

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-195</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R 09/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETTER CONNECTIONS MIDLAND CT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3309 MIDLAND COURT GREENVILLE, NC 27833</b>		
(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 000	INITIAL COMMENTS  An annual and follow up survey was completed on September 2, 2021. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.	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 and communicable diseases of personnel and	V 108		

DHSR - Mental Health

SEP 27 2021

Lic. & Cert. Section

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

9-23-21

(X6) DATE

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V 108	<p>Continued From page 1 clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 audited staff (#2) received diabetic training to meet the needs of a client. The findings are:</p> <p>Review on 8/24/21, 9/01/21 and 9/02/21 of client #1's record revealed: - 42 year-old male admitted 1/01/20. - Diagnoses included: Type 1 Diabetes Mellitus with Hyperglycemia, Intellectual/Developmental Disability, moderate, Paranoid Schizophrenia, Chronic Kidney Disease, stage 3, Essential Hypertension, Hyperlipidemia, and Myalgia. - Physician's orders signed 6/15/21 for Humalog 100 units/milliliters (u/ml) Kwikpen (treats diabetes) by sliding scale at mealtime if blood sugar is under 90 inject 0 units, 90-150 inject 6 units, 151 - 200 inject 7 units, over 200 inject 8 units; Lantus (treats diabetes) 100u/ml inject 34 units in each morning regardless of breakfast intake unless blood sugar is lower than 70; Januvia 50 milligrams (mg) 1 tablet daily; Metformin (treats diabetes) 1000 mg 1 tablet twice daily with meals; check blood sugar four times daily, before meals and bedtime; signed 8/03/21 for Humulin N 100 units/ml Kwikpen (treats diabetes) inject 5 units subcutaneously at supertime.</p> <p>Review on 8/24/21 of staff #2's personnel record revealed: - Title of Direct Care Professional.</p>	V 108		

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V 108	Continued From page 2  - Hire date of 5/24/19. - No documentation of training in diabetes management or diabetes care.  During interview on 8/24/21 staff #2 stated: - She only worked on weekends if the AFL Provider needed to be away from the facility. - As a direct care staff she administered medications, assisted client #1 to check his blood sugar and assisted him to administer his insulin. - She was supposed to have diabetes training. - She could not remember if she had completed diabetes training. - She had not worked at the facility in approximately 2 months.  This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 108	<b>V108</b> Staff #2 that work with Client #1 has been trained on diabetes management/insulin administration. Prior to any staff working with persons with diabetes, they will receive training on diabetes management/insulin administration (Human Resource Director, Staff Development Coordinator, Residential Director and Qualified Professional). See attached signature page for training.	9-14-21
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least	V 112		

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V 112	<p>Continued From page 3</p> <p>annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement goals and strategies based on assessment for 1 of 2 clients (#1). The findings are:</p> <p>Review on 8/24/21 and 9/01/21 of client #1's record revealed: - 42 year-old male admitted 1/01/20. - Diagnoses included: Type 1 Diabetes Mellitus with Hyperglycemia, Intellectual/Developmental Disability, moderate, Paranoid Schizophrenia, Chronic Kidney Disease, stage 3, Essential Hypertension, Hyperlipidemia, and Myalgia. - "Risk/Support Needs Assessment" dated 12/08/20 included that client #1 could be easily victimized; "would let anyone into his home;" engaged in "risky behaviors" such as leaving his home in the middle of the night to go to the store to beg for cigarettes; wearing all black at night so that he could not be seen by traffic; history of delusions, paranoia, self-injurious behaviors, and suicidal ideation; "requires close supervision due</p>	V 112	<p><b>V112</b> Residential Tx. Plan will be revised to address health and safety need of Client #1. Going forth, QP will develop goals and strategies to specifically address the individual health and safety needs of individual.</p>	9-25-21



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V 112	Continued From page 4  to risk of wandering away." - "Case Note Entered By [Qualified Professional (QP)] on 08/31/2021 03:13 PM . . . Service Date 06/30/2021 . . . " included "Team meeting was held to discuss . . . [client #1's] placement, having unsupervised time, and eating schedule. The team agreed that [client #1] could have up to 2 hours of unsupervised time. Prior to leaving for his unsupervised time, [client #1] agreed to check his glucose levels, take a snack and a bottle of water, and provide staff with his plans. [Client #1] will also receive a food card to use to start learning how to manage his funds on a monthly basis. The team will meet in a couple of months to assess [client #1's] progress." - "Intake/Output" record 6/02/21 8:00 am - 8/31/21 12:30 pm included documentation of 133 meal refusals. - Physician's orders signed 6/15/21 and 3/18/20 for Humalog 100 units/milliliters (u/ml) Kwikpen (treats diabetes) by sliding scale at mealtime if blood sugar is under 90 inject 0 units, 90-150 inject 6 units, 151 - 200 inject 7 units, over 200 inject 8 units; signed 6/15/21 for Lantus (treats diabetes) 100u/ml inject 34 units in each morning regardless of breakfast intake unless blood sugar is lower than 70; Januvia 50 milligrams (mg) 1 tablet daily; Metformin (treats diabetes) 1000 mg 1 tablet twice daily with meals; check blood sugar four times daily, before meals and bedtime; signed 8/03/21 for Humulin N 100 units/ml Kwikpen (treats diabetes) inject 5 units subcutaneously at supertime. - "Admin (Administration) History for [client #1] - Humalog 100 units/milliliter (ml) Kwikpen" 8/12/21 7:00 pm - 8/31/21 12:36 pm included documentation of 43 refusals of Humalog 100 units/ml. - Medication Administration Records (MARs) June 2021 - August, 2021 included	V 112		

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V 112	<p>Continued From page 5</p> <p>documentation of 121 blood sugar check refusals; documentation of blood sugar levels ranging from 54 at 6:00 pm 8/12/21 to too high for the glucometer instrument to register at 7:00 am 8/23/21, 7/12/21, and 7/19/21; documentation of 153 refusals of Humalog 100 units/ml.</p> <p>- "Consultation Form" dated 3/04/21 with signed Physician's order " . . . take Lantus even if he (client #1) does not eat breakfast;" the "Consultation Form" was also signed by the Direct Care Professional, the Residential Director, and the QP.</p> <p>- "SCS (Special Consultative Services) Nutritionist 01/1/21 - 12/31/21 (ISP Program)" included " . . . Goal/Service Individual will receive specialized consultative services in order to have a comprehensive nutritional assessment plan development, training and monitoring/revising throughout the plan year to promote compliance with a healthier diet."</p> <p>- "Residential Supports . . . 1/1/21-12/31/21 (ISP [Individual Support Plan] Program) . . . Start Date 1/01/2021 . . . "</p> <p>- No goal or strategies to address management of client #1's Type 1 Diabetes Mellitus with Hyperglycemia or his refusal to comply with blood sugar checks, and medication regimen.</p> <p>- No goal or strategies for unsupervised time, overnight eating, leaving his home during the night, or the appropriate use of his food card. - No strategies to address SCS Nutritionist's recommendations or dietary considerations for Type 1 Diabetes Mellitus with Hyperglycemia.</p> <p>During interview on 8/26/21 client #1's Department of Social Services (DSS) Guardian Representative stated:</p> <p>- She attended the 6/30/21 treatment team meeting via telephone for approximately one hour.</p>	V 112		

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V 112	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- The team's approval for client #1 to have unsupervised time was an attempt to afford him some "autonomy."</li> <li>- She agreed to client #1's unsupervised time despite his history of non-compliance with his diabetes treatment regimen and history of risky behaviors.</li> <li>- She believed that client #1 did not comprehend his need for supervision because he had lived independently and had been married prior to his current AFL placement.</li> <li>- The team was "trying to meet him in the middle."</li> <li>- She was concerned for client #1's safety because "if he refuses his blood sugar checks or medications there could be a terrible outcome."</li> <li>- She acknowledged that the team "can't stop his behavior."</li> <li>- She was aware client #1 stayed up at night and ate and had asked the Alternative Family Living (AFL) staff to leave healthy snacks out and available for client #1.</li> <li>- "He is difficult to manage. He thinks he knows more than we do. He wants his independence and is resistive to treatment. He will say the devil made him do things."</li> <li>- She had not spoken with client #1 recently.</li> </ul> <p>During interview on 8/24/21 staff #1 stated client #1 had "down time" (unsupervised time) but he did not know how much.</p> <p>During interview on 8/24/21 staff #2 stated: - Client #1 had 2 hours of unsupervised time. - She only worked on weekends when the AFL Provider needed to be away from the facility. - She had not worked at the facility in about 2 months.</p> <p>During interview on 8/24/21 the AFL Provider stated:</p>	V 112		

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V 112	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- Client #1 had 2 hours of unsupervised time in the community and home each day; the unsupervised time was not included in client #1's treatment plan.</li> <li>- The treatment team discussed unsupervised time for client #1 "about a month ago." - Client #1's Care Coordinator completed the assessment for unsupervised time, but there was not a copy of the assessment in client #1's record.</li> <li>- Client #1 had unsupervised time for "no more than a month."</li> <li>- The team's agreement for client #1 to have unsupervised time was "more of a verbal type thing."</li> <li>- The team agreed that they wanted client #1 to "be more independent because he's so high functioning."</li> <li>- Client #1 often refused to have his blood sugar checked and to take his insulin as ordered. - Client #1 did not refuse his Lantus.</li> <li>- Client #1 had high blood sugar all his life and felt "funny" if his blood sugar was low.</li> <li>- Client #1 slept during the day and stayed up during the night.</li> <li>- The QP was responsible for writing the residential goals, the Care Coordinator finalized and approved the goals, and residential staff executed the goals.</li> <li>- Staff #1 and staff #2 only worked on the weekends if he needed to be away from the facility.</li> </ul> <p>During interview on 8/25/21 the Residential Director stated client #1 was "very high functioning" and "got his down time sometime in the last three months or so."</p> <p>During interview on 8/25/21 the QP stated:</p> <ul style="list-style-type: none"> <li>- She began providing QP services at the facility a</li> </ul>	V 112		

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V 112	Continued From page 8  couple of months ago. - Treatment plans for the individuals at the facility were already in place when she assumed the QP responsibilities. - Client #1's team developed short range goals for each service the client received. - The QP "formulated the plan from long range goals and team's input;" short term goals were based on long range goals. - Other responsibilities of the QP included ensuring coordination of care and making sure staff carried out recommendations made by the clients' Physicians. - Client #1 "demanded" unsupervised time, so his team agreed for him to have up to 2 hours per day. - Client #1 "had a system to follow to make sure he's safe." - Client #1's "system" included checking client #1's blood sugar, keeping his glucometer with him, taking a bottle of water and a snack with him and letting staff know where he was going. - Client #1 also agreed to let the AFL staff know when he got up in the night and when he ate; - "He was supposed to take Humalog when he ate something and not cook in the middle of the night. But he hasn't followed through with any of that." - Client #1 had 3 scheduled meals each day. - "In [client #1's] mind he eats one meal a day, but he eats one meal during the day because he hasn't been eating breakfast or lunch; he gets up in middle of night and eats and is not taking anything (insulin as ordered) for that." - "We've been working on that. We want a third shift person that could stay up and manage [client #1] through the night." - "[Client #1] has had friends come over to bring him money - it happened last week, at midnight; [AFL staff] happened to get up and heard a	V 112		



