

MHL-067-207

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Appendix 1-B: Plan of Correction Form

MAY 7 | 2020

Plan of Correction

Lic. & Cert. Section

Please complete all requested information and mail completed Plan of Correction form to: NC DHSR

In lieu of mailing the form, you may e-mail the completed electronic form to:

Provider Name: A Caring Heart Case Management, Inc.	Phone: 252-206-1266
Provider Contact Erin Mairs	Fax: 252-206-1268
Person for follow-up:	Email: emairs@acaringheartinc.com
Address: 1901 Tarboro St SW, Suite 102, Wilson, NC 27893	Provider # 3419141

Finding	Corrective Action Steps	Responsible Party	Time Line
<p>10A NCAC 27G .0209 (C) Medication Requirements</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name</p>	<p>1. The pharmacy has provided an excel spreadsheet of all prescriptions for all clients, which provides fill date, and number of refills left on each prescription. We are also delineating PRN meds and any non-pill prescriptions (ointments, creams, spray, etc.)</p> <p>2. Spreadsheet will be sorted based on fill date to determine which meds are in the last week prior to the fill cycle, so that we can monitor refills closely to eliminate the potential for meds to run out.</p> <p>3. Spreadsheet will be updated on a monthly basis.</p> <p>4. A Shift Change Communication log was implemented for all group home employees to complete at the end of their shifts. Specific questions on the log require a review of the MARs to ensure all medications are administered and documented accurately on the MAR.</p> <p>5. Supervisions were completed with HTTPs to include the 6 Rights of Medication Administration and the updated procedure of Shift Change Communication log.</p> <p>6. Random spot checks of the MARs and medication administration procedures will be conducted monthly.</p> <p>7. All group home staff have been retrained on medication administration procedures including live instruction from a Registered Nurse. We will also reiterate to all staff that we have two full time RNs within the agency who are</p>	<p>1. Agency President, Agency Nurse</p> <p>2. Agency President, Agency Nurse</p> <p>3. Agency President, Agency Nurse</p> <p>Program Director</p> <p>4. HTTPs, Qualified Professional, Program Director, House Managers</p> <p>5. Qualified Professional, Program Director, Agency Nurse</p> <p>6. Program Director, Qualified Professional, House Managers</p> <p>7. HTTPs, Program Director, Agency Nurse</p> <p>8. Agency President, Agency Nurse</p> <p>9. Agency Nurse, QA Specialist, AFL/GH QPs</p>	<p>Implementation Date:</p> <p>1. 5/8/2020 and on-going</p> <p>2. 5/8/2020 and on-going</p> <p>3. 6/5/2020 and on-going</p> <p>4. 3/19/2020</p> <p>5. 3/19/2020</p> <p>6. 3/31/2020 and on-going</p> <p>7. 3/19/2020</p> <p>8. 6/1/2020</p> <p>Actual Completion Date:</p> <p>1. 5/8/2020 and ongoing</p> <p>2. 5/8/2020 and on-going</p> <p>3. 6/5/2020 and on-going</p> <p>4. 3/19/2020</p> <p>5. 3/19/2020</p>

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<p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering</p> <p>(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.</p> <p>Rule is not met as evidenced by: failed to administer medications on the written order of a physician and failed to keep the MARs current affecting 1 of 1 client audited.</p>	<p>available to answer any questions regarding Med Administration.</p> <p>8. A new Medication Administration training video will be created to include specifics on Group Homes and AFLs.</p> <p>9. All non-residential employees will receive live medication administration training from agency RN along with video instruction on anniversary training renewal dates. AFL providers will view the new medication training video along with live training from an RN on their anniversary date or at a scheduled group training session. Group home staff will view the new video once it is completed.</p> <p>10. Due to COVID-19, no additional new personnel have been trained</p>	<p>6. 3/31/2020 and on-going</p> <p>7. 3/19/2020</p> <p>8. 6/1/2020</p> <p>9. 6/1/2020 and on-going</p>
<p>10A NCAC 27G .0209 (H) Medication Requirements</p> <p>(H) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug record. A client's refusal of a drug shall be charted.</p> <p>This rule was not met as evidenced by: facility failed to report medication errors immediately to physician or pharmacist</p>	<p>1..All group home staff have been retrained on medication administration procedures, to include live instruction from a Registered Nurse. We will also reiterate to all staff that we have two full time RNs within the agency who are available to answer any questions regarding Med Administration.</p> <p>2. During training, a "chain of command" was implemented to address any/all drug administration errors and significant adverse drug reactions.</p> <p>3. Group home staff are to contact Agency Nurse, immediately after noticing a drug administration error and/or any significant adverse drug reaction. Then staff are to contact QP, over case.</p> <p>4. Agency Nurse will report immediately to a physician or pharmacist.</p> <p>5. QP will follow up with Agency Nurse to ensure physician or pharmacist was notified of drug error or adverse drug reaction.</p>	<p>8. Agency President, Agency Nurse, QA Specialist</p> <p>9. Agency Nurse, AFL/GH QPs</p>
	<p>1. Agency Nurse, Qualified Professional</p> <p>2. HTPPs, Agency Nurse, Qualified Professional</p> <p>3. HTPPs, Agency Nurse, Qualified Professional</p> <p>4. Agency Nurse</p> <p>5. Agency Nurse, Qualified Professional</p>	<p>Implementation Date: 5/7/2020</p> <p>Actual Completion Date: 5/9/2020 and ongoing</p>