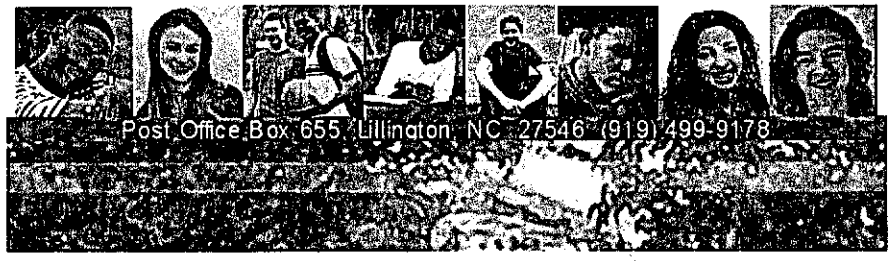

Home Page Introduction About Us Level III Residential Community Support
Criteria for Services Background Jobs Contact Us Future Site

Scottie VanHook, LCSW
President & CEO

Scottie VanHook has a long history of service to the behaviorally and emotionally challenged community. Mr. VanHook received a Bachelors of Science Degree in the Field of Psychology from Fayetteville State University. Currently, he serves as the President & CEO of Sierra's Residential Services, Inc. His primary duties include marketing, developing and implementing polices and procedures, and the monitoring and overall operation of the SRS agency. His background as a social worker includes conducting assessments of the child and family, linking, integrating and coordinating case management services; attending and participating in child and family team meetings; single portals and court hearings concerning the child's welfare and treatment; developing treatment plans; and participating in the development of IEPs concerning children with special educational / behavioral needs.

Ambulatory Surgery Cardiac Rehabilitation Program Family Care Home Care Home For The Aged Hospice Hospital Mental Health Homes Mental Health Hospital (Private Psychiatric) Nursing Home Facility Nursing Pool

Facility Name	City, State	County	Phone	Administrator	DON
Shining Star Clubhouse	GLaurinburg, NC	Scotland	(910)276-5370	Claudia Wall	
Serenity Home	GLeland, NC	Brunswick	(910)371-5300	Miss A J Johnson	
Strategic Behavioral Center	GLeland, NC	Brunswick	(901)271-2500		
SCI Wilson-Forest Hills	GLenoir, NC	Wilson	(252)243-4106	Martie Rye	
SCI Morganton Day Program	GLenoir, NC	Burke	(828)437-6761	Karen Cole	
SCI-Trinity Place	GLenoir, NC	Caldwell	(828)728-3389		
Skill Creations, Inc. - Cedarbrook 1	GLenoir, NC	Burke	(828)437-1086		
St. Luke Church Road Group Home	GLexington, NC	Chatham	(919)898-4600	Torona L. Jones	
Summerville Residential	GLillington, NC	Harnett	(910)893-2966	Miss Jaime Taylor	
Sierra's Residential Services Group Hom	GLillington, NC	Harnett	(919)499-9178	Scottie J Van Hook	
Sierra's Residential Services Inc.-Grou	GLillington, NC	Harnett	(910)497-4096	Scottie J VanHook	
Sierra's Residential Services, Inc.	GLillington, NC	Harnett	(910)497-2323	Scottie J VanHook	
Surrender House	GLincolnton, NC	Lincoln	(704)748-9906	Linda Shaffer	
Salem Industries	GLincolnton, NC	Lincoln	(704)732-1516	JoAnn Raxter	
Stars Youth Academy	GLumberton, NC	Robeson	(910)608-3511	Charles Graham	
Southeastern Behavioral Healthcare Servi	GLumberton, NC	Robeson	(910)738-5023	Miss Bertha Hutchinson	
Southeastern Behavioral Healthcare Servi	GLumberton, NC	Robeson	(910)671-1459	Derek Jones	
Scotchfair III	GLumberton, NC	Scotland	(910)276-3931	Retha McNeill	
Scotchfair Group Home	GLumberton, NC	Scotland	(910)276-5096	Claudia Wall	
Scotchfair Group Home #2	GLumberton, NC	Scotland	(910)268-4464	Claudia Wall	
Safe Haven Supervised Living	GMacclesfield, NC	Edgecombe	(252)827-1984	Joyce C Cobb	
Sarah Alexander Home	GMatthews, NC	Mecklenburg	(704)921-8145		
Shook Manor	GMatthews, NC	Catawba	(704)841-3544	Pam Shook	
Sandra Brooks Home	GMatthews, NC	Mecklenburg	(704)545-6514	Sandra Brooks	
Smith Cottage	GMatthews, NC	Mecklenburg	(704)536-0375	Ginny Amendum	

