

Covenant Case Management Services, LLC.
9940 Monroe Road, Suite 201-202
Matthews, NC 28105-5347



www.CovenantToServe.com

Fax #: (704) 908-0251

DHSR - Mental Health

JUL 23 2021

July 15, 2021

Lic. & Cert. Section

Kim Goff
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Plan of Correction (POC) Covenant Case Management Services, LLC
for Peter's Home

Annual and Complaint Survey Completed Date: June 9, 2021

Submitted Date: July 15, 2021

Dear Mrs. Goff

Thank you for your recent visit to Peter's Home. We appreciated your feedback that you shared with us. We have used your feedback to address areas of need and improvement in our delivery of services to our members. Please see our specific actions, detailed below to rectify the violations that were noted.

Rule Violation/Tag #/Citation Level: (Administrative Action and Crosses)

10A NCAC 27G. 5601 Supervised Living for Individuals of All Disability Groups – Scope V289 (with the following cross referenced citations: 10A NCAC 27G .0202 Personnel Requirements (V107), 10A NCAC 27G .0203 Personnel Requirements (V108), 10A NCAC 27G .0203 Competencies of QP and Associate Professional (V109), 10A NCAC 27G .0203 Competencies and Supervision of Paraprofessional (V110), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G. 0208 Client Services (V115), 10A NCAC 27G .0209 Medication Requirements (V118), General Statute 131E-256 Health Care Personnel Requirements (V131), General Statute 122C-80 Criminal

History (V133), 10A NCAC 27G .5602 Staffing (V290), 10A NCAC 27G .5604 Operations (V291), 10A NCAC 27G .0604 Incident Reporting Requirements (V367), 10A NCAC 27E .0103 General Policies Regarding Intervention Procedures (V515), 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536), 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint, and Isolation Time-Out (V537), 10A NCAC 27G .0303 Location and Exterior Requirements, V736) **for a Type A1 for Neglect and Failure to Protect from Harm.**

V107, V131, V133: In response to these violations, each person above the age of 16 in the Licensed AFL Home will received a background check through *Castle Branch* that includes a review of the Health Care Registry as well as a criminal background check using the previous 5 years of residency. Human Resources will provide a copy of the background checks to Clinical Director within 10 days. Background checks will be kept in employment files of all staff. CCMS Human Resources Staff will ensure all hired staff files are current to include background checks, health care registry checks, annual trainings, and personnel information.

V108: In response to this violation, the Qualified Professional (QP) assigned to the member's case will retrain all direct care staff in the Home using client specific material (*i.e. Assessments, Individualized Service Plan, Behavioral Support Plans, etc.*). When new direct care staff are hired, the QP assigned to the member's case will provide client specific training prior to the staff working with the member. QP will ensure all staff trainings are up to date and rescheduled prior to expiration date. The QP will complete the Client Specific Training Form to document the training as well as recording all the staff's trainings completed on the Orientation Checklist. These forms will be kept in the staff's employment file with Human Resources. Copies of the staff for the Peter's Home will be sent to the Clinical Director within two weeks of completion. QP will continue monitoring ongoing to ensure trainings have not expired.

V109: In response to this violation, the QP will complete monthly monitoring of services in the Home. During that monitoring session, the *Health and Safety Checklist* will be completed. The Care Coordinator and Clinical Director will be notified of any changes or updates in the Home. Covenant's Registered Nurse (RN) will complete an immediate health and safety check-up for the Peters Home. RN will continue to complete quarterly health and safety check-ups each quarter for all RS/AFL Homes.

The MCO completes an annual review for each RS/AFL Home and provides it's findings to the Clinical Director, Owner, and assigned QP. QP will ensure each staff in the Home has an active and valid *Supervision Plan* with scheduled monthly supervision sessions being recorded on the *Supervision Tracking Form*. *Health and Safety Checklist* completed by QPs (*monthly*) and RN (*quarterly*) are to be turned into Clinical Director

by the 10th day of the following month. Any issues or feedback will be reviewed with the Clinical Director and assigned QP to address with all staff assigned to the Home.

V110: In response to this violation, The “Getting It Right” Instructor (*Brittany Wilson*) will retrain current staff in the Peters Home on appropriate behavioral interventions as well as various areas of core competencies. The GIR instructor will provide required behavioral intervention training to all new staff prior to the staff working with the member. The “Getting It Right” Instructor (*Brittany Wilson*) will provide a “Certificate of Completion or Competency” for the staff in the Peters Home within 2 weeks of completion. The GIR instructor will provide a “Certificate of Completion or Competency” for all new staff prior to the staff working with the member. The Specialized Consultative Services Licensed Professional (*John Barisa*) that developed the member’s behavioral support plan will re-train current staff in the Peters Home on the member’s specific behavioral support plan interventions and data collection. The SCS Licensed Professional will provide required BSP training to all new staff prior to the staff working with the member. The Specialized Consultative Services Licensed Professional (*John Barisa*) will provide notice to the assigned QP of re-training completion for the staff in the Peters Home within two weeks. The SCS Licensed Professional will provide notice of training to QP for all new staff prior to the staff working with the member. These documents of training will be kept in the employment files with HR. Completion of all trainings will be acknowledged by the assigned QP and staff on the Orientation Checklist kept in the employment file with HR.

