



PO Box 381
Jefferson, NC 28640
336-846-4491
336-846-4927 (fax)



CREDIBILITY • INTEGRITY • ACHIEVEMENT

Creating pathways for people with developmental disabilities

November 4, 2021

Re: Annual and Complaint survey completed 10-6-2021
Intake # NC 00179061

To Whom It May Concern,

First, I would like to take this opportunity to thank you for the constructive feedback. It is important to us to make sure that we comply.

Included here is the Statement of Deficiencies for the STEP day program, MHL 005-018. We have typed a response which is right behind the Statement of Deficiencies. Then there are added attachments to support the Plan of Correction. There are 28 pages which are numbered in the top right corner of the page. The attachment number is on the left. We are sending two faxes with this as the cover letter.

If there are any questions, please let me know if I can provide any additional information.

Sincerely,

A handwritten signature in black ink that reads "Shari Rognstad".

Shari Rognstad
Executive Director

Summit Support Services is dedicated to providing a comprehensive range of culturally appropriate opportunities and resources that encourages the intellectual, social, emotional, vocational, physical, and spiritual growth necessary for each individual to reach his or her fullest potential as citizens of the community.

STEP-1

PRINTED: 10/26/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/06/2021
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NAME OF PROVIDER OR SUPPLIER S T E P (SUMMIT TRAINING AND EDUCATION PROGR	STREET ADDRESS, CITY, STATE, ZIP CODE 405 COURT STREET JEFFERSON, NC 28640
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 10/6/21. The complaint was unsubstantiated (NC00179061). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious	V 108	See Plan of Correction STEP attached behind this form.	11/4/21 SR 10/26/21 11/23/21

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Shari A. Roguski, QP, SR* 11/4/21 TITLE *Executive Director* (X6) DATE 11/4/21

STATE FORM 5525 X5Q811 1 of 5

STEP-2

PRINTED: 10/26/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2021
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NAME OF PROVIDER OR SUPPLIER
STEP (SUMMIT TRAINING AND EDUCATION PROGR

STREET ADDRESS, CITY, STATE, ZIP CODE
**408 COURT STREET
JEFFERSON, NC 28640**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 108	Continued From page 2 2020 was conducted online and did not include a hands-on component in order to reduce risk of COVID transmission; -the facility's most recent CPR/First Aid class was 8/20/21 at a local agency and included a hands-on component.	V 108		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.	V 118	<i>See Plan of Correction STEP behind this form.</i>	<i>11/4/21</i>

STEP-3

PRINTED: 10/26/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/06/2021
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NAME OF PROVIDER OR SUPPLIER STEP (SUMMIT TRAINING AND EDUCATION PROGRAM)	STREET ADDRESS, CITY, STATE, ZIP CODE 406 COURT STREET JEFFERSON, NC 28640
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observations, the facility failed to ensure that medications were recorded immediately after administration affecting 1 of 4 audited clients (client #1). The findings are:</p> <p>Review on 9/28/21 of Client #1's record revealed: -date of admission was 6/11/18; -diagnoses of Anxiety/Depressive symptoms, Moderate Intellectual/Developmental disability, Cerebral Palsy, Seizure Disorder, Hydrocephalus Ventriculon Shunts, Incontinence, Sensory Integration Issues, Insomnia, Seborrhea Dermatitis, and Restless Leg Syndrome.</p> <p>Review on 9/17/21 of Client #1's MAR revealed: -Baclofen 10 milligrams take 3 tablets by mouth three times a day ordered 2/7/21 for muscle spasms.</p> <p>Observation and interview at 11:20 on 9/17/21 revealed: -Non-audited Staff #4 entered the staff office and pulled out the MAR for Client #1; -she stated she had already initialed that she had given Client #1's 12:00 pm dose of Baclofen. -she was leaving soon, would not be at the facility at 12:00 pm, and needed to mark out her initials so another staff could initial after they administered the medication.</p> <p>Interview on 9/22/21 with the Site Coordinator</p>	V 118		

STEP-4

PRINTED: 10/26/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/06/2021
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NAME OF PROVIDER OR SUPPLIER STEP (SUMMIT TRAINING AND EDUCATION PROGR	STREET ADDRESS, CITY, STATE, ZIP CODE 406 COURT STREET JEFFERSON, NC 28640
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(X4) ID-PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 4</p> <p>revealed:</p> <ul style="list-style-type: none"> -she checks MARS regularly; -there have been a lot of missing initials on the MARS and she has talked to the Qualified Professional (QP) about this; -when there are missing initials, she "tracks down staff person" to initial MAR; -she gives staff "a lot of reminders" and now leaves the MAR below the medicine cabinet; -when asked how she knew if a medication had been administered, the Site Coordinator responded, "that's a very good question." <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		

11/4/21 SUMMIT SUPPORT SERVICES PLAN OF CORRECTION: Summit Training and Education Program (STEP)

DHSR Annual and Complaint Survey 10/8/21

Summit Support Services of Ashe-STEP, 406 Court St. Jefferson, NC 28640

MHL # 005-018 Intake # NC00179061

1. V108 27G.0202 (F-1) Personnel Requirements:

Plan to correct deficiency: Summit has implemented a hands-on training component as an adjunct to online CPR/First Aid training completed by staff in 2020/2021 who completed the course online due to Covid. The hands-on skills component is instructed by Dawn Zachary, a member of the Summit administrative team who is certified by the American Heart Association as a Basic Life Support (BLS) instructor and Advanced Cardiovascular Life Support (ACLS) provider. She is also credentialed by the NC Office of Emergency Medical Services (OEMS) as a paramedic and as an OEMS instructor # 3551. Ms. Zachary will complete a CPR/First Aid Skills check-off form for each staff demonstrating competence in the identified skills. The requirement for the CPR/First Aid hands-on component has been completed by 33 staff who completed their CPR/First Aid online and the remainder of staff will complete the component by November 22, 2021.