A-Z A B C D E F G H I J K L M N O P Q R S T U V W X Y Z A-Z

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Custom Search through the database

Facility Name | Default | Submit

Facility [Mental Health Homes]

Sierra''s Residential Services, Inc. **[Beds 4]**

Address : PO Box 655 Map

City : Lillington

Zip Code : 27546 State : NC

County : Harnett

Main Phone : (910)497-2323

Main Fax : (910)814-4245

Web Site :

Management :

Administration

Administrator : Scottie J VanHook

Phone Number : (910)257-1156

Fax Number :

Email :

Director of Nurses

DON Name :

Phone Number :

Fax Number :

Email :

SIERRA'S RESIDENTIAL SERVICES, INC.

P. O. Box 655 Lillington, NC 27546

The Council on Quality and Leadership
Partners in Excellence: Leadership for the Journey.

May 08, 2009

Harnett County Building Department
102 East Front Street
Lillington, NC 27546

Attn: Mr. Lynwood McDonald

Ref: 1995 Highway US 421 North
Lillington, NC 27546.
Occupancy Classification

Dear Mr. McDonald:

As per your request on our meeting of May 5, 2009, I'm following up with detail information regarding the functions and services related to the Social Rehabilitation Program that we are currently providing and propose to provide in the near future at the above referenced building site after the current renovation of the building.

After consultation with my Architect, Mr. George Obregon, AIA and careful review of the North Carolina Use and Occupancy Classification in the 2009 NC Building Code, we believe that the functions and services we will be providing for the Social Rehabilitation Program are closer to meeting the requirements for Institutional Group I-4 as outline in section 308.5 Day Care Facilities, and 308.5.1 Adult Care Facility.

Although, there is no precise description of the services we will be providing in the Code's Group Occupancy requirement, we think that the description outline in sections number **308.5 Group I-4, Day Care Facilities: "This group shall include buildings and structures occupied by persons of any age who receive custodial care for less than 24 hours by individuals other than parents or guardians, relatives by blood, marriage or adoption and in a place other than the home of the person cared for"** together with section number **308.5.1 Adult Care Facility:" A facility that provides accommodations for less than 24 hours for more than five unrelated adults and provides supervision and personal care services shall be classified as Group I-4"** are closer to meeting the intended functions, than that of an educational facility, were the function is to impart general knowledge of different curriculums to individuals mainly in a group setting; as oppose to, conducting assessments, administering a diagnosis, providing therapy and implementing treatment-plans for individuals and or small groups.

SIERRA'S RESIDENTIAL SERVICES, INC.

P. O. Box 655 Lillington, NC 27546

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We know that the final decision to determine the occupancy classification lies with your judgment as to establishing the minimum requirements to protect the health, safety and welfare of the intended occupants of the facility.

I appreciate your cooperation in this matter and hope that the information we are providing will help you decide the occupancy requirements of our facility and that you would see fit to classify our facility as that of "Institutional Group I-4".

Thank you for all the time you have given me. It has been a pleasure working with you and your Central Permit Planning Team.

If you should have additional questions or concerns, please contact me at 910-257-1156 or my Architect, Mr. George Obregon, AIA at 910-309-3724.

Best Regards,

Scottie J. VanHook, MSW, LCSW

Scottie J. VanHook, MSW, LCSW
President

See Attachments:

cc George Obregon, AIA

SIERRA'S RESIDENTIAL SERVICES, INC.

