

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



[www.CovenantToServe.com](http://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 Noah's Ark Home  
Annual Survey Completed Date: March 3, 2022  
Submitted Date: March 18th, 2022

Dear Ms. Thayer

Thank you for your recent visit to the Noah's Ark 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 medical record for member #(2). The assigned QP will ensure that a complete record will be available at the home by April 30th, 2022. This will include a signed Individual Support Plan (ISP), Behavioral Support Plan (BSP), assessment, a completed face sheet to include admission date, emergency information and signed consent from the legal guardian to provide emergency services if needed and any pertinent information related to services that the member is receiving.
- The assigned (QP) will complete a monthly record review utilizing Covenant Case Management Record Review Form for the next two months, then on a quarterly basis thereafter.

#### **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 instructions redacted on a written prescription provided by his/her 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 home's 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 the home's staff upon successful completion of the course.

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- 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 30<sup>th</sup>, 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:  <b>200092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NOAH'S ARK HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>614 CHERRYVILLE ROAD SHELBY, NC 28151</b>
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V 000	<p><b>INITIAL COMMENTS</b></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 2 current clients.</p>	V 000		
V 113	<p><b>27G .0206 Client Records</b></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"> <li>● In response to this tag, the assigned Qualified Professional (QP) will complete and update medical record for member #(2). The assigned QP will ensure that a complete record will be available at the home by April 30, 2022. This will include a signed Individual Support Plan (ISP), Behavioral Support Plan (BSP), assessment, a completed face sheet to include admission date, emergency information and signed consent from the legal guardian to provide emergency services if needed and any pertinent information related to services that the member is receiving.</li> <li>● The assigned (QP) will complete a monthly record review utilizing Covenant Case Management Record Review Form for the next two months, then on a quarterly basis thereafter.</li> </ul>	April 30, 2022

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

TITLE

(X6) DATE

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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 one of two audited client's (Client #2) had a client record available at the facility. The findings are:</p> <p>Interview on 2/22/22 with the AFL provider revealed: -She had some of Client #2's record. -The entire record 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 #2's file was not present at this location as he thought it would be. -The QP stated he had Client #1 and a different QP had Client #2. -The QP was able to go to the electronic file and</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>retrieve an assessment, treatment plan and behavior support plan.</p> <p>Review on 2/25/22 of Client #2's assessment, treatment plan and behavior support plan revealed:</p> <ul style="list-style-type: none"> <li>-She was admitted to the facility in December 2020.</li> <li>-Diagnoses of Autistic Spectrum Disorder, Attention-Deficit Hyperactivity Disorder, Intellectual Developmental Disorder, Mild, Unspecified trauma and stress related disorder, Unspecified Eating Disorder, Generalized Anxiety Disorder and Major Depressive Disorder.</li> <li>-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.</li> </ul> <p>On 2/28/22 attempted to interview the QP for Client #2. 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 #1's QP in attempt to obtain more of Client #2's records. As of the survey exit date, no additional information was received for Client #2.</p>	V 113		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall</p>	V 118	<ul style="list-style-type: none"> <li>• 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</li> </ul>	April 30, 2022

			<p>ensure that all prescribed medications are administered appropriately in accordance with <b>V 118 27G .0209 (C)</b> and that the Medication Administration Records (MARs) for each member are updated and consistent with the most current physician orders.</p> <ul style="list-style-type: none"><li>● The agency attending RN will ensure that all medications are administered as prescribed to the correct member and per instructions redacted on a written prescription provided by his/her attending physician (s).</li><li>● 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 home's staff.</li><li>● 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 the home's staff upon successful completion of the course.</li><li>● 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.</li><li>● 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 30, 2022.</li></ul>	
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			<ul style="list-style-type: none"><li>● 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.</li></ul>	
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V 118	<p>Continued From page 3</p> <p>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: (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.</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 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</p>	V 118		



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V 118	<p>Continued From page 4</p> <p>the written order of a person authorized by law to prescribe medications affecting 2 of 2 clients (Client's #1 and #2). The findings are:</p> <p>Review on 2/25/22 of Client #1's record revealed: -Admitted 7/7/20. -Diagnoses of Intellectual Developmental Disability (IDD), mild, Dyspepsia Disorder, Constipation and Esophageal Stricture with Dilation.</p> <p>Observations on 2/22/22 at 11:25 a.m. of Client #1's medications included: -Risperidone - 1 milligram (mg) - 1 tablet every day. -Ciclopriox Topical- 8% Solution - apply to affected toe nails daily. -Drysol Dab-o-matic solution - apply 1 application to affected area at bedtime. -Escitalopram (Lexapro) - 20 mg - 1 tablet every day was not observed.</p> <p>Review on 3/1/22 of Client #1's Physician Orders dated 2/9/21 and 1/27/22 included the following: -Escitalopram - 10 mg every a.m.; there was no discontinue order. -Risperdal - 1 mg every p.m. -No order for Ciclopriox Topical - 8% Solution - apply to affected toe nails daily. -No order Drysol Dab-o-matic solution - apply 1 application to affected area at bedtime.</p> <p>Review on 2/22/22 and 3/1/22 of Client #1's MARs from 12/2021 through 2/22/22 revealed: -Risperidone - 2 mg - 1 tablet every day was initialed as given instead of 1 mg. -Ciclopriox Topical - 8% Solution - apply to affected toe nails daily was initialed as given every day. -Drysol Dab-o-matic solution - apply 1 application</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>to affected area at bedtime was initialed as given every day.</p> <p>-Escitalopram - 20 mg - 1 tablet every day was initialed on December and January MARs as given every day (instead of 10mg).</p> <p>-Escitalopram - 20 mg - 1 tab every day was listed for February but no dates were initialed.</p> <p>Interview on 2/22/22 with the AFL Provider revealed:</p> <p>-The Escitalopram 20 mg had been discontinued.</p> <p>-The discontinue order was given to the Qualified Professional (QP) but if he didn't give it to the nurse she would not know to take if off the MAR.</p> <p>-The office should have all the client's current physician orders.</p> <p>Review on 2/25/22 of Client #2's record included:</p> <p>-Admission date of December 2020.</p> <p>-Diagnoses of Autistic Spectrum Disorder, Attention-Deficit Hyperactivity Disorder, Intellectual Developmental Disorder, Mild, Unspecified trauma and stress related disorder, Unspecified Eating Disorder, Generalized Anxiety Disorder and Major Depressive Disorder.</p> <p>Observation on 2/22/22 at 11:39 a.m. of Client #2's medications included:</p> <p>-Xulane Patches - 150/35 micrograms (mcg) - apply 1 patch to skin every week.</p> <p>Review on 2/22/22 and 3/1/22 of Client #2's MARs from 12/2021 through 2/22/22 revealed:</p> <p>-Xulane Patches - 150/35 mcg - apply 1 patch to skin every week was initialed as applied every week.</p> <p>Review on 3/1/22 of Client #2's "Patient Medication List" revealed:</p> <p>-Xulane - 150/35 mcg - apply 1 patch to skin</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>every week. -The form was not signed or dated.</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 and #2'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 and #2 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		