Plan to Prevent recurrence: Going forward, staff will either complete their CPR/First Aid certification through an in-person class at a local agency or if they complete it online, will demonstrate hands-on skills through the abovementioned procedure. Documentation of the hands-on skills component will be filed in staff's training records. On our training spreadsheet we added a column for hands on component. All staff are now aware of this component requirement.

Who will monitor: Dawn Zachary and supervising QPs, all staff, Shari Rognstad, ED

How often: Upon new staff's initial CPR/First Aid certification and with each staff's CPR/First Aid recertification every two years.

Current status of staff identified in Statement of Deficiencies as out of compliance:

Staff #1 (hire date 6/7/18) CPR/First Aid certification dated 5/22/20: Staff #1 is currently on an extended leave due to illness and will complete the hands-on component when she returns to work.

Staff #2 (hire date 3/5/07) CPR/First Aid certification dated 4/1/21: Staff #2 completed hands on CPR/First Aid component described above on 10/28/21 (See Attachment Step-2)

QP (hire date 7/29/19) CPR Certification dated 9/25/20: QP completed the hands-on CPR/First Aid component described above on 10/28/21. (See Attachment Step-3)

ATTACHMENT STEP-1: Dawn Zachary BLS Instructor certificate

ATTACHMENT STEP-2: Summit Support Services CPR/First Aid Skills Check-off document for Staff # 2 and QP Walt.

ATTACHMENT STEP-3: Summit Support Services CPR/First Aid Skills Check-off document for QP Walt.

STEP-6
P**2. V118 27g.0209 (C) Medication Requirements****Plan to correct deficiency:**

On 9/21/21 a "splash message" was issued by Diane Wait, QP to all staff who access Therap, Summit's electronic health record system. Staff see the message immediately upon log-in. The message reminded staff of the importance of initialing that they have given medications immediately after medications are administered. The message indicated that missed initials need to be documented on the MAR and that this topic would be covered further in group home manager meetings and at STEP. (Attachment STEP-3)

10/1/21 QP conducted supervision training with unedited staff 4 to train staff on initialing the MAR immediately after medications are given. Staff was instructed to *never* initial the MAR prior to administering a medication. Staff was trained on how to document errors on the MAR.

10/4/21 The STEP team meeting included medication administration training by Pam Seatz, QP and Meagan McCoy, STEP site coordinator including documenting the MAR immediately after medications are administered. (Attachment STEP-4)

10/6/21 QP Seatz created a new form, the Medication Documentation Error Report (MDER) to document medication documentation errors. (Attachment STEP-6)

10/15/21 A MAR Review form was developed for QPs to document monthly reviews and for Summit's contracted RN to document quarterly reviews. (Attachment STEP -7,8)

10/22/21 Summit's Board of Directors (BOD) approved the updated Medication Administration policy. (The BOD meeting was postponed from 10/19 to 10/22 to reach quorum.) Before the meeting, Shari Rognstad, ED and QP team: Diane Wait, Helen Clark and Pam Seatz had updated procedures for medication documentation error reporting and documentation and supervision/re-training/disciplinary action procedures. (Attachment STEP-9 and STEP-10)

11/1/21 The STEP team meeting included the introduction of the Medication Documentation Error Report (MDER), training on completing the MDER, and refresher training on medication administration. Staff were reminded to initial the MAR immediately after administering medications and never initial prior to administering.

11/1/21 Pam Seatz QP performed a MAR review for STEP to review October MARs. (Attachment STEP-7, 8)

11-1-21 Diane Wait QP contacted Regan Perry, RN, Summit's contracted nurse and requested that she resume quarterly MAR reviews at the group homes and add STEP MAR reviews. She agreed and is scheduled to do reviews on 11-16-21 at the Ark, 11-18-21 at the Lighthouse, and 11-23-21 at STEP.

11/4/21 Pam Seatz QP conducted follow up supervision with unaudited staff 4 to assure that she understands medication administration protocol.

ATTACHMENT STEP-4: Splash message to all staff 9/21/21

ATTACHMENT STEP-5: STEP Team Meeting/Training Minutes 10-4-21

ATTACHMENT STEP-6: Medication Documentation Error Report (MDER)

ATTACHMENT STEP-7: Medication Administration Record Review 11/1/21

ATTACHMENT STEP-8: Medication Administration Record Review 11/1/21

ATTACHMENT STEP-9: Medication Administration Policy

ATTACHMENT STEP-10: BOD minutes 10-22-21

ATTACHMENT STEP-11: STEP Team Meeting Minutes 11-1-21

STEP-7

Plan to prevent recurrence: Site Coordinator will monitor staff to ensure that medications administration guidelines are followed and report any problem areas to the QP. QP's will conduct unannounced MAR reviews at STEP at least monthly and Summit's contracted nurse will conduct unannounced reviews quarterly. QPs will provide supervision, re-training and disciplinary action as needed in the event of medication errors including medication documentation errors. STEP team meetings will include review of Medication Administration procedures as needed. QP's will report on Medication Errors during quarterly QP meetings, and the Quality Management Team (QMT) will review and analyze the Risk Management Quarterly Report which includes medication errors.

Who will monitor: Pam Seatz, QP, Meagan Lyalls, STEP Coordinator, Regan Perry, RN, QMT


How often: STEP Coordinator will monitor weekly, QP will monitor monthly, and the nurse will monitor quarterly, QMT will review reports quarterly.