P. O. Box 655 Lillington, NC 27546

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Current Services Provided

1. Diagnostic / Assessments (MH/DD/SA)
2. Community Support – Children / Adolescents (MH)
3. Case Management Services – Children / Adolescents (MH)
4. Level III Residential Treatment – 24 Hour facility that provides treatment rehabilitative services to children and adolescents with Serious Emotional Disturbances, (SED)

Proposed Future Services to be provide for The Social Rehabilitation Program

1. Diagnostic / Assessments (MH/DD/SA)
2. Child and Adolescent Day Treatments (MH)
3. Community Support Services (CSS) (MH)
4. Case Management Services (CS) (MH)
5. Individual / Family Therapy for Children
6. Individual Therapy for Adults
7. Group Therapy for Children
8. Group Therapy for Adults
9. Basic Physical Examinations

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Proposed Future Services to be provide for The Social Rehabilitation Program

Type of Services

1. Diagnostic / Assessments (MH/DD/SA)

Description of Services

A Diagnostic/Assessment is an intensive clinical and functional evaluation of a Client's mental health condition that results in the issuance of a Diagnostic Assessment Report with recommendation for service delivery.

It also provides an individual face-to-face diagnostic assessment for children and adults conducted by a licensed physician and clinician to assist in proper diagnosis and treatment in an ethical manner, and to comply with standards for licensure and accreditation.

Type of Intervention Rendered

Provide the basis for the development of an Individualized Treatment Plan ("ITP") for Children and adults.

A Diagnostic/Assessment determines whether the Client is appropriate for and can benefit from Rehabilitative services based upon the Client's diagnosis, presenting problems and recovery goals.

Expected Outcome

Diagnostic Assessment is an essential component in identifying appropriate and culturally specific service needs. It is the key to accessing necessary mental health treatment

Population Served

Targeted for children 5 to 17 years of age and / or adults 18 years or older that may have a mental health diagnosis, which impedes upon his or her functional ability in academic, social, vocational, community, or family domains.

Staff to Client Ratio: 1:1

Estimated number of clients serve: 30 to 50 per month

Space required: 110 SF Office Space

Type of Services

2. Child and Adolescent Day Treatments (MH)

Description of Services

Day Treatment provides mental health and/or substance abuse interventions in the context of a treatment milieu. This service should be focused on achieving functional gains, be developmentally appropriate, culturally relevant and sensitive, child and family centered and focus on reintegrating the individual back into the school or transitioning into employment.

This is a day/night service that shall be available a minimum of three hours a day during all days of operation. A service order for child and adolescent Day Treatment must be authorized by a physician, licensed psychologist, physician's assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.

Type of Intervention Rendered

Provides Behavioral/symptom interventions / management, Social and other therapeutically relevant skill development, Adaptive skill training, Enhancement of communication and problem - solving skills, Anger management, Family support, including training of family / caregivers and others who have a legitimate role in addressing the needs identified in the Person Centered Plan. This also includes Monitoring psychiatric symptoms and the Self management of symptoms / behaviors.

Expected Outcome

Child is able to remain in their home, make satisfactory school progress and with interactions with staff and peers. Will acquire behavioral coping skills/symptom and behavior management needed to enhance functioning and resiliency. Will acquire strategies to minimize the ongoing impact of mental health or substance related disabilities on their level of functioning and quality of life and will be reintegrated into school settings or transition into employment.

Population Served

Targeted for children 7 to 17 years of age that are Clinically declared to be Severely Emotionally Disturb has a diagnosis with severely impair functional ability in academic, social, vocational, community, or family domains.

Staff to Client Ratio: 1:3

Estimated number of clients serve: 30 to 50 per month

Space required: 150 SF Office Space

Type of Services

3. Community Support Services (CSS) (MH)

Description of Services

Community-based rehabilitative services and interventions are necessary to treat children and adolescents to achieve their mental health and/or substance abuse recovery goals.

Medically necessary services directly address the recipient's diagnostic and clinical needs, evidenced by the presence of a diagnosable mental, behavioral, and/or emotional disturbance (as defined by the DSM-IV-TR).

