

PRINTED: 06/07/2022  
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0601427	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/02/2022
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NAME OF PROVIDER OR SUPPLIER  THE MC CORBIN-HARRINGTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 12609 WETHERBURN LANE CHARLOTTE, NC 28262
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 6/2/2022. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The facility is licensed for 2 and currently has a census of 2. The survey consisted of audits of 2 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</li> </ol>	V 112		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Natara Williams*

TITLE

Residential Director

(X8) DATE

June 15, 2022

STATE FORM

6899

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If continuation sheet 1 of 13

**RECEIVED**

By DHR Mental Health Licensure & Certification at 2:14 pm, Jun 16, 2022

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on records review and observations, the facility failed to develop and implement strategies to meet the client's needs affecting 1 of 2 clients(#1). The findings are:</p> <p>Review on 5/24/22 and 5/26/22 of client #1's record revealed: -admission date of 9/4/06; -diagnoses of IDD(Intellectual Developmental Disorder)-Mod(Moderate), Major Depressive Disorder, Lennox-Gastaut Syndrome, CP(Cerebral Palsy) and age-related osteoporosis without current pathological fracture; -treatment plan dated 1/1/22 documented the following: diagnoses of Seizures and CP which affected client #1's balance and caused her to have an unsteady gait. CP caused client #1 to have spasms, problems with balance and an unsteady gait. Client #1 occasionally used a manual wheelchair and walker for ambulation. Client #1 also had a diagnosis of Ataxic Gait "she has an unsteady, staggering gait which causes her to be uncoordinated when walking." "per medical records, the recent bone density test showed moderate to severe bone loss."</p> <p>Review on 5/24/22 of a Level I incident report on client #1 dated 2/18/22 at 11:00am completed by the former QP(Qualified Professional) documented the following: "staff reported that she could hear client's knees popping as she was walking to the table for lunch. Client fell on the</p>	V 112	<p>27G .0205 Assessment Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT HABILITATION OR SERVICE PLAN</p> <p>Correction: Staff will provide close supervision to ensure over all safety of the client. Abound Health will develop and implement a fall risk protocol stating the client's undiscovered one fracture in the client specific and inform the Care Manger to add the protocol to the treatment plan (ISP).</p> <p>Prevention: Abound will conduct home visits and provide training to licensed homes to ensure all homes have current required documentation</p> <p>Who will monitor: The Qualified Professional will review documentation quarterly or as needed to ensure compliance.</p>	

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V 112	<p>Continued From page 2</p> <p>way to the table. Client fell on the way to the table to eat lunch. There was nothing in her walk way she just fell. Staff accessed after her fall and there were no apparent issues. Client was able to walk and noted there was little pain in her right ankle. Staff to continue to monitor throughout shift. Staff accessed after the fall and Client was able to walk to the table and only complained of some pain in her right ankle. Staff will continue monitoring and supervision of client through the shift to ensure her safety. Staff will provide close supervision to ensure over all safety of the client."</p> <p>Review on 5/24/22 of a Level II incident report dated 2/23/22 completed by the former QP documented the following: staff #1 noticed bruising on client #1's right foot. Took client #1 to the orthopedic and x-rays were done. Client #1 was diagnosed with closed nondisplaced fracture of the 4th and 5th metatarsals of the right foot. A cast was placed on client #1's right foot.</p> <p>Interview on 5/26/22 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>-twisted her foot;</li> <li>-fell on the floor;</li> <li>-was with staff #2 (her Community Networking Staff);</li> <li>-"[staff #2] said are you ok;"</li> <li>-"it was my right foot;"</li> <li>-"got up by myself;"</li> <li>-at staff #2's house;</li> <li>-"I got a cast;"</li> <li>-"[Staff #1] took me to the emergency room;"</li> <li>-"gave me some medicine;"</li> <li>-"[Staff #1] didn't see my foot;"</li> <li>-took her showers by herself;</li> <li>-used a chair in shower;</li> <li>-"wash my hair, [staff #1] helps me sometimes;"</li> <li>-put on her own clothes;</li> <li>-did not know her foot was broken;</li> </ul>	V 112		

