

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/06/2022
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NAME OF PROVIDER OR SUPPLIER
DIXON ROAD GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**3520 DIXON ROAD
DURHAM, NC 27707**

(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 survey was completed on May 6, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
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.	V 118	<i>See attached.</i>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Elizabeth Scott, Executive Director

TITLE

STATE FORM 6899 FDCB11

(X6) DATE
5/20/22
If continuation sheet 1 of 8

DHSR - Mental Health

JUL 20 2022

Lic. & Cert. Section

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to keep the MAR current affecting two of three audited clients (#2 and #3) and failed to ensure medications were available for administration affecting two of three audited clients (#1 and #3). The findings are:</p> <p>The following is evidence the facility failed to keep the MAR current.</p> <p>a. Review on 5/5/22 of client #2's record revealed: -Admission date of 4/12/18. -Diagnosis of Moderate Intellectual or Developmental Disability.</p> <p>Review on 5/5/22 of physician's orders for client #2 revealed: -Order dated 10/6/21 for Calcium Phosphate Vitamin D3 250 milligrams (mg) (promote bone health) one tablet two times daily and Blood Pressure, check and record Blood Pressure once a week.</p> <p>Observation on 5/6/22 at approximately 11:00 am of the medication area revealed: -The Calcium Phosphate Vitamin D3 250 mg was available for client #2.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>Review on 5/5/22 of a MAR for client #2 revealed: -April 2022-There were blank boxes on 4/29 and 4/30 for Calcium Phosphate Vitamin D3 250 mg. There were blank boxes on 4/22 and 4/29 for the Blood Pressure checks.</p> <p>b. Review on 5/5/22 of client #3's record revealed: -Admission date of 6/5/07. -Diagnoses of Mild Intellectual or Developmental Disability, Down's Syndrome, Oppositional Defiant Disorder, Dementia, Psychosis, Sleep Apnea and Gout.</p> <p>Review on 5/5/22 of physician's orders for client #3 revealed: -Order dated 5/10/21 for Resistance Knee Extension, perform 3 sets of 10 repetitions twice a day and Stretch Gastroc Uni Standing Exercises, perform 1 set of 3 repetitions twice a day.</p> <p>Review on 5/5/22 of a MAR for client #3 revealed: -April 2022-There was a blank box on 4/26 pm for the Knee Extension exercises. There were blank boxes on 4/26 pm and 4/27 am for the Stretch Gastroc Uni Standing Exercises.</p> <p>"Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician"</p> <p>Interview on 5/5/22 with the Division Director revealed: -She thought there was a substitute staff working in that home towards the end of April 2022. -There were no issues with the clients not getting there medications and/or other treatments as</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>prescribed. -She confirmed staff failed to keep the MAR's current for clients #2 and #3.</p> <p>interview on 5/6/22 with the Assistant Director confirmed: -Staff failed to keep the MAR's current for clients #2 and #3.</p> <p>The following is evidence the facility staff failed to ensure medication was available for administration.</p> <p>a. Review on 5/5/22 of client #1's record revealed: -Admission date of 11/29/16. -Diagnoses of Autism Spectrum Disorder, Generalized Anxiety Disorder, Mood Disorder, Obsessive Compulsive Disorder Hypothyroidism and High Blood Pressure.</p> <p>Review on 5/5/22 of physician's orders for client #1 revealed: -Order dated 3/21/22 for Tylenol Extra Strength 500 mg (pain relief), two tablets every 6 hours as needed and Neosporin (minor wounds), apply as needed.</p> <p>Observation on 5/6/22 at approximately 10:32 am of the medication area revealed: -The Tylenol Extra Strength 500 mg expired March 2021, therefore could not be administered. -Neosporin was not available for client #1.</p> <p>Review on 5/5/22 of MAR's for client #1 revealed: -May, April and March 2022-The Tylenol Extra Strength 500 mg and Neosporin were both listed.</p> <p>b. Review on 5/5/22 of physician's orders for client #3 revealed:</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>-Order dated 5/10/21 for Ibuprofen 800 mg (pain relief), one tablet every 8 hours as needed; Mucinex DM ER 600 mg (cough relief), one tablet every 12 hours as needed; Mylanta Liquid (reduce stomach acid), 15 cubic centimeter (cc) every 6 hours as needed and Neosporin, apply twice daily as needed.</p> <p>Observation on 5/6/22 at approximately 11:18 am of the medication area revealed: -The Ibuprofen 800 mg expired February 2021, therefore could not be administered. -Mucinex DM ER 600 mg, Mylanta Liquid and Neosporin were not available for client #3.</p> <p>Review on 5/5/22 of MAR's for client #3 revealed: -May, April and March 2022-The Ibuprofen 800 mg, Mucinex DM ER 600 mg, Mylanta Liquid and Neosporin were all listed.</p> <p>Interview on 5/6/22 with staff #1 revealed: -She was not sure why the medications and/or other treatments were not available for clients #1 and #3. -She confirmed facility staff failed to ensure medications were available for administration.</p> <p>Interview on 5/6/22 with the Assistant Director confirmed: -Facility staff failed to ensure medications were available for administration.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that</p>	V 119		

