

## Appendix 1-B: Plan of Correction Form

Plan of Correction			
<b>Please complete <u>all</u> requested information and mail completed Plan of Correction form to:</b> DHSR Construction Section 2705 Mail Service Center Raleigh, NC 27699-2705		<b>In lieu of mailing the form, you may e-mail the completed electronic form to:</b> DHSR.Construction.Admin@dhhs.nc.gov	
<b>Provider Name:</b>	<b>A Caring Heart Case Management</b>		<b>Phone:</b> 252-206-1266
<b>Provider Contact Person for follow-up:</b>	<b>Sandy Harris Program Director, Wilson</b>		<b>Fax:</b> 252-206-1268
<b>Address:</b>	<b>AUNT MAX'S RESPITE CARE 516 LEE STREET WILSON, NC 27893</b>		<b>Email:</b> sharris@acaringheartinc.com
<b>Address:</b>	<b>Provider # 3419141 MHL098-208</b>		
Finding	Corrective Action Steps	Responsible Party	Time Line
INITIAL COMMENTS An annual and complaint survey was completed on 9/30/21. The complaint was substantiated (intake #NC00180126) Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups.  V 105 27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES  The facility failed to implement written policies for access to services, screening and intake.	<ol style="list-style-type: none"> <li>1. Quality Assurance Specialist reviewed and discussed ACH policies, "Access to Services, Screening &amp; Intake," to determine whether denials for referrals ineligible for admission are required by state guidelines to be submitted in writing.</li> <li>2. Quality Assurance Specialist debriefed with Operations Director regarding updating current ACH policy, "Access to Services, Screening &amp; Intake," this revision will be completed prior to 11/29/2021. Upon revision of this policy, ACHCM will no longer be responsible for providing ineligibility for admission to services in writing.</li> <li>3. Quality Assurance Specialist examined ACH Assessment for Community Respite form. This assessment has a portion that concludes if a consumer is ineligible for respite services at the facility. Operations Director, QA Department &amp; Program Director discussed the importance and requirement to complete this assessment in person, (whether or not the consumer can be present, however the LG would need to complete this assessment &amp; review with PD and/or QP prior to admission.)</li> <li>4. PD and/or QP would provide the LG with a copy of the Assessment confirming eligibility or ineligibility for admission. In addition, the PD and/or QP would provide the LG with a list of referral sources, in the event the consumer is ineligible for admission.</li> </ol>	Operations Director Program Director Quality Assurance Specialist Qualified Professional Respite Home Staff	Implementation Date: 10/22/2021  Projected Completion Date: 11/29/2021

<p>7G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration</p> <p>Based on record reviews and interviews, the facility failed to document administered medications on the written order of a physician and failed to keep the MARs current affecting one of three Former Clients.</p>	<ol style="list-style-type: none"> <li>1. Program Director ensures any prescribed medications to be administered have the correct and current coordinating prescription order from the prescribing physician/medical professional.</li> <li>2. QA Specialist confirmed with the Director of Nursing that she would complete an, in person, Medication Administration training with all Respite Staff, including the 6 participant rights (person, medication, dose, route, documentation, time.) This training will be completed prior to 11/29/2021.</li> <li>3. Qualified Professional will complete 1:1 supervision with all Respite Staff that references Medication Requirements; including how to document correctly and within the policy window, adhering to state guidelines.</li> <li>4. Respite Staff will review Weekday and/or Weekend Shift Change Forms during shift transition, therefore MAR documentation can be verified at the beginning and end of each shift.</li> </ol>	<p>Director of Nursing Operations Director Program Director Quality Assurance Specialist Qualified Professional Respite Home Staff</p>	<p>Implementation Date: 10/22/2021</p> <hr/> <p>Projected Completion Date: 11/29/2021</p>
<p>27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>-Kitchen drawer missing 1 knob. -Kitchen ceiling light blowed. -Heavy dust on vent in living room</p>	<ol style="list-style-type: none"> <li>1. Quality Assurance Specialist accessed DUDE, which indicates specific work orders assigned to local contractors for ensuring facilities are maintained in a safe, clean, attractive and orderly manner.</li> <li>2. Quality Assurance Specialist confirmed with the Office Manager that the following repairs are being worked on as of 10/21/2021; kitchen drawer knob, kitchen ceiling light and deep cleaning on the vent located in the living room.</li> <li>3. Quality Assurance Specialist confirmed with the Director of Special Projects that her Semi-Annual Facility Inspection for this facility will be completed on November 2<sup>nd</sup>, 2021.</li> <li>4. Director of Special Projects will inspect and confirm that all repairs listed in this deficiency are complete.</li> <li>5. Program Director, Qualified Professional and Respite Staff will review shift responsibilities, including ensuring the facility is clean and orderly upon shift change.</li> <li>6. Respite Staff will complete assigned duties prior to end of each shift and document in the communication log.</li> </ol>	<p>Operations Director Program Director Director of Special Projects Quality Assurance Specialist Qualified Professional Office Manager Respite Home Staff</p>	<p>Implementation Date: 10/21/2021</p> <hr/> <p>Projected Completion Date: 11/29/2021</p>