

Appendix 1-B: Plan of Correction Form

| Plan of Correction | | | |
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| <p>Please complete <u>all</u> requested information and mail completed Plan of Correction form to:</p> | | <p>In lieu of mailing the form, you may e-mail the completed electronic form to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p>RECEIVED <small>By DHSR - Mental Health Lic. & Cert. Section at 7:58 am, Nov 19, 2018</small></p> </div> | |
| Provider Name: | RHA HEATH SERVICE Inc. LLC | Phone: | 910-739-1468 |
| Provider Contact Person for follow-up: | Tammie Hollingsworth, Administrator | Fax: | 910-739-6134 |
| | | Email: | Tammie Hollingsworth tammie.hollingsworth@rhanet.org |
| Address: | 601 CARTHAGE ROAD LUMBERTON, NC 28340 | Provider # MHLO78-278 | |
| Finding | Corrective Action Steps | Responsible Party | Time Line |
| <p>V108 27G .0202 (F-1) PERSONNEL REQUIREMENTS-The facility failed to provide training to meet the needs of client for 3 of 3 staff audited.</p> | <ol style="list-style-type: none"> 1. Nursing will re in-service all staff at Robeson#1 for trainings on infectious diseases and bloodborne pathogens. Trainings will occur annually and stored in each individual staff training files. 2. Nursing, will re in-service all staff at Robeson #1 on client#1's medical diagnoses and all other individuals medical diagnosis residing at Robeson #1's home. 3. QP will re in-service all staff at Robeson #1 on Rights and Confidentiality. Trainings will be stored in each staffs training files and updated annually. 4. Monitoring of all staffs annual trainings will occur through record / file reviews conducted bi-annually by clinical team and quality assurance reviews. | <p>Kola Oxendine, LPN</p> <p>Pam Edwards Regional RN,</p> <p>Rashida Prather, QP</p> <p>Tammie Hollingsworth Administrator,</p> <p>Patricia Valentine training coordinator,</p> <p>Dewey James Quality Assurance</p> | <p>Implementation Date: November 5, 2018</p> |
| | | | <p>Projected Completion Date: November 29, 2018</p> |
| <p>V291 27G .5603 Supervised Living – Operations- The facility failed to</p> | <ol style="list-style-type: none"> 1. RN will re in-service LPN to maintain | <p>Pam Edwards, Regional RN</p> | <p>Implementation Date: November 5,2018</p> |

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| <p>maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting two of three clients audited.</p> | <p>coordination between the facility and the staff. An in-service will be completed.</p> <ol style="list-style-type: none"> 2. Nursing will ensure all current staff and new staff in the home are trained to use all medical equipment ordered by the doctor. 3. The QP, Home Manger and Administrator will monitor bi- monthly to ensure coordination of client's treatment be completed. | <p>Kola Oxendine, LPN</p> <p>Tammie Hollingsworth, Administrator</p> <p>Rashida Prather, QP</p> | <p>Projected Completion Date: December 29, 2018</p> |
| <p>V 752 27G .0304(b)(4) Hot Water Temperature – The facility water temperature were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water.</p> | <ol style="list-style-type: none"> 1. The staff will complete daily water temperature checks with any variances being documented on the water variance form for 14 consecutive days. The form will be turned into the Maintenance Supervisor. The QP, Home Manager, and Maintenance Coordinator will increase water temperature checks to twice a month for three consecutive months to ensure water temperature is safe. 2. The staff will be re in-serviced on how to check and document the water temperature in the kitchen and bathroom to ensure a safe environment for the individuals. | <p>Tammie Hollingsworth, Administrator</p> <p>Townsend, maintenance coordinator</p> | <p>Implementation Date: November 5,2018</p> <p>Projected Completion Date: December 29, 2018</p> |
| | | | <p>Implementation Date:</p> <p>Projected Completion Date:</p> |