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V 112	Continued From page 3  -it hurt when it happened; -hurt when a cast was put on it; -when client #1 was asked if her foot hurt between the time she fell on Friday 2/18 and the time she went to the doctor on Wednesday 2/23, she was not able to give it frames; -she kept repeating it hurt when the cast was put on.  Interview on 5/26/22 with staff #2 revealed: -one on one for client #1; -worked with client #1 Monday through Friday 8am-5pm; -provided Community Networking 6 hours per day and Day Supports Individual 2 hours per day; -do Friendship Trays, go to the library, the gym and shopping; -one day client #1 stood up to get her lunch; -happened around 1130am-12pm; -"heard a pop," -"she(client #1) went down;" -"went straight down;" -"landed on her bottom;" -"got herself up;" -did not complain if any pain; -"she was fine the rest of the day;" -"said she was fine;" -did not work with her over the weekend; -client #1 did not complain of any pain; -was walking like normal; -did not see her favoring that foot, nothing unusual; -did her normal activities days in between(2/18/22-2/23/22); "[Staff #1] called and said she was taking her to get checked out, she saw a bruise on her foot."  Interview on 5/26/22 with staff #1 revealed: -client #1 can dress herself and can bathe herself;	V 112		

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V 112	Continued From page 4 -staff #1 told her client #1 fell; -client #1's "bones are fragile;" -staff #1 said client #1 was ok; -staff #1 told staff #2 to report it to office; -when client #1 got home, staff #1 checked client #1 all over and saw no bruises or swelling anywhere; -the whole weekend, client #1 walked fine with no issues; -saw no bruising or swelling; -client #1 did not wear socks or shoes in house all weekend and never noticed anything with her foot; -client #1 acted normal and never complained of any pain; -on Monday and Tuesday, client #1 went with staff #2 for her normal activities and had no problems; -client #1 never said anything about being in pain on her foot; -on Wednesday 2/23/22 saw client #1 in the bathroom and noticed her foot was black and blue; -was the first time staff #1 had noticed the bruising; -immediately took client #1 to the Emergency Room(ER) and found out her foot was broken; -client #1 "has a high tolerance for pain," -did not give client #1 any pain meds as she did not complaint of any pain during the days in between falling and going to ER.  Further review on 5/26/22 of client #1's treatment plan revealed no updated strategies and/or fall protocols to address the risk of client #1 having a bone fracture as the result of a fall.  Interview on 6/2/22 with the Program Director revealed: -client #1 did not have a fall protocol in place;	V 112		

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V 112	Continued From page 5  -can develop something to address client #1's risk of having an undiscovered bone fracture.	V 112		
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 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.	V 118		

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V 118	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure all medications were administered on the written order of a physician, a MAR of all drugs administered to each client was kept current and medications administered were recorded immediately after administration affecting 2 of 2 clients(#1, #2). The findings are:</p> <p>Finding #1 Review on 5/24/22 and 5/26/22 of client #1's record revealed: -admission date of 9/4/06 ; -diagnoses of IDD(Intellectual Developmental Disorder)-Mod(Moderate), Major Depressive Disorder, Lennox-Gastaut Syndrome, CP(Cerebral Palsy) and age-related osteoporosis without current pathological fracture; -physician's orders dated 10/8/21 for Onfi 10mg(milligrams) one half tablet at bed(for seizures); -physician's order dated 9/21/21 for Depakote 250mg two tablets at bed (for seizures); -physician's order dated 1/28/22 for Fanapt 10mg one tablet twice daily(for depression); -physician's order dated 7/28/21 for fluoxetine 20mg three tablets daily(for behaviors); -physician's order dated 1/21/22 for mirtazapine 30mg one tablet at bed(for behaviors); -physician's order dated 11/10/21 for Miralax 3350NF one packet daily(for constipation); -physician's order dated 7/29/21 for Vitamin D3 2000units one tablet daily(for supplement); -physician's order dated 3/25/22 for cephalexin 500mg one tablet three times daily(antibiotics for bacterial infections)quantity 21 pills(for 7 days).</p>	V 118	<p>27G .0209 Medication Requirements 10A NCAC 27S .0209 MEDICATION REQUIREMENTS</p> <p>Correction: Findings #1 All medications and prescriptions were reviewed to ensure they are administered according to the written order of the physician. Miralax has been added to the MAR.</p> <p>Prevention: Abound will conduct home visits and provide training to licensed homes to ensure all homes have current required documentation</p> <p>Who will monitor: The Qualified Professional will review documentation quarterly or as needed to ensure compliance.</p>	

