

Appendix 1-B: Plan of Correction Form

Plan of Correction 08/09/2019			
Please complete <u>all</u> requested information and mail completed Plan of Correction form to: Division of Health Service Regulation Mental Health Licensure and Certification Section Attn: Betty Godwin 2718 Mail Services Center Raleigh, NC 27699-2718		In lieu of mailing the form, you may e-mail the completed electronic form to:	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>RECEIVED By DHRS-Mental Health Licensure at 2:38 pm, Aug 30, 2019</p> </div>			
Provider Name:	Miracle Haven of Wagram	Phone:	(910) 728-6928
Provider Contact Person for follow-up:	Tonya McKethan Tonya McKethan	Fax:	(910) 739-0050
		Email:	tonya.mckethan@earthlink.net
Address:	21701 Bundy Street Wagram, NC 28306		Provider #: MHL-083-031
Finding	Corrective Action Steps	Responsible Party	Time Line
V110.27G.0204 Competencies and Supervision of Paraprofessionals Failed to demonstrate the knowledge, skills and abilities required by the population served.	Miracle Haven of Wagram will ensure paraprofessional staff are supervised by an associate professional or qualified professional. Miracle Haven of Wagram will ensure paraprofessional staff demonstrates knowledge, skills and abilities required by the population served. Miracle Haven of Wagram will ensure that qualified and associate professional staff employs a competency-based rulemaking system which includes: technical knowledge, cultural awareness, analytical skills, decision making, interpersonal skills, communication and clinical skills. Miracle Haven of Wagram will ensure that individualized supervision plans are developed and maintained.	Administrator/Owner - will inform LP/QA/QI directors of changes Client Right Committee/QA Committee – monitor/review LP/QA/QI Director – update forms and monitor compliance	Implementation Date: 09/01/2019 – On going Projected Completion Date: 10/15/2019
V111.27G.0205 (A-B) Assessment/Treatment/Habilitation Plan Failed to complete an assessment prior to admission affecting one of two current clients (#1).	Miracle Haven of Wagram will ensure that assessment is received prior to admission into services. Miracle Haven of Wagram will ensure that the assessment is revised/updated with current information prior to admission into services. Miracle Haven of Wagram will ensure that the assessment includes presenting problems, needs/strengths and admitting diagnosis prior to admission into services.	Administrator/Owner - will inform LP/QA/QI directors of changes Client Right Committee/QA Committee – monitor/review LP/QA/QI Director – update forms and monitor compliance	Implementation Date: 09/01/2019 – On going Projected Completion Date: 10/15/2019

<p>V14.27G.0207 Emergency Plans and Supplies</p> <p>Failed to have fire and disaster drills held at least quarterly and repeated on each shift.</p>	<p>Miracle Haven of Wagram will retrain the facility manager to ensure they develop a schedule where fire and disaster drills are held quarterly and repeated on each shift.</p> <p>Miracle Haven of Wagram will ensure the fire and disaster drills are maintained in a notebook in the home.</p>		
<p>V118.27G.0209 (C) Medication Requirements</p> <p>Failed to administer medications on the written order of a physician affecting one of three clients.</p>	<p>Miracle Haven of Wagram will ensure prescription or non-prescription drugs are only administered to a client on the written.</p> <p>Miracle Haven of Wagram will ensure that each consumer has a Medication Administration Record (MAR) of all drugs administered to each client.</p> <p>Miracle Haven of Wagram will ensure that each client's MAR is kept current.</p> <p>Miracle Haven of Wagram 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: 09/01/2019 - On going</p> <p>Projected Completion Date: 10/15/2019</p>
<p>V132. G.S.131E-256 (G) HCPR-Notification, Allegations & Protection</p> <p>Failed to report al allegation of abuse to the Health Care Personnel Registry (HCPR).</p>	<p>Miracle Haven of Wagram will ensure that the Department if notified of all allegations against health care personnel for injuries, neglects, abuse, misappropriation of property and abuse.</p> <p>Miracle Haven of Wagram will document any allegation reported to the HCPR in a 24-hour and 5-day reports, which will be maintained at the facility.</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: 09/01/2019 - On going</p> <p>Projected Completion Date: 10/15/2019</p>
<p>V300.27G.1706 Residential Tx. Child/Adol - Operations</p> <p>Failed to allow age appropriate personal belongings affecting one of three clients audited former client # 4.</p>	<p>Miracle Haven of Wagram will ensure that family members and other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting.</p> <p>Miracle Haven of Wagram will ensure that the agency representative (QP/AP) meets with existing child and family teams or other involved persons including the parents or legal guardian and area authorities involved with the recipient's care and treatment.</p> <p>Miracle Haven of Wagram will ensure the facility staff coordinate with the local education agency to ensure that the child's educational needs are met.</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: 09/01/2019 - On going</p> <p>Projected Completion Date: 10/15/2019</p>
<p>V364 G.S.122C-62 Additional Rights in 24 Hour facilities</p> <p>Failed to ensure the restrictions of the client's access to personal property was documented and reviewed as required for one of three audited clients former client # 4.</p>	<p>Miracle Haven of Wagram will ensure that each client may keep and use personal clothing and possessions under appropriate supervision.</p> <p>Miracle Haven of Wagram will ensure clients may be able to keep age appropriate items under the appropriate supervision (i.e. make-up, phone calls, mail exchange, MVP player).</p>	<p>Administrator/Owner - will inform LP/QA/QI directors of changes</p> <p>Client Right Committee/QA Committee - monitor/review</p>	<p>Implementation Date: 09/01/2019 - On going</p> <p>Projected Completion Date: 10/15/2019</p>

