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DHSR-MH Licensure Sect

A PEACE OF MIND
3427 Crenshaw Court, Charlotte, NC 28216
Licensed Level III Residential Treatment Facility

Date: 11/07/2025

PLAN OF CORRECTION – STATEMENT OF DEFICIENCIES

V114 – Emergency Plans and Supplies (Fire & Disaster Drills)
Deficiency: Fire and disaster drills were not conducted quarterly on all shifts.
Corrective Measures:Effective immediately, the QP and Executive Director will collaborate to implement a Drill Tracking Log that lists both shifts (1st & 2nd shift). Each shift supervisor will be responsible for conducting and documenting fire and disaster drills quarterly. The Executive Director will verify completion and file logs at the end of each quarter.
Prevention Measures:
Staff will receive retraining on emergency and disaster procedures within 7 days of this plan submission. A calendar reminder system will be set to notify the QP and ED two weeks before each quarter ends to ensure compliance.
Monitoring:
Monthly review by QP and ED of all emergency drill logs. Annual audit of all safety drills by the compliance consultant.

V118 – Medication Requirements (Physician Orders & MAR Accuracy)
Deficiency: Missing or inaccurate physician orders and Medication Administration Records (MARs).
Corrective Measures:
The QP will review all client MARs and physician orders for accuracy and completeness. Any missing orders will be immediately verified and signed by the prescribing physician. A Medication Verification Form will be added to all client charts to ensure physician confirmation before medication is administered.
Prevention Measures:
All staff responsible for medication administration will undergo refresher training on proper MAR documentation and transcription within 7 days. The QP will implement a

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double-check system requiring secondary review before new medications are added to the MAR.
Monitoring:
Weekly audits of all MARs and physician orders by the QP.

V120 – Medication Storage
Deficiency: Medications were not properly secured; an over-the-counter bottle (Tylenol) was left out.
Corrective Measures:
All medications, including over-the-counter and prescribed, will be kept in a double-locked cabinet in the staff office. Empty containers will be discarded immediately. All staff have been re-instructed that no medication may be left unattended.
Prevention Measures:
Medication storage policy updated to explicitly include over-the-counter medications. All staff will receive documented in-service training on medication storage procedures.
Monitoring:
Daily visual inspection of medication storage by shift supervisor. Weekly audit by the QP to confirm compliance and document findings.

V366 – Incident Response Requirements
Deficiency: Failure to document corrective and preventive measures for Level II incidents.
Corrective Measures:
A new Incident Review and Root Cause Analysis (RCA) form will be completed within 24 hours of every incident. Specific staff will be assigned for follow-up actions, corrective measures, and documentation. All prior incidents from 2025 will be re-reviewed and completed with RCAs and corrective plans.
Prevention Measures:
The QP and ED will train all staff on incident response protocols, including timelines within 45 days for corrective actions. Internal review meetings will be held within 72 hours of any

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Level II or III incident.
Monitoring:
Monthly compliance review by QP and ED to ensure RCAs and corrective actions are completed and filed. Quarterly quality assurance check by compliance consultant.

V367 – Incident Reporting Requirements
Deficiency: Failure to report Level II incidents in IRIS and notify LME/MCO within 72 hours.
Corrective Measures:
The QP and ED will review all incidents since March 2025 and retroactively submit missing reports to IRIS. A submission verification log will be kept with confirmation numbers. LME/MCO contact will be notified directly following every IRIS submission.
Prevention Measures:
The QP and ED will complete IRIS refresher training and establish a direct contact with the MCO for technical confirmation. A 24-hour internal notification policy will be enforced for any incident requiring IRIS reporting.
Monitoring:
IRIS submission log reviewed weekly by the QP. Quarterly review by compliance consultant to confirm all incidents are filed within 72 hours.

V752 – Hot Water Temperatures
Deficiency: Hot water exceeded 116°F in multiple areas.
Corrective Measures:
Hot water heater has been adjusted to maintain water between 100–116°F. Maintenance log created to document weekly temperature checks in kitchen and bathrooms.
Prevention Measures:
Staff prohibited from adjusting water temperature settings without written authorization.
Monitoring:
Monthly temperature log completed by QP or maintenance staff. Monthly review by ED to verify consistent compliance.

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V774 – Minimum Furnishings (Client Bedroom)
Deficiency: One client bedroom lacked a bedframe, leaving the mattress on the floor.
Corrective Measures:
A replacement bedframe will be purchased and installed immediately for the affected client.
Inventory review of all bedrooms conducted to ensure compliance.
Prevention Measures:
Quarterly Facility Furnishing Checklist implemented for each client room. Any damaged furniture must be replaced within 48 hours of report.
Monitoring:
Monthly room inspection by QP. Quarterly facility audit by ED to ensure all furnishings meet minimum standards.

Overall Oversight:
The Executive Director and Qualified Professional will ensure all corrective and preventive actions are completed by the established timelines. Compliance consultant will perform quarterly audits to verify ongoing adherence to all cited rules and regulations.

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