



helping survivors of brain injury through unique programs, education, outreach and advocacy.

April 8, 2020

Ms. McLain:

Please see Hinds' Feet Farm's enclosed Plan of Correction document in response to your survey conducted in March 2020.

Should you require anything in addition from Hinds' Feet Farm, please don't hesitate to let us know.

Sincerely,

Martin Foil
Executive Director
Hinds' Feet Farm

Alison Spasoff
Director of Member Services
Hinds' Feet Farm

DHSR-Mental Health

APR 17 2020

Lic. & Cert. Section

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601306	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/30/2020
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NAME OF PROVIDER OR SUPPLIER HINDS' FEET FARM, INC-HART COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 14525 BLACK FARMS ROAD HUNTERSVILLE, NC 28070
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey completed on March 30, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 118	27G .0209 (C) Medication Requirements 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 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.	V 118		

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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Director of Member Services

(X6) DATE
4/8/2020

Appendix 1-B: Plan of Correction Form

Plan of Correction

<p>Please complete <u>all</u> requested information and mail completed Plan of Correction form to:</p> <p style="text-align: center;">Mental Health Licensure and Certification Section NC Division of Health Services Regulation 2718 Mail Service Center Raleigh, NC 27699-2718</p>	<p style="text-align: center;">Date Survey Completed: 3/30/2020</p>
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<p>Provider Name: Hinds' Feet Farm</p> <p>Provider Contact Person for follow-up: Martin Foil Or Alison Spasoff</p> <p>Address: 14525 Black Farms Road Huntersville NC 28078</p>	<p>Phone: 704-992-1424</p> <p>Fax: 704-992-1423</p> <p>Email: mfoil@hindsfeetfarm.org</p> <p>Provider: NPI # 1841674686 MHL# 060-1306</p>
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Finding	Corrective Action Steps	Responsible Party	Time Line
<p>1. 27G .0209 (C) Medication Requirements: This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure the MARS were kept current and medications administered were recorded immediately after administration affecting client DK.</p>	<p>Client DK was on a home visit, and returned to the facility on 1/3/20 at 11:00am, therefore was out of facility for his 8:00am medication administration.</p> <p>Identify what measures HFF will put in place to ensure staff list all exceptions in MAR when medications are not administered per physician orders.</p> <ul style="list-style-type: none"> • Solution: 1. Residential Coordinator (QP) will retrain staff around entry of exceptions into the electronic MAR in the event a medication cannot be administered as prescribed. 2. Residential Coordinator (QP) will audit resident MAR's weekly for applicable occurrences, and remedy any identified deficiencies as outlined in 27G.0209 (C). 3. Facility RN will conduct monthly audit of resident MAR's to confirm the absence of any deficiencies. 	<p>Residential Coordinator/QP</p> <p>Registered Nurse</p>	<p>Implementation Date: 4/8/20</p> <p>Projected Completion Date: 6/5/20</p>

<p>2 27G .0209 (D) Medication Requirements This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were stored separately for each client affecting clients DK and MB.</p>	<p>Identify what measures HFF will put in place to ensure staff dispose of any expired medications in a manner that guards against diversion or accidental ingestion.</p> <ul style="list-style-type: none"> • Solution: 1. Residential Coordinator (QP) will retrain staff on medication disposal guidelines. 2. Residential Coordinator (QP) will audit resident medication supply weekly for applicable occurrences, and remedy any identified deficiencies as outlined in 27G.0209 (D). 3. Facility RN will conduct monthly audit of resident medication supply to confirm the absence of any deficiencies. 	<p>Residential Coordinator/QP Registered Nurse</p>	<p>Implementation Date: 4/8/20 Projected Completion Date: 6/5/20</p>
<p>3 27G .0209 (E) Medication Requirements This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were stored separately for each client affecting clients DK and MB.</p>	<p>Identify what measures HFF will put in place to ensure staff store controlled medications separately.</p> <ul style="list-style-type: none"> • Solution: 1. Residential Coordinator (QP) will retrain staff on controlled medication storage guidelines. 2. Residential Coordinator (QP) will place resident controlled medications in ziplock bags to separate per client. 3. Residential Coordinator (QP) will audit resident medication storage weekly for applicable occurrences, and remedy any identified deficiencies as outlined in 27G.0209 (E). 4. Facility RN will conduct monthly audit of resident medication storage to confirm the absence of any deficiencies. 	<p>Residential Coordinator/QP Registered Nurse</p>	<p>Implementation Date: 4/8/20 Projected Completion Date: 6/5/20</p>

<p>4</p> <p>27G .0604 Incident Reporting Requirements This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to report all level II incidents to the LME responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident.</p>	<p>Identify what measures HFF will put in place to ensure staff report all level II incidents to the LME within 72hours of becoming aware of the incident.</p> <ul style="list-style-type: none"> • Solution: 1. Residential Coordinator (QP) will retrain staff on incident report leveling guidelines. 2. Residential Coordinator (QP) will review submitted incidents daily to confirm correct leveling of incidents by staff, and initiate IRIS submission as outlined in 27G .0604 when applicable. 3. Compliance Administrator will conduct weekly audit of submitted incident reports to confirm the absence of any deficiencies in leveling or submission timelines as outlined in 27G .0604. 	<p>Residential Coordinator/QP Compliance Administrator</p>	<p>Implementation Date: 4/8/20</p> <p>Projected Completion Date: 6/5/20</p>
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