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DHSR-MH Licensure Sect

Plan of Correction Form

Plan of Correction

Please complete <u>all</u> requested information and mail completed Plan of Correction form to: Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718			In lieu of mailing the form, you may e-mail the completed electronic form to: N/A		
Provider Name:	Cost Care Home		Provider ID #:	MHL010-092	Phone: (910)351-0123
Provider Contact Person for follow-up:	Roger W. Giles QM Director 828-759-5823			Fax:	910-796-6751
Provider Address:	99 HIGHPOINT ROAD SOUTHPORT, NC 28461			Email:	giles@cbcure.com
Review Type:	Annual Survey		Date of Review:	5/17/22	Concern/ Grievance/ Incident #: NC00188539
Finding	OOCCode	# of Recs Involved	Corrective Action Steps	Responsible Party	Time Line
This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting one of two clients (#2). - No physician visit to address non-psychiatric medications	V 291	1	Team reviewed the deficiency on 5/25/22 to develop a plan of correction that ensured coordination between the facility operator and the professionals responsible for the client's treatment. Team determined the event was isolated as an appointment was made on 4/12/22, but the client refused treatment upon arrival.	QM Director	Implementation Date: 05/25/22
			Schedule a physician visit to evaluate non-psychiatric Medication.	AFL Provider	Projected Completion Date: 05/31/22
			Ensure the client attends the physician appointment by 5/31/22.	Clinical Supervisor	



HomeCare Management Corp.

(Corporate Office)

5855 Executive Center Drive

Suite 104

Charlotte, NC

Phone: 704 535-4342

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homecaremgmt.org

June 2, 2022

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
Attn: Keith Hughes, Facility Compliance Consultant I
2718 Mail Service Center
Raleigh, NC 27699-2718

Ref: Annual, Complaint and Follow Up Survey completed May 17, 2022
Cost Care Home, 99 Highpoint Road, Southport, NC 28461
MHL # 010-092

Dear Mr Hughes,

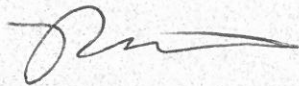
On behalf of Margaret Mason, CEO and Cheryl Kelly, Facilities Manager please accept the attached plan of correction regarding the Annual, Complaint and Follow Up Survey completed for facility license # MHL 010-092.

Thank you for your courtesy extended during this review. HomeCare Management Corporation strives to provide Quality driven services that meet regulatory requirements.

Since 1993, HomeCare Management has provided support to people with Intellectual and/or Developmental Disabilities. Since that time, HomeCare's mission has remained the same; to support people in their homes and communities.

I trust that the information provided will satisfy your needs to conduct an accurate review of this issue. If any additional information is needed, please contact me at (828) 759-5823.

Sincerely,



6/2/22

Roger W. Giles, MBA, QP
QM Director
HomeCare Management Corporation
828-759-5823
giles@cbcare.com

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