Shari A. Roynstead, QP, 11/4/21

TC Alignment	WCC	NC05382
TC Address	1328 S. Collegiate Dr	TC Phone
TC City, State	Wilkesboro NC	28697 ZIP
Instructor ID #	05060087904	
Holder's Signature	<i>Dawn Zachary</i>	

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BLS Instructor



Dawn Zachary

This card certifies that the above individual is an American Heart Association Basic Life Support (BLS) Instructor.

3/23/2020 3/23/2022

Issue Date Expiration Date

Attachment STEP-1

STEP-8

Attachment STEP-2

STEP-9

Jean Baldwin



**CPR
Skills Check Off Sheet**

- Opens airway correctly ✓
- Begins Effective Compressions ✓
- Demonstrates effective breathing ✓
- Demonstrates pulse check/signs of life ✓
- Demonstrates correct procedure for Heimlich maneuver ✓
- Demonstrates knowledge in seizures and how to respond ✓
- Other: Wheelchair ✓
- Other: FAST / Heart Attack ✓

Employee: Norma Jean Baldwin Date: 10/28/21

Trainer: Dawn Zuchowicz Date: 10/28/21



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November 4, 2021

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 Intake # NC 00179061

To Whom It May Concern,

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If there are any questions, please let me know If I can provide any additional information.

Sincerely,

A handwritten signature in black ink that reads "Shari Rognstad". The signature is fluid and cursive.

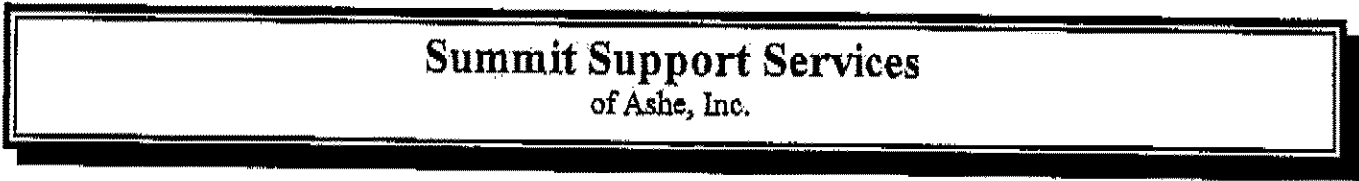
Shari Rognstad
 Executive Director

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Attachment-3

STEP-10

Diane Wait



CPR Skills Check Off Sheet

- Opens airway correctly ✓
- Begins Effective Compressions ✓
- Demonstrates effective breathing ✓
- Demonstrates pulse check/signs of life ✓
- Demonstrates correct procedure for Heimlich maneuver ✓
 wheelchair ✓
- Demonstrates knowledge in seizures and how to respond ✓
- Other: Stroke Heart Attack ✓

Employee: Diane Wait Date: 10-28-21
 Trainer: Dawn Zachary Date: 10-28-21

Attachment 4
STEP

STEP-11

9/21/2021 Splash message on Therap electronic health record system. A splash message is seen by all staff using the system when they log in.

Hello Everyone,

We have been in the process of a DHR (Division of Health Service Regulation) monitoring over the past week, at both group homes and STEP. I want to share a comment from the surveyors: "You clearly have really dedicated staff and your people are well taken care of. Your facilities are clean and organized. We don't see that everywhere we go." It seems the monitoring has gone very well. We will get more detail at the exit interview Thursday.

One thing that we have gotten some feedback on is the importance of initialing that you have given a medication immediately after you give it. Your initials document that the med was given at that time. If you miss initialing, you need to write a note on the back of the MAR indicating a documentation error. We will cover this further in group home manager meetings and at STEP.

Thanks for all you do!

Diane

Attachment STEP-5

STEP-12

Summit Support Services

of Ashe, Inc.

STEP CQI Meeting/Training Minutes 10/4/21

Present: Meagan, Pam, Betty, Hazel, Brenda, Ashley, Jean, Jane, Kevin

1. MARS-initialing right after administering scheduled medications or procedures. *Do not initial the MAR until after a medication is given. Initialing the MAR indicates that a medication was given to the client if the MAR is initialed before, there is no way to tell that the medication was administered to the client, or the client could refuse the medication. If an initial is missed, we need to complete a Medication Documentation Error Report form (MDER).*
2. ■ Baclofen – If ■ has 2 workers during the day, the second worker administers his medication. *We are to put a "C" when ■ leaves early or is absent at Step. A line will be drawn across the weekend days. If he is wet when someone goes to cath him, then we do not cath him. We put a "D" on the Mar and write on the back that he did not get catheterized due to urinating himself.*
3. Communication Line: please contact Meagan via phone call/text/ or directly with anything that comes up with any client that receives services in the STEP building. Meagan will then handle it or communicate with the QP if needed. (refer to list of clients/staff QPs).
 - a. If a scheduling need or situation arises on days when ■ receive services at home, then that needs to go directly to Nicole
 - b. ■'s staff will directly contact Elizabeth and Nicole
 - c. If there is an immediate need for someone to be at STEP to handle a behavior and Meagan is not there than call the office.
4. Dawn is no longer doing the schedule. The scheduling team is now: Diane, Pam, Meagan, and Nicole.
5. Microbusiness Sales Documentation. *New sheet was made to document and keep track of inventory at different venues.*
6. When ■ needs supplies, staff will write in the notebook to inform his mother so his team is not duplicating the requests and can see what has already been requested.
7. ■'s gum clarification: *Do we wait until he asks for his gum? If staff notices ■ pacing and his behavior changes, then they can offer him a piece of nicotine gum.*
8. Please remember to check the oil when you pump gas if you notice it has not been checked in a while.
9. ■ note writing Staff clarified how to work goals with ■ on days that he is wanting alone time and having a hard time interacting with staff. *If staff attempts to work goals and he ignores or lashes out, the goal is refused. Letting the any of the clients work goals can be their idea. Ex. ■ dancing is exercise and great but if you tell him that it's exercise, he will probably refuse. The idea is to successfully complete the goal and have happy clients. If dancing provides exercise and you don't prompt him.... It is independently met.*

Attachment STEP-5

STEP-13

Summit Support Services

of Ashe, Inc.