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CHARLOTTE, NC 28262

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V 118	Continued From page 7  Observations on 5/26/22 at 11:16am of client #1's medications revealed: -Onfi 10mg one half tablet at bed dispensed 5/13/22; -Depakote 250mg two tablets at bed dispensed 7/26/21; -Fanapt 10mg one tablet twice daily dispensed 4/11/22; -fluoxetine 20mg three tablets daily dispensed 8/9/21; -mirtazapine 30mg one tablet at bed dispensed 1/20/22; -Miralax 3350NF one packet daily dispensed 3/2/20; -Vitamin D3 2000units one tablet daily dispensed 1/20/22.  Review on 5/24/22 and 5/26/22 of client #1's MARs from 3/1/22-5/26/22 revealed the following dosing dates left blank with no explanation on the forms: -3/29-3/31 for Onfi 10mg one half tablet at bed; -3/27-3/31 for Depakote 250mg two tablets at bed; -3/27-3/31 for Fanapt 10mg one tablet twice daily; -3/29-3/31 for fluoxetine 20mg three tablets daily; -3/28-3/31 for mirtazapine 30mg one tablet at bed; -3/28-3/31 for Miralax 3350NF one packet daily; -3/29-3/31 for Vitamin D3 2000units one tablet daily; -Miralax 3350NF one packet daily was not listed on the 4/2022 MAR; -cephalexin 500mg one tablet three times daily documented as administered from 3/26-3/31 three times daily(18 pills for 6 days) for medication was not listed on the 4/2022 MAR.  Finding #2:	V 118		

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V 118	<p>Continued From page 8</p> <p>Review on 5/24/22 and 5/26/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-admission date of 91/09;</li> <li>-diagnoses of IDD-Mod, Severe Sleep Apnea, ADHD(Attention Deficit Hyperactivity Disorder), ODD(Oppositional Defiant Disorder), Paranoid Schizophrenia, Scoliosis and Hyperlipidemia;</li> <li>-physician's order dated 7/28/21 for Cogentin 1mg one tablet twice daily(prevention of side effects of antipsychotics) and Clozaril 50mg one tablet daily(for schizophrenia);</li> <li>-physician's order dated 1/28/22 for Clozaril 100mg one tablet twice daily, Latuda 60mg one tablet twice daily(schizophrenia), Topamax 50mg one half tablet for 7 days then increase to one tablet daily(for seizures);</li> <li>-physician's order dated 10/26/21 for Prilosec 20mg one tablet daily(for gastroesophageal reflux);</li> <li>-physician's order dated 11/10/21 for Miralax 3350NF one packet daily(for constipation).</li> </ul> <p>Observation on 5/26/22 at 11:24am of client #2's medications revealed:</p> <ul style="list-style-type: none"> <li>-Cogentin 1mg one tablet twice daily dispensed 2/25/22;</li> <li>-Clozaril 100mg one tablet twice daily dispensed 4/25/22;</li> <li>-Latuda 60mg one tablet twice daily dispensed 4/4/22;</li> <li>-Topamax 50mg one half tablet for 7 days then increase to one tablet daily dispensed 5/2/22;</li> <li>-Prilosec 20mg one tablet daily dispensed 4/11/22;</li> <li>-Miralax 3350NF one packet daily dispensed 3/2/20;</li> <li>-Clozaril 50mg one tablet daily not on site.</li> </ul> <p>Review on 5/24/22 and 5/26/22 of client #2's MARs from 3/1/22-5/26/22 revealed the following</p>	V 118		

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V 118	Continued From page 9  dosing dates left blank with no explanation on the forms: -3/29-3/31 for Cogentin 1mg one tablet twice daily; -3/29-3/31 for Clozaril 100mg one tablet twice daily; -3/29-3/31, 4/28-4/30 for Latuda 60mg one tablet twice daily; -3/1-3/31 for Topamax 50mg one half tablet for 7 days then increase to one tablet daily; -3/29-3/31 for Prilosec 20mg one tablet daily; -3/29-3/31 for Miralax 3350NF one packet daily; -Cogentin 1mg one tablet twice daily documented as administered on 4/31 am and pm; - Clozaril 100mg one tablet twice daily documented as administered on 4/31 am and pm; - Miralax 3350NF one packet daily not listed on 4/2022 MAR; -Clozaril 50mg one tablet daily not listed on 3/2022 MAR, documented as administered 4/31 at 8am, not listed on 5/2022 MAR.  Interview on 5/26/22 with staff #1 revealed: -been giving Miralax every day to the clients; -did not notice Miralax was not listed on the April MAR.	V 118		
V 119	27G .0209 (D) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal	V 119		

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V 119	<p>Continued From page 10</p> <p>shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure medication was disposed of in a manner that guards against diversion or accidental ingestion affecting 2 of 2 clients. (Client #1 and Client #2.) The findings are:</p> <p>Review on 5/24/22 and 5/26/22 of client # 1's record revealed:</p> <p>-Admission date of 1/1/2000; -Diagnoses of: Ataxic gait, Major depressive disorder, single episode, unspecified Lennox-Gastaut syndrome, not intractable, without status epilepticus, Moderate intellectual disabilities, Cerebral palsy, unspecified,</p>	V 119	<p>27G .0209 Medication Requirements 10A NCAC 27S .0209 MEDICATION REQUIREMENTS</p> <p>Correction: Expired Miralax was disposed of. AFL purchased a new Miralax. AFL will pay close attention to all medication and over the counter medication to ensure they have not expired.</p> <p>Prevention: Abound will conduct home visits and provide training to licensed homes to ensure all homes have current required documentation</p> <p>Who will monitor: The Qualified Professional will review documentation quarterly or as needed to ensure compliance.</p>	

