

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>In lieu of mailing the form, you may e-mail the completed electronic form to:</p>	
Provider Name:	A Caring Heart Case Management, Inc. – South Shore House	Phone:	910-455-6724
Provider Contact Person for follow-up:	Ambrosia Johnson, BA QP Assistant Program Director	Fax:	910-346-5489
		Email:	ajohnson@acaringheartinc.com
Address:	409 South Shore Drive, Jacksonville, NC 28540	Provider #	3419141 MHL-067-209
Finding	Corrective Action Steps	Responsible Party	Timeline
<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, one of the five audited staff (House Manager (HM)) failed to demonstrate the knowledge skills and abilities required by the population serviced</p>	<ol style="list-style-type: none"> 1. House Manager under review: Employment was terminated. 2. In addition to ACHCM’s Orientation and Core Competencies Training for new employees, and client specific training that includes diagnoses, develop and implement a training specifically for group home staff that includes a review of client rights, company policy and procedures on reporting staff’s behavior with use of feedback form (for anonymous reporting). 3. Hold consumer meetings without DSP present at each group home and review client rights and the importance of communicating abusive behavior to QP. 4. Implement a “clock-in” system that verifies group home staff are awake from 9 p.m.- 7 a.m. 5. Develop and implement an additional training for house managers 6. Review system/line of communication from consumers to program directors to ensure abuses are communicated immediately. 	<ol style="list-style-type: none"> 1. Assistant Program Director 2. Program Director, Assistant Program Director, Residential Administrator/QA Specialist, Operation Director 3. Program Director, Assistant Program Director, Residential Administrator, QPs, APs 4. Program Director, Assistant Program Director, Operations Director 5. Program Director, Assistant Program Director, Residential Administrator, QA Specialist, Operation Director 6. Program Director, Assistant Program Director, Residential Administrator/QA Specialist, Operation Director 	<p>Implementation Date: 2/12/2021</p> <p>Projected Completion Date: 2. 4/15/2021 3. 3/31/2021 4. 3/31/2021 5. 4/15/2021 6. 3/31/2021</p>

<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to report allegations of abuse to the Health Care Personnel Registry (HCPR).</p>	<ol style="list-style-type: none"> 1. Completed Healthcare Personnel Registry report in IRIS 2. Conduct review of incident reporting that includes reports to Healthcare Personnel Registry and timely reporting of level II/III incidents in IRIS and submission to ACHCM's incident reports email for all QPs, APs and program directors. 	<ol style="list-style-type: none"> 1. Assistant Program Director 2. Operations Director, QA Specialist 	<p>Implementation Date: 1. 2/18/2021</p> <p>Projected Completion Date: 2. 3/31/2021</p>
<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>This rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report a critical incident to the home and host Local Management Entity (LME) as required.</p>	<ol style="list-style-type: none"> 1. Completed an internal investigation, which included one on one conversations with staff and residents. Reported information to Program Director. 2. Completed level III IRIS incident report and contacted Care Coordinator and DSS. 3. Conduct review of incident reporting that includes reports to Healthcare Personnel Registry and timely reporting of level II/III incidents in IRIS and submission to ACHCM's incident reports email for all QPs, APs and program directors 	<ol style="list-style-type: none"> 1. Assistant Program Director 2. Assistant Program Director 3. Operations Director, QA Specialist 	<p>Implementation Date: 1. 2/11/2021 2. 2/18/2021</p> <p>Projected Completion Date: 3/31/2021</p>