Type of Intervention Rendered

Providing skill-building interventions to rehabilitate skills negatively affected by their mental health and /or substance abuse diagnosis, Functional skills, Socialization, Relational, Coping skills, Self-management of symptoms, Behavior and anger management skills, Response to crisis 24/7/365, and Relapse prevention and disease management strategies.

Expected Outcome

Improve and sustain developmentally appropriate functioning in specified life domains and Increase coping skills and social skills that mediate life stresses resulting from the recipient's diagnostic and clinical needs.

Minimize the negative effects of psychiatric symptoms and/or substance dependence that interfere with the recipient's daily living. Utilize functional skills to live independently. Develop and utilize strategies and supportive interventions to maintain a stable living arrangement and avoid of out-of-home placement.

Population Served

Targeted for children 7 to 17 years of age that are clinically declared to be Severely Emotionally Disturb, and have a diagnosis with severely impaired functional ability in academic, social, vocational, community, or family domains.

Staff to Client Ratio: 1:1

Estimated number of clients serve: 30 to 50 per month

Space required: 110 SF Office Space

Type of Services

4. Case Management Services (CS) (MH)

Description of Services

Community-based rehabilitative services and interventions necessary to treat children and adolescents to achieve their mental health and/or substance abuse recovery goals.

Medically necessary services directly address the recipient's diagnostic and clinical needs, evidenced by the presence of a diagnosable mental, behavioral, and/or emotional disturbance (as defined by the DSM-IV-TR).

Type of Intervention Rendered

Assessing, linking, referring, conducting Child and Family Team Meetings, developing Treatment Habilitation Plans for clients, monitoring the provision of services, and providing a 24 Hour / 7days per week / 365 days of First Responders to crisis.

Expected Outcome

Improve and sustain developmentally appropriate functioning in specified life domains. Increase coping skills and social skills that mediate life stresses resulting from the recipient's diagnostic and clinical needs.

Minimize the negative effects of psychiatric symptoms and/or substance dependence that interfere with the recipient's daily living. Utilize functional skills to live independently. Develop and utilize strategies and supportive interventions to maintain a stable living arrangement and avoid of out-of-home placement.

Population Served

Targeted for children 7 to 17 years of age that are clinically declared to be Severely Emotionally Disturb, and have a diagnosis with a severely impaired functional ability in academic, social, vocational, community, or family domains.

Staff to Client Ratio: 1:1

Estimated number of clients serve: 30 to 50 per month

Space required: 150 SF Office Space

Type of Services

5. Individual / Family or Group Therapy for Children and Adults

Description of Services

Face-to-face interventions with an individual client (Child or Adult), family or group with a focus on improving the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan.

Type of Intervention Rendered

Functional skills, Socialization, Relational, and Coping skills, Self-management of symptoms, Behavior and Anger Management skills, Relapse prevention and Disease Management strategies.

Expected Outcome

Improve and sustain developmentally appropriate functioning in specified life domains. Increase coping skills and social skills that mediate life stresses resulting from the recipient's diagnostic and clinical needs. Minimize the negative effects of psychiatric symptoms and/or substance dependence that interfere with the recipient's daily living. Improve family interaction and communication.

Population Served

Targeted for children 7 to 17 years of age or adults 18 years and older that has a mental health diagnosis, which impedes upon his or her functional ability in academic, social, vocational, occupational, community, or family domains.

Staff to Client Ratio: 1:1 (Individual) 1:2-3 (Families) and 1 or 2:5-7 (Group)

Estimated number of clients serve: 30 to 50 per month

Space required: 110 SF Office Space to 225 SF Conference Rooms

Type of Services

6. Basic Physical Examinations

Description of Services

A Licensed Medical Personnel providing physical examinations and screenings to the Children and Adults on a periodic basis.

Type of Intervention Rendered

Will provide routine physical examinations and to make medical recommendations.

Expected Outcome

It is to receive the benefits of preventive care and to improve overall health.

