

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/27/2025
NAME OF PROVIDER OR SUPPLIER DOROTHY'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 ROSEWOOD AVENUE ROCKY MOUNT, NC 27801		
(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 A complaint survey was completed on 6/27/25. One complaint was substantiated (Intake #NC00231147) and two complaints were unsubstantiated (Intakes #NC00230382 & #NC00230346). A deficiency was 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 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000	GOVERNING BODY POLICIES The Clients' Personal Funds policy has been modified showing the process of disbursement and management. Steps, requirements, and security measures for the clients who participate in two (2) service programs will be followed relating to personal funds. The policy revised on 7-25 is attached to support the identified deficiency.	8/26/25
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need;	V 105	The Notification of Outing Requiring Client's Personal Funds correspondence template is attached that will be used by the Day Program Director to inform the Residential Support personnel, which is also referenced in the attached policy. The Corporate Compliance Officer will facilitate a virtual meeting on August 13, 2025, with the Day Program and Residential personnel who are authorized to handle client's personal funds transactions. The meeting agenda will cover their roles on the subject matter as well as the required process. Verification of attendance will be available. The clients will receive a briefing (August 20, 2025) on how their personal funds are managed and securely protected and accounted for by both service programs, initiated by Dorothy's Place House Manager or Qualified Professional at Dorothy's Place. A non-billable note dated August 20, 2025, will be generated by the HM or QP indicating the briefing occurred, and	

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an acknowledgment of understanding will be signed and dated by applicable clients and placed in their service chart.

For ongoing monitoring, the Corporate Compliance Officer developed a Clients' Personal Funds Audit Form that must be completed by both service programs (positions referenced above) to show monthly accountability of funds. This will minimize any misconceptions or confusions of this subject matter. The completed audit form must be submitted to the Compliance Officer on August 15, 2025, showing the previous month's balance. This will be an ongoing requirement.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Sheila Burge

Corporate Compliance Officer

7-21-25

STATE FORM

6899

6P5B11

If continuation sheet 1 of 5

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V 105	Continued From page 1 (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105			

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to implement their written policy regarding client's personal funds. The findings are:</p> <p>Review on 6/24/25 of the facility's policy for client's personal funds revealed:</p> <ul style="list-style-type: none"> - "It is the policy of Quality Care Solutions, Inc. (Licensee) to have internal controls and oversight regarding the recordkeeping of clients' personal funds at a 24-hour facility (Dorothy's Place)." - "Two (2) facility employees (Qualified Professional (QP) and House Manager (HM)) shall manage the clients' personal funds. However, the clients or their legally responsible person must give informed consent for the management and expenditure of funds. The QP and HM shall oversee the allowance for the client and maintain an accurate accounting of money received and disbursed." <p>Observation and record review on 6/20/25 at approximately 3:15pm at the Licensee's Day Program revealed:</p> <ul style="list-style-type: none"> - The Day Program's QP unlocked her desk drawer with her key - She pulled out two manila envelopes with Client #1 and #3's names on it - A white sheet of paper was attached to each of the manila envelopes - The white sheet of paper was a form titled "money sheet" in which the clients and staff signed for the amount of money deposited or 	V 105			

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V 105	<p>Continued From page 3</p> <p>withdrawn from the envelope</p> <ul style="list-style-type: none"> - A white envelope was inside that contained the clients' money - The amount of money as well as the withdrawals were written on the outside of the white envelope - Receipts from purchases made in June 2025 by client #1 & client #3 - The amount of money withdrawn ranged from five to twenty dollars <p>Interview on 6/20/25 the Licensee's Day Program's QP reported:</p> <ul style="list-style-type: none"> - The facility that Client #1 and #3 resided at had a vacant full time QP position - The HM had been out on sick leave since the end of May 2025 - "Upper management" approved for her to manage the clients' money until the HM returned - She had started managing Client #1 and Client #3's money in June of 2025 <p>Interview on 6/24/25 Client #3 reported:</p> <ul style="list-style-type: none"> - The Day Program's QP was helping him manage his money "for these last few weeks" (since June 2025) - When he wanted to buy something, he would "get my money at the day program, and return my money to the day program" - In the past, the HM would assist him with his money, "but she got sick and was not here (at Dorothy's Place)" <p>Interview on 6/26/25 Staff #2 reported:</p> <ul style="list-style-type: none"> - Had been working at the facility for a little over a month - Client #1 and Client #3's money was kept at the day program because the HM was out sick and the Clinical Director/Acting QP was not always at the facility 	V 105			