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V 112	Continued From page 9  commotion; if he hadn't gotten up, he would never have known." - A person, whom client #1 identified as a friend, came to the facility to give client #1 some money; client #1 went outside and got into his friend's car. - Client #1's friend didn't enter the facility; the AFL staff went out to the car, client #1 was given money by the friend and came back into the facility without incident. - Client #1 had been "refusing medications for a very, very long time; I'm not sure an extra staff will be an improvement on that but it's worth a try." - Client #1 "takes his glucometer everywhere he goes, including into the community and to the day program so his blood sugar should be checked and medications administered accordingly." - The frequency of client #1's nutritional therapy increased from once a month to twice a month. - "It's worth the effort; he's been meeting with her (the Nutritionist) for at least all of this year (2021) and he hasn't done a single thing she has suggested." - "He doesn't want to feel like he's being micro-managed or treated like a child; he had life experiences; he was married and had at least 1 child; he is struggling a lot with the changes in his life; he's not calling the Care Coordinator as often as he once was so that's good." - Client #1 wanted to be more independent. - Client #1's unsupervised time started 6/30/21. - "We were trying to put structure to what he was already doing; he would walk to the store; he was banned from the [a chain discount store] due to a previous incident that occurred there." - No revisions were made to short range goals as a result of the 6/30/21 team meeting - She was not sure if the Care Coordinator made any revisions to the long range goals. - Residential plans were updated if there was a	V 112		

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V 112	Continued From page 10  significant change in the client's life.  During interview on 9/02/21 the Clinical Director stated: - Client #1 was once married and had a child and had difficulty adjusting to the changes in his life. - When team meetings were held, the team focused on honoring client #1's rights. - Client #1 would verbalize that it was his choice to eat one meal per day. - She understood and agreed that it was incumbent on the Licensee to ensure client #1's safety. - Negative consequences of client #1's continued refusals of insulin and extremely high blood sugar readings were discussed with him. - "We've talked with him about all this." - She agreed that there were no goals or strategies to address management of client #1's Type 1 Diabetes Mellitus with Hyperglycemia; his refusal to comply with blood sugar checks and medication regimen, unsupervised time, overnight eating, leaving his home during the night, and the appropriate use of his food card; she also agreed there were no strategies to address nutritional counseling or dietary considerations for Type 1 Diabetes Mellitus with Hyperglycemia included in his treatment/habilitation plan.  This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (v289) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118	<b>V118</b> Medications will be entered into electronic MAR upon receipt of medication(s) in the home by Residential Directors. Provide retraining on Electronic MAR to Residential Directors on adding and removing discontinued medication, reviewing medication orders against MAR to ensure match, reviewing medication administration to ensure medications are being administered as ordered.  Staff to receive medication administration training.  Protocol in place to contact Endocrinologist. See attached.	9-25-21

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V 118	<p>Continued From page 11</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to ensure medications were administered as ordered by a physician for 1 of 2 clients (#1). The findings are:</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER  <b>BETTER CONNECTIONS MIDLAND CT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3309 MIDLAND COURT</b> <b>GREENVILLE, NC 27833</b>		
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V 118	<p>Continued From page 12</p> <p>Review on 8/24/21, 9/01/21 and 9/02/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 42 year-old male admitted 1/01/20.</li> <li>- Diagnoses included: Type 1 Diabetes Mellitus with Hyperglycemia, Intellectual/Developmental Disability, moderate, Paranoid Schizophrenia, Chronic Kidney Disease, stage 3, Essential Hypertension, Hyperlipidemia, and Myalgia. - Physician's orders signed 6/15/21 and 3/18/20 for Humalog 100 units/milliliters (u/ml) Kwikpen (treats diabetes) by sliding scale at mealtime if blood sugar is under 90 inject 0 units, 90-150 inject 6 units, 151 - 200 inject 7 units, over 200 inject 8 units; Lantus (treats diabetes) 100u/ml inject 34 units in each morning regardless of breakfast intake unless blood sugar is lower than 70; Januvia 50 milligrams (mg) 1 tablet daily; Metformin (treats diabetes) 1000 mg 1 tablet twice daily with meals; check blood sugar four times daily, before meals and bedtime; signed 8/03/21 for Humulin N 100 units/ml Kwikpen (treats diabetes) inject 5 units subcutaneously at supertime.</li> <li>- "Consultation Form" dated 8/03/21 with signed Physician's order to "Decrease Lantus (treats diabetes) to 25 units in AM . . . "</li> </ul> <p>Review on 8/24/21 of client #1's August 2021 MAR revealed:</p> <ul style="list-style-type: none"> <li>- Transcription for Humalog 100 units/ml Kwikpen according to sliding scale with documentation of medication administration beginning 8/12/21 7:00 pm.</li> <li>- No documentation Humalog 100 units/ml Kwikpen was administered 8/11/21 - 8/12/21, with no documented explanation for the omissions. - Transcription for blood sugar checks 4 times daily with documented blood sugar levels of 314 7:00 am 8/11/21, 379 7:00 am 8/12/21, and 187 8:00 pm 8/12/21.</li> </ul>	V 118		

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STREET ADDRESS, CITY, STATE, ZIP CODE

**BETTER CONNECTIONS MIDLAND CT**

**3309 MIDLAND COURT**

**GREENVILLE, NC 27833**

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V 118	<p>Continued From page 13</p> <ul style="list-style-type: none"> <li>- Transcription for Humulin N 100 units/ml Kwikpen according to sliding scale with documentation of medication administration beginning 8/13/21 7:00 pm.</li> <li>- No documentation Humulin N 100 units/ml Kwikpen was administered 8/03/21 - 8/08/21 or 8/10/21 - 8/12/21, with no documented explanation for the omissions.</li> <li>- Documentation of client #1's refusal of the Humulin N Kwikpen at 5:00 pm 8/09/21.</li> <li>- Transcription for Lantus 100 units/ml inject 34 units in the morning; take daily each morning regardless of breakfast intake unless glucose is less than 70; no documentation of blood glucose levels less than 70; the AFL provider's initials that 34 units Lantus were injected daily 8/4/21 - 8/20/21 and 8/23/21 - 8/24/21.</li> <li>- No transcription for Lantus 100 units/ml inject 25 units in the morning.</li> </ul> <p>Observation on 8/24/21 at approximately 11:00 am of client #1's medications on hand revealed: - Lantus 100 units/ml inject 34 units in the morning; "... take Lantus daily each morning regardless of breakfast intake" unless blood sugar level is less than 70, dispensed by the pharmacy 7/23/21.</p> <ul style="list-style-type: none"> <li>- No Lantus 100 units/ml inject 25 units in the morning.</li> </ul> <p>During interview on 8/24/21 client #1 stated:</p> <ul style="list-style-type: none"> <li>- He took his medications "just about" every day with staff assistance.</li> <li>- He went to the doctor the week prior to the survey.</li> <li>- Emergency Medical Services came to the facility once in the past because he "passed out because of my diabetes" but he chose not to go to the hospital.</li> </ul>	V 118		



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V 118	<p>Continued From page 14</p> <p>During interview on 8/24/21 the Alternative Family Living (AFL) Provider stated:</p> <ul style="list-style-type: none"> <li>- There was "some kind of discrepancy" with client #1's insurance when the Humulin N Kwikpen was ordered.</li> <li>- The Humulin N Kwikpen was not delivered to the facility until 8/10/21 or 8/11/21.</li> <li>- The pharmacy was supposed to take the Humulin N Kwikpen off the MAR since it was not available but mistakenly removed Humalog Kwikpen from the MAR.</li> <li>- It was not protocol to contact a medical provider when client #1's blood sugar was high; the pharmacist saw the blood sugar levels on the electronic MAR.</li> <li>- There was no order to seek medical attention for client #1 when his blood sugar level was high. - The first time client #1's blood sugar was too high to be registered by the glucometer, he called the Registered Nurse who told him to just administer client #1's insulin as ordered.</li> <li>- He was told to make sure client #1 had plenty of water available.</li> <li>- Client #1's blood sugar "did not stay high, it was high mainly in the mornings because [client #1] liked to stay up at night" and would eat during the night.</li> <li>- Client #1 told him he (client #1) had high blood sugar all his life and he felt "funny" if his blood sugar was low.</li> </ul> <p>During interview on 8/25/21 the Residential Director stated:</p> <ul style="list-style-type: none"> <li>- Some of his responsibilities included reviewing medications, making sure staff "sign off" on medications and following up on Physicians' Consultation forms.</li> <li>- If client #1 refused medications more than two consecutive days he called the nurse and asked for advice.</li> </ul>	V 118		

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V 118	<p>Continued From page 15</p> <ul style="list-style-type: none"> <li>- "I just want to make sure he's safe. I talk to him about staying safe."</li> <li>- "He (client #1) is adamant about getting out of the system. . . we can't force him to do anything . . . he sabotages things; he knows what's going on; he eats so much at night that his blood sugar readings are so different."</li> <li>- He advised the AFL staff to set an alarm for every 3 hours to check on client #1 overnight. - Client #1's unsupervised time was not at night.</li> <li>- He could not force client #1 to comply with medications or blood sugar checks.</li> </ul> <p>During interview on 8/25/21 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- Her responsibilities included ensuring coordination of care and making sure staff carried out recommendations made by the Physicians. - Client #1's team met to discuss his eating in middle of night; client #1 agreed to let the AFL staff know when he got up and when he ate; ". . . he was supposed to take Humalog when he ate something and not cook in the middle of the night."</li> <li>- Client #1 has 3 scheduled meals ". . . in [client #1's] mind he eats 1 meal a day, but he eats 1 meal during the day because he hasn't been eating breakfast or lunch; he gets up in middle of night and eats and is not taking anything for that." - She wanted a 3rd shift awake staff to "manage" client #1 during the night.</li> <li>- Client #1 had been refusing medications for "a very, very long time" and she was not sure an extra staff would be effective.</li> <li>- Client #1 "takes his glucometer everywhere he goes, including into the community and to the day program so his blood sugar should be checked, and medications administered accordingly."</li> </ul> <p>Due to the failure to accurately document</p>	V 118		