STEP CQI Meeting/Training Minutes 10/4/21

10. Review Activities for the month

Additions to the Agenda: Staff voted to stop the state of the week discussion. Jane wanted to continue the virtue of the week discussion.

Review of GERS from last month. ■'s outburst and ■ leaving the premises. Client concerns/celebrations: Celebrations: ■ was given a student of the week certificate at the college for his excellent work. ■ was celebrated for his appropriate response to a staff person needing assistance, he handled the situation perfectly.

Attachment STEP-6

STEP-14

<h2 style="margin: 0;">Summit Support Services</h2> <p style="margin: 0;">of Ashe, Inc.</p>

Medication Administration Record (MAR) Review

Facility: _____

Date _____

Client _____

Client record # _____

- _____ Controlled medication count sheet completed correctly
- _____ Medication entries complete and match physician's order
- _____ Staff initials upon medication administration complete
- _____ Discontinued medications documented correctly
- _____ Documentation errors are error-corrected correctly-no write-overs
- _____ Documentation errors correctly documented on front and back of MAR
- _____ DERs (Documentation Error Report) completed and turned in to QP
- _____ Medication errors documented on front and back of MAR and in a GER in Therap

- _____ PRN sheet is current
- _____ Personal information sheet with emergency contacts is current
- _____ Authorization for Self-Administration is current
- _____ FL-2 is current. If expiry date is approaching, FL-2 appointment is scheduled
- _____ Prescriptions are current and outdated prescriptions are purged

NOTES:

Supervisory Follow-up:

Signature of nurse or QP completing review

Date:

Attachment STEP-7

STEP-15

Summit Support Services of Ashe, Inc.

Medication Administration Record (MAR) Review

Facility: STEP

Date 11-1-21

Client [REDACTED]

Client record # [REDACTED]

- N/A Controlled medication count sheet completed correctly
- Medication entries complete and match physician's order
- Staff initials upon medication administration complete
- N/A Discontinued medications documented correctly
- N/A Documentation errors are error-corrected correctly-no write-overs
- N/A Documentation errors correctly documented on front and back of MAR
- N/A DERs (Documentation Error Report) completed and turned in to QP
- N/A Medication errors documented on front and back of MAR and in a GER in Therap

- PRN sheet is current
- Personal Information sheet with emergency contacts is current
- N/A Authorization for Self-Administration is current
- N/A FL-2 is current. If expiry date is approaching, FL-2 appointment is scheduled
- Prescriptions are current and outdated prescriptions are purged

NOTES:

Waiting on updated script to clarify on changing procedure when [REDACTED] has already urinated. Verbal OK given not to Cath if [REDACTED] has already urinated.

Supervisory Follow-up:

Following up on script

[Signature]
Signature of nurse or QP completing review

11-1-21
Date:

Attachment STEP-8

STEP-16

Summit Support Services of Ashe, Inc.

Medication Administration Record (MAR) Review

Facility: STEP

Date 11-1-21

Client [REDACTED]

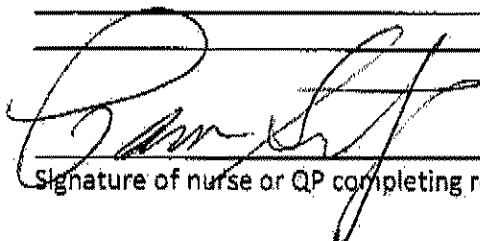
Client record # [REDACTED]

- ~~N/A~~ Controlled medication count sheet completed correctly
- Medication entries complete and match physician's order
- Staff initials upon medication administration complete
- ~~N/A~~ Discontinued medications documented correctly
- ~~N/A~~ Documentation errors are error-corrected correctly-no write-overs
- ~~N/A~~ Documentation errors correctly documented on front and back of MAR
- ~~N/A~~ DERs (Documentation Error Report) completed and turned in to QP
- ~~N/A~~ Medication errors documented on front and back of MAR and in a GER in Therap

- 11/6/20 PRN sheet is current
- Personal information sheet with emergency contacts is current
- Authorization for Self-Administration is current
- ~~N/A~~ FL-2 is current. If expiry date is approaching, FL-2 appointment is scheduled
- Prescriptions are current and outdated prescriptions are purged

NOTES:

Supervisory Follow-up:



 Signature of nurse or QP completing review

11-1-21

 Date:

Attachment STEP-9

STEP-17

\\SERVER16\Shared Folders\Company\DHSR\9-2021 DHSR survey-annual-complaint\LH POC response-Diane\003.005 Medications and Med Administration.docx

Summit Support Services Policy and Procedure Manual

<i>Title:</i> Medications and Med Administration	<i>Type:</i> Consumer Policies and Procedures
<i>Number:</i> 003.005	
<i>Approved By:</i> Board of Directors <i>Date:</i> April 03, 2001	
<i>Revised and approved by Board of Directors Date:</i> December 9, 2008	
<i>Revised and approved by Board of Directors Date:</i> April 14, 2010.	
<i>Revised and approved by Board of Directors Date:</i> December 10, 2013	
<i>Revised and Approved by Board of Directors Date:</i> February 10, 2015	
<i>Revised and Approved by Board of Directors Date:</i> February 26, 2019	
<i>Revised and Approved by Board of Directors Date:</i> June 25, 2019	
<i>Revised and approved by Board of Directors Date:</i> October 22, 2021	

MEDICATIONS and MED ADMINISTRATION (10/2021)

This policy covers the administration of medications to clients who are tracked by a mandated *Medication Administration Record (MAR)*. In this policy the term Summit staff refers to employees and contractees who administer medications on a mandated MAR.

