*****4' * .

Tag 542

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

A record keeping system will be put in place to ensure that funds are being managed/distributed properly

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

Copies of financial records will be sent quarterly to the members who represents themself or any member who has legal guardian/representative

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

Director

How often will monitoring take place?

Monitoring will occur monthly

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STATEMENT OF DEFIGIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER: MHL0411215		(X2) MULTIPLE (A. BUILDING:	1 · · · ·	(X3) DATE SURVEY COMPLETED		
		57 8748940421 ^{##7}				
		8. WING		1	C 07/2022	
IAME OF PI	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STAT	E, ZIP CODE		*****
RANNO	CK HOME	1612 BR/	ANNOCK DRIVE			
		GREENS	BORO, NC 27406	;		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X6) COMPLE DATE
V 000	INITIAL COMMENTS	\$	V 000			"
	complaint was unsub #NC00186694). Defi	/as completed on 4/7/22. The stantlated (intake clencles were cited. Ind for the following service				
	calegory, 10A NCAC	27G .3000B Supervised				
		· · · ·	R	ECEIVED		
	This facility is license census of 0. The sun audits of 1 former clie	d for 3 and currently has a vey sample consisted of ent.	B	y cvhicks at 4:52	pm, Apr 28	8, 202
V 542	27F .0105(a-c) Client Funds	t Rights - Client's Personal	V 542			
	10A NCAC 27F .0105 FUNDS	5 CLIENT'S PERSONAL				
	typically provides residuents for more than	idential services to individual 30 days.				
1	above the age of 16 s	adult client and each minor shall be assisted and aln or invest his money in a				
	personal fund account	t other than at the facility.				
	(c) If funds are mana	interest-bearing accounts. ged for a client by a facility				
	in accordance with po (1) assure to th	ent of the funds shall occur licy and procedures thet: e client the right to deposit				
	and withdraw money; (2) regulate the funds in a personal fu	receipt and distribution of				
		he receipt of deposits made				:
	(4) provide for t financial records on a	he keeping of adequate				
	funds on deposit in pe (5) assure that a	ersonal fund account; a client's personal funds will				
on of Heal	th Service Regulation	UPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>			• •••• •••
Green	n har la-	a C. A RINATIVE'S SIGNATURE	D	Qualified Profes	school /	(X8) DATE
FORM		sacing wigh	6893 K5			alion sheet

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Division of	of Health Service Regu	lation			,,	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (ONSTRUCTION	(X3) DATE		
AND FLAM OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	LETED
						с
	MHL0411215		B. WING		1	07/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT	E 719 CODE		
			ANNOCK DRIVE	ng dala" Alberta		
BRANNOC	SK HOME		BORO, NC 27408	1		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORREC		(V4)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO	ULD BE	(X6) COMPLETE
IAG	neocentres on t	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	DATE
V 542	A					
V 042	Continued From page	9 1	V 542			
		n any operating funds of the				
	facility;					
		the deduction from a				
	personal tuno account	of payment for treatment or when authorized by the client				
	or legally responsible	person upon or subsequent				
	to admission of the cl	lent:				
		the lasuance of receipts to				
	persons depositing or	withdrawing funds; and				
	(8) provide the	client with a quarterly				
	accounting of his pers	ional fund account.				
ļ						
	This Rule is not met a	as evidenced by:				
	Based on records rev	iews and interviews, the				
	facility failed to ensure	a regulation of the receipt				
	and distribution of fun	ds in a personal fund				
	account, provision for	the keeping of adequate				
	JINANCIAL RECORDS ON A	li transactions affecting				
	nersons deposition or	r the issuance of receipts to withdrawing funds affecting				
	1 of 1 former client (Fi					
	······································	- , (,.				
		C #1's record revealed:				
	- Admission date: 7/1/					
	- Discharge date: 3/1/;	22				
	- Age: 17	**				
	 Diagnoses: Mild inte Post-Traumatic Stress 	llectual Disability;				
[Attachment Disorder;	Attention Defeit				
		and Oppositional Defiant				
	Disorder	mar ann an proprocessa ar stade har Seitige St.				
	m					
		C #1's bank account and			,	
	receipts revealed:					
	 The Licensee could r statements nor FC #1⁴ 	not provide FC #1's bank				
	APPROXIMATION TO A CONVENTION					
vision of Heal	h Service Regulation		1		6	