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V 118	Continued From page 16  medication administration it could not be determined if the client received his medications as ordered by the physician.  This deficiency has been cited 3 times since the original cite on March 28, 2018.  This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 118		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;	V 289		

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V 289	<p>Continued From page 17</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E),(f),(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and</p>	V 289		

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V 289	<p>Continued From page 18</p> <p>interviews, the facility failed to ensure care and habilitation designed to meet the needs of the individuals served affecting 1 of 2 clients (#1). The findings are:</p> <p>Cross reference 10A NCAC 27G .0202 Personnel Requirements (tag v108). Based on record review and interview the facility failed to ensure 1 of 3 staff (#2) received diabetic training to meet the needs of a client.</p> <p>Cross reference 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (tag v112). Based on record reviews and interviews the facility failed to develop and implement goals and strategies based on assessment for 1 of 2 clients (#1).</p> <p>Cross reference 10A NCAC 27G .0209 Medication Requirements (tag v118). Based on record reviews and interviews the facility failed to ensure medications were administered as ordered by a physician for 1 of 2 clients (#1).</p> <p>Cross Reference 10A NCAC 27G .5603 Operations (tag v291). Based on record reviews and interviews the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment affecting 1 of 2 clients (#1). During interview on 8/24/21 the Alternative Family Living (AFL) Provider stated:</p> <ul style="list-style-type: none"> <li>- He lived at the facility.</li> <li>- Staff #1 and staff #2 worked on the weekends if he needed to be away from the facility.</li> <li>- He worked with client #1 during the week.</li> <li>- The Licensee paid the rent for the facility.</li> <li>- The facility was one of several properties the Licensee rented.</li> </ul>	V 289	<p><b>V289</b> Staff #2 that work with Client #1 has been trained on diabetes management/insulin administration. Prior to any staff working with persons with diabetes, they will receive training on diabetes management/insulin administration (Human Resource Director, Staff Development Coordinator, Residential Director and Qualified Professional). See attached signature page for training.</p> <p>Residential Tx. Plan will be revised to address health and safety need of Client #1. Going forth, QP will develop goals and strategies to specifically address the individual health and safety needs of individual.</p> <p>Medications will be entered into electronic MAR upon receipt of medication(s) in the home by Residential Directors. Provide retraining on Electronic MAR to Residential Directors on adding and removing discontinued medication, reviewing medication orders against MAR to ensure match, reviewing medication administration to ensure medications are being administered as ordered. Staff to receive medication administration training. Protocol in place to contact Endocrinologist. See attached. QPs will complete Physician Consultation form to thoroughly describe what is going on with individual prior to appointment with Endocrinologist. Diabetic readings will be attached to consultation form. QP will complete collaborative notes in reference to appointments and team meetings related to persons health and safety</p>	



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V 289	<p>Continued From page 19</p> <p>During interview on 8/25/21 the Residential Director stated the Licensee paid the rent for the facility.</p> <p>During interview on 9/01/21 the Chief Financial Officer stated:</p> <ul style="list-style-type: none"> <li>- The AFL Provider lived at the facility.</li> <li>- Other paid staff worked only when the AFL staff needed to be away.</li> <li>- The manner in which the facility was operated had not changed.</li> <li>- The way the facility was operated had never been cited as a deficiency before.</li> <li>- The facility was one of several properties the Licensee rented.</li> <li>- The facility met the definition of Supervised Living for Alternative Family Living.</li> </ul> <p>Review on 8/31/21 of the Plan of Protection dated 8/31/21 completed by the Quality Assurance/Chief Executive Officer, the Chief Financial Officer, and the Clinical Director revealed:</p> <ul style="list-style-type: none"> <li>- "What immediate action will the facility take to ensure the safety of the consumers in your care? There will always be a staff available that has the appropriate training for the person (diabetes training). Ensure short range goals (specialized consultation goal provided) reflect his issues related to diabetes (diet, management of diabetes, blood sugar trends, etc.). His current setting is a licensed AFL with sleep staff, the team will discuss a more appropriate placement for 24-hour supervision. Periodic bed checks nightly and document times he checks in Therap. If he does refuse medication, ensure documentation is noted on the MAR and continue to notify doctor of medication refusal."</li> <li>- "Describe your plans to make sure the above</li> </ul>	V 289		

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V 289	<p>Continued From page 20</p> <p>happens. QP will review documentation daily in Therap for periodic bed checks at night, when refusal of medication is noted, ensure MARS are documented daily. Collaboration notes to be completed as incidents occur. Ongoing meetings to discuss progress or lack of progress for his safety/care."</p> <p>Client #1 had diagnoses which included Paranoid Schizophrenia, Moderate Intellectual/Developmental Disability, Type 1 Diabetes Mellitus with Hyperglycemia, Stage 3 Chronic Kidney Disease, and Essential Hypertension. Client #1 had a known long-term history of medication non-compliance, non-compliance with physician's recommendations, and a history of risky behaviors such as leaving the facility in the middle of the night to walk to a store. He also refused to comply with dietary recommendations from his nutritionist, frequently eating only one meal per day and staying up at night and eating without consideration of his diabetes. Staff at the facility were asleep overnight. Client #1's blood glucose level was ordered to be checked four times daily and insulin administered according to a sliding scale. Client #1 refused to have his blood glucose level checked 121 times between June 2021 and August 2021. His blood glucose readings ranged from a low of 54 to so high the glucometer was unable to record a reading. June 15, 2021 - August 24, 2021, he refused administration of his Humalog and Humulin 135 times; he refused administration of his Lantus 13 times, his Metformin 15 times, and his Januvia 10 times. Client #1 was approved by his treatment team to have 2 hours of unsupervised time in the community and home despite his known noncompliance with treatment recommendations. None of these issues were included in his</p>	V 289		

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V 289	Continued From page 21  treatment plan and there was no coordination of care with client #1's Endocrinologist regarding seeking emergency medical care or treatment when his blood glucose levels were extremely high. Staff #2 had no documented training in diabetes care. The facility's failures to ensure client #1's medical and behavioral needs were addressed in his treatment plan; administration of his medications as ordered; and staff training in diabetes care constitute serious neglect. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, and additional administrative penalty of \$500 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 289			
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least	V 291			

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NAME OF PROVIDER OR SUPPLIER  <b>BETTER CONNECTIONS MIDLAND CT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3309 MIDLAND COURT GREENVILLE, NC 27833</b>		
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V 291	<p>Continued From page 22</p> <p>annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment affecting 1 of 2 clients (#1). The findings are:</p> <p>Review on 8/24/21 and 9/01/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 42 year-old male admitted 1/01/20.</li> <li>- Diagnoses included: Type 1 Diabetes Mellitus with hyperglycemia, Intellectual/Developmental Disability, moderate, Paranoid Schizophrenia, chronic kidney disease, stage 3, essential hypertension, hyperlipidemia, and myalgia. -</li> <li>- "Intake/Output" record 6/02/21 8:00 am - 8/31/21 12:30 pm included documentation of 133 meal refusals.</li> <li>- "Admin (Administration) History for [client #1] - Humalog 100 units/ml Kwipen" 8/12/21 7:00 pm - 8/31/21 12:36 pm included documentation of 43 refusals of Humalog 100units/ml (ordered 6/15/21 to be administered by sliding scale at mealtime). -</li> <li>- "Consultation Form" dated 3/04/21 with signed Endocrinologist's order " . . . take Lantus even if</li> </ul>	V 291	<p><b>V291</b></p> <p>QPs will complete Physician Consultation form to thoroughly describe what is going on with individual prior to appointment with Endocrinologist. Diabetic readings will be attached to consultation form.</p> <p>QP will complete collaborative notes in reference to appointments and team meetings related to persons health and safety.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-195</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETTER CONNECTIONS MIDLAND CT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3309 MIDLAND COURT</b> <b>GREENVILLE, NC 27833</b>		
(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 291	<p>Continued From page 23</p> <p>he does not eat breakfast;" the - "Consultation Form" was also signed by the Direct Care Professional, Residential Director, and Qualified Professional (QP).</p> <p>- No documentation of discussion with the Endocrinologist regarding client #1's frequent refusal of diabetes medications and blood sugar level checks or clarification of when to seek medical attention for client #1 for elevated blood sugar levels.</p> <p>- Physician's orders signed 6/15/21 and 3/18/20 for Humalog 100 units/milliliters (u/ml) Kwikpen (treats diabetes) by sliding scale at mealtime if blood sugar is under 90 inject 0 units, 90-150 inject 6 units, 151 - 200 inject 7 units, over 200 inject 8 units; signed 6/15/21 for Lantus (treats diabetes) 100 u/ml inject 34 units in each morning regardless of breakfast intake unless blood sugar is lower than 70; Januvia 50 milligrams (mg) 1 tablet daily; Metformin (treats diabetes) 1000 mg 1 tablet twice daily with meals; check blood sugar four times daily, before meals and bedtime; signed 8/03/21 for Humulin N 100 units/ml Kwikpen (treats diabetes) inject 5 units subcutaneously at supertime.</p> <p>Review on 8/24/21 of client #1's Medication Administration Records (MARs) June 2021 - August 2021 revealed:</p> <p>- Documentation of 121 blood sugar check refusals.</p> <p>- Documentation of blood sugar levels ranging from 54 at 6:00 pm 8/12/21 to too high for the glucometer instrument to register at 7:00 am 8/23/21, 7/12/21, and 7/19/21.</p> <p>- Documentation of 152 refusals of Humalog.</p> <p>- Documentation of 9 refusals of Humulin N. -</p> <p>- Documentation of 15 refusals of Metformin. -</p> <p>- Documentation of 13 refusals of Lantus. -</p> <p>- Documentation of 10 refusals of Januvia.</p>	V 291		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-195</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R 09/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETTER CONNECTIONS MIDLAND CT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3309 MIDLAND COURT GREENVILLE, NC 27833</b>		
(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 291	<p>Continued From page 24</p> <p>During interview on 8/24/21 the Alternative Family Living (AFL) Provider stated:</p> <ul style="list-style-type: none"> <li>- The first time the glucometer registered an error reading because client #1's blood sugar was too high to read, he contacted the Licensee's Registered Nurse who instructed him to give client #1 insulin as ordered.</li> <li>- Neither client #1's primary care provider nor his Endocrinologist gave instructions to seek medical attention for high blood sugar levels.</li> <li>- He was told to make sure there was plenty of water available to client #1 when his blood sugar level was high.</li> <li>- Client #1's blood sugar "never stays high;" it was high in the mornings because client #1 stayed up and ate during the night.</li> <li>- Client #1 did not refuse to take his Lantus; Lantus was a long acting medication and helped to keep client #1's blood sugar level "consistent."</li> <li>- Client #1 had high blood sugar "all his life" and he "felt funny" when his blood sugar was low.</li> </ul> <p>During interview on 8/25/21 the QP stated some of her responsibilities included ensuring coordination of care and making sure staff carried out recommendations made by the Physicians.</p> <p>During interview on 9/02/21 the Clinical Director stated:</p> <ul style="list-style-type: none"> <li>- Client #1's August 3, 2021 Endocrinology appointment prompted a team meeting in August.</li> <li>- Client #1's team consisted of his Department of Social Services Guardian, Local Management Entity Care Coordinator, the QP, and the AFL staff.</li> <li>- The team discussed client #1's medical and behavioral needs.</li> </ul> <p>This deficiency is cross referenced into 10A</p>	V 291			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-195</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETTER CONNECTIONS MIDLAND CT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3309 MIDLAND COURT GREENVILLE, NC 27833</b>			
(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 291	Continued From page 25  NCAC 27G .5601 Scope (v289) for a Type A1 rule violation and must be corrected within 23 days.	V 291			
V 736	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.  This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a clean, attractive manner. The findings are:  Observation on 8/24/21 at approximately 1:20 pm of the facility revealed: - Heavy dried food splatter on the ceiling of the microwave. - The laminate surface of the kitchen counter near the sink was scuffed and faded. - Heavy dark stains to the carpet throughout the facility. - Damage consistent with water damage to the hall bathroom wall.  During interview on 8/24/21 the Alternative Family Living staff stated he and the clients worked together to keep the facility clean.  During interview on 9/01/21 the Quality Assurance/Chief Executive Officer stated the stains in the carpet had been cleaned but kept	V 736	V736 RD will complete monthly house checks to address cleanliness and need for repairs. Work orders will be completed when repairs are needed in homes.  Agency will notify landlord of needed repair – kitchen counter near sink (scuffed and faded).  Carpet will be shampooed. Contact will be made with landlord to inquire about having carpet replaced.	11-2-21	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-195</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/02/2021</b>
		B. WING: _____	