POLICY:

I. Infection Control

Summit staff will use universal precautions: before and after crushing medications, before and after administering eye or ear drops, in between administering eye or ear drops in both eyes or ears, when administering nasal sprays, before, during and after each medication pass. Summit staff will not touch pills but will transfer medications to a cup for administration.

II. Medication Management

A licensed Physician, Physician's Assistant, Family Nurse Practitioner (FNP) shall have oversight for clients' medication management for all medications including PRN and OTC medications.

III. Medication Dispensing

Dispensing includes preparing and packaging a prescription medication in a container with information required by state and federal law. Any time more than one dose of medication from a supply is placed in another container and labeled, it is considered dispensing. Summit staff are not qualified to dispense medications.

Attachment 9-
STEP

STEP-18

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IV. Medication Packaging and Labeling

1. Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with the expiration dates clearly visible.
2. Prescription medications, whether purchased or obtained as samples, shall be kept in the facility only with an approved prescription or doctor's order. All medications will be in tamper-resistant packaging that will minimize the risk of accidental ingestion. Such packaging includes plastic or glass bottle/vials with tamper-resistant caps, medication bubble packs, or in the case of single dose packaged drugs, a zip-lock plastic bag will be adequate. Medications shall stay in a locked area (or in the case of single dose packaged drugs in a supervised area) until the medication is ready to be administered. Staff shall check all medications received to ensure tamper-resistant packaging.
3. The packaging label of each prescription drug dispensed must include the following:
 - a) The client's name
 - b) The prescriber's name
 - c) The current dispensing date
 - d) Clear directions for administration
 - e) The name, strength, quantity, and expiration date of the prescribed drug
 - f) The name, address, and phone number of the pharmacy or dispensing location and the name of the dispensing practitioner

V. Medication Administration

Only those Summit staff who have successfully completed training in Medication Administration shall be permitted to administer medications to clients supported by Summit. This shall include both prescription and over the counter (OCT) medications.

1. Prescription and non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.
 - a) Upon admission and ongoing clients and/or guardians authorize Summit Support Services to obtain and purchase prescription medication.
 - b) All medications are administered with a written doctor's order or e-script.
 - c) OTC medications will be administered according to the written PRN medication order sheets filled out for each client. This sheet will be updated yearly with their annual physical. Before giving any Summit client any OTC or other PRN medication, check the PRN order sheet and the Medication Administration Record (MAR) for instructions.
 - d) Prescription medication must have a written order or e-script. Summit staff will ensure the doctor's order has the drug name, the dose, the route, and

Attachment STEP-9

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- the length of time to be administered (example: for 1 week), or the discontinue date, and is signed by the doctor.
- e) The doctor's order will be transferred to a MAR. At the beginning of each month, before each MAR is inserted, the goal plan manager will review the MAR for accuracy and check each medication for a current order for assigned clients. The goal plan manager will match the client's name, name of the medication, the dose, the times to be administered, the route, and any instructions with the order. A second designated staff member will follow up and recheck the MAR for accuracy. Orders will be kept in the MAR book behind the MAR and PRN order sheet. The goal plan manager is also responsible to keep scripts up to date. The manager on duty is to make changes for any new scripts that come in on their shift, based on pharmacy copies or actual scripts.
2. Medication shall be self-administered by clients only when authorized in writing by the client's physician. This authorization form will be kept in the MAR as well as the client's main record.
- a) Any known errors in self-administration will be reported on a GER and a T-log. The individual's treatment team will address chronic errors.
3. When a Summit staff finished Medication Administration training by a licensed registered nurse, the staff is approved to administer medications.
4. It is recommended for prescription medication to be administered in the following manner:
- a) In the licensed residential facility, the ultimate responsibility for medication administration is with the overnight staff/contractee. Any other staff member who has turned in documentation of approved medication training can perform this task but only with the permission of the overnight staff/contractee.
- b) Medications will be given as close as possible to the exact time specified on the MAR. The window of one hour either side of the exact time is allowed. The staff will systematically start with the clients in the front of the MAR book and move to the back. This will be done in an orderly fashion with no interruptions. (Please request that other staff and clients leave you alone during this time.)
- c) Staff will match the medication with the MAR as they pull the medication from the containers. With bubble packs, the bubble pack will be matched with the MAR, before the medication is popped. Staff will check for five of the Rights of Medication Administration including: right medication, right route, right dose, right time, and right resident.
- d) Staff will continue to stay focused on med administration by:
- Making sure the right medication gets to the right resident.
 - When the medication is popped from a bubble pack initial next to each bubble.
 - Checking the bubble pack for medications that may be caught in the packaging.
 - Counting the number of pills in the cup and verifying accuracy.

