## **Plan of Correction**

New Beginnings Group Home 326 Baldwin Road Burlington, NC 27217

MHL 001-224

## **Rules:**

- 27G .0204 TRAINING/SUPERVISION PARAPROFESSIONALS
- 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN
- 27G .0209 (C) MEDICATION REQUIREMENTS
- 27G .5601 SUPERVISED LIVING
- 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS
- 27G .5603 SUPERVISED LIVING OPERATIONS

## **Corrected Deficiencies**

• 27G .0204 TRAINING/SUPERVISION PARAPROFESSIONALS

The Licensee of the facility has and will continue to attend workshops and professional development courses to acquire more expertise in the areas required to successfully serve the population. Within this short period of time, the Licensee has developed better organizational skills, arranged effective communication with all employees to maintain a facility deficiency free. The Licensee has hired an Associate and Qualified Professional with experience, technical knowledge, cultural awareness, interpersonal skills, decision-making skills, etc. to supervise the paraprofessionals employed by the facility.

• 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN

Client #3 has been discharged from the facility due to his unwillingness to follow the rules of the facility and numerous times of medication refusal. Prior to his discharge, the facility implemented new goals and strategies to client #3's treatment plan. All the residing and future clients admitted into the facility will have treatment plans with goals that reflect their presenting problems, strategies, all responsible parties, etc. The QP and Licensee will observe and add new goals to the treatment plan as needed. The staff or the licensee of the facility will contact physician and all parties to address new and ongoing issues. The treatment plans will be reviewed and updated by the QP and treatment team monthly.

• 27G .0209 (C) MEDICATION REQUIREMENTS

The Licensee of the facility has kept all Medication Administration Records in the facility. Physician's orders will be followed and kept in the client's record. The QP and Licensee will assure all committed appointments are fulfilled unless a grave emergency arises. In the event that the client is unable to attend the appointment or refuses, the incident will be documented and reported to the treatment team. The QP will be notified of all new appointments and weekly checks will be performed to ensure all

labs, appointments, etc. has been fulfilled. The physician will be notified in the event that the client is refusing to take his/her medication.

## • 27G .5601 SUPERVISED LIVING

Immediate plan to ensure the safety of all clients. I, [Licensee] Director of New Beginning's Group Home has put together a system to ensure the safety and all needs are met. I have attached documents that were created the moment, I was notified. I immediately acted and proceeded to put a system together, and contact all parties. -It is understood that clients have rights and can refuse medical treatment, medications, and simple things such as making their bed, however, it is our job to encourage them to follow their treatment plan. -During the Staff meeting, we discussed how important it is to document client's notes to track progression or non-progression. -Staff was prompted to always document and contact all parties that are involved with the client/client's care. Director has created a Shift report book, "documents are attached to email" inside includes all documents that must be filled out reported, we also discussed making sure that protocol is followed in situations such as client's refusal of medication, refusal of doctors' appointments, showers, food, all daily ADL's and so on. During the meeting, it was discussed what the consequence would be if staff did not follow proper protocol and policy. "Meeting note attached in email' -Staff has been prompted to follow instructions for taking clients the doctor form to ensure all clients are attending all appointments and all parties are communicating to ensure medical needs are met and medications are available. "Director spoke with staff about the consequence if the protocol was not followed, staff was also instructed to email/text director all changes/physicians form after every appointment immediately. -Assessments will be done by the QP, Director Legal responsible party if the client has one. It is understood that state rule only one assessment is to be done one time a year however we plan to do a 90-day assessment on every client due to change in status of client's mental status, medical and behaviors. -Director will put together a 90-day assessment review chart. -Director will visit them home 2 times per week/ pop-ups to oversee workers and clients. -After 30 days of residing in the facility if the client meets the criteria for unsupervised time in-home and in the community, all parties that are involved with the client will come together as a team and create an unsupervised plan, during the assessment the team will discuss pros and cons of the unsupervised time, what we can put together to ensure client safety while in or out the community, what the client will be doing in the community with his or her time if the client is awarded unsupervised time all parties will sigh off and add notes on unsupervised time to the treatment plan, after 90 days all parties will revisit the plan. -Direct Care Staff are responsible for making sure all clients ADL's are met, taking clients to and from appointments, daily documenting and communicating with all parties that enter [Company owned by the licensee]. "Job Description is being revised" as there is so much more that goes with Direct care. -Manager of the facility is responsible for making sure all staff and client's appointments are done, the house is clean, monthly shift report is completed and turned into the director "maintain the home while the director is not available" the main point of contact. "job description is being

All medications will be administered to the clients of the facility in accordance with the Medication Administration Policy. Appropriate documentation will be completed after observation. All new and ongoing orders from the client's physician, psychiatrist, and all medical teams had been transcribed onto the MAR and administered as ordered. The QP/Director will perform random daily/weekly checks to ensure that all Medication Administration of the facility is consistent and in compliance.

QP or Director of the facility will ensure that current and future employees are trained by a licensed pharmacist or registered nurse and are checked off successfully. Employees who fail to pass and meet

the required expectations of medication administration will not give medicine. Employees that have multiple medication errors will be terminated. The director has and will continue to encourage staff to reach out to the licensed party should any questions arise.

Client's of the facility have the right to refuse medical treatment. Should there be an event in which the client refused to attend appointments several times, the treatment team will meet and discuss a possible solution. Documentation from the guardian or resident will be notated, signed and stored in their record. The Director has and will continue to train staff to encourage the client to attend all committed appointments and to discuss the possible consequences of not following their treatment plan. The QP or director will monitor appointments weekly to ensure that each client is attending all appointments and labs.

The director and staff will maintain well and organized communication with the client's treatment team in the event that the client is admitted into the hospital. The team will meet again once the client has been discharged. If new goals are required, they will be added into the treatment plan and monitored frequently. The client will attend all follow up appointments, labs, and other recommended medical treatment. New orders will be transcribed and administered as prescribed. Staff will be properly trained in regards to medication administration documentation after a resident has been discharged. If the resident has been admitted, no staff will sign that the medication has been administered under no circumstances. Daily/weekly checks will be performed to ensure compliance.

Licensee: <u>Latoya Murphy</u> Date: 7/12/21