NAME OF PROVIDER OR SUPPLIER  <b>BETTER CONNECTIONS MIDLAND CT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3309 MIDLAND COURT</b> <b>GREENVILLE, NC 27833</b>
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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 736	Continued From page 26  coming back. The only way to eliminate the stains was to replace the carpet.	V 736		

Name (Orig User Email	Join Time	Leave Time	Duration (M	Guest	Recording Consent
Charletta B cbasnight@	#####	#####	148	No	Y
deborah gc dgorham@	#####	#####	140	No	Y
Glenn Simr glennsimm	#####	#####	4	Yes	
Glenn Simr glennsimm	#####	#####	117	Yes	Y
Teairra Mo teairra587(	#####	#####	1	Yes	
Teairra Mo teairra587(	#####	#####	4	Yes	
Zinia Holley zholley@d	#####	#####	2	Yes	
Robin Snea rsnead@be	#####	#####	1	Yes	
Zinia Holley zholley@d	#####	#####	3	Yes	
Robin Snea rsnead@be	#####	#####	114	Yes	Y
Zoom user lovmuffin@	#####	#####	1	Yes	
Zoom user lovmuffin@	#####	#####	5	Yes	
Teairra Mo teairra587(	#####	#####	1	Yes	
zholley	#####	#####	1	Yes	
zholley	#####	#####	110	Yes	Y
denise	#####	#####	1	Yes	
denise	#####	#####	55	Yes	
Better Con jwilliams@	#####	#####	2	No	
Better Con jwilliams@	#####	#####	105	No	Y
Joey Davis joeydavis9	#####	#####	1	Yes	
Joey Davis joeydavis9	#####	#####	104	Yes	Y
Telisha Clemons	#####	#####	1	Yes	
Telisha Clemons	#####	#####	103	Yes	Y
Nelle Kinse nellekinsey	#####	#####	1	Yes	
Nelle Kinse nellekinsey	#####	#####	84	Yes	Y
nellie k	#####	#####	1	Yes	
nellie k	#####	#####	94	Yes	Y
valerie hunter	#####	#####	1	Yes	
valerie hunter	#####	#####	78	Yes	Y
Teairra Mo teairra587(	#####	#####	31	Yes	
Teairra Mo teairra587(	#####	#####	45	Yes	
Nelle Kinse nellekinsey	#####	#####	1	Yes	
Nelle Kinse nellekinsey	#####	#####	6	Yes	
Nelle Kinse nellekinsey	#####	#####	5	Yes	
Teairra Mo teairra587(	#####	#####	37	Yes	Y

Quick Mar Training by Robin Snead  
9-23-21 9am

# Adding Medication Orders

While the best practice is to allow your pharmacy to enter medication orders for you into their dispensing software, which will then populate into QuickMAR, situations sometimes arise where the facility finds it necessary to add these types of orders themselves.

Adding a medication order is very similar to adding any other type of order, but there are a few important differences to note. Here's what adding a medication looks like within QuickMAR:

1. Select a resident, click on the "Add" button above the orders list, and select "Medication."

The screenshot shows the QuickMAR interface with the 'Orders' tab selected. A black redaction box covers the resident's name. The 'Add' button is highlighted with a red arrow, and the 'Medication' option is selected in the dropdown menu. The table below lists various medications and their details.

Name	Type	Details	Start Date	End Date	RX Number
ACETAMINOPHEN 500 ...	Medication	PRN	10/28/2015	4/22/2018	8231345
ASPIRIN E.C. 81 MG TAB	Medication		5/27/2017	8/20/2018	8277222
CLONAZEPAM 0.5 MG ...	Medication		1/1/2017	4/21/2018	5956678
FLOMAX 0.4 MG CAPS...	Medication		11/14/2015	5/9/2018	8232600
HYDROXYZINE HCL 50...	Medication	PRN	6/8/2016	4/21/2018	8245904
LEVOTHYROXINE 100 ...	Medication		11/14/2015	5/9/2018	8232604
LISINAPRIL 10 MG TAB...	Medication		4/29/2017	7/23/2018	8274307
LOPERAMIDE 2 MG TA...	Medication	PRN	1/1/2017	4/21/2018	8263270
NYAMYC 100,000 UNIT...	Medication		4/5/2017	6/29/2018	8270623
OMEPRAZOLE 20 MG	Medication		11/14/2015	5/9/2018	8232602

Start typing in the name of the medication. If it pops up in the list, select it; this means we can run an interaction check on this medication.

Profile Orders Info Orders Tasks Chart Notes Labs Wounds Appointments

☐ Show Discontinued Orders

\*\*\* New Order \*\*\*

General Advanced Everything

NEW Medication: Amox [Show Common]

☐ Note Body Site  
☐ Sliding Scale  
☐ Given by  
☐ Controlled Drug  
☐ Record

☐ Restrict To Role(s)  
☐ Override Categories

Print Options: Include on  
☐ TAR ☒ Physician's Orders  
☐ Change Alert to minutes

Bar Codes  
 Prescriber  
 Source: -- SELECT --  
 Route: -- SELECT --  
 Hazard Level: -- SELECT --

Origin Date  
 Package Expires  
 Last Prescribed  
☐ Wait between admin.  
☐ Require Second Signature  
☐ Require Follow-up Result

Instructions

Time To (optional) Quantity Details

If the name of the medication does not immediately appear, click on "Show All." If it still does not appear, you can add it anyway, but we won't be able to run an interaction check on that medication for you.

Enter the diagnosis if that is required by your state or organization.



Profile Orders Info Orders Tasks Chart Notes Labs Rounds Appointments

☐ Show Discontinued Orders

\*\*\* New Order \*\*\*

Medication: AMOXICILLIN 500 MG TABS Strength: 500 MG Form: TABS

☐ Note Body Site  
☐ Sliding Scale  
☐ Given by:  
☐ Controlled Drug  
☐ Record

Diagnosis: UTI  
 Equivalent To:

Start: 3/20/2020 1:00 PM  
 End: 3/21/2020 11:59 PM

☐ Restrict To Role(s)  
☐ Override Categories

Bar Codes:  
 Prescriber:  
 Source: -SELECT-  
 Route: -SELECT-  
 Hazard Level: -SELECT-

Print Options: Include on  
☐ TAR ☒ Physician's Orders  
☐ Change Ref to minutes

Orig. Date:  
 Package Expires:  
 Last Prescribed:  
☐ Wait between admin.  
☐ Require Second Signature  
☐ Require Follow-up Result

Instructions:

Time To (optional) Quantity Details

Designate that it is coming from a source (sources are defined within your settings) **other than** your primary pharmacy.

Profile Orders Info Orders Tasks Chart Notes Labs Rounds Appointments

☐ Show Discontinued Orders

Name: \_\_\_\_\_ Type: \_\_\_\_\_ Details: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ RX Number: \_\_\_\_\_

General Advanced Everything \*\*\* New Order \*\*\*

NEW Medication: AMOXICILLIN 500 MG TABS Strength: 500 MG Form: TABS

☐ Note Body Site ☐ Sliding Scale ☐ Given by: ☐ Controlled Drug ☐ Record

Diagnosis: UTI

Equivalent To: \_\_\_\_\_

Start: 3/20/2020 1:00 PM

End: 3/20/2020 11:59 PM

☐ Restrict To Roles: ☐ Override Categories:

Print Options: Include on: ☐ TAR ☒ Physician's Orders

☐ Change Alert to \_\_\_\_\_ minutes

Bar Codes: \_\_\_\_\_

Prescriber: \_\_\_\_\_

Source: - SELECT -

Route: - SELECT -

Hazard Level: Med Management Technology  
FAMILY  
VA  
Inventory Adjustment

Origin Date: \_\_\_\_\_

Package Expires: ☐ Indefinite ☒ Add days

Last Prescribed: ☐ Add days

☐ Wait between admin ☐ Require Second Signature ☐ Require Follow-up Result

Instructions: \_\_\_\_\_

Add Part

Time	To (optional)	Quantity	Details	PRN	Routine	Add

Save Cancel

**NOTE:** This is **very** important, since doing this will prevent facility staff from accidentally requesting a refill from your primary pharmacy when they are not the ones filling/managing that medication.

Add instructions as to how to administer the medication and a schedule that matches the instructions.

