

PLAN OF CORRECTION

Provider Name: Blessed Alms II Submitted By: Bobby Cunningham/Director; Owner Date 07/02/2020

Violation	CORRECTIVE ACTION	Responsible Person	Date Implemented
V 115; Failure to serve or prepare meals for clients that were nutritious.	Weekly menus prepared; Sectioned plates used for correct Portions; each child will be taken A doctor to have a calorie count Determined per meal, per child. This will be added to the child's PCP.	Lakesia Steele-Program manager will monitor for adherence to the rule.	07/02/20
V 298; Facility failed to operate 24 hours A day, 7 days a week, each day of the year.	BA II will not house any clients assigned to this facility in any other Location while admitted for care and Treatment at Blessed Alms II. Staff and Clients will be maintained inside the Facility and any transfer will have Documented approval from the Parent, guardian and LME/MCO. The facility will remain open 24/7/365.	Lakeshia Steele/mgr; Bobby Cunningham licensee; Michael Harris LCMHC-S; Avonda Cunningham licensee and Mr. Floyd Brown appointed board member will monitor the facility to ensure the facility is open and operating 27/7/365.	07/02/20

V 364; Failed to ensure privacy during Phone calls; failed to allow Communication with parent or Guardian; made clients attend Worship services.

Documentation will be signed by parents and guardians as to the type of monitoring they want administered during their child's phone calls. This documentation will be placed in the child's medical Record; Parents or guardians will be required to submit at admission a schedule of when a client is to contact them. Outside of that schedule, attempts will be made to contact A parent or guardian when requested by the clients. A log will be developed for client requests to contact parents or guardians to document when and if parents or guardians can't be contacted; Church will not be offered in BNB facility anymore. Church will be discussed during peer groups and clients will only attend church when there is a peer decision that all will attend.

Lakeshia Steele/mgr; Avonda Cunningham/APS will monitor all aspects of this corrective action to ensure adherence to the rule.

7/2/20

V 367; facility failed to report all Level II incidents that Occurred during to provision Of billable service to the LME Within 72 hours of becoming Aware of the incident.

The new program manager has been trained in level II incident report writing. All incidents will now be reported directly to the LCMHC-S for decision on whether it meets the status of a level II incident. Ms. Debbie Powell the incident report specialist will also be contacted as back up confirmation that a level II incident report Be written and submitted.

Lakeshia Steele; Michael Harris will monitor to ensure adherence to the rule.

7/2/20

V 512; QPL, APL, Staff #3 abused
1 of 1 current client; 3 of
3 Former clients and the
QPL neglected 1 of 3
Former clients.

All staff, including licensees will be retrained in abuse,
neglect and dependency; as well as in sensitivity
and de-escalation by a LCMHC-S. No staff will ever be alone
with any client in the facility. Licensees will no longer provide
Direct care to any client in care.

Michael Harris – LCMHC; and
Lakeshia Steele will monitor to
ensure this plan of correction is
completed and documented, to
Ensure there is no abuse or
Perpetrated by anyone employed
At BA II.

7/2/20

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