

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
Attn: Ryan Meredith
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:	Community Innovations, Inc.	Provider ID #:	MHL# 024-064	Phone:	910-640-2776
Provider Contact Person for follow-up:	Roger W. Giles			Fax:	910-642-8039
Provider Address:	Honey Hill Residential 24 Lakeland Circle Hallsboro NC 28442			Email:	giles@cbcure.com
Review Type:	Annual Survey Completed	Date of Review:	02/08/2023	Concern/Grievance/Incident #:	N/A

Finding	OOCCode	# of Recs Involved	Corrective Action Steps	Responsible Party	Time Line
<p>10A NCAC 27G .5603 OPERATIONS</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination of services with the qualified professionals who are responsible for treatment for one of three audited clients (#3).</p> <p>-There were no parameters or guidelines for staff to follow for blood sugar results that were too high or too low.</p> <p>-Home Manager would address concerns with client #3's physician right away and ensure parameters were put in place.</p>	V 291)	1	<p>The Team has consulted with the individual's physician and established parameters for blood sugar level. All Honey Hill staff to be in-serviced on the blood sugar level parameters.</p> <p>Community Innovations, Inc. will systematically evaluate persons served diagnosed with diabetes to ensure blood sugar level parameters are provided to staff for monitoring.</p> <p>The Program Manager will monitor blood sugar checks daily and the clinical supervisor will monitor monthly.</p>	Clinical Supervisor	<p>Implementation Date: 02/24/2023</p> <p>Projected Completion Date: 04/09/2023</p> <p style="color: blue; font-weight: bold;">DHSR - Mental Health</p> <p style="color: red; font-weight: bold;">MAR 2 2023</p> <p style="color: blue; font-weight: bold;">Lic. & Cert. Section</p>


 Roger W. Giles, Qm Director

February 28, 2023

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
ATTN: Ryan Meredith
2718 Mail Service Center
Raleigh, NC 27699-2718

Ref: Annual Survey completed February 8, 2023
Honey Hill Residential, 24 Lakeland Circle, Hallsboro NC 28442
MHL# 024-064

Dear Mr. Meredith,

On behalf of Melissa Bryant, Regional VP, please accept the attached plan of correction regarding the Annual Survey completed for facility license # MHL 024-064.

Thank you for your courtesy extended during this review. CBC-Community Innovations 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,



2/28/23

Roger W. Giles, MBA, QP
QM Director
Community Innovations

828-759-5823
giles@cbcure.com