Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

Provider Name:	**A Caring Heart Case Management, Inc.**	**Phone:**	**252-640-9374**
Provider Contact Person for follow-up:	**Sandy Harris Program Director**	**Fax:**	**252-206-1268**
		Email:	**sharris@acaringheartinc.com**
Address:	1901 S. Tarboro St. Wilson, NC 27893	**Provider #** 3419141	

Finding	Corrective Action Steps	Responsible Party	Time Line
An annual survey was completed on November 8, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F, Supervised Living/Alternative Family Living **27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.** **This Rule is not met as evidenced by: Based on record reviews and interviews the facility**	1. Program Director/QP over the case reviewed the ISP (Individual Support Plan) completed on 7-1-2019 by the Managed Care organization, Trillium Health Resources Care Coordinator. It was noted that the ISP stated that "I am able to go to the bathroom but I need constant reminders, a schedule, and encouragement." under the Behavior section of the ISP as stated in Findings. 2. Program Director/QP discussed with AFL Provider about using a toileting schedule for client. Program Director/QP developed a toileting schedule/log to be used and provided AFL Provider with the toileting schedule/log that is to be implemented and documented on daily. AFL Provider was trained on how to use the toileting schedule/log and will be turning it in monthly with the other AFL documentation that is required. 3. PD/QP will monitor client's toileting schedule, on a monthly basis. PD/QP will review schedule to ensure that he is going every two hours. QP will conduct a monthly supervision and complete a monthly AFL inspection. This will be carried out at AFL home face to face with member present. In addition to reviewing toileting schedule/log monthly along with other AFL documentation, QP will review/monitor toileting schedule while at the AFL home for monthly inspection. 4. PD/QP will add a SRG to reflect that the consumer will use his toileting schedule to go to the bathroom every 2 hours	Program Director, Qualified Professional, AFL Staff, Quality Assurance Director, Operations Director	Implementation Date: 11/8/2019 Projected Completion Date: 11/26//2019

failed to develop and implement goals and strategies based on assessment for one of one audited client (#1). The findings are: **Review on 11/7/19 of client #1's record revealed: - 13 year old male, no date of admission to the facility. - Admitted into services provided by Licensee 5/7/18. - Diagnoses included Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Unspecified Anxiety Disorder, and Profound Intellectual/Developmental Disability. - "Individual Support Plan" effective 7/1/19 completed by client #1's Managed Care Organization (MCO) Care Coordinator included " . . . What others need to know to best support me . . . Medical/Behavioral . . . Behavioral . . . I am able to go to the bathroom but I need constant reminders, a schedule and encouragement. . . . " - "Short Range Goals/Interventions" effective 7/1/19 did not include goals or strategies to address toileting reminders or a schedule.** **During interview on 11/17/19 staff #1 stated: - She planned to work with client #1 on "transitioning to underwear." - Client #1 was not on a toileting schedule "right now."** **During interview on 11/17/19 the Program Director stated she understood the requirement for goals and strategies based on assessment to be included in the treatment/habilitation plan. She would make sure a toileting schedule was discussed with client #1's team for possible inclusion in his treatment/habilitation plan.**	or as needed. PD/QP will ensure that this goal is being carried out by reviewing toileting schedule and by monitoring the SRG for the toileting schedule to ensure that progress is being made on this goal.		
10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged	1. PD discussed with Agency Nurse (RN) about medication orders and member's MAR to ensure that all prescribed meds were on the MAR and noted that the Nurse had not received an order to discontinue any medications. PD/QP will work with Agency Nurse to ensure that she is receiving and reviewing all medications, doctors' orders, and completed MARs. Agency Nurse will review for medical and clinical appropriateness to ensure that all medications are being accurately documented and administered as ordered by physician. PD/QP met with AFL staff to discuss the importance of properly following the instructions of policies and procedures of medication administration to include communicating any changes from	Program Director, Qualified Professional, AFL Staff, Quality Assurance Director, Operations Director, Agency Nurse (RN)	Implementation Date: 11/8/2019 Projected Completion Date: 12/17//2019

to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: **V 118** **Based on record reviews, observation and interviews, the facility failed to administer a medication as ordered by the physician and to keep the MARs current for one of one audited client (#1). The findings are:** **Review on 11/7/19 of client #1's record revealed: - 13 year old male, no date of admission to the facility. - Admitted into services provided by Licensee 5/7/18. - Diagnoses included Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD) Unspecified Anxiety Disorder, and Profound Intellectual/Developmental Disability. - Physician's orders signed 5/7/19 for Quillivant (used to treat ADHD) 25 milligrams (mg)/ 5 milliliters (ml), take 10 ml every morning, and signed 10/15/19 for Adhansia (used to treat ADHD) 55 mg take one tablet in the morning. Review on 11/7/19 of client #1's MARs for August - November 2019 revealed: - No documentation that Adhansia was administered 10/15/19 - 10/31/19. - Transcribed entries for Quillivant 10 ml by mouth every morning at 7:00 am, and Adhansia 55 mg one tablet every morning at 8:00 am. - Transcription for Quillivant was blacked out for August, October, and November 2019. - Documentation that Quillivant was administered once, 9/13/19, August - November 2019. - MAR "Legend" included that blacked out entries were**	doctor or pharmacy. It was also discussed about ensuring that all inconsistencies on the MAR pertaining to medication that has been discontinued or not received by pharmacy is communicated to PD/QP promptly so Agency Nurse can be notified immediately. 2. PD/QP will contact the Physician's Office and request that the Medical Consultation Form be written and signed by the Physician and not the MA for the discontinuation of Quillivant. PD/QP will also contact the Pharmacy to request documentation of the date the "preauthorization" was requested and the date that the prescription was filled for the medication Adhansia. 3. AFL retraining is being provided on 12/17/2019 for all AFL providers and AFL QPs. The following topics (but not limited to) will be discussed: Medication Administration, MAR training, medical appointments, communicating with PD/QP, monthly home inspections/supervisions, appearance of the home, AFL job description and responsibilities, and goal training. 4. Agency Nurse will receive and review all medication prescriptions and completed consumer's MARs. Agency Nurse will review these items to ensure that they are all being accurately documented and administered. PD/QP will also review and monitor the MARs on a weekly basis until zero deficiencies are noted. Then PD/QP will review and monitor MARs on a monthly basis or as needed.		

