

Appendix 1-B: Plan of Correction Form

MHC-029-152

Plan of Correction

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

Plans.Of.Correction@dhhs.nc.gov

Provider Name:	Brownstone Family LLC	Phone:	
Provider Contact Person for follow-up:		Fax:	
		Email:	
Address:	44 Cedar Lodge Road Thomasville, NC 27360		Provider # 1053047365

Finding	Corrective Action Steps	Responsible Party	Time Line
<p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to the incidents as required.</p> <p>The findings are: Reviews on 10/16/25 and 10/22/25 of the Incident Response Improvement System (IRIS) from 9/12/25 to 10/22/25 revealed:-No level III incident report Former Client #1 was pushed to the ground by a staff member.-No documentation the LME/MCO was notified of the allegation. Review on 10/16/25 of the Facility's internal investigation revealed:-No documentation of an internal investigation in response to an alleged incident which involved a staff member and Former Client #1-The Qualified Professional (QP) was made aware of incident on 9/12/25. Interview on 10/16/25 with Former Client #1 revealed:-"[Staff #1] pushed me down outside."-Was unable to state the date the incident occurred. Interview on 10/16/25 with the Qualified Professional revealed:-Was made aware of the incident on 9/12/25-Was responsible for ensuring investigations and incident reports were completed.-Failed to attend to the health and safety needs of the client involved in the incident.-Failed to determine the cause of the incident.-Failed to develop and implement corrective measures.-Failed to develop and</p>	<p>What measures will be put in place to correct the deficient area? Written policies created, reviewed and implemented. Policy 7.1 Incident Reporting is detailed to conform to the standard of 6 27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS. Also, Staff training on this policy to understand the requirements fully to ensure full compliance.</p> <p>What measures will be put in place to prevent the problem from occurring again? To prevent breaking policies, implement comprehensive measures such as clear and consistent communication, regular employee training, strict and equal enforcement of accountability. Risk assessments have also been reviewed and recorded to reflect the possible impact of such occurrences. Training on clear reporting procedures for violations as well.</p> <p>Who will monitor the situation to ensure it will not occur again? Monitoring will be completed by the Owners and Qualified Professional, Natalia Thompson. Periodically review policies and training content to ensure Brownstone's policies remain relevant and compliant with current laws and best practices. We will Perform regular audits, spot checks, or use incident reporting to monitor and enforce compliance.</p> <p>How often will the monitoring take place? Daily monitoring will take place from either Owners, Qualified Professionals, Director or Supervisors to ensure full compliance.</p>	<p>Owner BS QP</p>	<p>Implementation Date: 10/20/2025</p> <p>Projected Completion Date: 10/23/2025</p> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;"> RECEIVED OCT 30 2025 DHHS-MH Licensure Sect </div>

implement measures to prevent similar incidents from occurring.-Failed to assign person(s) to be responsible for implementation of the corrections and preventive measures.

**6 27G .0603 Incident Response Requirements
10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and**

(D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.

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