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V 105	<p>Continued From page 4</p> <p>Interview on 6/27/25 the HM reported:</p> <ul style="list-style-type: none"> - She and whomever is fulfilling the QP duties at the facility were responsible for managing the clients money - She was out of work from 5/26/25 to 6/13/25, and was not yet back at work full-time - The former QP resigned in April 2025 - The Day Program's QP had the money because the clients went to the day program five times a week and it was where they spent most of their money - She was not sure who made the decision that the day program would have oversight of the clients' personal funds <p>Interview on 6/27/25 the Clinical Director/Acting QP reported:</p> <ul style="list-style-type: none"> - The facility's QP and the HM were responsible for managing the clients' money at the facility - The full time QP position had been vacant since April 2025 - A new QP was hired and was scheduled to start within the "next few weeks" - The HM was out on sick leave from 5/26/25 to 6/13/25 - She helped with QP responsibilities, but was not able to be present in the facility often to assist with managing the clients' money - The Chief Executive Officer (CEO) of the company had taken Client #1 and #3's monthly stipend to the day program for the Day Program's QP to give to the clients - "I approved it in May (2025) for [Day Program's QP] to have (oversee) the guys (clients) money for June" since the HM was out of work 	V 105		

Quality Care Solutions, Inc.

Policies and Procedures

Policy Name: Clients' Personal Funds

Approved by: CEO

Date: 12-7-21

Revision: 2-24; 7-25

Policy Statement:

Quality Care Solutions, Inc. shall be entrusted with the care and control of clients' personal funds.

Procedures:

Quality Care Solutions, Inc. must be able to account for all our clients' personal funds, unless otherwise specified in the client's Individual Support Plan (ISP) or Person-Centered Plan (PCP).

Personal needs allowance is the amount a client is allowed to keep of their Supplemental Security Income (SSI), Social Security Administration (SSA) or Social Security Disability Insurance (SSDI) payments to cover their own personal needs.

The organization follows the House Bill authorized by the General Assembly of North Carolina titled "Increase Personal Needs Allowance / Medicaid", which stipulates the amount of funds to be appropriated to Medicaid recipients. This allowance is reviewed within specified times by the General Assembly and modified accordingly. Clients at Dorothy's Place shall receive a monthly amount of seventy dollars (\$70.00) for personal needs as referenced in the attachment.

Quality Care Solutions, Inc. recognizes that some clients may need assistance with handling money that consists of personal money being held by program staff for purchases or expenses. Clients will receive assistance in the management of their personal funds and with consideration of what is important to the client and what is important for the client.

The clients or their legally responsible person must give informed consent for the management and expenditure of funds

Leadership issues money orders monthly to the Residential Support staff (Qualified Professional or House Manager) for the residents. These are the two authorized staff who will cash money orders and store the physical cash safely at the facility (Dorothy's Place). The QP and HM oversee the allowance for the client and maintain an accurate accounting of money received and disbursed.

The QP or HM makes the balance on hand available upon request by the client or legally responsible person. A copy of this signed consent is maintained in the client's records.

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A representative payee for a client can be the organization, a Social Worker, another designated legally responsible person or biological parent(s). Clients can be entitled to receive SSI, SSA or SSDI monthly payments/checks. The corporate office deposits payments/checks and disburses a monthly personal needs allowance to the clients. The remaining amount from the SSI, SSA or SSDI payments/checks are applied to the clients' room and board.

It is not a guarantee that all clients residing at Dorothy's Place will always have personal funds. The organization takes responsibility to ensure the client is afforded protection and a full accounting of the use of their funds.

Clients will handle their own funds whenever possible and are provided with training in money management, when appropriate. Clients shall be assisted and encouraged to maintain or invest their money in a personal fund account other than at the facility. Clients have the right to accept or decline the recommendation. Clients and their legally responsible person shall also be encouraged to invest in interest-bearing accounts.

