



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor

**KODY H. KINSLEY** • Secretary

**MARK PAYNE** • Director, Division of Health Service Regulation

March 7, 2024

Rebecca Peoples, Administrator  
Triad Adult Day Care Center, Inc.  
PO Box 4786  
High Point, NC 27263

Re: Annual Survey Completed March 6, 2024  
Broadstone Place II, 1810 Abberton Way, Apartment 1C, High Point, NC 27260  
MHL# 041-987  
E-mail Address: [triadadcc@northstate.net](mailto:triadadcc@northstate.net)

Dear Ms. Peoples:

Thank you for the cooperation and courtesy extended during the annual survey completed March 6, 2024.

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**

- The tag cited is a standard level deficiency.

### **Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is May 5, 2024.

### **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.

#### **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

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

March 7, 2024  
Broadstone Place II  
Triad Adult Day Care Center, Inc.

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 Maria Smith at 828-747-9913.

Sincerely,

*Debra M. Branton*

Debra M. Branton, MSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: Sharon Barlow, Director, Guilford County DSS  
Joy Futrell, CEO, Trillium Health Resources LME/MCO  
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO  
Pam Pridgen, Administrative Supervisor