

Plan of Correction Response from visit 03/25/2019 to 03/27/2019 - Guardian Care 2

V 114 27G .0207 Emergency Plans and Supplies – Response to pages: 1-3 of

11.Completion Date: 05/26/2019

- 1.The Qualified Professional will conduct a Fire and Disaster Emergency Safety training for the Direct Care Provider Staff. The training will be based off the agency fire and emergency disaster plan. The Qualified Professional will also review the designated meeting place near the home and at the office of where the staff will relocate consumers to, when it is necessary to evacuate the Residential Facility, or the office space during the consumers Day Support or Adult Day Vocational Program in the event there is a fire or disaster in motion. All staff will be reminded during the training that fire drills will simulate the events of a real fire where the consumers and staff must evacuate the home.**

- 2. The Qualified Professional will monitor the Group Living Facility Fire and Disaster documentation on a monthly basis to ensure there is a drill completed during shift #1, 7am – 7pm, as well as shift #2 at 7pm-7am, and to ensure that evacuation measures have been utilized and are documented on the drill report as well.**

- 3. The Administrative staff will review the Group living Facility Fire and Disaster Drill report book for accuracy, and effectiveness in documenting the completion of evacuation measures being followed during the Fire and Disaster Drills, on a monthly basis. The Administrative staff will also ensure there are Fire and Disaster Drills being conducted at the Residential Facility with the staff and the consumers during each shift; Morning shift 7am-7pm, and Evening shift 7pm – 7am. The staff will conduct most of the drills during the consumer’s awake time. However, at least one drill may be conducted during the consumers bed time.**

- 4. The CEO, Mrs. Fludd will ensure that these trainings are conducted and that the staff will be thoroughly trained on the agency Fire and Disaster Safety measures including evacuation procedures. Mrs. Fludd will also be notified by the Administrative staff if the Fire and Disaster Drills are not being properly conducted and documented. Disciplinary Actions would be taken on those individuals whom remain non-compliant with the agency policies for Fire and Emergency measures including evacuation.**

RECEIVED

By DHSR - Mental Health Lic. & Cert. Section at 4:12 pm, Apr 22, 2019

Plan of Correction Response from visit 03/25/2019 to 03/27/2019 - Guardian Care 2

V 117 27G .0209 (B) Medication Requirements – Response to pages:3-4 of 11

Completion Date: 05/26/2019

- 1. It was reviewed with all staff that any packaging or labeling of prescription or non-prescription drug containers not dispensed by a pharmacist shall be retained along with the medication that came inside of it. The staff was also advised that they are to retain manufacturer's labels with expiration dates clearly visible. Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with temper resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate.**
- 2. The Registered Nurse with our agency will continue to provide Direct Care Staff with Medication Administration upon hire and annually thereafter. The Medication Administration Training provides Individuals with the knowledge of Handling, Storage, Purpose, Risks, and Side Effects associated with Medications the consumers will be taking daily.**
- 3. 1.The Administrative staff of Spirit of Excellence Community Outreach, Inc. contacted Realo Pharmacy to request a refill on the Ventolin HFA inhaler and client #2's Flonase nasal spray. Both medications will be delivered with the Pharmacy labels and packaging. The Residential Direct Care Staff have been advised to not discard the packaging or pharmacy labels for Client #2'S Ventolin Inhaler and Flonase nasal spray once they arrive at the Residential Facility.**
- 4. Jessica one of the Pharmacist from Realo advised that that refills would be available for pick up on Monday April 15, 2019. Both medications were picked up by the Residential Direct Care Staff and taken to the Group Home Facility. They both were placed in separate plastic zip lock bags along with their original packaging and labels from the Pharmacy.**
- 5. Ms. Beers, PharmD will also ensure that all prescription medications have a pharmacy packaging label on the drug being dispensed that includes the following information:**
 - a) The client's name;**
 - b) The prescriber's name;**
 - c) The current dispensing date;**
 - d) Clear directions for self-administration;**
 - e) The name, strength, quantity, and expiration date of the prescribed drug; and**
 - f) The name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.**