V111: In response to this violation, the QP will ensure notebooks containing member specific information and documentation (i.e., Assessment, Individual Service Plans, Treatment Goals, Task Analysis, Behavior Plans, Medications/Orders, Communication Logs, etc.) will be reviewed and kept with the assigned Home staff for each member living in the Home. Notebooks containing member-specific information and documentation will be developed and reviewed with assigned Home staff immediately. QPs will provide evidence of notebooks and its contents to Clinical Director by the end of week following implementation and review with staff. The development/review of a notebook containing member-specific information and documents is considered part of the initial placement process into a Residential Support Home. QP will update information as required and train staff as it relates to any changes and updates.

V112: In response to this violation, the Home staff will have access and trained to and implement/use information from member-specific

documentation to support the member in reaching his/her desired outcomes by QP immediately. Staff will learn and implement/use information from member-specific documentation to support the member in reaching his/her desired outcomes once notebooks have been developed and reviewed. QPs will document staff progress and report concerns or additional needs to Clinical Director as soon as possible. QPs will monitor communication log/sheet use by staff during monthly monitoring sessions. The Notebook and its contents should be considered part of member-specific training for new staff and documented accordingly on the Orientation Checklist. QPs will use monthly supervision/monitoring to assess the staff's competence and performance in supporting the member with meeting expected outcomes. Home staff will record information and updates/changes on communication pages of member's notebooks on a weekly basis or as frequently as changes occurs.

V115: In response to this violation, the Home staff will be directed and trained to maintain supervision at all times of members assigned to their care. QP will review supervision and job description with all assigned staff. Members are not to be left in the care or supervision of non-staff at any time. The QP will complete Space and Supervision training as part of the *Provider Responsibilities Acknowledgement Form*. QP will notify the Clinical Director within two weeks of completion and keep a copy of Acknowledgement in employment file with HR.

V118: In response to this violation, the Home staff will complete Medication Administration training with RN (*Nanci Crawford*). During the training, Home staff will learn to appropriately complete a MAR (*Medication Administration Record*) as well as identify the necessity of a service order. SCS Licensed professional will provide QP a copy of the BSP approved by the Human Rights Committee for a doctor's signature (service order) to be secured for any restrictive interventions required. All Home staff will have "Certificates" of training or re-training for Med Administration from RN as well as updated MAR with required service orders under double lock in Home. Training records will be submitted to Clinical Director for review and placed in employment file with HR.

Copies of service orders will be placed in notebook for QP and Clinical Director to review within 2 weeks of completion. Copy of BSP with Physician signature will be placed in notebook as well within two weeks.

V289: In response to this violation, the QP will ensure all home staff is up to date on CPR/First aid training, member's specified needs as listed in habilitation plan. QP will also ensure strategies are implemented and trained based on member's current needs within two weeks. Additional training will be completed as changes occurs.

V290: In response to this violation, the QP will ensure all Home staff will be fully trained to meet the current member's needs. This includes but not limited to member's diagnosis, behavioral, and/or medical. Prior to placing a new member in the home, the new member and the current

member's team will consider the supports needed to support each member and the supports offered in the home. If any member in the home is experiencing needs that require additional staff, home staff will notify the assigned QP and Clinical Director to request additional support. All staff that remain working with the current member in the home will be fully retrained. This training and competency will be assessed and monitored by on-going supervision and support of assigned QP with intermittent check-ups by the RN and Clinical Director. All prior documentation and training will be used to make that determination.

V291: In response to this violation, the QP will use information from supervision and monthly monitoring sessions to update the Care Coordinator and Monitoring Specialist with the MCO on a quarterly basis.

Care Coordination will update the Individual Support Plan with any updates and changes with the member's needs. QP will notify Clinical Director of changes to the ISP through updates submitted by Care Coordinator within two weeks and as needed thereafter.

V367: In response to this violation, Incident Reporting retraining will occur immediately with all staff in the home and new staff. QM Director collects all Incident reports and sends the MCO a quarterly report. Any noticeable challenges with incident reports will be addressed by the Executive Committee. QP and clinical Director will review and retrain all staff on Incident Reporting and "What is a Level 1-2-3 report?" with staff.

Acknowledgement of Incident Report training by certificate of completion for current and new staff will be sent to HR to keep on file within two weeks.

V515: In response to this violation, the QP will secure service order for restrictive intervention in BSP (locked refrigerator). Copy of service order will be sent to Clinical Director and posted in notebook within two weeks of completion.

V536 and V537: In response to these violations, Restrictive Interventions and Rights training will provide the staff in the Peters Home by competent training staff. Training will be completed on an annual basis and monitored by QP. Copies of these trainings will be sent and kept in HR employment file. Current staff training records will be sent to Clinical Director for review within two weeks.

V736: In response to this violation, the QP will develop, train, and implement a monthly Maintenance Form for AFL staff within two weeks to complete and keep home free of unpleasant odors and trash. QP will review monthly maintenance form and address any changes as they arise. Thank you gain for the detailed feedback that supports our improvement of service deliver. We as an organization understand the necessity to continuously monitoring internally and address areas of need. We value the input of both internal and external sources that leads to better quality of life outcomes for all members our agency supports. We have you find the detailed plan of correction sufficient.

Sincerely,

Paul Peters

A handwritten signature in cursive script, appearing to read "Paul Peters", written in dark ink.