Profile Orders Info Orders Tasks Chart Notes Labs Rounds Appointments

☐ Show Discontinued Orders

Name: \_\_\_\_\_ Type: \_\_\_\_\_ Details: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rx Number: \_\_\_\_\_

General Advanced Everything \*\*\* New Order \*\*\*

**NEW** Medication: AMOXICILLIN 500 MG TABS Strength: 500 MG Form: TABS

☐ Note Body Site ☐ Sliding Scale ☐ Given by: ☐ Controlled Drug ☐ Record

Diagnosis: UTI

Equivalent To: \_\_\_\_\_

Start: 3/20/2020 1:00 PM

End: 3/20/2030 11:59 PM

☐ Restrict To Role(s) ☐ Override Categories

**Print Options.** Include on: ☐ TAR ☒ Physician's Orders

☐ Change Alert to \_\_\_\_\_ minutes

Bar Codes: \_\_\_\_\_

Prescriber: \_\_\_\_\_

Source: VA

Route: -SELECT-

Hazard Level: -SELECT-

Origin Date: \_\_\_\_\_

Package Expires: \_\_\_\_\_

Last Prescribed: \_\_\_\_\_

☐ Wait between admin's ☐ Require Second Signature ☐ Require Follow-up Result

Instructions: TAKE ONE TABLET TWICE DAILY FOR 10 DAYS

Add Part

Time	To (optional)	Quantity	Details
8:00 AM	<input type="checkbox"/>	10 TABS	Daily
5:00 PM	<input type="checkbox"/>	10 TABS	Daily

Save Cancel

Adjust the end date, if necessary.

Profile Orders Info Orders Tasks Chart Notes Labs Rounds Appointments

☐ Show Discontinued Orders

Add

Name Type Details Start Date End Date RX Number

General Advanced Everything \*\*\* New Order \*\*\*

NEW Medication: AMOXICILLIN 500 MG TABS Strength: 500 MG Form: TABS

☐ Note Body Site Diagnosis: UTI Start: 3/20/2020 1:00 PM

☐ Sliding Scale Equivalent To

☐ Given by

☐ Controlled Drug End: 3/20/2020 11:59 PM

☐ Record

☐ Restrict To Role(s)

☐ Override Categories

Print Options Include on:

☐ TAB ☒ Physician's Orders

☐ Change Alert to minutes

Bar Codes

Prescriber

Source VA

Route -- SELECT --

Hazard Level -- SELECT --

Instructions: TAKE ONE TABLET TWICE DAILY FOR 10 DAYS

Add Part

Time	To (optional)	Quantity	Details
8:00 AM		1.0	TABS Daily
5:00 PM		1.0	TABS Daily

FRN Routine Add

Save Cancel

March 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
23	24	25	26	27	28	29
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Today: 3/20/2020

☐ Require Second Signature

☐ Require Follow-up Result

Save the order.

Profile Orders Info Orders Tasks Chart Notes Labs Rounds Appointments

☐ Show Discontinued Orders

Name: \_\_\_\_\_ Type: \_\_\_\_\_ Details: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ RX Number: \_\_\_\_\_

General Advanced Everything \*\*\* New Order \*\*\*

**NEW** Medication: AMOXICILLIN 500 MG TABS Strength: 500 MG Form: TABS

☐ Note Body Site ☐ Sliding Scale ☐ Given by ☐ Controlled Drug ☐ Record

Diagnosis: UTI

Equivalent To: \_\_\_\_\_

Start: 3/30/2020 1:00 PM

End: 3/30/2020 1:00 PM

☐ Restrict To Role(s) ☐ Override Categories

**Print Options.** Include on: ☐ TAR ☒ Physician's Orders

☐ Charge Alert to \_\_\_\_\_ minutes

Bar Codes: \_\_\_\_\_

Prescriber: \_\_\_\_\_

Source: VA

Route: --SELECT--

Hazard Level: --SELECT--

Origin Date: \_\_\_\_\_

Package Expires: \_\_\_\_\_

Last Prescribed: \_\_\_\_\_

☐ Wait between admin's ☐ Require Second Signature ☐ Require Follow-up Result

Instructions: TAKE ONE TABLET TWICE DAILY FOR 10 DAYS

Time To (optional) Quantity Details

8:00 AM		1.0	TABS	Daily
5:00 PM		1.0	TABS	Daily

Save Cancel

Order Date: 3/30/2020 1:00 PM

**NOTE:** If not all of the resident's orders are in the Medi-Span database, you may see a screen like this alerting you to the fact that we were unable to run interactions on one or more of the resident's medications.

# STATUS: OUT OF FACILITY

Choosing the status 'OUT OF FACILITY' will allow a user to perform the same function as suspending all medications. When selecting this status be sure to enter a return date. If you are not sure of a return date you will need to select 'ENTER RETURN DATE LATER'. This option will allow this box to reappear when the resident returns and you select the status of 'IN FACILITY'. If you skip this step then the MAR will result in missed meds for the time period the resident was out of the facility.

## Marking a Resident Out of Facility

Using the Status field on the resident's Profile tab, you can mark a resident as Out of Facility.

If you choose Out of Facility, you'll need to indicate more information:

- Start of absence
- End of planned absence 'ENTER RETURN DATE LATER'
- Reason for absence such as hospital, respite, jail ...anytime that meds will be suspended from being given ...so not a home visit because you would be providing meds to be given later

Resident will appear in the med pass but will not be pickable, and will be clearly labeled with the Out of Facility tag

When the resident returns, you need to change the status from Out of Facility to Active or In Facility again. The dialog box will appear where you can indicate exactly when the resident returned.

The MAR will reflect the absence, with a note. And dashes will appear in the MAR boxes during the time the resident was OOF.



## Med Pass Progress

The dashboard lets you view the information for any single cart, or for the whole facility. Just use the drop-down menu above the tabs to make your selection.



The Med Pass Progress tab shows how far along you are to completing the med pass within your facility. The white background area indicates med rounds that have already passed. The gray background shows med rounds still to come.

Med Pass Progress				
Admin Time	Items Due	Items Remaining	% Complete	
6 AM	1	0	100 %	
7 AM	8	1	87 %	
8 AM	145	0	100 %	
9 AM	8	0	100 %	
10 AM	1	0	100 %	
11 AM	3	0	100 %	
12 PM	18	0	100 %	
1 PM	6	0	100 %	
2 PM	2	0	100 %	
3 PM	5	1	80 %	
4 PM	29	0	100 %	
5 PM	10	9	10 %	
6 PM	1	1	0 %	

# Recognizing and Clearing Alerts

Alerts will help you stay on track with your med pass

## Purpose of Alerts

Alerts are friendly reminders that you've forgotten to document something, so that you don't end the day with holes in your MAR.

- For items with a single admin time (e.g. 8:00 am), alerts indicate that those items are "overdue."
- For items with a time range for administration (e.g. 6:00-10:00 am), alerts indicate that you are approaching the end of your administration window.

## Recognizing Alerts - Look for the Dot

Alerts will show up in two locations:



### 1 Within the Med Pass

On the Pass Meds button

On the resident's information tile

•

2 On the clock icon at the top of your screen

## Clearing Alerts - Go to the Clock

While you can clear alerts by going to the affected med pass from the Pass Meds button, it is sometimes difficult to tell which pass is being affected that way. For example, if it is 2:30 in the afternoon, it may be difficult to tell at first glance whether the Noon or the AM pass has a late med.

So, the fastest, easiest way to clear alerts is to go to the in the top, right-hand side of  
your screen. A box like this will then tell you:

- Who needs attention

The screenshot shows a window titled 'Alerts' with a close button (X) in the top right corner. Below the title bar, there is a header 'Alerts since 12AM today' with a refresh icon. The main area contains a list of alerts, each with a medication name, a time, and a button. The list is as follows:

Medication	Time	Action
NYL 12 MCG/HR PATCH	8 AM	
CDN/APAP 10/325MG	8 AM	
HYROXINE 75 MCG TABLET	8 AM	
RO 20 MG TABLET	8 AM	
M 40 MG CAPSULE	8 AM	
ISONNE 5MG	8 AM	
OL 90 MG TABLET	8 AM	
Dressing Change on Heel	8 AM	
WEEKLY WEIGHT	8 AM	
NO BOWEL HEALTH ENTRY IN LAST 48 HOURS		Record Now
		Go To Med Pass
SPIRIN 81 MG 'CHEW' TAB	8 AM	
ENTURY TABLET	8 AM	
EVOTHYROXINE 88 MCG TABLET	8 AM	
LAVIX 75 MG TABLET	8 AM	
		Go To Med Pass

You can go straight to the med pass for this person by clicking on the "Go To Med Pass" button.

**NOTE:** This will NOT take you only to the specific meds that are overdue, but rather to the broad, med pass window that is affected by the alerts.

Whispering Pines #4 (Pat ID: 145)

Home Pass Meds Residents Admin Reports Inventory Log off Help

AM Pick a Time Show PPN

**ASPIRIN 81 MG "CHEW"**  
81MG TAB 8 00 AM  
TAKE 1 TABLET BY MOUTH ONCE  
DAILY FOR HEART HEALTH

Info History Recorder

**CENTURY TABLET**  
TAB 8 00 AM  
TAKE 1 TABLET BY MOUTH ONCE  
DAILY FOR VITAMIN SUPPLEMENT

Info History Recorder

**CHOLESTYRAMINE LIQ**  
4M 7 00 AM  
TAKE 1 TABLET BY MOUTH ONCE  
DAILY FOR CHOLESTEROL  
MANAGEMENT

Info History Recorder

**LEVOTHYROXINE 88 M**  
88MCG TAB 8 00 AM  
TAKE 1 TABLET BY MOUTH ONCE  
DAILY FOR THYROID  
Equiv to: SYNTHROID 88MCG

Info History Recorder

**PIAVIX 75 MG TABLET**  
75MG TAB 8 00 AM  
TAKE 1 TABLET BY MOUTH ONCE  
DAILY

Info History Recorder

**Diagnoses**  
OSTEOARTHRITIS ST  
MEMORY LOSS

**Allergies**  
PENICILLINS  
CERPHALOSPORINS  
BETHALACTAMS  
CARBAPENEM  
PENICILLAMINE

**Informational Orders**  
DNR  
DO NOT RESUSCITATE  
NOTATION  
MAY CRUSH MEDS

☐ Display All

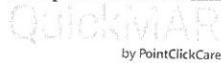
Back Skip All View MAR Charting Add Other Items...

Next

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Then complete the pass as you would any other routine med pass.

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## Reviewing and Approving Orders

- 1 year ago
- Updated

Follow



## Green Flag Orders:

**Approve:** will allow an order to be administered

**Reject:** order will either be discontinued immediately (start date same as end date) or for a future date (start date and end date differ) . *If you chose this action- the Pharmacy will lose ownership of that order.*



## Red Flag Orders:

Needs Attention!



## Yellow Flag Orders:

Discontinued- please review and approve.



## Edit an Order

Flag could require an edit/fix before order can be approved.



## Unlock an Order

**CAUTION!!** Unlocking an order could affect your MAR! Please discuss with your pharmacy whether to Unlock OR Discontinue and re-add.

**Only QuickMAR Support or the Pharmacy can unlock orders.**

- 
- 
- 

Was this article helpful?