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If continuation sheet 2 of 4

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Division (of Health Service Regi	lation			FUR	MAPPROVEL
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411215 NAME OF PROVIDER OR SUPPLIER STREET		(X2) MULTIPLE (CONSTRUCTION	(X3) DATE		
		A. BUILDING:		COMP	LETED	
		B. WING			с	
		······································			U4	07/2022
	NOVIDEN ON GOFFEIGN		ADDRESS, CITY, STATI RANNOCK DRIVE	E, ZIP CODE		
BRANNO	CK HOME		ISBORO, NC 27405	ł		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ю	PROVIDER'S PLAN	OF CORRECTION	(X6)
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V 542	Continued From pag	e 2	V 542		•••••	
	Review on 4/6/22 of	"Consent to Manage Funds"				
	revealed:					
	- Name of Individual:					
	- Signed by FC #1's I	egal guardian and the				
	Qualified Professiona					
	 T give Quality Care the paraonal funds of 	III the authority to manage the named client/consumer.				
	This consent grants t	he service site the authority				
	to collect and deposit	all personal funds and to				
	disburse said funds o	n behalf of the consumer for				
		nd personal needs of the				
	consumer in a prudent and legal manner. A					
	record shall be maintained of all income,					
	Receipts shall be reta	ained for all expenditures"				
	Interview on 4/7/22 w	ith FC #1 revealed:				
	- She did not know he	w much money she				
	received each month					
	- She did not know if she had a personal bank					
	account.					
	revealed:	lth FC #1's legal guardian				
	- She mailed FC #1's	SSI (Supplemental Security				
	each month.	of \$841.00 to the Licensee				
	- FC #1 does not have	e a personal bank account.				
	- "After he (the Licens know how the money	ee) got it (SSI check) I don't				
	ande nov sie money	was used.				
	ravealed:	th former staff (FS) #1				
	- She had never been	instructed by the Licensee				
	items,	ts for FC #1's purchased				
	- She had never been	told she had to keep any				
	Type of accounting sys	tem for FC #1's money.				
1						
alaa 2211- 2	Interviews on 4/6/22 a	nd 4/7/22 with the Licensee				
sion of Heat TE FORM	h Service Regulation		****		•	·
			⁶⁰⁰⁹ K52	911	if continu	alion sheet 3 of 4

PRINTED: 04/08/2022 FORM APPROVED

Division of Health Service Regulation					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		0. DOM (0110)			
		MHL0411215	8. WING		C 04/07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE	
BRANNO	CKHOME		RANNOCK DRIVE		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	SBORO, NC 27400		•
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ið Prefix Tag	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 542	revealed: - While FC #1 resided never had a personal	i at Brannock Home she bank account. Itation to show how FC #1's	V 542		
	2. 74				
Vision of Health Service Regulation					
			K5	2911	if continuation sheet 4 of 4

