

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-168</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SISTERLY LOVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>170 CLUB POND ROAD RAEFORD, NC 28376</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on August 9, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 121	<p><b>27G .0209 (F) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(f) Medication review:</p> <p>(1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain drug reviews every six months for three of three clients (#1, #2 and #3) who received psychotropic drugs. The findings are:</p> <p>Review on 8/9/22 of Client #1's record revealed:</p>	V 121	<p>Residential Director has scheduled for a medication review to be conducted. Residential Director will ensure that future medication reviews be completed every six months.</p> <p><b>DHSR - Mental Health</b></p> <p><b>AUG 25 2022</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	9/09/22

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



TITLE: **Residential Director**

(X6) DATE: **8/22/22**

STATE FORM 6899 18E711 If continuation sheet 1 of 5

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V 121	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-Admission date of 12/7/19.</li> <li>-Diagnosis of Schizophrenia.</li> <li>-Physician's order dated 10/19/21:               <ul style="list-style-type: none"> <li>-Haldol 5 mg, one tablet once a day.</li> <li>-Olanzapine 20 mg, Dissolve 1 tab on tongue at night.</li> <li>-Benztropine 1 mg, one tablet twice a day.</li> <li>-Trazodone 50 mg, one tablet at bedtime.</li> </ul> </li> <li>-Physician's order dated 8/1/22 for Hydroxyzine 50 mg.</li> <li>-A sheet of paper listing Client #1's medications was given. It was not labeled as "Drug Reviews." It was unknown purpose of the list. It was not signed by Client #1's physician or the pharmacist. There was nothing written on the sheet regarding Client #1's medications.</li> <li>-There was no evidence of a six months psychotropic drug review for Client #1.</li> </ul> <p>Review on 8/9/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 9/26/16.</li> <li>-Diagnoses of Schizophrenia; Intellectual Developmental Disability; Diabetes; Hyperlipidemia.</li> <li>-Physician's order dated 6/20/22:               <ul style="list-style-type: none"> <li>-Benztropine 0.5 mg, One tablet twice a day as needed for muscle cramps.</li> <li>-Haloperidol 2 mg, one tablet twice a day.</li> <li>-Lithium Carbonate 300 mg, two capsules twice a day.</li> </ul> </li> </ul> <p>Review on 8/9/22 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Admission date of 3/10/20.</li> <li>-Diagnoses of Schizophrenia; Intellectual Developmental Disability; Diabetes; Hyperlipidemia.</li> <li>-Physician's orders dated 8/3/22:               <ul style="list-style-type: none"> <li>-Quetiapine Fumarate 400 mg, one tablet daily at bedtime.</li> <li>-Trazodone 150 mg, two tablets daily at</li> </ul> </li> </ul>	V 121		

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V 121	Continued From page 2  bedtime. -Hydroxyzine 25 mg, one tablet every six hours as needed for anxiety.  Interview on 8/9/22 with the Qualified Professional revealed: -She was under the impression that the drug reviews had been conducted and the pharmacist had given them a sheet with the results. -She confirmed the six months psychotropic drug reviews for Client #1, Client #2 and Client #3 were not completed.	V 121		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:  Observation on 8/9/22 at about 12:10 pm of the breakfast/family room area revealed: -Two of the four chairs at the breakfast table had the bottom seat cushions lose and unfastened to the chair. -The handle and lock of sliding door leading to the outside in the back was missing. The sliding	V 736	Residential Director will have maintenance team examine chairs to be repaired if chairs are unable to be repaired new chairs will be purchased. Residential Director will have sliding door handle and lock repaired if handle and lock can not be repaired a new sliding door will be installed.	10/08/22