Yes No

27 out of 30 found this helpful

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## Comments



0 comments



Submit

Be the first to write a comment.

Quickmar

At the Orders screen, there are a variety of colorful visual cues to draw attention to certain conditions or situations.

Note: The value of "n" is configurable. The duration of how long the flags and tags display are configured in the Facility Settings.

Tag or Flag	Meaning
and <b>NEW</b>	Recently added order (add in last n days)
and <b>DC'd</b>	DC'd Order (DC'd in the last n days)
and <b>EXPIRING</b>	Expiring (within next n days)
and <b>SUSPENDED</b>	Currently Suspended
and <b>RESUMING SOON</b>	Currently suspended, but resuming soon
and <b>REQUESTED</b>	New order; sent to Pharmacy, not returned yet
and <b>REVIEW NEEDED</b>	Review needed for this new order
and <b>REVIEW NEEDED</b>	Review needed for this DC'd order
and <b>IMPORTED WITH ERROR</b>	Imported with an error; needs attention
and <b>PHARMACY OVERRIDE</b>	Click to override pharmacy info
and <b>FIELD OVERRIDE</b>	Field override; owned by facility
and <b>OUT OF FACILITY</b>	Resident is Out of the Facility

Green Flag Orders:

Approve: will allow an order to be administered

Reject: order will either be discontinued immediately (start date same as end date) or for a future date (start date and end date differ) . *If you chose this action- the Pharmacy will lose ownership of that order.*

## Green Flag Orders:

**Approve:** will allow an order to be administered

**Reject:** order will either be discontinued immediately (start date same as end date) or for a future date (start date and end date differ). *If you chose this action- the Pharmacy will lose ownership of that order.*

**Review ALL information, add Diagnosis if needed, check schedule and frequency**

**Approve and Reject Buttons will appear for all new orders**

**Remember to hit Save!**

Order #	Medication	Strength	Form	Start Date	End Date	Status
111111	PREDNISONE 2.5MG TAB	2.5MG	Tab	7/11/2019	7/16/2019	11371530
1121158	PREDNISONE 2.5MG TAB	2.5MG	Tab	7/11/2019	7/16/2019	11371530
1137158	PREDNISONE 2.5MG TAB	2.5MG	Tab	7/11/2019	7/16/2019	11371530
1137159	PREDNISONE 2.5MG TAB	2.5MG	Tab	7/11/2019	7/16/2019	11371530
1137160	PREDNISONE 2.5MG TAB	2.5MG	Tab	7/11/2019	7/16/2019	11371530

**Medication:** PREDNISONE 2.5MG TAB

**Strength:** 2.5MG

**Form:** Tab

**Start:** 7/11/2019

**End:** 7/16/2019

**Diagnosis:**

**Equivalent To:**

**Prescriber:**

**Source:** SELECT

**Route:** SELECT

**Bar Codes:**

**Origin Date:**

**Package Expires:**

**Last Prescribed:**

**Wait between orders:**

**Require Follow-up Result:**

**Parts:** Instructions: TAKE TWO TABLETS BY MOUTH TWICE DAILY FOR TWO WEEKS

Time	To (optional)	Quantity	Details
12:00 AM		2.0	TAB
12:00 PM		2.0	TAB

**Buttons:** Approve, Reject, Save, Suspend/Hold, Change Loc.

## Red Flag Orders:

Needs Attention

Home Orders Info Orders Alerts Tasks ChartNotes Rounds Appointments

☐ Show Discontinued Orders

Name	Type	Details	Start Date	End Date	Rx Number
ACETAMINOPHEN 500	Medication		4-11-2019	7-4-2020	8268485
1M CALCIUM VITACID CH	Medication		7-31-2019	9-12-2020	82685012
DETROL LA 4 MG CAP	Medication		3-8-2019	3-7-2020	8268593
ENLAPRIL 10 MG	Medication		3-8-2019	3-7-2020	8268597
HYDROCODONE/APAP	Medication		4-11-2019	10-6-2019	8268737
HYDROGEN PEROXIDE	Medication	PRN	7-7-2019	7-10-2019	8270077
LEVOTHYROXINE TBM	Medication		3-9-2019	3-7-2020	8268595
LOPERAMIDE 2 MG CA	Medication	PRN	10-7-2019	10-7-2019	8268763
METOPROLOL SUC E	Medication		3-8-2019	3-7-2020	8268593
NASONEK 55 MG IIR	Medication		7-19-2019	7-14-2020	82673915
NEXIUM 40 MG CAPSU	Medication		3-23-2019	7-10-2019	8267126
UREA 40% CREAM	Medication		7-30-2019	7-30-2020	859455311

Review needed for this DC'd order

Check to make sure this is a valid DC notification

**NEXIUM 40 MG CAPSULE**

☒ Medication

☐ Note Body Site

☐ Stop Scale

☐ Given By

☐ Controlled Drug

☐ Record

Order has been discontinued AFTER it was last administered.

Instructions: TAKE 1 CAPSULE BY MOUTH ONCE DAILY \*\*\* BEFORE BREAKFAST \*\*\*

Time: 8:00 AM To (optional): 1:00 PM Quantity: 1 CAP

Approve and check with Facility Administrator re: disposal procedure

Admin History... Reorder... Suspend/Hold... Change Loc...

## Edit an Order

Flag could require an edit/fix  
before order can be approved.

**PREDNISONE 2.5MG TAB**

Strength: 2.5MG Form: TAB

**Start and End Dates:**  
If pharmacy owns the order, click on blue pencil to make changes.  
*Note: changes may revert when medication is re-ordered*

Start: 7/2/2015 1:00 PM  
End: 8/2/2015 11:55 PM

Origin Date: [ ]  
Package Expires: [ ]  
Last Prescribed: [ ]  
Wait between admin: [ ]  
Require Following Result: [ ]

**Parts** Instructions: TAKE TWO TABLETS BY MOUTH TWICE DAILY FOR TWO WEEKS

	Time	To (Optional)	Quantity	Details
1	2:00 AM		20	TAB Day
2	8:00 PM		20	TAB Day

**Changes to the Schedule:**  
Click on the time or details drop down to edit.  
If additional times are needed, utilize the +Add Button, or the X to delete a time

Admin History... Register... Suspend Hint... Change Log...

## Order Management

- All orders to be sent by fax to Dempsey's LTC Pharmacy Kinston either by yourself or directly from the prescriber. This applies in all cases except in situations where a medication is needed immediately, and a back pharmacy is used. In this situation you will need to manually enter the order in Quick MAR and provide just a copy to Dempsey's for their reference (see instructions)
- Dempsey's' Fax number is (252) 686-5055. Contact is **Morgan Walker:** [morgan@kinstonpharmacy.com](mailto:morgan@kinstonpharmacy.com) or cell (252) 286-1794 during normal business hours.
- Once the order is entered in Quick MAR it will have a Green Flag noting it needs to be reviewed. Reviewing an order includes: (see instructions Flags and Tags)
  - Ensuring the name, dosage, frequency, and routine are all entered as written on the order
  - Ensuring start and stop dates and times are consistent with when the medication will first be administered
  - Approve the order entry once everything has been reviewed and is accurate AND you have the medication on hand, and it is ready to be administered
  - DO NOT approve an order if you do not have the medication on hand to administer. Approving



a green flag signals that the medication is ready to be given and will populate on the MAR. If you're not ready to start the medication and you approve it this will create holes in your MAR.

- A doctor's appt or a discharge from a hospital are good indicators that there may be a medication change coming, new order or discontinued order that you need to be on the look out for.
  - Hospital Discharges- always review the discharge medication list for any medications that were DCd, changed or new. Always send a copy to Morgan. This is helpful because the hospitals don't send DC orders so Morgan will need to see what has changed upon discharge follow up with an email
- Discontinued Medications- If a hospital has DCd a medication upon discharge it is important to Discontinue the medication in Quick MAR so that it doesn't continue to be administered. You can simply do this by adjusting the Stop Date and Save. This will create a Yellow Flag indicating that the DCd med needs to be approved. Discontinued meds will continue to show in the med pass until approved.
- If a doctor's office has DCd a med, please ask for a DC order. DC orders should be sent to Dempsey's like all

other orders. In cases where a consultation form reflects a med to be discontinued, we can use that information and follow up with a call to the Drs office to request a DC order. You may send the consult form to Morgan in this case.

If you have questions or are not sure about an order or consult start with your supervisor and if the QP is also unsure you can contact Denise Hawkes, Robin Snead, Nurse Karen, Hiram Grady, and we can assist with any questions.

Hiram Grady- [hiramgrady@lahicomedical.org](mailto:hiramgrady@lahicomedical.org) or 252-559-5901

Karen Farley- 910-330-6475



## MedAssure—Passing Meds Offline

### MedAssure—Passing Meds Offline

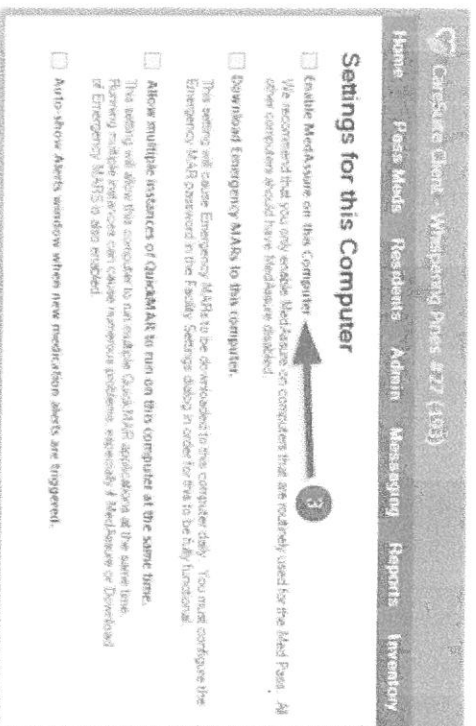
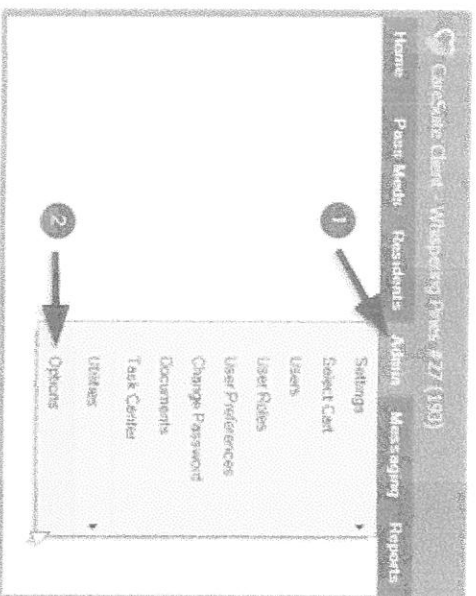
MedAssure is the QuickMAR feature that lets you continue to pass meds, even when the internet is down. MedAssure is mostly a background feature that will have little impact on your day-to-day use of QuickMAR. However, there are a few important changes, and things you ought to watch for and be aware of, so that you use QuickMAR properly.