PRINTED: 04/08/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVE COMPLETED	Y	
	<i></i>	MHL0411215	B. WING	·	C 04/07/20	22
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DORESS, CITY, STATE			
			ANNOCK DRIVE			
BRANNO	KHOME		BORO, NC 27406			
(X4) ID		ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	ÓN	(X5)
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	IY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		MPLET
V 000	INITIAL COMMENTS	3	V 000			
	A complaint survey w complaint was unsub #NC00186694). Defici					
	category: 10A NCAC	d for the following service 27G .5600B Supervised Developmental Disability.				
	This facility is license census of 0. The sun audits of 1 former clie	d for 3 and currently has a /ey sample consisted of ent.				
∨ 542	27F .0105(a-c) Client Funds	Rights - Client's Personal	V 542			
	10A NCAC 27F .0105 FUNDS	5 CLIENT'S PERSONAL				
	(a) This Rule applies typically provides resi clients for more than 3	to any 24-hour facility which idential services to individual				
		adult client and each minor				
	encouraged to mainta personal fund account	tin or invest his money in a it other than at the facility.				
	investment of funds in	t need not be limited to, n interest-bearing accounts. ged for a client by a facility				
	employee, managemin accordance with po	ent of the funds shall occur plicy and procedures that: e client the right to deposit				
	and withdraw money; (2) regulate the	receipt and distribution of				
		he receipt of deposits made				
		r others; he keeping of adequate Il transactions affecting		:	20	
	funds on deposit in pe					

