

Appendix 1-B: Plan of Correction Form

Plan of Correction 01/15/2019			
<p>Please complete <u>all</u> requested information and mail completed Plan of Correction form to: Division of Health Service Regulation Mental Health Licensure & Certification Section Attn: Betty Godwin 2718 Mail Services Center Raleigh, NC 27699-2718</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</p> <p><small>By DHSR - Mental Health Lic. & Cert. Section at 4:20 pm, Feb 12, 2019</small></p> </div>	
Provider Name:	Precious Haven, Inc.	Phone:	(910) 868-9092
Provider Contact Person for follow-up:	Melissa McAllister	Fax:	(910) 868-8882
		Email:	precioushaven@aol.com
Address:	975 Comet Circle Fayetteville, NC 28314		Provider #: MHL-026-959
Finding	Corrective Action Steps	Responsible Party	Time Line
<p>V118.27G.0209 (C) Medication Requirements</p> <p>Fail to administer medications as ordered by the physician affecting and maintain accurate MARs for 2 of 3 clients.</p>	<p>Precious Haven, Inc. will ensure that each consumer has a Medication Administration Record (MAR) of all drugs administered to each client.</p> <p>Precious Haven, Inc. will ensure that each client's MAR is kept current.</p> <p>Precious Haven, Inc. will ensure that each client's requests for medication changes or checks are recorded and kept with the MAR file followed up by appointments or consultation with a physician.</p>	<p>Administrator/Owner - will inform LP/QA/QI directors of changes</p> <p>Client Right Committee/QA Committee – monitor/review</p> <p>LP/QA/QI Director – update forms and monitor compliance</p>	<p>Implementation Date: 01/30/2019 – On going</p> <p>Projected Completion Date: 02/14/2019</p>
<p>V300.27G.1708 Residential Tx. Child/Adol – Transfer or Discharge</p> <p>Fail to ensure requirements were not met for the non-emergency discharge/transfer of clients between sister facilities affecting 1 of 1 former clients</p>	<p>Precious Haven, Inc. will ensure that in case of an emergency the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the facility.</p> <p>Precious Haven, Inc. will ensure that in case of an emergency, notification may be provided by telephone and a service planning meeting may be scheduled within five business days of an emergency transfer or discharge.</p> <p>Precious Haven, Inc. will create a form to utilize when consumers transfer to another home within the agency.</p>	<p>Administrator/Owner - will inform LP/QA/QI directors of changes</p> <p>Client Right Committee/QA Committee – monitor/review</p> <p>LP/QA/QI Director – update forms and monitor compliance</p>	<p>Implementation Date: 02/14/2019 – On going</p> <p>Projected Completion Date: 03/16/2019</p>