"Deleted." **During interview on 11/7/19 staff #1 stated: - The nurse was responsible for ensuring accuracy of the MARs. - The pharmacy could not fill the prescription for Adhansia without "pre-authorization." - Client #1's Quillivant was discontinued but she could not find the physician's order; she would fax a copy of the discontinue order to the surveyor.** **Review on 11/8/19 of document received via fax revealed: - "Medical Consultant Evaluation Form" signed 11/7/19 by a "MA" (Medical Assistant) included "Medication Discontinue . . . Discontinued on Aug. [August] 1st 2019 (Quillivant)." - No order to discontinue Quillivant signed by a physician or other practitioner authorized by law to prescribe medications.** **During interview on 11/8/19 the Program Director stated the nurse was responsible for the MARs and medications. She understood the need to maintain documentation of medication changes and to keep MARs current.**			
27G .0303(c) Facility and Grounds Maintenance **10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by:** **V 736** **Based on observation and interview the facility was not maintained in a safe and attractive manner. The findings are:** **Observations of the facility on 11/7/19 at approximately 9:30 am and 2:20 pm revealed: - 2 pieces of vinyl siding on the left side of the facility were loose.** **- A section of fencing, approximately 10 - 12 feet long heavily damaged and collapsed under organic debris. - 2 foundation vents laying in the yard, leaving openings approximately 16 inches x 8 inches exposing the crawl space. - The access door to the crawl space did not fit properly, leaving an approximately 4 inch gap between the top of**	1. PD/QP consulted with AFL Provider and discussed all the deficiencies that were cited. AFL Provider contacted her Landlord and requested for him to come out and fix the items on the list that needed to be fixed. As of 11/20/2019 the following items have been fixed: the 2 foundation vents laying in the yard have been fixed so they will not fall out of the space again; the access door to the crawl space has been repaired; vines growing up the exterior wall have been cleared: weeds and grass between the piece of lumber at the steps has been cleared; bathroom sink has been fixed; curtains have been fixed and hung back up; smoke detector has had batteries replaced. 2. AFL staff is contacting the Landlord back to request for him to come back and fix the fencing that was damaged and collapsed under the organic debris and the 2 pieces of vinyl siding that was loose on the left side of the facility. This will be completed as soon as the AFL provider gets in touch with the Landlord and he comes out to complete the requested task. 3. AFL retraining is being provided on 12/17/2019 for all AFL providers and AFL QPs. The following topics (but not limited to) will be discussed: Medication Administration,	Program Director, Qualified Professional, AFL Staff, Quality Assurance Director, Operations Director	Implementation Date: 11/8/2019 Projected Completion Date: 12/17/2019

the door and the brick wall. - Vines grew up the front exterior wall. - Weeds and grass between a piece of lumber attached to the front bottom step and the brick of the step. - The bathroom sink did not drain properly. - Hardware for curtains in client #1's bedroom, but no curtains. - A smoke detector between the living room and the kitchen chirped faintly at regular intervals. **During interview on 11/7/19 staff #1 stated she had not heard the smoke detector chirp before it was pointed out to her by the surveyor. She would install new batteries. During interview on 11/8/19 the Program Director stated: - Staff #1 said the foundation vents kept falling out of the spaces; she would speak with the property owner about getting them set securely in place. - Staff #1 would install new batteries in the smoke detector.**		MAR training, medical appointments, communicating with PD/QP, monthly home inspections/supervisions, appearance of the home, AFL job description and responsibilities, and goal training. 4. PD/QP will conduct a monthly inspection/supervision of AFL home. During these visits the PD/QP will complete the Unlicensed/Licensed AFL Monthly Inspection Form. These monthly inspections can be announced or unannounced. The Monthly Inspection Form consists of: Client Record Locked/Confidential Storage Area, Medication Securely Locked, Medication Labels on all bottles match the MAR, hazard Chemicals Locked, Hot Water Check, Operable Fire Extinguisher/Inspection Current, Smoke Detectors functioning, Landline Phone Operable/Working Cell Phone, First Aid Kit in house and car, Monthly Fire and Disaster Drills conducted and recorded, House Pets have current vaccinations and kept in separate and secure location in the home, Fresh food/beverages are available, Refrigerator/Storage and Meal Preparation areas are neat and clean, Overall appearance of home is clutter free from hazards that may present a risk to consumer's health and safety, Ambient temperature is comfortable for consumer, Air Quality of home is free of fumes, smoke, excessive perfumes, strong cleaning supplies, mold, mildew, Outside of home is free and clear of all clutter that presents a hazard to consumer, and on a quarterly basis the emergency kits are to be checked to ensure that they are fully stocked and food is not out of date. The form has a place to document if all areas were Met, Not Met, or N/A and also has a place for comments.		