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

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SYNERADING of EBROENDES (X) FROUDERSUPPLIERCU. (Q) AUDURESUPPLIERCU.	Division of Health Service Regulation						
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640 D PREFX Trd 30.00000000000000000000000000000000000	BRANNO	CK HOME					
PREFX REGULTORY GLINE # INCREMENT PRILL TAG PREFX TAG CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) Construct To the Should BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) V 542 Confinued From page 2 V 542 V 542 Review on 4/8/22 of "Consent to Manage Funds" revealed: - Name of Individual: FC #1 Signed by FC #1's legal guardian and the Qualified Professional on 71/21 V - "Ig we Quality Care III the authority to manage the personal funds of the named client/consumer. This consent grants the service site the authority to collect and deposit all personal funds and the consumer in a prudent and legal manner. A record shall be maintained of all income. Receipts shall be retained for all expenditures" Interview on 477/22 with FC #1 revealed: - She did not know how much money she received each month for her allowance. - She did not know if she had a personal bank account. Interview on 477/22 with FC #1 stegal guardian revealed: - She malled FC #1's SSI (Supplemental Security Check) in the amoney was used." Interview on 477/22 with FC #1's legal guardian revealed: - She had never been instructed by the Licensee each month. - FC #1 does not have a personal bank account. - "After he (the Licensee) got it (SSI check) 1 don't know how the money was used." Interview on 477/22 with FC #1's money. - She had never been instructed by the Licensee to keep up with receipts for FC #1's money. - FC #1 did not have a personal bank account. - Not have a personal bank account.			GREEN	SBORO, NC 274	D6		
Trial REGULATORY OR LSC DENTIFYING INFORMATION) Trial CROSS-RECERPENDED to the APPROPRIATE DEFICENCY) V 542 Continued From page 2 V 542 Review on 4/8/22 of "Consent to Manage Funds" revealed: - Name of Individual: FC #1 - Signed by FC #1's legal guardian and the Qualify Care III the authority to manage the personal funds on the hard for the name dient/consumer. This consent grants the service site the authority to collect and deposit all personal funds and to diabures said funds on behalf of the consumer for the health, welfare, and personal manaer. A record shall be restrained for all expenditures" Interview on 47/22 With FC #1 revealed: - She did not know how much money she neekiede ach month for her allowance. - She did not know the all a personal bank account. - Interview on 47/22 with FC #1's legal guardian revealed: - She mailed FC #1's SSI (Supplemental Security Check) in the amount of \$841.00 to the Licorasee each month. - FC #1 dee not have a personal bank account. - "Aft he (the Licorasee) gott (SSI check) I don't know how the money was used." - Interview on 47/22 with FC #1's basis (Scheck) I don't know how the money was used." - Interview on 47/22 with for #1's purchased terms. - She had never been instructed by the Licorasee each month. - FC #1 did not have a personal bank account. -				. +		* *	
V542 Continued From page 2 V 542 Review on 4/8/22 of "Consent to Manage Funds" reveated: - Name of Individual: FC #1 - Signed by FC #1's legal guardian and the Qualified Professional on 7/1/21 - "1 give Qualify Care III the authority to manage the personal funds of the named client/consumer. This consent grants the service site the authority to collect and depositial personal funds and to disburse said funds on behalf of the consumer for the health, welfare, and personal needs of the consumer in a prudent and legal manner. A record shall be retained for all expenditures" Interview on 4/7/22 with FC #1 revealed: - She did not know how much money she received each month for her allowance. - She did not know if she hed a personal bank account. Interview on 4/7/22 with FC #1's legal guardian revealed: - She malled FC #1's SSI (Supplemental Security Check) in the amount of \$\$41.00 to the Licensee each month. - FC #1 does not have a personal bank account. - "After he (the Licensee) got it (SSI check) I don't know how the money use used." Interview on 4/7/22 with fromer staff (FS) #1 revealed: - She had never been instructed by the Licensee each month. - FC #1 did networe been instructed by the Licensee to keep up with receipts for FC #1's purchased fierms. - She had never been hold she had to keep any type of accounting system for FC #1's money. - FC #1 did not have a personal bank account.							
Review on 4/8/22 of "Consent to Manage Funds" revealed: - Name of Individual: FC #1 - Signed by FC #1's legal guardian and the Qualified Professional on 7/1/21 - "1 give Quality Care III the authority to manage the personal funds of the named client/consumer. This consent grants the service site the authority to collect and deposit all personal funds and to disburse sold funds on behalf of the consumer for the health, welfare, and personal needs of the consumer in a prudent and legal manner. A record shall be metainated of all income. Receipts shall be retained for all expenditures" Interview on 4/7/22 with FC #1 revealed: - She did not know how much money she received each month for her allowance. - She did not know if she had a personal bank account. Interview on 4/7/22 with FC #1's legal guardian revealed: - She ndi not if she TC #1's SI (Supplemental Security Check) in the amount of \$941.000 to the Licensee each month. - FC #1 does not have a personal bank account. - 'After he (the Licensee) got it (SSI check) I don't know how the money was used." Interview on 4/7/22 with former staff (FS) #1 revealed: - She had never been instructed by the Licensee to keep up with receipts for FC #1's purchased thems. - She had never been told she had to keep any type of accounting system for FC #1's noney. - FC #1 did not have a personal bank account.			•				
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 Name of Individual: FC #1 Signed by FC #1's legal guardian and the Qualified Professional on 71/21 "I give Quality Care III the authority to manage the personal funds of the named dient/consumer. This consent grants the service site the authority to collect and deposit all personal funds and to disburse said funds on behalf of the consumer for the health, welfare, and personal needs of the consumer in a prudent and legal manner. A record shall be maintained of all income. Receipts shall be retained for all expenditures" Interview on 4/7/22 with FC #1 revealed: She did not know how much money she received each month for the rallowance. She did not know if she had a personal bank account. Interview on 4/7/22 with FC #1's legal guardian revealed: She melled FC #1's SSI (Supplemental Security Check) in the amount of \$\$41.00 to the Licensee each month. FC #1 does not have a personal bank account. "After he (the Licensee) got it (SSI check) I don't know how the money uses used." Interview on 4/7/22 with former staff (FS) #1 revealed: She had never been instructed by the Licensee to keep up with receipts for FC #1's money. FC #1 did not have a personal bank account. 			"Consent to Manage Funds"				
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Division of Health Service Regulation STATE FORM

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If continuation sheet 3 of 4

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FACSIMILE TRANSMITTAL

To: Angla C, Keadle From: Quality Care III	Fax #: 919-715-80-78			
From: Quality Care III	Fax #: 336-370-6457			
Pages:	Date:			
Re: Plan of Correction				
	;			

CONFIDENTIALITY NOTICE: This message and any attachments included are from Quality Care III, LLC and arc for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message. Thank you!