Clients have the right to deposit and withdraw personal funds at the facility.

Clients can access their funds by informing the QP or HM. The requested amount will be documented by the QP or HM on paperwork representing money deposit and withdrawal. The paperwork will have a signature and date by client, QP or HM acknowledging specified funds were disbursed and/or received. Receipts from all purchases made by clients will require two (2) signatures – one (1) from the client and one (1) from staff proving that the client received goods from the purchase.

At least monthly, the QP and HM together shall conduct a monthly reconciliation (when applicable).

The clients' personal funds are safeguarded and kept in a secure and locked location at Dorothy's Place and maintained separately from any operating funds of the organization.

A binder is utilized and has divided sections that store zipped pouches with the client's name identified on the outside, which is a strong locked box/container. Each client has funds in a separate pouch with relevant individualized receipts, purchases and withdrawals.

The Residential Supports clients participate in the Day Program to receive structured support, socialization, and specialized services during the day. The Day Program often allows the Residential Supports clients to use their personal funds for outings, and field trips but there are specific rules and guidelines to follow. When an upcoming

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community event/outing or field trip occurs, the Day Program Director will submit detailed notification to the Residential Supports QP or HM (usually a month in advance) indicating that the client will need to use their personal funds. The amount of the funds will be referenced in the notification. Upon receiving the notification, the Residential Supports staff will schedule and arrange to disburse funds to the Day Program Director. An Acknowledgement Funds Transfer for Client Outing form will be completed as supporting documentation by both service program personnel for proper accounting and compliance. The Day Program will safeguard the physical funds by placing them in an envelope inside of a locked box stored securely. When cash is given to the clients for the outing, there is another level of accountability. The withdrawal transaction will be signed by the Day Program Director and the client verifying the withdrawal amount. Any funds left after returning from the outing will be recorded showing the exact available cash. Additionally, receipts for each applicable client shall be maintained with a cash balance.

Quality Care Solutions, Inc. is responsible for ensuring that every transaction involving client personal funds are accurately recorded, with supporting documentation retained for audit and reconciliation purposes.

Both service programs are knowledgeable that access to clients' personal funds is restricted to authorized personnel only.

Clients' personal funds should never be mixed with personal funds of staff or the organization's operating funds.

When a client is discharged from the Day Program or Dorothy's Place, any funds belonging to the client or legally responsible person are returned on the same day of their discharge.

Authorization by the client or legally responsible person is required before a deduction can be made from a personal fund account for any amount owed or alleged to be owed for damage done or alleged to have been done by the client:

1. to Dorothy's Place residential facility,
2. to an employee of the residential facility,
3. to a visitor of the residential facility, or
4. to another client of the residential facility

Communications of the above procedures are explained to the client and/or legally responsible person in a clear and understandable manner upon admission/intake. All staff members, clients, and the person legally authorized to make decisions on behalf of the clients are informed of the established organization practices related to this policy.

Subject: Notification of Outing Requiring Client's Personal Funds –
[Individual's Name]

Date:

Dear Residential Support Staff:

This note serves to inform you of a planned outing for [Individual's Name] on [Date of Outing], from [Time of Departure] to [Time of Return].

The purpose of this outing is to [Describe the purpose of the outing, e.g., attend a local craft fair, visit the library, go to the movies, etc.].

The outing will take place at [Location of Outing]. [Individual's Name] will be transported via [Transportation method, e.g., van].

[Individual's Name] will require personal funds for [specific expenses, e.g., purchasing a souvenir, buying a snack]. The estimate amount needed is \$[Amount].

During the outing, [Individual's Name] will be accompanied by [Person's Name].

If there are any questions, contact [Phone Number or Email Address].

Sincerely,

[Your Name/Role]

Clients' Personal Funds Audit Form

This form helps ensure proper accounting; resident rights are respected and helps maintain compliance with relevant regulations.

Residential facility information

- Facility name:
- Facility address:
- Audit date:
- Auditor(s):

Resident information

- Resident name:
- Date of birth:
- Legal representative (if applicable):

Account overview

- Account balance at start of audit period: \$_____
- Total deposits during audit period: \$_____
- Total withdrawals during audit period: \$_____
- Account balance at end of audit period: \$_____