Population Served

It is targeted for children 7 to 17 years of age or adults 18 years and older.

Staff to Client Ratio: 1:1

Space required: 150 SF Office Space

*The occupancy of the building will not exceed a maximum of 75 persons at any given time.

** Sierra's Residential Services, Inc. is currently nationally accredited by "The Council on Quality and Leadership (CQL)".

Note: The service definitions for community support for adults and children have been revised effective January 1, 2009. Other service definitions are currently undergoing revision. Please check the DMA policy index page (http://www.ncdhhs.gov/dma/mp/mpindex.htm) frequently to see updates as they become available.

Child and Adolescent Day Treatment (MH/SA): Medicaid Billable Service

Service Definition and Required Components

Day Treatment includes a structured treatment service program that builds on the strengths and addresses the identified functional problems associated with the complex conditions of each individual child or adolescent and family. These interventions are designed to support symptom reduction and/or sustain symptom stability at lowest possible levels, increase the individual's ability to cope and relate to others, support and sustain recovery, and enhance the child's capacity to function in an inclusive setting or to be maintained in community based services. It is available for children 3 to 17 years of age (20 or younger for those who are eligible for Medicaid).

Day Treatment provides mental health and/or substance abuse interventions in the context of a treatment milieu. This service should be focused on achieving functional gains, be developmentally appropriate, culturally relevant and sensitive, child and family centered and focus on reintegrating the individual back into the school or transitioning into employment. The outcomes and therapeutic or rehabilitation goals of this service are defined in individual treatment goals outlined in the PCP/Child and Family Plan. The Child and Family Team, are those persons relevant to the child's successful achievement of service goals including, but not limited to, family members, mentors, school personnel and members of the community who may provide support, structure, and services for the child.

Intensive services are designed to reduce symptoms and improve functional skills. Functional skills shall include, but are not limited to.

- Functioning in a mainstream educational setting;
- Maintaining residence with a family or community based non-institutional setting (foster home, therapeutic home, residential treatment, etc.); and
- Maintaining appropriate role functioning in community settings.

In addition to traditional therapeutic interventions, day treatment may also include time spent off site in places that are related to achieving service goals including, but not limited to, normalizing community activities, such as visiting a local place of business to file an application for part time employment. For younger children, relationship and play-based therapies should be delivered in a natural setting.

Best practices include a supportive, therapeutic relationship between the providers and consumer and family/caregiver that addresses and/or implements specific interventions outlined in the PCP/Child and Family Plan. These shall include, but are not limited to, any of the following:

- Behavioral/symptom interventions/management,
- Social and other therapeutically relevant skill development,
- Adaptive skill training,
- Enhancement of communication and problem-solving skills,
- Anger management,
- Family support, including training of family/caregivers and others who have a legitimate role in addressing the needs identified in the Person Centered Plan
- Monitoring of psychiatric symptoms and self management of symptoms/behaviors,

- Relapse prevention and disease management strategies, and
- Related positive behavior support activities and reinforcements.

In addition, Day Treatment provides case management services including, but not limited to, the following:

- Assessing the child's needs for comprehensive services
- Linking the child and/or family to needed services and supports
- Monitoring the provision of services and supports
- Assessing the outcomes of services and supports
- Convening Child and Family Team meetings to coordinate the provision of multiple services and ensure appropriate modification of the PCP over time.

Children and adolescents may be residents of their own home or a substitute home. However, the day treatment shall be provided in a setting separate from the consumer's residence.

A service order for child and adolescent Day Treatment must be completed by a physician, licensed psychologist, physician's assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.

Provider Requirements

Day Treatment shall be delivered by a provider organization that meet the provider qualification policies, procedures and standards established by DMH and the requirements of 10A NCAC 27G These policies and procedures set forth the administrative, financial, clinical, quality improvement and information services infrastructure necessary to provide services. Provider organizations shall demonstrate that they meet these standards by being endorsed by the LME. Within three years of enrollment as a provider, the organization must have achieved national accreditation. The provider organization shall be established as a legally recognized entity in the United States and qualified/registered to do business in the State of North Carolina.

