7/22 with the Qualified Professional revealed: -Will ensure all medication errors are reported to the physician or pharmacist in the future.	V 123		
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. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure Health Care Personnel Registry (HCPR) registry checks were completed prior to an offer of employment affecting 3 of 3 audited staff (Staff #1, House Manager, and Qualified Professional). The findings are:	V 131	(6) All staff hired will have HCR checks completed prior to date of hire by HR or member of ongoing management. Staff will be inserviced on proper completion by Program Manager 4/22/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-091	A. BUILDING: _____ B. WING _____	04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA - DELLINGER	310 TOT DELLINGER ROAD CHERRYVILLE, NC 28021

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 131	Continued From page 7 Review on 4/7/22 of Staff #1's record revealed: -Hired 1/20/21; -HCPR check completed 4/21/21. Review on 4/7/22 of the House Manager's record revealed: -Hired 3/22/21; -HCPR check completed 4/21/21. Review on 4/7/22 of the Qualified Professional's record revealed: -Hired 1/4/21; -HCPR check completed 4/21/21. Interview on 4/8/22 with the Qualified Professional revealed: -Will ensure all HCPR checks be completed prior to an offer of employment in the future.	V 131	(7) All management staff will be inserviced on IRIS reporting and proper reporting of incidents by Program Manager	4/22/22 + ongoing
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-091	A. BUILDING: _____ B. WING _____	04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA - DELLINGER	310 TOT DELLINGER ROAD CHERRYVILLE, NC 28021

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 8 (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-091	A. BUILDING: _____ B. WING _____	04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA - DELLINGER	310 TOT DELLINGER ROAD CHERRYVILLE, NC 28021

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 9 .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure all Level II incident reports were reported within 72 hours to the local management entity responsible for the catchment area where services were provided. The findings are: Review on 4/5/22 of the facility's Incident Reports revealed: -Incident reports dated 1/23/22, 1/26/22, 2/5/22,	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-091	A. BUILDING: _____ B. WING _____	04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA - DELLINGER	310 TOT DELLINGER ROAD CHERRYVILLE, NC 28021

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 10 2/6/22, 2/11/22, 2/28/22, 3/6/22, 3/8/22, and 3/15/22 (2 separate reports) involving Client #1 and reports to law enforcement; -Incident reports dated 2/6/22, 2/11/22, 2/22/22, and 2/28/22 involving Client #2 and reports to law enforcement. Review on 4/5/22 of the North Carolina Incident Response Improvement System (NC IRIS) revealed: -No incident reports completed on incidents involving Client #1 and reports to law enforcement on 1/23/22, 1/26/22, 2/5/22, 2/6/22, 2/11/22, 2/28/22, 3/6/22, 3/8/22, and 3/15/22 (2 separate reports); -No incident reports completed on incidents involving Client #2 and reports to law enforcement on 2/6/22, 2/11/22, 2/22/22, and 2/28/22. Interview on 4/5/22 with the Qualified Professional revealed: -Will arrange for all staff and qualified professional to be retrained in the use of NC IRIS; -Will arrange for all identified incident reports to be entered into NC IRIS.	V 367		

Community Alternatives of NC

301 10th Street NW, Suite B101
Conover NC 28163
Phone: 828/466-6023 Fax: 828/466-6025

April 14, 2022

Eileen Moreno, MA
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh NC 27699-2718

Dear Ms. Moreno

Please find the enclosed Plan of Correction for the deficiencies cited during the complaint survey at Tot Dellinger Road in Cherryville NC. Hopefully our corrections will be acceptable. Please accept our invitation to return to our facility on June 7 2022 to follow up and ensure compliance. If you have any questions please contact me either via email at tfinger@rescare.com or office phone 828-466-6023 or by cell phone at 704-349-2376. Thank you

Sincerely,

Tracey Norris, QIDP
Program Manager

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

April 11, 2022

Ms. Tracey Norris
VOCA Corporation of North Carolina
301 10th street NW
Suite B101
Conover, NC 28613

Re: Annual and Complaint Survey completed April 8, 2022
VOCA-Dellinger, 310 Tot Dellinger Road, Cherryville, NC 28021
MHL # 036-091
E-mail Address: tfinger@rescare.com; brittany.peeler@rescare.com
Intake #NC00185971

Dear Ms. Norris:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed April 8, 2022. The complaint was unsubstantiated.

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 deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is June 7, 2022.

What to include in the Plan of Correction

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

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

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

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier, Team Leader at 336-247-1723.

Sincerely,

Eileen Moreno, MA
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
Pam Pridgen, Administrative Supervisor