Attachment STEP-9

STEP-20

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- Asking the client if the medications are accurate. (Don't depend on them but they may help catch an error.)
 - Remember to stay focused and remove any distractions.
 - The final task includes the right documentation. The manager shall initial in the correct space indicating the date and time on the MAR for all medications immediately after the medication has been administered.
- e) As the manager on duty or the licensed AFL staff is responsible for all medications given, one-on-one direct care staff administering medications will report to the manager when they administer any medications, and the MAR is signed.
 - f) When traveling, a staff member will be designated to administer medications to each client as necessary.
 - g) Check the file and file cabinet to make sure no medications are loose.
5. 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 shall include the following:
- a) Individual's name
 - b) Name, strength, and quantity of the drug
 - c) Instructions for administering the drug (each dose as well as each medication will have a separate line)
 - d) Date and time the drug is to be administered.
 - e) Name and initials of staff person administering medication.
 - f) Discontinue date. If a medication order is written for a designated time period, this can be documented when the MAR is first filled out. If not, then when a discontinue order (DC) is received by a physician.
6. Client/guardian requests for medication changes or checks shall be recorded in a T-log with follow-up by a physician. Such request shall also be noted on the QP quarterly summary.
7. If a client refuses to take prescribed medication, the direct care worker that is responsible for medication administration shall record the event in the client's MAR.

VI. Medication Disposal

1. All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.
2. All expired PRN and prescription medications, and first aid supplies will be taken to the administrative office.
3. Unused, unexpired non-controlled medications can be taken to the Free Pharmacy or any other pharmacy that will accept the medication. Summit shall maintain a record of all medication disposals. Documentation on the Medication Disposal



PO Box 381
 Jefferson, NC 28640
 336-846-4491
 336-846-4927 (fax)



Credibility • Integrity • Achievement

Creating pathways for people with developmental disabilities

November 4, 2021

Re: Annual and Complaint survey completed 10-6-2021
 Intake # NC 00179061

To Whom It May Concern,

First, I would like to take this opportunity to thank you for the constructive feedback. It is important to us to make sure that we comply.

Included here is the Statement of Deficiencies for the STEP day program, MHL 005-018. We have typed a response which is right behind the Statement of Deficiencies. Then there are added attachments to support the Plan of Correction. There are 28 pages which are numbered in the top right corner of the page. The attachment number is on the left. We are sending ~~two~~ *three* faxes with this as the cover letter.

If there are any questions, please let me know If I can provide any additional information.

Sincerely,

A handwritten signature in black ink that reads "Shari Rognstad".

Shari Rognstad
 Executive Director

Summit Support Services is dedicated to providing a comprehensive range of culturally appropriate opportunities and resources that encourages the intellectual, social, emotional, vocational, physical, and spiritual growth necessary for each individual to reach his or her fullest potential as citizens of the community.

Attachment STEP-9

STEP-21

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- form shall specify the medication name, strength, quantity, disposal date and method, and the signature of each Summit staff involved in the disposal.
4. Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, and Article 5, including any subsequent amendments.
 5. Upon discharge of a client, the remainder of the client's drug supply shall be given to him or her or disposed of promptly unless it is reasonably expected that the client will return to Summit. In such a case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.

VII. Medication Storage

All medication shall be stored:

1. In a securely locked cabinet, accessible only to designated staff, in a clean, well-lighted, ventilated room between 59- and 86-degrees F
2. In a refrigerator, if required, between 36- and 46-degrees F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container.
3. Separately for each client,
4. Separately for external and internal use, and
5. In a secure manner if approved by a physician for a client to self-medicate.
6. Each Summit facility that administers controlled substances shall be currently registered under the North Carolina Controlled Substance Act and shall follow G. S. 90, Article 5, including any subsequent amendments.

VIII. Medication Information

Regularly updated information sheets indicating possible side effects, adverse combinations and warnings of possible abuse potential of all medication dispensed to consumers are kept in the Medication Administration Record (MAR). Pertinent information will be highlighted, and each manager and other direct care staff shall read and initial.

The client or the guardian are informed of new medications and dosages. The Summit staff shall have the guardian sign the Newly Prescribed Medication Form for guardians. If the guardian does not agree with the doctor's order, the guardian has the responsibility to communicate with the doctor; while Summit staff shall continue to follow the doctor's order until a discontinue order is obtained.

IX. Medication Review

1. If a client(s) receives psychotropic drugs, the Summit Qualified Professional (QP) or his or her designee shall be responsible for obtaining a review of each client's

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STEP-22

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- drug regimen at least every six months. A psychiatrist, pharmacist or physician shall perform the review. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.
2. The client's doctor assesses medications yearly unless medication indicates more frequent assessments. The doctor should make an assessment based on:
 - a) Observations of the client
 - b) Medication profile
 - c) Documentation in the person's case record provided by support team.
 - d) Appropriate medical test.
 3. The findings of all drug regimen reviews shall be recorded in the client record along with corrective action, and in the summary/progress notes if applicable.
 4. Summit staff shall observe clients for any side effects of any medication, document any adverse reactions, and consult with the physician if necessary.

X. Medication Education

1. Clients started or maintained on a medication by a physician shall receive either oral or written education regarding the prescribed medication by the physician or a Summit staff person. In instances where the ability of the client to understand the education is questionable, or if they have a guardian, the guardian shall be provided either oral or written instructions as well as the client.
2. The medication education provided shall be sufficient to enable the client or other responsible person to make an informed consent, to safely administer the medication, and to encourage compliance with the prescribed regimen.

XI. Medication Errors

In order to ensure the safety and well-being of our clients, Summit Support Services is committed to ensuring that staff who administers medication to our clients are effectively trained and supervised. Medication errors and significant adverse drug reactions shall be reported immediately to a licensed Physician, Physician's Assistant, Family Nurse Practitioner (FNP) or pharmacist and their instructions will be followed. Contacting the administrative office or the Administrator On-Call is also required for errors that reach the client.

