

Covenant Case Management Services, LLC.
9940 Monroe Road, Suite 201-202
Matthews, NC 28105-5347
Fax #: (704) 908-0251



www.CovenantToServe.com

March 18th, 2022

Ms. Sally Thayer
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Plan of Correction (POC) Covenant Case Management Services, LLC for the Karen Home
Annual Survey Completed Date: March 3, 2022
Submitted Date: March 18th, 2022

Dear Ms. Thayer,

Thank you for your recent visit to the Karen Home. We greatly appreciate the feedback that you shared with us. We have used your feedback to address areas of need and improvement in the delivery of services to our members particularly in this residential setting. Please see our specific actions and aims, detailed below to rectify the tags that were noted and to remedy their occurrence in the future.

V 113 27G .0206 Member Records:

- In response to this tag, the assigned Qualified Professional (QP) will complete and update client records for member #1, #2 and #3. The assigned QP will ensure that completed records will be available at their respective home by April 30th, 2022. For member #1 this will include a signed Individual Support Plan (ISP), Behavioral Support Plan (BSP), a completed face sheet to also include their admission date, emergency information and a signed consent from the legal guardian to provide emergency services if needed.
- For member #2 and #3, a copy of the current (BSP) will be obtained by the assigned QP and placed in both of the members' medical records charts. The assigned (QP) will complete a monthly record review utilizing Covenant Case Management Record Review Form for the next two months and on a quarterly basis thereafter for each of the identified members'.

V 118 27G .0209 (C) Medication Requirements:

- In response to this tag, the Home staff will complete Medication Administration Training with the agency attending Registered Nurse (RN). During the training, the home's staff will learn to ensure that all prescribed medications are administered appropriately in accordance with **V 118 27G .0209 (C)** and that the Medication Administration Records (MARs) for each member are updated and consistent with the most current physician orders.
- The agency attending RN will ensure that all medications are administered as prescribed to the correct member and per the instructions redacted on a written prescription provided by their attending physician (s).
- The agency RN will review the members' MARs on a monthly basis to ensure that any changes made to his/her drug regimen are reconciled in their record and that the medications are administered appropriately by the staff.

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- All staff within the home will receive training and/or retraining on Residential Medication Administration from the agency attending RN. A certificate of completion will be provided to staff upon successful completion of the course.
- Each member in the home MAR's will be updated in accordance with the most current physician orders and those orders will be maintained on the members medical records chart.
- Copies of the most current physician orders will be placed in the members medical records chart for the assigned QP and Chief Operations Officer to review within two weeks of completion on or by April 30th, 2022.
- The staff's updated training records will be submitted to the Chief Operations Officer for review and then placed in the employers file which are maintained and managed by the Covenant Case Management Human Resources Department.

Again, Ms. Thayer, thank you for providing detailed and targeted feedback to us, as an organization we fully appreciate and value identified opportunities for continuous improvement. We place high regard on the insight and judgment of both our internal and external stakeholders in these instances. This collaborative effort enhances our ability to care for our members and to work in collaboration with you and your team.

In closing, we sincerely hope that you find the above listed detailed plan of correction sufficient, appropriate and adequate to address the identified areas of concern. If you have additional questions or needs regarding this matter, please do not hesitate to reach out to me via the enclosed contact information.

Sincerely,

Tony Martin, MS, QIDP
Quality Management Director

Cc: Paul Peters, Owner/Operator, Covenant Case Management Services
Jeff Phillips, Chief Operations Officer, Covenant Case Management Services
Dana Bintz, QP, Residential Services, Covenant Case Management Services

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2022
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NAME OF PROVIDER OR SUPPLIER KAREN'S CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 435 BORDERS ROAD SHELBY, NC 28152
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 3, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided;</p>	V 113	<ul style="list-style-type: none"> In response to this tag, the assigned Qualified Professional (QP) will complete and update client records for member #1, #2 and #3. The assigned QP will ensure that completed records will be available at their respective home by April 30, 2022. For member #1 this will include a signed Individual Support Plan (ISP), Behavioral Support Plan (BSP), a completed face sheet to also include their admission date, emergency information and a signed consent from the legal guardian to provide emergency services if needed. For member #2 and #3, a copy of the current (BSP) will be obtained by the assigned QP and placed in both of the members' medical records charts. The assigned (QP) will complete a monthly record review utilizing Covenant Case Management Record Review Form for the next two months and on a quarterly basis thereafter for each of the identified members'. 	April 30, 2022