#### Enabling MedAssure

MedAssure is designed only to enable passing meds when offline. Therefore, it is best if it is enabled only on the computers that typically are used to pass meds.

Administrative computers, such as those used by the DON or Supervisor, or any home computer using QuickMAR® will perform best if MedAssure is NOT enabled.

To Enable or Disable MedAssure, go to the Admin/Options menu and set the checkbox as appropriate.



## Forcing MedAssure

As an Administrator, you can also enable MedAssure on some other machine, without being physically logged in to that machine.

You can also Force MedAssure to be enabled and prevent it from being disabled by anyone but an administrator.

<https://support.quickmar.com/kc/en-us/articles/235736847-MedAssure-Passing-Meds-Offline>

Both these features happen at System Status tab in the Dashboard.

### System Status

Emergency MARs is enabled. Last download 11/20/2018 2:45 PM

This machine has MedAssure Enabled. Last synchronized 1/01/1900 12:00 AM

### Facility Computers In Use

Computer	Version	Cart	MedAssure Enabled	Force MedAssure	Last Sync	Pending Sync Items	Emergency MARs	Last Emergency MARs Download
STALL	4.2.0.450	West Yang	Yes	<input checked="" type="checkbox"/>	Never	0	Yes	20-Nov-18 2:45 PM
WINDORSONJHS08	4.2.0.537		Yes	<input type="checkbox"/>	12-Nov-18 8:57 PM	0	No	

For any computer, check the Force MedAssure checkbox. At the next login on that machine, the feature will be enabled.

# PARADIGM, INC.

## CERTIFICATE OF COMPLETION

Presented to

**Joey Davis**

For Successfully Demonstrating Competency and Completing

**MEDICATION ADMINISTRATION**

9/22/2021

  
Jason T. Barnett, BSN, RN-Training Instructor



# PARADIGM, INC.

## CERTIFICATE OF COMPLETION

Presented to

**Demetrius Everett**

For Successfully Demonstrating Competency and Completing

**MEDICATION ADMINISTRATION**

9/22/2021

  
Jason T. Barnett, BSN, RN-Training Instructor

# PARADIGM, INC.

## CERTIFICATE OF COMPLETION

Presented to

**Anthony Davis**

For Successfully Demonstrating Competency and Completing

**MEDICATION ADMINISTRATION**

9/22/2021

  
Jason T. Barnett, BSN, RN-Training Instructor

**Physicians East P.A. - Endocrinology**

1006 WH Smith Blvd Suite - EDC

Greenville, NC 27834

2524136683 Fax: 2528300558

09/02/2021



Medication orders.

1. If blood sugar is over 500 or below 40, contact primary MD. If blood sugar is over 500 and he is having emesis, send to emergency department.
2. If unconcious from hypoglycemia, give shot of Gvoke.
3. Change Lantus to to 30 units in pm at supper time.
4. Discontinue Humalog.
5. Start Humulin R insulin before meals by sliding scale: if blood sugar 90-150: 6 units, 151-200, 8 units, over 200: 8 units.
4. Discontinue morning Lantus.
5. Discontinue metformin.
6. Start metformin XR, 750 mg, 2 tablets at supper.
7. Discontinue Humulin N insulin.

Mark L. Warren, M.D., F.A.C.E.

A handwritten signature in black ink, appearing to read 'Mark L. Warren'.

**Physicians East P.A. - Endocrinology**

1006 WH Smith Blvd Suite - EDC Greenville, NC 27834  
2524136683 Fax: 2528300558

September 2, 2021

Page 1  
Rx Refill

09/02/2021 - Rx Refill

Provider: Mark Warren MD

Location of Care: Physicians East P.A. - Endocrinology

Prescription:

Medic Alert bracelet for Diabetes Mellitus type 1

Mark L. Warren, M.D., F.A.C.E.

Electronically Signed by Mark Warren MD on 09/02/2021 at 1:21 PM



Received 2 bracelets

Individual Name  
 Medicaid Number  
 Date of Birth

## Residential Supports 4 AFL 09/23/2021- 12/31/21 (ISP Program)

**Form ID** ISP-BCINC-KBQ4R84XVFJSD  
**Time Zone** US/Eastern  
**Status** Approved  
**Entered By** Denise Hawkes, Lead QP on 09/22/2021 11:48 AM  
**Submitted By** Denise Hawkes, Lead QP on 09/22/2021 05:36 PM  
**Approved By** Denise Hawkes, Lead QP on 09/23/2021 01:29 PM  
**Last Updated By** Denise Hawkes, Lead QP on 09/23/2021 01:46 PM

### ISP Program Description

**Provider Program** Residential Supports (Midland Court)

**Individual Name** [REDACTED]

**ISP Program Name** Residential Supports 4 AFL 09/23/2021- 12/31/21

**Start Date** 09/23/2021

**End Date** 12/31/2021

**Target Completion Date** 12/31/2021

**Location** Residence/Community

**Long Term Objective**

- 1. [REDACTED] will receive the support and assistance necessary to maintain his overall health, safety and well-being.
- 2. [REDACTED] will receive the support necessary to complete his activities of daily living.

**Goal/Service**

- 1a. [REDACTED] will attend physician appointments.
- 1b. Daily, [REDACTED] will comply with medication regimens and follow doctor orders as prescribed to better control his diabetes and to help improve his A1C
- 1c. Daily, [REDACTED] will be receptive to eating healthy nutritional meals and snacks to better control his diabetes and improve his A1C.
- 1d. Before leaving his home for 2 hours of unsupervised time in the community, [REDACTED] will check his blood sugar and take his diabetes emergency supplies with him for health and safety.
- 1e. When expecting visitors during the day or night [REDACTED] will alert his staff about his visitor coming to see him for safety concerns
- 1f. [REDACTED] will utilize his coping skills instead of getting angry.
- 1g. [REDACTED] will communicate his feelings and frustrations to his staff.
- 1i. [REDACTED] will participate in safety drills at home.
- 1g. [REDACTED] will display safe behaviors in the home.
- 2a. [REDACTED] will bath, brush teeth and perform all other oral hygiene activities daily.
- 2b. [REDACTED] will keep a neat appearance.
- 2c. [REDACTED] will keep his living area clean.
- 2d. [REDACTED] will complete laundry duties as needed.
- 2e. [REDACTED] will budget his monthly funds so that they last throughout the month.
- 2f. [REDACTED] will use his unsupervised time during the day light hours instead of night fall hours for safety precautions

Individual Name  
 Medicaid Number  
 Date of Birth

<b>Reason for ISP Program</b>	Individual requires 24 hour placement Add any other justification for RS services here from plan
<b>Criteria for Completion</b>	based on goal statement and progress on goals
<b>Materials Required</b>	as noted in goal statement  Client Specifics: 1. DIAGNOSES: F20.0-Paranoid Schizophrenia F71 Moderate IDD E10.65 Type 1 Diabetes Mellitus with Hyperglycemia Z79.4 Long Term (Current) Use of Insulin I10 Essential (Primary) Hypertension E78.5 Hyperlipidemia, unspecified Z91.11 Patient's Noncompliance with Dietary Regimen M79.10 Myalgia, Unspecified Site N18.3 Chronic Kidney Disease, Stage 3 (Moderate) Z86.14 Personal History of Methicillin Resistant Staphylococcus Aureus Infection (MRSA) Z79.899 Other Long Term (Current) Drug Therapy L85.3 Xerosis L28.0 Lichen Simplex Chronicus 2. MODE OF COMMUNICATION :Verbal 3. ANY PHYSICAL LIMITATIONS: Ambulatory 4. BEHAVIORIAL ISSUES: requires support because he can be victimized. Others have talked him into giving them his things, such as his shoes, in the past. also has a history of being sexually abused as a child and as an adult. requires support to participate in activities because of issues with anger control, depression, issues with past substance abuse, and other mental health concerns. has been hospitalized several times. Most recently, he was hospitalized from September 2018 through January 2019 at Vidant Medical Center in Greenville due to depression. has a history of being treated for alcohol abuse. He admits to using marijuana in the past. He denies using illegal drugs now. diagnosed with schizophrenia. He does present with delusional or paranoid thoughts. At times, he feels that others are jealous of him due to his musical abilities and want him dead. also feels that people sit in their cars and watch his home. He requires support to take his medications to prevent these thoughts from becoming overwhelming. has engaged in self-injurious behaviors in the past. He saw another resident engage in cutting behaviors, and she told him it felt good. He then tried it himself. He does not engage in this behavior anymore. is not suicidal at this time, but he has a history of suicidal ideation per his psychological evaluation. He has not exhibited any sexual behaviors or sexually assaulted anyone 5. MEDICAL CONCERNS: Type 1 diabetes, MRSA, Hypertension, Hyperlipidemia, Myalgia, Chronic Kidney Disease stage 3 (moderate), Xerosis, Lichen Simplex Chronucus has sensitive skin. Sometimes laundry detergent causes him to itch. His doctor prescribes a cream when this occurs. He is also allergic to all forms of penicillin. It causes his face and mouth to swell; however, his airway does not become obstructed. 6. INDIVIDUAL IS ABLE TO SELF MEDICATE: No 7. ADAPTIVE EQUIPMENT: has a glucometer to check his blood sugar levels. He has glucose testing strips. 8. SERVICES RECEIVED: Residential Supports 3 Community Networking Day Supports SCS



Individual Name  
 Medicaid Number  
 Date of Birth



### Schedule and Frequency

<b>Frequency</b>	
<b>Schedule</b>	
<b>Comment</b>	Schedule And Frequency: Daily; Frequency Of Documentation: each time goal is run
<b>Maximum Number of Times a Day</b>	10
<b>Allow collection of multiple task scores for a single day</b>	Yes

### Scoring Details

<b>Scoring Method</b>	<b>Innovations Level of Independence</b>
	I= Independent= Goal Met
	G= Gesture/1 Met
	G= Gesture/2 Not Met
	VP= Verbal Prompt/1 Met
	VP= Verbal Prompt/2 Not Met
	M= Model/1 Met
	M= Model/2 Not Met
	PA = Physical Assistance/1 Met
	PA = Physical Assistance/2 Not Met
	R=Refused/2 Not Met
	NA= Not Applicable
<b>Default Score</b>	
<b>Task Scoring Comments</b>	None
<b>Baseline Dates From</b>	
<b>To</b>	



