



North Carolina Department of Health and Human Services
 Division of Health Service Regulation
 Adult Care Licensure Section – Clinton Regional Office
 109 West Main Street • Clinton, North Carolina 28328
<http://www.ncdhhs.gov/dhsr/>

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor
 Lanier M. Cansler, Secretary

Marie Rodgers, Branch Manager
 Phone: 910-592-2932
 Fax: 910-590-2516

Certified Mail
#7008 1830 0002 2778 4494

November 12, 2010

Glenn Kornegay, Administrator
 Kornegay Healthcare, Inc., Licensee
 Glen Care of Mt Olive
 P. O. Box 339
 Kenansville, N. C. 28349

Re: Statement of Deficiencies: Complaint Investigation of 10/15/2010 – 11/05/2010 (ION111/NC00068602)
Type A Violation
Type B Violations
Facility: Glen Care of Mt Olive
Licensure Number: HAL-096-028
County: Wayne

Dear Mr. Kornegay:

As a result of a complaint investigation conducted by staff with the Adult Care Licensure Section on October 15, 2010 – November 05, 2010, it is determined that Glen Care of Mt Olive, Licensure Number HAL-096-028; is operating in violation of certain required rules. The summary of findings is cited on the enclosed Statement of Deficiencies, which is transmitted for your information and response.

Based on the survey findings, the alleged complaint violation was unsubstantiated, however, non-compliance was substantiated resulting in violations in 10A NCAC 13F .0505 Training On Care of Diabetic Residents, 10A NCAC 13F .0909 Resident Rights, G. S. 131D-21(1) and G. S. 131D-21(2) Declaration of Resident Rights.

Type A Violation

As a result of the findings, this office is issuing a Type A Violation based on 10A NCAC 13F .0909 Resident Rights and G.S. 131D-21(2) Resident's Rights. Pursuant to G. S. 131D-34, this office is requiring the facility to establish a specific plan of correction within a specific time period to address the violations designated as Findings: 10A NCAC 13F .0909 Resident Rights and G.S. 131D-21(2) Declaration of Resident's Rights. The findings, The Directed Plan of Correction with the Date of Correction were discussed with you in the exit conference via telephone on November 05, 2010. The Directed Plan of Correction with Date of Correction were faxed to you on November 05, 2010. The findings for the Type A Violation, the Directed Plan of Correction and the Directed Date



of Correction of November 19, 2010 are included on the enclosed Statement of Deficiencies.

This letter will serve as official notification of the Type A Violation. It is the intent of the Adult Care Licensure Section to prepare and forward a penalty proposal for the Type A Violation. If you have additional information concerning the violation for this agency to review prior to preparation of the penalty, please send the information to my attention at the above address on or before 5 days from receipt of this letter.

As set forth in G. S. 131D-34 where the facility has a Type A Violation, the Department shall assess the facility a civil penalty in the amount of no less than \$1,000 or more than \$20,000 for Adult Care facilities of 7 or more beds for each Type A Violation identified.

Type B Violations

Pursuant to G. S. 131D-34, this office is requiring a plan of correction for each Type B Violation designated as Findings on the attached Statement of Deficiencies. Timeframes for correction are as specified below. Type B violations were identified in the following rule areas

Type B violations were identified in the following rule areas specified below. Timeframes for correction are as specified below.

<u>10A NCAC 13F .0505 Training On Care Of Diabetic Residents</u>	<u>Timeline for Completion shall not exceed 11/19/10.</u>
<u>10A NCAC 13F .0909 Resident Rights</u>	<u>Timeline for completion shall not exceed 11/19/10.</u>
<u>G.S. 131D-21 (1) Residents' Rights</u>	<u>Timeline for completion shall not exceed 11/19/10.</u>
<u>G.S. 131D-21 (2) Residents' Rights</u>	<u>Timeline for completion shall not exceed 11/19/10.</u>

We are requesting that you provide an acceptable Provider's Response for each deficiency/violation cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each deficiency identified. Return the signed and dated Statement of Deficiencies form within 15 working days from the date of receipt of this letter. We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is **SIGNED AND DATED** or it will not be accepted. A response to the plan of correction will be sent **ONLY** if the plan of correction is not approved. Please retain a copy for your files.

The home must submit an acceptable plan of correction, which includes the following:

- (a) What corrective actions the home has implemented or plans to implement for the violated practice.
- (b) What monitoring system the home plans to put into place (i.e., quality assurance or continuous quality improvement) to assure the home remains in compliance.
- (c) Completion dates by which the plan of correction will be completed.

If (b), the monitoring system is not included the plan of correction will NOT be approved.

If you have questions about the enclosed Statement of Deficiencies, or the Type A and Type B Violations, please contact this office at 910-592-2932. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,



Hope Forte, RN Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures

cc. Vicky Thompson, Supervisor Wayne County Department of Social Services
Tichina Raynor, Team Supervisor, Clinton Office, Adult Care Licensure Section
Clinton Facility File
Raleigh Facility File

Please note information regarding Customer Service Survey below.

In an ongoing effort to improve the inspection process with the providers we serve, we would like you to complete a Customer Service Survey. The Survey can be accessed at the web site below. Your opinion is important to us, and will assist us in developing new and better ways to do our job. The survey has been designed to address key expectations of our surveyors and our division regarding the survey process.

Please note: Because the survey is confidential, your identity will not be known to the Division of Health Service Regulation or the North Carolina Department of Health and Human Services

Thank you very much for your participation as we strive to improve the services we provide to licensed health care providers across the state of North Carolina.

Customer Service Survey web site: <http://www.ncsurveymax.com/lp.aspx?id=GXFS>
(Survey Max does not work well with all browsers, please access survey with Internet Explorer)

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Sent To	Mr. Glen Kornegay, Executive Officer
Street, Apt. or PO Box	Kornegay Healthcare, Inc. P.O. Box 339
City, State	Kenansville, North Carolina 28349