Staffing Requirements

A program director who meets the requirements specified for a QP and has a minimum of two years experience in child and adolescent mental health/substance abuse treatment services must be present in developing and implementing services. Minimum ratio of one QP staff to every six consumers is required to be present. The minimum of staff to consumer ratio shall be present with the consumers at all times and staffing configuration must be adequate to anticipate and meet consumer needs. Psychiatric consultation shall be available for each consumer.

Day Treatment includes professional services on an individual and group basis in a structured community based setting. Persons who meet the requirements specified for QP or AP status according to 10A NCAC 27G.0104 may deliver Day Treatment. Supervision is provided according to supervision requirements specified in 10A NCAC 27G.0203 and according to licensure requirements of the appropriate discipline. Paraprofessional level providers who meet the requirements specified for Paraprofessional status and who have the knowledge, skills and abilities required by the population and age to be served may deliver Day Treatment within the requirements of the staff definition specific in the above role. When a Paraprofessional provides Day Treatment services, a QP or AP is responsible for overseeing the

development of the recipient's Person Centered Plan/Child and Family Plan. When Paraprofessionals provide Day Treatment services, they shall be under the supervision of a QP or AP. Supervision of Paraprofessionals is to be carried out according to 10A NCAC 27G.0204.

For programs providing services to children with primary substance abuse or dependence diagnoses: Persons who meet the requirements specified for CCS, CCAS, and CSAC under Article 5C may deliver Day Treatment services. Services may also provided by staff who meet the requirements specified for QP or AP status according to 10A NCAC 27G.0104, under the supervision of a CCAS or CCS. Paraprofessional level providers who meet the requirements for Paraprofessional status according to 10A NCAC 27G and who have the knowledge, skills and abilities required by the population and age to be served may deliver Day Treatment services, under the supervision of a CCAS or CCS.

Service Type/Setting

This is a day/night service that shall be available a minimum of three hours a day during all days of operation. Must be in operation a minimum of two days per week.

This is a facility based service and is provided in a licensed and structured program setting appropriate for the developmental age of children and adolescents. At least 50% of the treatment services shall be provided in the on-site licensed setting.

Utilization Management

In order for day treatment service to be reimbursable, all of the following shall apply:
The child shall meet clinical necessity criteria for Day Treatment services as outlined below.
The service shall be reflected in the child's Person Centered Plan.

Authorization by the statewide vendor. Utilization review shall be conducted 30 days after the first date of service or on the first business day thereafter. Subsequently, utilization review shall be provided a minimum of 30 days or more frequently as needed. All utilization review activity shall be documented in the Provider's Service Plan.

If it is a Medicaid covered service, utilization management will be done by the statewide vendor. If it is a non-covered Medicaid service or non-Medicaid client, then the utilization review will be done by the LME.

Entrance Criteria

A. Shall have an Axis I or II diagnosis based on DSM IV-TR criteria.

AND

B. The client's treatment needs meets Level of Care criteria.

AND

C. The client is experiencing symptoms/behaviors related to his/her diagnosis that severely impair functional ability in academic, social, vocational, community, or family domains.

AND

D. Any one of the following shall apply:
   1. The child is living in a family setting and is at risk of being removed from that setting for reasons related to items 1-3, immediately above.

OR

2. The child is at risk of or has already experienced significant preschool/school disruption (multiple suspensions, long term suspensions, expulsion, impaired or destructive peer relationships, etc.) for reasons related to items 1 through 3 above.

AND

E. Any of the following apply:
   1. Client requires a Day Treatment to acquire any of the following: improved coping skills and strategies, disability management strategies, or strategies for managing behaviors associated with functional impairments.

OR

2. The child is 3 to 5 years of age with atypical social and emotional development and manifest behaviors of a diagnosable mental disorder without therapeutic intervention.