Division of Health Service Regulation

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V 119	<p>Continued From page 5</p> <p>guards against diversion or accidental ingestion.</p> <p>(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 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 observation, record reviews and interviews the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting two of three audited clients (#1 and #3). The findings are:</p> <p>Observation on 5/6/22 at approximately 10:45 am of the medication area revealed: -Two bottles of Tussin DM (cough and chest congestion) expired December 2021</p>	V 119		

Division of Health Service Regulation

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V 119	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Allergy Relief tablets (relieve allergy symptoms) expired April 2021 -Dulcolax (constipation) expired August 2020 -Acetaminophen 500 milligrams (mg) (pain relief) expired March 2021 -Multivitamins (vitamin deficiencies) expired January 2021 -Ibuprofen 200 mg (pain relief) expired February 2021 -Kaopectate 262 mg (diarrhea, nausea, heartburn, gas and upset stomach) expired July 2021 <p>a. Review on 5/5/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 11/29/16 -Diagnoses of Autism Spectrum Disorder, Generalized Anxiety Disorder, Mood Disorder, Obsessive Compulsive Disorder Hypothyroidism and High Blood Pressure. <p>Review on 5/5/22 of a physician's order for client #1 revealed:</p> <ul style="list-style-type: none"> -Order dated 3/21/22 for Tylenol Extra Strength 500 mg, two tablets every 6 hours as needed. <p>Review on 5/6/22 of Medication Administration Records (MAR's) for client #1 revealed:</p> <ul style="list-style-type: none"> -May, April, March 2022 the Tylenol Extra Strength 500 mg was not administered. <p>b. Review on 5/5/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 6/5/07. -Diagnoses of Mild Intellectual or Developmental Disability, Down's Syndrome, Oppositional Defiant Disorder, Dementia, Psychosis, Sleep Apnea and Gout. <p>Review on 5/5/22 of a physician's order for client</p>	V 119		

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V 119	<p>Continued From page 7</p> <p>#3 revealed: -Order dated 5/10/21 for Ibuprofen 800 mg, one tablet every 8 hours as needed.</p> <p>Review on 5/6/22 of MAR's for client #3 revealed: -May, April, March 2022 the Ibuprofen 800 mg was not administered.</p> <p>Interview on 5/6/22 with staff #1 revealed: -She didn't realize those medications had expired. They check the house stock of over the counter medications every few months. -She confirmed facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>Interview on 5/6/22 with the Assistant Director revealed: -She didn't realize there were expired medications at the group home. -The agency had a nurse that would normally check all medications. -She thought the nurse had not been in that group in over a year due to Covid. -She confirmed facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion</p>	V 119			

Durham County Community Living Programs, Inc.

Post Office Box 51159
Durham, N.C. 27717-1159
(919) 489-0682

Dixon Road Group Home
MHL # 032-267

Plan of Correction to Survey Completed May 6, 2022

V 119 27G .0209 (C) Medication Requirements:

Facility staff failed to ensure MAR's were kept current, and that medications were available for administration.