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V 118 27G .0209 (C) Medication Requirements – Response to pages:4-7 of 11

Completion Date: 04/26/2019

1. Spirit of Excellence Community Outreach, Inc. formed a partnership with Melissa Beers, PharmD from Realo Pharmacy that will allow Ms. Beers, PharmD, an opportunity to make monthly visits to the Residential Facility to conduct Medication Reviews on each client receiving services. Ms. Beers will review the client's medications and ensure the Direct Care Staff are properly administering prescribed medications to each client according to their Physician Orders. Ms. Melissa will also cross reference the client's medications to ensure Direct Care Staff is appropriately documenting the medications they are administering to the clients on the Medication Administration Record (MAR), to include the times the medicine is being administered by staff.
2. Ms. Melissa will cross reference the MAR with the Client's Physician Orders and Medicine bottle labels to ensure all the medications are present per the Physician's Orders and that there are not any discontinued or new medications that have not been updated on the MAR.
3. Sample of the Medication Review Forms are in a separate attachment of the email the response was sent in. The Clients personal information has been blacked out. Each Physician has a Medication Review sheet specific to them and the services and medications they provide to the consumer. However, the Physicians will still be required to sign and complete our agency Physician's Order form at the completion of each visit with our consumers.
4. The Medication Review forms were created by Ms. Melissa Beers, PharmD from Realo Discount Drugs Pharmacy where we obtain all the residential consumers prescription medications from.
5. The Direct Care Staff will be also be educated about the consumer's medications during the Medication Reviews completed by the consumers Primary Care Physicians, and their Psychiatrists or Physician Assistants that subscribes their Mental Health/Behavioral Health, and Psychotropic Medications. Each physician will be required to complete the new Medication Review form once monthly before returning it to the Direct Care Staff Member.
6. Effective April 04, 2019 Dr. Frank Lovato wrote the physicians order to discontinue the Ketoconazole 2% shampoo for Client #1.

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V 367 27G .0604 Incident Reporting Requirements – Response to pages: 7-11 of

11 Completion Date: 04/26/2019

- 1. Administrative Staff Chante' Hines contacted Stacy from the Incident Response Improvement System (IRIS) who advised Ms. Hines there were several incident reports created by Spirit of Excellence Community Outreach, Inc. but, not submitted. Ms. Hines then contacted Julie McCall from Trillium Health Resources who confirmed several Level II incident reports were created by our agency in IRIS but, not submitted. Ms. McCall advised that the Level II incident reports may be resubmitted by a supervisor if the incident report does not show submitted when we access the incident report number provided once we save the incident report. Ms. McCall also provided a tutorial on how to resubmit the incident reports in IRIS from the Supervisor's tab. The Level II incident from 09/14/2018 was created on 09/14/2018 and assigned an incident report number however, it was only showing created in the LME/MCO system, confirmed by Ms. Julie McCall. It was resubmitted by the supervisor on 03/26/2019.**
- 2. The Qualified Professional and Clinical Supervisor will ensure Spirit of Excellence Community Outreach, Inc. have the document from IRIS that has the thumbs up symbol on it that also says "Incident Submission Completed", along with the incident report number for that submission within 24 hours of an incident occurring and being reported in IRIS. They will also ensure that all level II and level III incident reports are submitted in IRIS within 72 hours of the incident occurring.**
- 3. All Staff completing Level II incident reports have been advised that their submissions are not complete until they have received the Incident Submission Completed page in IRIS, with the thumb up icon on it. They were also shown an example of what the submission complete page looks like.**
- 4. All staff will continue to receive their annual Incident Reporting training facilitated by our Qualified Professional.**
- 5. All the incident reports that were showing created but, not submitted that we were able to access in IRIS have been resubmitted by a supervisor. We have also printed the Incident Submission Completed forms for the incident reports we have re-submitted.**