Medication Error defined:

1. Any error that reaches the client, specifically:
 - Missed (omitted) medication
 - Incorrect dose administered
 - Wrong medication administered
 - Given without following specific physician's instructions

Attachment STEP-9

STEP-23

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- Incorrect time of administration, i.e. more than an hour before or after the scheduled time of administration
 - Missing dose(s) of medication
 - Administering outdated medications
2. Documentation error in Medication Administration Record (MAR)
- Failure to initial upon administering the medication
 - Initialed in the wrong place upon administering medication
 - Initialed but did not administer a medication
 - Did not count or sign off on controlled medications.

All errors are documented on the front and back of the MAR. Errors that reach the client are documented in a GER report. A documentation error is recorded on a Documentation Error Report (DER) form by the person who discovers the error. Error protocol includes completing the documentation and completing the necessary calls. Client refusal of a medication is also documented on the front and back of the MAR. An immediate review of the error and actions taken will occur, as well as a subsequent root analysis. (The analysis will include: Do any systems need changing? Is more education needed?) The Risk Management Coordinator will be responsible for ensuring a root analysis review.

Any employee of Summit Support Services who is responsible for a medication administration error will receive supervision from their supervisor or designee. Re-training will be conducted as needed. Supervisor will consider external factors surrounding the error. Supervision will include identifying strategies to prevent future errors. Supervision and re-training will be documented in the supervision record.

A second error within 60 days of an initial documented error results in the supervisor giving the employee/contractee a verbal warning, which will be documented in the supervision record.

A third error within 60 days of an initial documented error results in the supervisor giving the employee/contractee a written warning, documented in the supervision record.

A fourth error within 60 days results in an employee being placed on disciplinary probation.

During the ensuing Disciplinary Probation period, any subsequent medication error may result in termination of employment.

XII. Experimental Drugs

Policy # 003.020 in Summit Support Services' Policy and Procedures Manual addresses Summit's policy on research; however, it does not address pharmacology. Regarding experimental drugs, Summit Support Services will adhere to the following:

Attachment STEP-9

STEP-24

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- a) The use of experimental drugs or medication shall be considered research and shall be governed by G.S. 122C-57 (f), applicable federal law, licensure requirements codified in 10 NCAC 14K.0350 through .0355, or any other applicable licensure requirements not inconsistent with State or Federal law.
- b) The use of other drugs or medications as a treatment measure shall be governed by G.S. 122C-57 and G.S.90, Articles 1, 4A and 9A.

XIII. Medication Training

Summit offers Medication Administration Training to all staff and contractees upon hire or contract initiation. Subsequent training will be offered on an as needed basis. The training as referenced in NCGS122-C Rules for Mental Health Developmental Disabilities and Substance Abuse Faculties and Services, Section .0100, Subsection 10NCAC 14 V.0202 #4. Employees who must successfully complete the training are

- a) Any staff working direct care
- b) Any AFL/Respite contractees
- c) Any QP providing supervision to direct care staff
- d) Any other direct care personnel who need to administer medication.

End of Policy

Attachment STEP-10

STEP-25

Summit Support Services of Ashe, Inc.

Board of Directors Meeting Minutes 10-22-2021



minutes


2. CPR needs a hands-on component - standard violation
3. Complaint: Andrea's baby at the group home - ruling was that the only people at the group home can be clients and staff or visitors of the clients.
4. Complaint: outbreak of foot fungus - unsubstantiated
5. Complaint: [redacted] was not allowed to grieve his brother's passing - unsubstantiated

B. Lighthouse

1. Medications: numerous errors, there was a OER done but the MAR was signed, and there were no orders for three medications of [redacted] which together constitutes a Type B violation (more than a standard violation but not a danger to clients)
2. During the survey they noted that [redacted] was allowed to walk back and forth without appropriate documentation.
3. CPR was not hands on - standard violation
4. Fire Drills and Disaster Practice were not documented correctly so they could not tell if we were complying.
5. Complaint: [redacted] room smelling of urine - unsubstantiated.
6. Complaint: [redacted] behavior toward SS - unsubstantiated but no citation or correction needed.

C. STEP

1. CPR needs a hands-on component - standard violation



Attachment STEP-10

STEP-26

- I. Board members present: Beth Sorrell, Debbie Patterson, Allison Farrington, Denise Lawless, Robbie Franklin
Also present: Shari Rognstad, Diane Wait
- II. Minutes from 9-14-2021: Debbie motioned to accept; Denise seconded. Approved.
- III. Report from Shari
 - a. New Covid case, issue of staff exposure and how to deal with vaccinated vs. non-vaccinated staff: Shari and Diane explained that we are treating vaccinated and unvaccinated staff the same in terms of quarantine requirements. The Board agreed. Board members noted that we have successfully handled Covid cases at the group homes without it spreading to others.
 - b. DHSR visit – Shari reported on the concerns below cited in the DHSR survey and that Plans of Correction/Protection are underway. Complaints addressed in the DHSR survey were all unsubstantiated, except one, the result is group home staff cannot have visitors at the group homes. Only staff, clients and clients' visitors can be present at the group homes. Board members expressed concern about the frequency of medication documentation errors and the importance of training and re-training staff to document medication administration accurately.
 - A. Ark
 1. Numerous reporting errors which constitute a Type B violation (more than a standard violation but not a danger to clients)
 2. CPR needs a hands-on component – standard violation
 3. Complaint: Andrea's baby at the group home – substantiated, ruling was that the only people at the group home can be clients and staff or visitors of the clients.
 4. Complaint: outbreak of foot fungus – unsubstantiated
 5. Complaint: ██████ was not allowed to grieve his brother's passing - unsubstantiated
 - B. Lighthouse
 1. Medications: numerous errors, there was a GER done but the MAR was signed, and there were no orders for three medications of ██████ which together constitutes a Type B violation (more than a standard violation but not a danger to clients)
 2. During the survey they noted that ██████ was allowed to walk back and forth without appropriate documentation.
 3. CPR was not hands on – standard violation
 4. Fire Drills and Disaster Practice were not documented correctly so they could not tell if we were complying.
 5. Complaint: ██████ room smelling of urine – unsubstantiated.
 6. Complaint: ██████'s behavior toward ██████ – substantiated but no citation or correction needed.
 - C. STEP
 1. CPR needs a hands-on component – standard violation

