

Appendix I-B: Plan of Correction Form

Plan of Correction

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 DHSR-MH Licensure Sect

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

Plans.Of.Correction@dhs.nc.gov

Provider Name:	Paradigm, Inc.		
Provider Contact Person for follow-up:	Jeannette Barnett		
Address:	4705 Killeite Drive Lagrange NC 28551		
Phone:	252-561-8112	Provider #	3408149
Fax:	252-561-7455		
Email:	jbarnett@paradigmnc.org		

Finding	Corrective Action Steps	Responsible Party	Time Line
<p>The rule V 115 27G.0208 Client Services-Rule not met as evidenced by record reviews, observations, and interviews, the facility failed to provide supervision to ensure the safety and welfare of 1 of 2 clients (#2). Cross Reference 10A NCAC 27G .0603 Incident Response Requirements for Category A and B providers (tag V366). Facility failed to implement incident reporting requirements including attending to the health and safety needs of individual involved in the incident; determining the cause of the incident; developing and implementing corrective measures according to provider specified timelines not to exceed 45 days; assigning person(s) to be responsible for implementation of the corrections and preventive measures and tag V367 provider failed to complete Level II incident reports as required.</p>	<p>At the development of this POC, the additional funding request that Paradigm, Inc. submitted has been approved by the MCO. Support letters have been provided by the psychiatrist and NC START to justify the need to have additional staffing/funding. This will allow for additional staffing (2 staff) throughout the awake hours of the day and one to one staffing at night or the individual supported. An in-service has been completed with the QPs/designated staff (APL provider) who are required to complete reports within the IRIS system and/or completing level I incident reports. For best practice, Paradigm, Inc. will submit level II IRIS reports when the individual engages in significant self injurious behaviors that cause injury such as extensive bruising. This will be reviewed with the program director to determine the level of the incident and will be reviewed/assessed on an individual basis. It is already the policy and best practice of Paradigm to seek medical ar/consultation in the event the individual engages in self injurious behaviors that could lead to serious health and medical concerns such head banging, tearing skin/toe nails causing bleeding or extensive injury.</p>	<p>Mary Everette-LCSW Jeannette Barnett-Program Manager</p>	<p>Implementation Date: 12/20/2019 Projected Completion Date: 1/10/2020</p>
<p>The rule V118 27G .0209 Medication Requirements is not met based on record reviews and interviews the facility failed to administer medications as ordered by a physician for 1 of 2 clients.</p>	<p>As stated, provider attempted to have medications delivered several times. However final attempt, medications were delivered to incorrect address before finally receiving medications. Provider will continue to monitor medications closely and remain on automatic delivery schedule. However as discussed with the provider, the earliest possible date that Medicaid will allow will be pursued with the pharmacy to ensure delivery of prescribed medications.</p>	<p>Jason Barnett-RN Jeannette Barnett-Program Manager</p>	<p>Implementation Date: 12/20/2019 Projected Completion Date: 1/10/2020</p>



FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
NC Div of HSR	Lataja Waiiaw
COMPANY:	DATE:
	1/23/2020
FAX NUMBER:	TOTAL NO. OF PAGES, INCLUDING COVER:
(919) 757-715 8078	2
PHONE NUMBER:	PARADIGM'S FAX NUMBER:
	252-561-7455
RE:	PARADIGM'S PHONE NUMBER:
Plan of Correction	252-561-8112

URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS:

POC for MHL # 054-179
 Beautiful Creations
 (Paradigm, Inc.)

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