Individual Name  
 Medicaid Number  
 Date of Birth



## Task(s)

Task Name	Description	Baseline Score
Health	<ul style="list-style-type: none"> <li>1a. [REDACTED] will attend all physician appointments each time as scheduled.</li> </ul>	I= Independent= Goal Met 0% G= Gesture/1 Met 0%  G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
Health	<ul style="list-style-type: none"> <li>1b. Daily, [REDACTED] will comply with medication regimens and follow doctor orders as prescribed to better control his diabetes and to help improve his A1C</li> </ul>	I= Independent= Goal Met 0% G= Gesture/1 Met 0%  G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
Health	<ul style="list-style-type: none"> <li>1c. Daily, [REDACTED] will be receptive to eating healthy nutritional meals and snacks to better control his diabetes and improve his A1C.</li> </ul>	I= Independent= Goal Met 0% G= Gesture/1 Met 0%  G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met

Individual Name  
 Medicaid Number  
 Date of Birth



Task Name	Description	Baseline Score
		0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
Coping	<ul style="list-style-type: none"> <li>1d. Before leaving his home for 2 hours of unsupervised time in the community, [REDACTED] will check his blood sugar and take his diabetes emergency supplies with him for health and safety.</li> </ul>	I= Independent= Goal Met 0% G= Gesture/1 Met 0%  G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
Behavior	<ul style="list-style-type: none"> <li>1e. When expecting visitors during the day or night [REDACTED] will alert his staff about his visitor coming to see him for safety concern</li> </ul>	I= Independent= Goal Met 0% G= Gesture/1 Met 0%  G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
Safety	<ul style="list-style-type: none"> <li>1f. [REDACTED] will successfully use learned coping skills to manage frustration and stress at least 5 out of 7 days a week</li> </ul>	I= Independent= Goal Met 0% G= Gesture/1 Met 0%

Individual Name  
 Medicaid Number  
 Date of Birth



Task Name	Description	Baseline Score
		G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
		I= Independent= Goal Met 0% G= Gesture/1 Met 0% G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
Safety	1g. [REDACTED] will communicate his feelings to staff and allow staff to assist him through feelings of frustrations at least 3 times per week.	I= Independent= Goal Met 0% G= Gesture/1 Met 0% G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
Safety	1h. [REDACTED] will participate in all safety drills each time drills are held.	I= Independent= Goal Met 0% G= Gesture/1 Met 0% G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0%

Individual Name  
 Medicaid Number  
 Date of Birth



Task Name	Description	Baseline Score
		0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
		I= Independent= Goal Met 0% G= Gesture/1 Met 0%  G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
Hygiene	<ul style="list-style-type: none"> <li>2a. [REDACTED] will perform daily hygiene activities daily i.e. bath daily and brush teeth 2x daily etc.</li> </ul>	I= Independent= Goal Met 0% G= Gesture/1 Met 0%  G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
Chores	<ul style="list-style-type: none"> <li>2b. [REDACTED] will wear clean clothes and maintain a neat appearance 7 out of 7 days a week [REDACTED] will refrain from any dangerous or hazardous behaviors at home 7 out of 7 days a week</li> </ul>	I= Independent= Goal Met 0% G= Gesture/1 Met 0%  G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
Chores	<ul style="list-style-type: none"> <li>2c. [REDACTED] will clean his room and perform other assigned daily chores at least 5 out of 7 days a week.</li> </ul>	I= Independent= Goal Met 0% G= Gesture/1 Met 0%  G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0%

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Task Name	Description	Baseline Score
		VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
Budgeting	• 2d. [REDACTED] will complete laundry duties at least once a week.	I= Independent= Goal Met 0% G= Gesture/1 Met 0% G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%
Budget	• 2e. After receiving monthly funds [REDACTED] will budget his funds in a manner that would allow him to have funds at least 3 out of the 4 weeks in the month.	I= Independent= Goal Met 0% G= Gesture/1 Met 0% G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%

Individual Name  
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Task Name	Description	Baseline Score
Safety	<ul style="list-style-type: none"> <li>2f. [REDACTED] will use his unsupervised time during the day light hours instead of night fall hours for safety precautions</li> </ul>	I= Independent= Goal Met 0% G= Gesture/1 Met 0% G= Gesture/2 Not Met 0% VP= Verbal Prompt/1 Met 0% VP= Verbal Prompt/2 Not Met 0% M= Model/1 Met 0% M= Model/2 Not Met 0% PA = Physical Assistance/1 Met 0% PA = Physical Assistance/2 Not Met 0% R=Refused/2 Not Met 0% NA= Not Applicable 0%



Individual Name  
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 Date of Birth

## Teaching Method(s)

## Description

- 1a. Staff will assist [REDACTED] with transportation and with communicating concerns during physician appointments.
- 1b. Staff will administer medications as prescribed. Staff will inform [REDACTED] of the importance of taking medications. [REDACTED] is a Diabetic with Type 1 Diabetes 1 Uncontrolled. Staff will remind [REDACTED] of the importance of taking his medication and his blood sugar levels. If [REDACTED] still refuses his medication staff will document "R" for refusal on the MAR. Staff assist [REDACTED] with following his EMERGENCY PROTOCOL from his physician
  - Staff will Monitor [REDACTED] sugar levels
  - For Type 1 diabetes: Staff will make sure [REDACTED] monitor blood sugar before meals and before bedtime.
  - Staff will assist [REDACTED] with checking his blood sugars if he notice symptoms of low blood sugar. Those symptoms include:
    - Hunger.
    - Shakiness or nervousness.
    - Sweating.
    - Dizziness or light-headedness.
    - Sleepiness.
    - Confusion.
    - Difficulty speaking.
    - Anxiety.
    - Weakness.
  - Staff will assist [REDACTED] with checking his blood sugars if he notice symptoms of HIGH blood sugar. Those symptoms include:
    - Dehydration
    - Feeling Porched
    - Diarrhea
    - Frequent Urination
    - Unclear vision
    - Light headiness
- 1c. Staff will help [REDACTED] identify healthy foods. Staff will assist with preparing healthy meals for [REDACTED]
  - [REDACTED] is diagnosed with Type I diabetes Uncontrolled. Staff will offer meals and snacks that are diabetic friendly. Staff will follow the recommendations of the Nutritionist. If [REDACTED] refuses meals this will be documented in Therap.
- 1d. Staff will provide assistance or prompting cues for [REDACTED] to pack his diabetic supply bag
  - Staff will assist/prompt [REDACTED] to check his blood sugar before he starts his 2 hours unsupervised time.
  - [REDACTED] will follow his EMERGENCY PROCTOCAL if blood sugars are to LOW or to HIGH.
  - Staff will assist/prompt [REDACTED] to check his diabetic bag to make sure all supplies are in his bag. (glucometer, bottle(s) of water, and snack(s), and emergency contact information.
  - [REDACTED] will let staff know where he is going
  - Staff will assist/prompt with wearing his Diabetic ID Bracelet
- 1e. [REDACTED] will
  - Telephone his friend(s) ahead of time
  - and ask his friend (s) when they would like a visit. [REDACTED] will alert his staff concerning the arranged visit with his friend(s)
  - After each visit, Staff will assist/prompt [REDACTED] with setting a time for the next visit
  - [REDACTED] will use good judgment on best times for his friend(s) to visit that does not interfere with treatments, resting or personal activities.
  - Staff will assist/prompt [REDACTED] about his friend(s) just showing up without a call in advance and without scheduling another time.
  - [REDACTED] will be respectful to others in the home
- 1f. Staff will encouraged [REDACTED] to use his coping skills when staff notices [REDACTED] is upset or getting upset. 1e. Staff will be open to listening to [REDACTED] express his concerns and frustrations. Staff will



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**Description**

encourage [REDACTED] to talk out his frustrations and concerns.

1g. Staff will coach [REDACTED] as needed through safety drills. Staff re-direct [REDACTED] if needed.

1h. Staff will coach [REDACTED] on how to avoid safety hazards at home i.e. using microwave, appliances, locking doors at night, not opening doors for strangers etc.

2a. Staff will remind/prompt [REDACTED] to take baths daily, brush teeth 2x a day and complete other hygiene duties.

2b. Staff will assist [REDACTED] as needed to ensure he keeps a neat appearance. ex: clean clothes, clothes in good condition, haircut etc...

2c. Staff will remind/prompt [REDACTED] to clean his room and complete household chores.

2d. Staff will assist [REDACTED] with operating the washer and dryer. Staff will coach [REDACTED] on how to use the machines.

2e. Staff will assist [REDACTED] with budgeting his funds. Staff will give coaching and advice on how to bargain shop and save money.

2f. Staff will remind [REDACTED] about using his unsupervised time during the day light hours instead of night fall hours for safety precautions  
 Staff will educate [REDACTED] concerning the danger and safety of leaving the home at night fall without informing staff

**External Module Connection**

**EVV Supporting Document** No

**Billable ISP Program** Default Yes

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## Other Details

Type of Service  
Provider

ISP Program Author Todd Davis, QP

Time Duration Format Begin Time and End Time

Are Begin Time and  
End Time or Time

No

Duration required for  
data collection?

Allow data collection  
with Time Overlap

Yes

Location for data  
collection

Optional

Editable Service  
Provider for data  
collection?

Yes

Are Other Comments  
required for data  
collection?

No

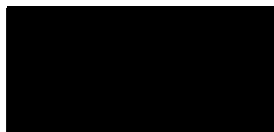
## Files &amp; Images

Attach File(s)

Nothing Attached

Attach Image(s)

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## Signature

Unable to obtain written signature due to COVID-19 State of Emergency requiring social distancing. Services have had to be adjusted/flexible in order to meet DHHS/CDC recommendations related to the Coronavirus.

QP obtained verbal consent on 9/23/2021 from [REDACTED] Guardian via telephone

Signature \_\_\_\_\_ Date \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

## Reviewed By

Signature \_\_\_\_\_ Date \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

**BETTER CONNECTIONS, INC.**

315 CLIFTON STREET  
GREENVILLE, NC 27858  
OFFICE: 252-814-2118  
FAX NUMBER: 252-689-6013

**FACSIMILE TRANSMITTAL SHEET**

To:

DANA LOUISE REEVES

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DATE:

9-~~3~~<sup>3</sup>-21

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FAX NUMBER:

9197158078

Resending  
Certification

TOTAL NUMBER OF PAGES INCLUDING COVER: 70

FROM: BETTER CONNECTIONS, INC. DEBORAH GORHAM-KEYS

RE: POC FOR MIDLAND COURT, SIGNATURE PAGE AND  
TRAINING FOR QUICKMAR, PROTOCOL FOR DIABETES FOR  
PERSON NOTED IN POC, TRAINING CERTIFICATES FOR MAR  
AND GOALS FROM TX PLAN TO ADDRESS DIABETIC ISSUES.  
ORIGINALS TO BE PUT IN MAIL.

NOTES/COMMENTS:

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