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 113	<p>Continued From page 1</p> <p>(8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 3 of 3 audited client's (Clients #1, #2 and #3) had a client record available at the facility. The findings are:</p> <p>Interview on 2/22/22 with the AFL provider revealed: -The complete client records would be at the licensee's office.</p> <p>On 2/25/22 surveyor met the Qualified Professional (QP) in a designated office for the western region to review client files. -The QP apologized as Client #1's file was not present at this location as he thought it would be. -The QP stated he had Client's #2 and #3 and a different QP had Client #1. -The QP was able to go to the electronic file for Client #1 and retrieve an assessment, an</p>	V 113		

Division of Health Service Regulation

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V 113	<p>Continued From page 2</p> <p>Individual Support Plan (ISP) and a crisis plan.</p> <p>Review on 2/25/22 of Client #1's assessment, ISP and crisis plan revealed: -No admission date. -Diagnoses of Autism Spectrum Disorder, Auditory recruitment, unspecified ear, Severe Intellectual Developmental Disability (IDD), and Unspecified Anxiety Disorder. -There was no behavioral plan as specified in the 1/24/22 ISP. -The ISP signature pages were blank. -There was no identification face sheet, to include admission date, emergency information to contact in case of sudden illness or accident and a signed consent from the legally responsible person granting permission to seek emergency care if needed.</p> <p>On 2/28/22 attempted to interview the QP for Client #1. Surveyor was unable to leave a message as her mail box was full. Sent a text asking her to please call. As of survey exit date surveyor received no correspondence from the QP.</p> <p>On 2/28/22 an email was sent to Client #2 and #3's QP in attempt to obtain more of Client #1's records. As of the survey exit date, no additional information was received for Client #1.</p> <p>Review on 2/25/22 of Client #2's record revealed: -Admitted on 7/1/20. -Diagnoses of Autism Spectrum Disorder, Moderate IDD, Attention-Deficit Hyperactivity Disorder (ADHD), and Traumatic Brain Injury. -Undated - Specialized Consultative Services referral for a behavior plan due to the client's physically aggressive and explosive behaviors. -The behavior plan was not found in the record.</p>	V 113		

Division of Health Service Regulation

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V 113	<p>Continued From page 3</p> <p>Review on 2/25/22 of Client #3's record revealed: -Admitted on 7/2/20. -Diagnoses of Autism Spectrum Disorder, Moderate IDD, ADHD and Disruptive Mood Dysregulation. -2/1/22 Crisis Plan - his physical aggression has increased over the past months; his school schedule as decreased due to the increased aggression; he needed a "formalized behavior support plan." -The behavior support plan was not found in the record.</p> <p>Interview on 2/25/22 with the QP for Client's #2 and #3 revealed: -The client's behavior support plan should be in their files. -He looked through both client files and did not find them. -He did not have electronic access to the plans as they were both developed by the Autism society.</p>	V 113		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and</p>	V 118	<ul style="list-style-type: none"> In response to this tag, the Home staff will complete Medication Administration Training with the agency attending Registered Nurse (RN). During the training, the home's staff will learn to ensure that all prescribed medications are administered appropriately in accordance with V 118 27G .0209 (C) and that the Medication Administration Records (MARs) for each member are updated and consistent with the most current physician orders. 	April 30, 2022