Continued Stay Criteria

Any one of the following apply:

A. Recipient has achieved initial PCP/Child and Family Plan goals and additional goals are indicated.
B. Recipient is making satisfactory progress toward meeting goals but goals have not yet been fully met.
C. Recipient is making some progress, but the PCP/Child and Family Plan (specific interventions) need to be modified so that greater gains can be achieved.
D. Recipient is not making progress; the PCP/Child and Family Plan must be modified to identify more effective interventions.
E. Recipient is regressing; the PCP/Child and Family Plan must be modified to identify more effective interventions.

AND

Utilization review shall be conducted 30 days after the first date of service or on the first business day thereafter. Subsequently, utilization review shall be provided every 30 days thereafter or more frequently as needed. All utilization review activity shall be documented in the provider's service plan.

Discharge Criteria

Any of the following apply:

A. Consumer has achieved goals, discharge and transition plan to a lower level of care is indicated.
B. Consumer is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted indicating a need for more intensive services.
C. Consumer and family determine this service is no longer needed in consultation with a QP.

Note: Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.

Expected Outcomes

- Child is able to remain in their home.
- Child is making satisfactory school progress and with interactions with staff and peers.
- Child will acquire behavioral/coping skills/symptom and behavior management needed to enhance functioning and resiliency.
- Child will acquire strategies to minimize the ongoing impact of mental health or substance related disabilities on their level of functioning and quality of life.

- Child will be reintegrated into school settings or transition into employment.

Documentation Requirements
Minimum documentation is a daily service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's intervention, the time spent performing the intervention, the effectiveness of interventions and the signature of the staff providing the service.

The PCP shall include a Crisis Plan and a Transition Plan. The service record shall reflect outcomes sustained and progress toward implementing the Transition Plan. These shall be noted, minimally, at Utilization Review intervals and/or service team meetings. Transition planning should be coordinated through the Child and Family Team and with the local system of care (as necessary) including the local education agency, other involved individuals and community providers such as social services, juvenile justice and vocational rehabilitation.

Service Exclusions
Day Treatment can only be provided by one Day Treatment provider at a time.

- Educational skills that are usually taught in primary or secondary school settings; e.g., reading, math, writing, etc. are not reimbursable. Such skills and educational advancement should be coordinated with and provided by the local education agency.
- This service may not be provided in the consumer's place of residence.
- This service is only to be provided in a community based setting.
- This service may not be provided during the same authorization period with the following services: Residential treatment, psychiatric residential treatment facility (PRTF), inpatient hospital setting, Substance Abuse Intensive Out-patient Services, SA residential facilities, Multisystemic Therapy, Community Support (except as noted below), or Intensive In-Home Services.
- Community support services can be billed for a maximum of 8 units per month in accordance with the person centered plan for the individuals who are receiving day treatment services for the purpose of facilitating transition to the service, admission to the service, meeting with the person as soon as possible upon admission, providing coordination during the provision of service, ensuring that the service provider works directly with the CS professional and discharge planning.

Note: For recipients under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

08-50019182-school

[redacted]

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Construction Section
2705 Mail Service Center ▪ Raleigh, North Carolina 27699-2705

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary
Jeff Horton, Acting Director

William L. Warren, Chief
Phone: 919-855-3893
Fax: 919-715-6582

June 22, 2009

Scottie J. Van hook
Po Box 655
Lillington, NC 27546

RECEIVED
JUN 26 2009
By dj dawson

RE: Sierra's Residential Services Group Home #3 - MHL Annual Survey
665 Lake Ridge Drive
Cameron (Harnett County)
FID #030651

Dear Mr. Van Hook:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) - Construction Section Annual Survey of your facility on May 1, 2009. As a result of this survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiencies. Your Plan of Correction should indicate a specific action to be taken to correct and prevent recurrence of the deficiency, together with an estimated date of completion. Please note the following governing regulations:

1. Corrective action must begin immediately and be completed within a reasonable time.
2. Any completion date greater than 30 days from the date of letter requires written justification from the Provider.

Please type or print clearly your corrective action on the enclosed Statement of Deficiencies. **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction Section by 07/22/2009. **Failure to return this signed Plan of Correction within the time period could jeopardize the status of your license.** This office will schedule a follow-up inspection after the last completion date indicated on the signed Plan of Correction.

