

Appendix 1-B: Plan of Correction Form

Plan of Correction

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

Plans.Of.Correction@dhhs.nc.gov

Provider Name: Stevie's Place MHL-059-108	Phone: 828-659-6453
Provider Contact Ginger Kiser, CEO	Fax: 828-559-8031
Person for follow-up:	Email: ginger@cchcpossibilities.com
Address: 15 6 th EM Street Marion, NC 28752	Provider # MHL 059-108

Finding	Corrective Action Steps	Responsible Party	Time Line
<p>Standard-10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals</p>	<p>CCHC has had a recent change of leadership over this home. There is a specified "House Supervisor" that is responsible for maintaining the staff schedule, cleaning schedule, groceries, checking monthly paperwork for the house, and monitoring the MAR's. At the time of this review we had had several staff changes within the home and a new house supervisor was starting. Since this review there have been improvements in the home in addition the new Supervisor has made much effort in maintaining proper documentation and supervision of the staff working there. In addition to her, the QP makes visits to ensure the home is running smoothly with no issues, and we also have a Compliance Officer that is doing weekly checks on the house to ensure the staff is in compliance with all requirements. We do have online trainings that cover cultural awareness, communication, med training, code of ethics, etc... So our staff is trained and supervised by a house supervisor, Qualified Professional, & a compliance officer. The home and staff are checked on daily by the HS, weekly by the CO, and biweekly by the QP.</p>	<p>House Supervisor [Redacted]</p>	<p>Implementation Date: Oct 1, 2025</p> <p>Projected Completion Date: Ongoing</p>
<p style="font-size: 24px; color: blue; font-weight: bold;">RECEIVED</p> <p style="font-size: 18px; color: red; font-weight: bold;">NOV 17 2025</p> <p style="color: blue;">DHSR-MH Licensure Sect</p>			<p>Implementation Date:</p> <p>Projected Completion Date:</p>
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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN • Governor
DEV DUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 6, 2025

Chris Kiser
Vice President of Quality Management
Community Companion Home Care, LLC
49A State Street
Marion, NC 28752

Re: Plan of Correction for Complaint Survey completed 9/26/25
Stevie's Place, 15 6th EM Street, Marion, NC 28752
MHL# 059-108
E-mail Address: ckkiser.cchc@gmail.com

Dear Mr. Kiser:

A complaint survey was completed 9/26/25. A letter was sent to you along with the Statement of Deficiencies which stated a Plan of Correction that addresses each deficiency cited during the survey was to be sent to our office. We never received the Plan of Correction for this survey.

Please submit a plan of correction which indicates what measures will be put in place to correct the deficient area of practice and prevent the problem from occurring again.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
Indicate what measures will be put in place to prevent the problem from occurring again.
Indicate who will monitor the situation to ensure it will not occur again.
Indicate how often the monitoring will take place.
Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

If you have any questions, please call Eileen Moreno at 336-247-0107.

Sincerely,

[Handwritten signature of Eileen Moreno]

Eileen Moreno, MA
Facility Compliance Consultant II, Mountains Team Leader
Mental Health Licensure & Certification Section

Cc: File

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

RECEIVED
NOV 17 2025
DHSR-MH Licensure Sect

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

Facility Name: Stevie's Place _____ MHL Number: 059-108 _____
Exit Date: 9/26/25 _____ Surveyor(s): Samford _____

EXIT PARTICIPANTS: _____

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 .0204 Competencies and Supervision of Paraprofessionals (V110) standard

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

10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS

- (a) There shall be no privileging requirements for paraprofessionals.
- (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.
- (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.
- (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.
- (e) Competence shall be demonstrated by exhibiting core skills including:
 - (1) technical knowledge;
 - (2) cultural awareness;
 - (3) analytical skills;
 - (4) decision-making;
 - (5) interpersonal skills;
 - (6) communication skills; and
 - (7) clinical skills.
- (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.

*History Note: Authority G.S. 122C-26;
Temporary Adoption Eff. January 1, 2001;
Temporary Adoption Expired October 13, 2001;
Temporary Adoption Eff. November 1, 2001;
Eff. April 1, 2003;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 20, 2019.*