PRINTED: 06/07/2022  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0601427	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/02/2022
NAME OF PROVIDER OR SUPPLIER  THE MC CORBIN-HARRINGTON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 12609 WETHERBURN LANE CHARLOTTE, NC 28262		
(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 119	<p>Continued From page 11</p> <p>Age-related osteoporosis without current pathological fracture, Unspecified urinary incontinence;</p> <p>-Physician's order dated 11/10/21 for the following medication: Miralax Polyethylene Glycol 3350 for constipation, one packet in liquid daily.</p> <p>Observation on 5/26/22 at 12:39pm of client #1's medication revealed Miralax Polyethylene Glycol 3350, one packet in liquid daily, dispensed 3/2/20, expired 10/2021.</p> <p>Review on 5/24/22 and 5/26/22 of client #1's MAR for period of 4/1/22-5/26/22, revealed Miralax Polyethylene Glycol 3350 administered 3/1/22-3/28/22. Miralax Glycol 3350 administered 5/1/22-5/26/22.</p> <p>Findings #2:</p> <p>Review on 5/24/22 and 5/26/2022 of Client #2's record revealed:</p> <p>-Admission date of 1/1/2000;</p> <p>-Diagnoses of: Moderate Intellectual Disabilities, Attention-deficit hyperactivity disorder, other type, Oppositional defiant disorder, Paranoid schizophrenia, Low back pain, Other long term (current) drug therapy, Scoliosis, unspecified, Obesity, unspecified, Hyperlipidemia, unspecified;</p> <p>-Physician's order dated 3/10/21 for the following medication: Miralax 3350, one packet with liquid daily.</p> <p>Observation on 5/26/22 at 12:39 pm of client #2's medication revealed Miralax Polyethylene Glycol 3350, one packet in liquid daily, dispensed 3/2/20, expired 10/2021.</p> <p>Review on 5/24/22 and 5/26/22 of client #2's MAR for 3/1/22-5/26/22 revealed Miralax</p>	V 119		

Division of Health Service Regulation

STATE FORM

6899

4MOM11

If continuation sheet 12 of 13

PRINTED: 06/07/2022  
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0601427	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/02/2022
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NAME OF PROVIDER OR SUPPLIER  THE MC CORBIN-HARRINGTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 12609 WETHERBURN LANE CHARLOTTE, NC 28262
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(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 119	<p>Continued From page 12</p> <p>Polyethylene Glycol 3350 administered 3/1/22-3/28/22. Miralax Glycol 3350 administered 5/1/22-5/26/22.</p> <p>Interview on 5/26/22 with staff #1 revealed had been given Miralax every day. Staff #1 did not notice Miralax was expired. Client #1 and client #2 did not have any issues with constipation.</p>	V 119		

**CONFIDENTIAL**

**To:**  
**From:** Natara Williams  
Abound Health

**Phone:**  
**Fax Phone:** (919) 715-8078  
**Phone:** 17045583114  
**Fax Phone:** 17045583114

**Date** 06/16/2022

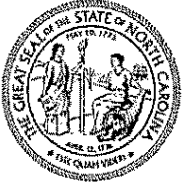
**Pages including  
cover sheet:** 16

**Note:**

Attn: Gina McLain  
See Plan of Correction for the M-Harrington home MHL-060-1427.

**RECEIVED**

*By DHSR Mental Health Licensure & Certification at 2:14 pm, Jun 16, 2022*



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

June 8, 2022

Ms. Natara Williams  
Abound Health LLC  
5309 Idlewild Rd North  
Mint Hill NC 28227

Re: Annual Survey completed 6/2/22  
The McCorbin-Harrington Home, 12609 Wetherburn Lane, Charlotte NC 28262  
MHL # 060-1427  
E-mail Address: [natara.williams@aboundhealth.com](mailto:natara.williams@aboundhealth.com)

Dear Ms. Williams:

Thank you for the cooperation and courtesy extended during the annual survey completed June 2, 2022.

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 8/1/2022

**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.

June 8, 2022  
The McCorbin-Harrington Home  
Abound Health, LLC

- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

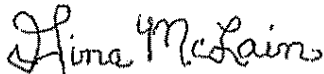
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

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,



Gina McLain  
Facility Compliance Consultant  
Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org  
Pam Pridgen, Administrative Supervisor

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

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