Attachment STEP-10

STEP-27

2. Complaint: [REDACTED] was not being changed appropriately – unsubstantiated.
 3. Complaint: [REDACTED] was unsupervised – unsubstantiated
- c. Complaints from neighbor: Shari reported complaints by a neighbor across and up the street from the Lighthouse re: [REDACTED] being up in the woods and staring at her. She informed the Board of meeting with the neighbors and their stating they may bring civil charges. Discussed the strategies being implemented to re-direct [REDACTED] and keep him occupied. The Board agreed he has the right to be outside and recommended we put string up at the property line to help him understand the boundary.
 - d. Comments from Meagan (not discussed)
 - e. Approval of sabbatical: Shari clarified the application deadline is at end of October, decision is made in February and if selected she would project taking a sabbatical in July, August, September 2022. The Board approved unanimously.

IV. Finance Committee Report

- a. Bonus: A bonus for all employees tabled until Budget Report available at next meeting.
Denise proposed a \$200 bonus for all employees who are fully vaccinated (One J&J shot or two Moderna or Pfizer shots) as an appreciation for those contributing to getting the pandemic under control and an incentive for those still unvaccinated. Denise motioned to approve; Debbie seconded. All agreed.
- b. Incentive for QI goals: Proposal: Offer an incentive (\$300) to each employee for meeting a specific QI goal. Tabled. After much discussion the Board opted to hold off on QI incentives and asked for Shari and Diane to work on a more specific plan for incentives addressing QI goals.
 - A. Group home managers: Centering around medication errors
 - B. AFLs: Using the Health tracking component of EHR
 - C. STEP and Community: Entering billable notes within 24 hours

- V. **Policy review:** Medication Administration and Supervision policy changes were reviewed. Allison motioned to approve both policies and inactivate policy 005.086. Beth seconded. All agreed.
 - a. 003.005 Medication Administration
 - A. 30 / 60 days? Board approved to continue 60 days in policy.
 - b. 007.000 Supervision
 - c. 005.086 Children at the group home – make inactive
 - d. Policy on vaccines? Beth commented that if we are not requiring vaccination that we do not need a policy. All agreed.

- VI. **Next meetings** are November 18th, January 18th, February 15th, March 15th, April 19th, May 17th and June 28th.

Respectfully submitted by:
Diane Wain MOP 10-25-21

SUMMIT SUPPORT SERVICES OF ASHE, INC.

Fax Transmittal Form

NAME: DHSR surveyor

FROM: Shari Rogustaef

Organization Name/Dept: ~~Summit~~ DHSR Monitoring

Fax number: 919-715-8078

Phone: 336-846-4491
Phone: 336-846-2741
Fax: 336-846-4927

Urgent
For Review
Please Comment
Please Reply

Date sent: 11/4/2
Time sent: 4:45pm

Number of pages including cover page: 2

Comments:

This page was left out of the POC sent

about 30 mins ago. MHL 005-018
Intake # NC 00179061

Please insert as page 1-A behind page 1.

Thank you, Shari Rogustaef

The information contained in this facsimile message is client privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the below address via the U. S. Postal Service. Thank you.

Summit Support Services of Ashe is dedicated to providing a comprehensive range of opportunities and resources that encourages the intellectual, social, emotional, vocational, physical and spiritual growth necessary for each individual to reach his or her fullest potential as citizens of the community.

Summit Support Services
of Ashe, Inc.

PO Box 381
Jefferson, NC 28640

Phone: 336-846-4491
Phone: 336-846-2741
Fax: 336-846-4927

STEP 1-A

PRINTED: 10/26/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL005-018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/06/2021
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NAME OF PROVIDER OR SUPPLIER
STEP (SUMMIT TRAINING AND EDUCATION PROGRAM)

STREET ADDRESS, CITY, STATE, ZIP CODE
**406 COURT STREET
JEFFERSON, NC 28640**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 108	Continued From page 1 and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that staff members were trained in cardiopulmonary resuscitation (CPR) and first aid affecting 3 of 3 audited staff (Staff #1, Staff #2, Staff #3). The findings are: Review on 9/17/21 of Staff #1's personnel record revealed: -hire date of 6/7/18; -CPR/First Aid certification dated 5/22/20. Review on 9/15/21 of Staff #2's personnel record revealed: -hire date of 3/5/07; -CPR/First Aid certification dated 4/1/21. Review on 9/17/21 of the Qualified Professional's (QP) personnel record revealed: -hire date of 7/29/19; -CPR/First Aid certification dated 9/25/20. Interview on 9/21/21 with the QP revealed: -the CPR/First Aid certification was an online only course; -due to the COVID-19 pandemic and restrictions, they did not have a hands-on component to test skills. Review of email on 9/22/21 from the QP revealed: -due to Covid-19 any CPR/First Aid training in	V 108		