

Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
(Top portion completed by DHSR staff)

Facility Name: [REDACTED] FL Provider

MHL Number: 034-403

Rule Violation/Tag #/Citation Level: (Administrative Action and Crosses)

10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS  
10A NCAC 27G .604/V367/RE-CITE

Plan of Correction – Completed by Facility Staff  
(Attach additional pages if needed)

Immediate Correction:

-The June and July incident report will be submitted to the appropriate LME and if applicable, DMH/DD/SAS and DHSR by Sept 7, 2025

-Submission will be via encrypted electronic means using the state provided form.

RECEIVED  
SEP 1 2025  
DHSR-MH Licensure Sect

Preventive Action:

-Refresher training on incident identification, timeliness and reporting protocols will be provided to all staff by Sept 7, 2025 and repeated quarterly.

-A centralized Incident tracking Log will be maintained and reviewed weekly.

-A quarterly audit will be conducted to ensure compliance.

Facility Staff completing this form:

Cynthia Pizzino QIDP / Cynthia Pizzino 8/12/2025  
Name/Title Date

1

CITATION LEVEL: Number of days from survey exit for citation correction

Type A = 23 days      Type B = 45 days

Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

**Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
Rule Violation and Client/Staff Identifier List**

Facility Name: Quarry Park Home MHL Number: 034-403

Exit Date: 7/31/25 to 8/1/25 Surveyor(s): [REDACTED]

**EXIT PARTICIPANTS:** Cynthia Pizzino, Program Manager

**COVID NOTIFICATION:** In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0603/V366/Standard

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0604/V367/Re-cite

Rule Violation/Tag #/Citation Level: \_\_\_\_\_

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Rule Violation/Tag #/Citation Level: \_\_\_\_\_

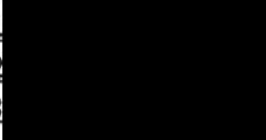
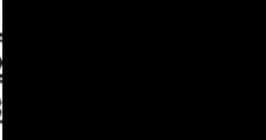
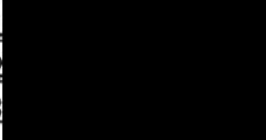
Rule Violation/Tag #/Citation Level: \_\_\_\_\_

**Client & Staff Identifier List  
(Indicate staff title or number beside each name)**

**CITATION LEVEL:** Number of days from survey exit for citation correction

**Standard** = 60 days      **Recite** – standard = 30 days      **Type A** = 23 days      **Type B** = 45 days  
**Uncorrected Type A or Type B Imposed** = provider should provide written notification of intended correction date

Client # 1   
Client # 2   
Client # 3   
Client # \_\_\_\_\_  
Client # \_\_\_\_\_  
Client # \_\_\_\_\_  
Client # \_\_\_\_\_  
Client # \_\_\_\_\_  
Client # \_\_\_\_\_  
Client # \_\_\_\_\_

Staff # 1   
Staff # 2   
Staff # 3   
Staff # \_\_\_\_\_  
Staff # \_\_\_\_\_  
Staff # \_\_\_\_\_  
Staff # \_\_\_\_\_  
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