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V 736	<p>Continued From page 3</p> <p>door was held closed with a 2X4 piece of wood.</p> <p>Observation on 8/9/22 at about 12:13 pm of the kitchen area revealed: Linoleum flooring had tiles that were missing or not in place.</p> <p>Observation on 8/9/22 at about 12:15 pm of the dining area revealed: -The dining table had several laminate pieces from the top broken off or missing.</p> <p>Observation on 8/9/22 at about 12:17 pm of the Living area revealed: -There was a large hole on the wall behind the large couch.</p> <p>Observation on 8/9/22 at about 12:22 pm of Client #4's bedroom revealed: -The carpet was worn down. It had several holes near the door. Carpet also had several stains.</p> <p>Observation on 8/9/22 at about 12:25 pm of Client #1's bedroom revealed: - Several stains on the carpet.</p> <p>Observation on 8/9/22 at about 12:27 pm of Clients #3 and #5 revealed: -There were several stains on carpet.</p> <p>Observation on 8/9/22 at about 12:30 pm of the Outside revealed: -Wood flooring from back deck was rotten. -There was also an old broken chair on top of the deck. -There was a piece of plywood on the ground leaning against the front porch wall.</p> <p>Interview on 8/9/22 with the Qualified</p>	V 736	<p>Residential Director is in the process of obtaining estimates to have the flooring in the kitchen replaced.</p> <p>Residential Director will have dining room table evaluated to determine if it can be repaired or if it needs to be replaced.</p> <p>Residential Director has made arrangements for the hole to be repaired</p> <p>Residential Director has scheduled for the carpet to be cleaned on 8/22/22. Residential Director is gathering estimates to have carpet repaired.</p> <p>Residential Director will obtain estimates on repairing and/or replacing the wooden deck. Residential Director removed the broken chair as well as the plywood leaning on the front porch wall on 8/09/22.</p>	<p>10/08/22</p> <p>10/08/22</p> <p>10/08/22</p> <p>10/08/22</p> <p>10/08/22</p>

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V 736	<p>Continued From page 4</p> <p>Professional revealed:</p> <ul style="list-style-type: none"> <li>-Facility was responsible for its own repairs.</li> <li>-Hole on the wall by the living area was reacted by a picture that had been hanging. It fell and made the hole on the wall.</li> <li>-She was going to try to shampoo the carpets soon.</li> <li>-Hole on the wall was created by a picture that fell.</li> <li>-She acknowledged the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner.</li> </ul>	V 736		



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

**VIA CERTIFIED MAIL**

July 22, 2022

Porter McRavion  
Hands LLC of Rowan  
4115 Pine Street  
Salisbury, North Carolina 28147

**Re: Type A1 Administrative Penalty  
Pine Street 4115 Pine Street Salisbury, NC 28147  
MHL # 080-204  
E-mail Address: hands4success1@gmail.com**

Dear Mr. McRavion:

Based on the findings of this agency from a survey completed on 7-1-2022, we find that Hands LLC of Rowan has operated Pine Street in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services. After a review of the findings, this agency is taking the following action:

Administrative Penalty – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A1 administrative penalty of \$2,000.00 against Hands LLC of Rowan for violation of 10A NCAC 27G .0209 Medications Requirements (V118). Payment of the penalty is to be made to the Division of Health Service Regulation and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalty is not paid within sixty (60) days of this notification, a 10% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

**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

7-22-2022  
Pine Street  
Hands LLC of Rowan

Office of Administrative Hearings  
6714 Mail Service Center  
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel  
Department of Health and Human Services  
Office of Legal Affairs  
Adams Building  
2001 Mail Service Center  
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 252-568-2744 within thirty (30) days from the date of this letter. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Wendy Boone, Assistant Section Chief at 252-568-2744.

Sincerely,



Robin Sulfridge, Chief  
Mental Health Licensure & Certification Section

Cc: [dhsrreports@dhhs.nc.gov](mailto:dhsrreports@dhhs.nc.gov), DMH/DD/SAS  
[Medicaid.dhsr.notice@dhhs.nc.gov](mailto:Medicaid.dhsr.notice@dhhs.nc.gov), NC Medicaid  
[accreditationNotifications@nctracks.com](mailto:accreditationNotifications@nctracks.com), NC Medicaid Fiscal Agent  
[DHSR@Alliancebhc.org](mailto:DHSR@Alliancebhc.org)  
[DHSR.Letters@sandhillscenter.org](mailto:DHSR.Letters@sandhillscenter.org)  
Micah Ennis, Director, Rowan County DSS  
Pam Pridgen, Administrative Supervisor