			<ul style="list-style-type: none">● The agency attending RN will ensure that all medications are administered as prescribed to the correct member and per the instructions redacted on a written prescription provided by their attending physician (s).● The agency RN will review the members' MARs on a monthly basis to ensure that any changes made to his/her drug regimen are reconciled in their record and that the medications are administered appropriately by the staff.● All staff within the home will receive training and/or retraining on Residential Medication Administration from the agency attending RN. A certificate of completion will be provided to staff upon successful completion of the course.● Each member in the home MAR's will be updated in accordance with the most current physician orders and those orders will be maintained on the members medical records chart.● Copies of the most current physician orders will be placed in the members medical records chart for the assigned QP and Chief Operations Officer to review within two weeks of completion on or by April 30th, 2022.● The staff's updated training records will be submitted to the Chief Operations Officer for review and then placed in the employers file which are maintained and managed by the Covenant Case Management Human Resources Department.	
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V 118	<p>Continued From page 4</p> <p>privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications ordered were given as prescribed; the Medication Administration Records (MARs) of all medications administered to each client were kept current.; and medications were administered to a client on the written order of a person authorized by law to prescribe medications affecting 3 of 3 clients (Client's #1, #2 and #3). The findings are:</p> <p>Review on 2/25/22 of Client #1's record revealed: -No admission date. -Diagnoses of Autism Spectrum Disorder, Auditory recruitment, unspecified ear, Severe Intellectual Developmental Disability (IDD), and Unspecified Anxiety Disorder.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Observation on 2/22/22 at 3:11 p.m. of Client #1's medications included: -Chlorpromazine (Thorazine) - 50 mg - 1 tablet 3 times a day. -Mirtazapine (Remeron) - 15 mg was not observed. -Omeprazole - 20 mg was not observed.</p> <p>Review on 3/1/22 of Client #1's physician orders revealed: -9/14/21 - Increase Mirtazapine (Remeron) - to 30 mg. -12/2/21 - Increase Remeron 30 mg at bedtime; Omeprazole - 20 mg - 1 every day; continue Chlorpromazine - no mg or frequency specified. -There were no orders to indicate Remeron and Omeprazole were discontinued.</p> <p>Review on 2/22/22 and 3/1/22 of Client #1's MARs from 12/2021 through 2/22/22 revealed: -Chlorpromazine - 50 mg - 1 tablet a.m., 1 tablet noon, and 1 1/2 tablets in evening were initialed as given daily. -Mirtazapine (Remeron) - 15 mg - 1 tablet in the evening was listed and initialed as given in December and January; it was not listed for February. -Omeprazole - 20 mg - 1 every day was not listed on any of the MARs.</p> <p>Review on 2/25/22 of Client #2's record revealed: -Admitted on 7/1/20. -Diagnoses of Autism Spectrum Disorder, Moderate IDD, Attention-Deficit Hyperactivity Disorder (ADHD), and Traumatic Brain Injury.</p> <p>Review on 2/22/22 and 3/1/22 of Client #2's MARs from 12/2021 through 2/22/22 revealed: -Invega injection - 234 mg 156 mg - 1.5 milliliters</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 6</p> <p>(ml) was initialed as injected December 1st and December 8th.</p> <p>Review on 3/1/22 of Client #2's physician orders dated 11/18/21 revealed: -"Start Invega Sustenna 234 mg IM (intramuscular) one time; 153 mg IM one time." -No order was found for December injections as indicated on the MAR.</p> <p>Review on 2/25/22 of Client #3's record revealed: -Admitted on 7/2/20. -Diagnoses of Autism Spectrum Disorder, Moderate IDD, ADHD and Disruptive Mood Dysregulation.</p> <p>Observation on 2/22/22 at 3:27 p.m. of Client #3's medications included: -Rosuvastatin Calcium (Crestor) - 10 mg - 1 tablet at bedtime. -Cetirizine HCL (Zyrtec) - 10 mg - 1 tablet daily - as needed. -Miralax - was not observed.</p> <p>Review on 3/1/22 of Client #3's physician orders dated 7/1/21 revealed: -"To Whom It May Concern: I am [Client #3's] primary care provider and I prescribe crestor, zyrtec and miralax." -There was no dose amount or frequency to administer specified.</p> <p>Review on 2/22/22 and 3/1/22 of Client #3's MARs from 12/2021 through 2/22/22 revealed: -Rosuvastatin Calcium (Crestor) - 10 mg - 1 tablet at bedtime initialed as given daily. -Cetirizine HCL (Zyrtec) - 10 mg - 1 tablet daily - as needed - initialed as given daily. -Miralax - was not listed on any of the MARs.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 7</p> <p>Interview on 2/25/22 with the AFL Provider revealed: -The office should have all the client's current physician orders.</p> <p>Interview on 2/25/22 with the QP revealed: -The client's physician orders should be at the facility. -Since they weren't he wasn't sure where they were kept. -They had a Registered Nurse (RN) who they contracted with PRN (as needed).</p> <p>Interview on 2/28/22 with the facility RN revealed: -She recently contracted with the licensee to ensure medications were properly stored, documentation complete on MARs and orders were current. -She was at the facility in December 2021. -She had "no doubt" the facility was giving medications as ordered. -She would send all of Client #1, #2 and #3's current orders.</p> <p>Email correspondence on 3/2/22 and 3/3/22 with the facility RN revealed: -A request for additional physician orders and any discontinued orders for Client's #1, #2 and #3 due to the above discrepancies found. -She would be busy working and asked if surveyor could email what was needed and she could get it as soon as possible.</p>	V 118		