

Plan of Correction Form

Plan of Correction

Please complete all 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:

ryan.meredith@dhhs.nc.gov

Note - original to be signed and mailed to the office.

Provider Name:	Keelean Home	Provider ID #:	MHL071-039	Phone:	(910)270-8936
Provider Contact Person for follow-up:	Roger W. Giles QM Director 828-759-5823			Fax:	910-796-6751
Provider Address:	2240 SLOOP POINT ROAD HAMPSTEAD, NC 28443			Email:	<u>giles@cbcare.com</u>
Review Type:	Annual and Followup Survey completed 12/21/22	Date of Review:	12/29/22	Concern/ Grievance/ Incident #:	

Finding	OOC Code	# of Recs Involved	Corrective Action Steps	Responsible Party	Time Line
This Rule is not met as evidenced by: 1. Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water.	V752	2	1. Licensed provider will replace the faulty thermostat of the hot water tank to ensure a consistent reading temperature between 100 and 116 degrees Fahrenheit. An agency representative will train the licensed provider on how to properly check water temperature from the faucet. Licensed provider will conduct hot water temperature readings 3 times per day for 3 consecutive days to ensure accuracy. An agency representative will conduct an onsite inspection to ensure hot water temperature is between 100 and 116 degrees.	Licensed Provider / QA Specialist	Implementation Date: 01/03/23 Projected Completion Date: 01/20/23

Roger W. Giles

[Signature]
1/6/23



CBC
HomeCare
Intellectual/Developmental Disability Services

HomeCare Management Corp.

(Corporate Office)
5855 Executive Center Drive
Suite 104
Charlotte, NC
Phone: 704 535-4342
Fax: 704 535-4347
homecaremgmt.org

January 6, 2023

Mental Health licensure and Certification Section
NC Division of Health Service Regulation
ATTN: Ryan Meridith
2718 Mail Service Center
Raleigh NC 27699-2718

Ref: Keelean Home – Annual and Follow up Survey completed December 21, 2022

Dear Mr Meridith,

Please accept the attached plan of correction regarding the Annual and Follow up Survey completed for facility license # MHL 071-039.

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

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,

Roger W. Giles, MBA, QP
QM Director
HomeCare Management Corporation

1/6/23

828-759-5823
giles@cbcare.com

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.