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. Please do not hesitate to call us if you have questions or if we can be of further assistance.

Sincerely,

Greg Cates/DS

Greg Cates
Building Systems Engineer
DHSR - Construction Section

cc: Mental Health Licensure Section
County Building Inspection Department - with attachment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl043-050	A. BUILDING 01 B. WING _____	05/01/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA'S RESIDENTIAL SERVICES GROUP H	665 LAKE RIDGE DRIVE CAMERON, NC 28326

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
W 000	Initial Comments Report and Annual Survey performed by Greg Cates on May 1, 2009 Based on the information obtained from the DHSR database, the Sierras Residential Services Group Home III Facility was first licensed on August 25, 2003 as a MHL facility with a capacity of Four (4) all ambulatory clients. Therefore we are requiring this facility to meet the 2002 North Carolina Building Code Section 421.2 and the 2001 Licensure Rules for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services, Minimum Standards and Regulations.	W 000		
W 100	AC-10 Smoke Detectors 1999 10-14V.0301. COMPLIANCE WITH BUILDING CODES (b) Each facility operating under a current license issued by DHSR upon the effective date of this Rule shall be in compliance with all applicable portions of the North Carolina State Building Code in effect at the time the facility was constructed or last renovated. Smoke Detectors - Per the North Carolina State Building Code Volume IV (National Electrical Code) - Section 210-71 (effective July 1, 1999) in (a) One and Two Family Dwelling Units: A minimum of one 120-volt permanently connected smoke detector shall be installed in each sleeping room, outside of each separate sleeping area in the immediate vicinity of the bedrooms and on each additional story of the dwelling, including basements and cellars but not including crawl	W 100		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl043-050	A. BUILDING 01 B. WING _____	05/01/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 100	Continued From page 1 spaces and uninhabitable attics. In dwellings or dwelling units with split levels, a detector need be installed only on the upper level, provided the lower level is less than one full story below the upper level, except that if there is a door between levels, then a detector is required on each level. All detectors shall be interconnected such that the actuation of one alarm will actuate all alarms in the individual unit and shall provide an alarm which will be audible in all sleeping areas. All detectors shall be approved and listed and shall be installed in accordance with manufacturer's instructions. (b) Dwelling Units Other than One and Two Family Dwelling Unit(s): A minimum of one 120-volt permanently connected automatic smoke detector shall be installed in all dwelling units on each habitable floor level and basement. Floor levels containing one or more sleeping areas shall have a smoke detector installed outside each sleeping area, at or near the ceiling level. Exception to both (a) and (b): Smoke detectors required above may be omitted where equivalent protection is provided by a central system. (c) Power Source. In new construction , required smoke alarms shall receive their primary power from the building wiring where such wiring is served from a commercial source, and when primary power is interrupted, and shall recieve power from a battery. Wiring shall be permanent and without a disconnecting switch other than those required for the overcurrent protection. Smoke detectors shall be permitted to be battery operated when installed in buildings without commercial power. All required smoke detectors except those on a central system shall be	W 100		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 100	Continued From page 2 supplied by a single branch circuit serving one or more of the required lighting outlets and permanently connected ahead of the switching devices. Note:(Between 1975 and 1999 there was no requirement for a smoke detector to be located in each sleeping room but homes were required to have an electrically operated smoke detector outside of each separate bedroom area.) This Rule is not met as evidenced by: 1- Smoke Detector a- The smoke detector located in the front corner bedroom was chirping signifying a weak battery. Install a new battery in the smoke detector to ensure proper operation when the fire alarm is activated	W 100		
V 750	.0304(b)(3) Maintenance of Elec., Mech., & Water Systems 10A NCAC 27G .0304. FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (3) Electrical, mechanical and water systems shall be maintained in operating condition. This Rule is not met as evidenced by: 1- Electrical a- The exterior light at the deck was broken and had electrical wires exposed. Replace the light fixture with a new one.	V 750		