		LP/QA/QI Director – update forms and monitor compliance	
<p>V366.27G.0603 Incident Response Requirements</p> <p>Fail to document their response to Level I and II incidents.</p>	<p>Miracle Haven of Wagram will review the agency Level II incident reporting form and make the necessary changes so that staff can document the cause of incident and corrective measures to prevent similar incidents.</p> <p>Miracle Haven of Wagram will ensure that all Level II incidents are to be documented using the IRIS Reporting System. Miracle Haven of Wagram will re-train staff on the Level II incident reporting IRIS System.</p> <p>Miracle Haven of Wagram will ensure that Level II or III incident reports are completed within 72 hours of becoming aware of the incident. Miracle Haven of Wagram will ensure that each Level I, II or III incident is maintained in a Notebook for each client.</p> <p>Miracle Haven of Wagram will ensure that Level I incidents are completed on the agency Level I incident reporting form and when necessary the agency will notify the MCO's required quarterly.</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: 09/01/2019 – On going</p> <p>Projected Completion Date: 10/15/2019</p>
<p>V367.27G.0604 Incident Response Requirements</p> <p>Failed to ensure incident reports were submitted to the Local Management Entity (LME/MCO) within 72 hours as required</p>	<p>Miracle Haven of Wagram will ensure quarterly incident reports are submitted as required to the LME/MCO for the catchment area where services are provided.</p> <p>Miracle Haven of Wagram will ensure that quarterly incident reports as submitted on the required for via email as required by the LME/MCO unless the quarterly incident reports are not required due to a waiver.</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: 09/01/2019 – On going</p> <p>Projected Completion Date: 10/15/2019</p>
<p>V503.27D.0103 Client Rights – Search and Seizure</p>	<p>Miracle Haven of Wagram will ensure that each client is free from unwarranted invasion of privacy.</p> <p>Miracle Haven of Wagram will ensure that each search and seizure is documented as required.</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: 09/01/2019 – On going</p> <p>Projected Completion Date: 10/15/2019</p>



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 19, 2019

Tonya Edwards
TT & T Services, Inc.
126 N. Main Street
Raeford, NC 28376

Re: Annual, Follow Up and Complaint Survey completed 08/09/19
Miracle Haven of Wagram, 21701 Bundy Street, Wagram, NC, 28396
MHL # 083-031
E-mail Address: tttservices@earthlink.net
Intake #NC00154077

Dear Ms. Edwards:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow up survey completed 08/09/19. The complaint was substantiated.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is 09/08/19.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 10/08/19.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

#105 P.002/006

08/29/2019 13:54

9107390077

From:tt&t

08/19/19
Ms. Edwards
TT &T Services, Inc.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

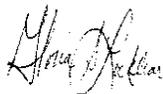
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone at (252) 568-2744.

Sincerely,



Gloria S. Locklear
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

DHSRreports@eastpointe.net
_DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant



TT & T Services, Inc.

"Helping today, For tomorrows future"

Euniceteen Diggs, President
Tonya Edwards, Dir/QP

RECEIVED

By DHRS-Mental Health Licensure at 2:37 pm, Aug 30, 2019

FAX COVER

Date: 8-30-19

To: Attn: Tonya

Fax #: (919) 715-8078

From: Tonya McKethan/Miracle Haven of Wagram

Phone #: (910) 728-6928

Pages (including cover sheet): 6

Subject: DHSR POC Wagram 080919

Please find attached DHSR POC for Miracle Haven of Wagram conducted on Aug 9, 2019 by Gloria Locklear. If you have further questions please let me know. Thank you in advance
Tonya

If you are not the intended recipient, do not disclose, copy, distribute or use this information. If you received this transmission in error, please call immediately to arrange return of the documents at no cost to you.

Community Support and Health Care Provider

4719 Fayetteville Rd. Lumberton, NC 28359 Business: (910) 739-0050 • (910) 739-8641 Fax: (910) 739-0077	126 N. Main St. Raeford, NC 28376 Business: (910) 904-1191 • (866) 904-1189 Fax: (910) 873-3073	122 N. Main St. Raeford, NC 28376 Business: (910) 904-1191 • (910) 904-1160 Fax: (910) 904-1157	106 McCabe St. Maxton, NC 28364 Business: (910) 844-1189 • (910) 844-1187 Fax: (910) 844-5046	227 S. Main St. Laurinburg, NC 28352 Business: (910) 276-1159 Fax: (910) 276-0460
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