To Correct the Deficiency: This rule is not met as evidenced by the facility failing to keep two MAR's current by staff signing. To correct the deficiency, we have met with the staff member involved in this failure to document on the MAR's and reviewed the procedures for correct documentation. The staff reported that she knew she was supposed to document on the MAR and that it was an oversight.

In addition, there were expired prn medications, as well as prn medications not available in the house. Staff was told to dispose of expired meds immediately and purchase the missing medications.

Proper policies and procedures are already in place regarding these requirements.

To Prevent the Deficiency from Occurring Again: To prevent the deficiency from occurring again, we have reviewed policies and procedures in this area with all staff, including supervisors.

Who will Monitor: The QP for this program has responsibility to monitor the MAR's to make sure that all documentation procedures are being followed, as well as to check the medications to make sure they are available as prescribed.

How Often the Monitoring will Take Place: Monitoring of the MAR's will take place at least monthly, with unscheduled monitoring to take place at a variety of times throughout the month. Monitoring of the house medications takes place at the same time as the monitoring of the MAR's.

V 119 27G .0209 (D) Medication Requirements:

Facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion.

To Correct the Deficiency: Medications that were present in the home, but in need of disposal, were disposed of following policy and procedures by the supervisor and in-house staff. The supervisor reviewed the policy and procedure with staff.

To Prevent the Deficiency from Occurring Again: Staff review medications for expiration dates. When a medication is discontinued, they are required to dispose of the old medication. We

reiterated to staff the importance of checking expiration dates on all medications, as well as disposing of discontinued medications.

Who will Monitor: Supervisors (Division Directors) are responsible for monitoring medications each month, at the beginning of each month prior to medications being administered by direct care staff. The nurse that we use comes quarterly to monitor. The direct care staff are to dispose of medications per the policy and procedure, and the supervisor is required to check at least monthly, and as needed.

How Often the Monitoring will Take Place: Monthly and as needed.

Elizabeth Scott, BS, QDDP
Executive Director
May 20, 2022



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 13, 2022

Elizabeth Scott, Executive Director
Durham County Community Living Programs, Inc.
P.O. Box 51159
Durham, NC 27717

Re: Plan of Correction for Annual Survey completed May 6, 2022
Dixon Road Group Home, 3520 Dixon Road, Durham, NC 27707
MHL # 032-267
E-mail Address: ewscott@dccclp.org

Dear Ms. Scott:

An Annual survey was completed May 6, 2022. A letter was sent to you along with the Statement of Deficiencies which stated a Plan of Correction that addresses each deficiency cited during the survey was to be sent to our office. We never received the Plan of Correction for this survey.

Please submit a plan of correction which indicates what measures will be put in place to **correct** the deficient area of practice and **prevent** the problem from occurring again.

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.***

If you have any questions, please call Bryson Brown at 919-855-3822.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

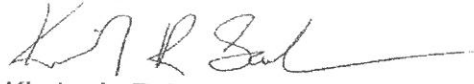
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

7/13/22
Dixon Road Group Home
Elizabeth Scott

Sincerely,

Handwritten signature of Kimberly R. Sauls in black ink.

Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: File

mailed
5/20/22
(8)



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

May 11, 2022

Elizabeth Scott, Executive Director
Durham County Community Living Programs, Inc.
P.O. Box 51159
Durham, NC 27717

Re: Annual Survey completed May 6, 2022
Dixon Road Group Home, 3520 Dixon Road, Durham, NC 27707
MHL # 032-267
E-mail Address: ewscott@dcclp.org

Dear Ms. Scott:

Thank you for the cooperation and courtesy extended during the Annual survey completed May 6, 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 7/5/22.

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.

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.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

5/11/22

Dixon Road Group Home
Elizabeth Scott

- 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 Bryson Brown at 919-855-3822.

Sincerely,



Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org
Pam Pridgen, Administrative Supervisor