

**Appendix 1-B: Plan of Correction Form**

**RECEIVED**

SEP 19 2025

DHSR-MH Licensure Sect

**Plan of Correction**

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

<b>Provider Name:</b>	Affirmative Family Care Services, LLC	<b>Phone:</b>	704-763-5459
<b>Provider Contact Person for follow-up:</b>	Raymond Russell	<b>Fax:</b>	
		<b>Email:</b>	affirmativeray@gmail.com
<b>Address:</b>	9128 Touchstone Lane Charlotte NC 28227		<b>Provider #</b> MHL-060-1513

<b>Finding</b>	<b>Corrective Action Steps</b>	<b>Responsible Party</b>	<b>Time Line</b>
The facility failed to ensure treatment plans were developed within 30 days of admission, did not include identified short-term residential treatment goals, and lacked legal guardian signature and participation. The facility also did not ensure care coordinators and staff were aware of responsibilities regarding short-term treatment goals.	<p>Policy &amp; Procedure Update: A written policy has been implemented requiring:</p> <p>All treatment plans must be developed within 30 days of admission.</p> <p>Short-term goals must be identified and measurable.</p> <p>Guardian/legal representative must review and sign the plan.</p> <p>Documentation of completion will be maintained in the client's record.</p> <p>Staff Training: All Care Coordinators, Qualified Professionals (QPs), and Direct Care staff will be trained on treatment plan requirements, timelines, and their responsibility to ensure short-term goals are included.</p> <p>Training completed with sign-in sheets maintained in staff files.</p>	<p>Director of operations oversight of compliance.</p> <p>Care Coordinators – responsible for timely completion of ISPs and PCP goals.</p> <p>Quality Assurance Staff – responsible for monthly audits.</p>	<p>Implementation Date: 09/15/2025</p> <p>Projected Completion Date: 09/23/2025</p>

*Raymond Russell* 9/16/2025

	<p>Quality Assurance Oversight:</p> <p>The QA Director will conduct a monthly audit of all active client records to confirm:</p> <p>Treatment plans are completed within 30 days of admission.</p> <p>Short-term and long-term goals are present.</p> <p>Guardian/legal representative signature is obtained.</p> <p>Results of audit will be reported to the CEO/Director of Operations.</p>		
--	---	--	--