

**RECEIVED**

By Mental Health Licensure &amp; Cert. Section at 2:06 pm, Jun 03, 2022

**Plan of Correction Form****Plan of Correction**

Please complete <u>all</u> requested information and mail completed Plan of Correction form to: Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718				In lieu of mailing the form, you may e-mail the completed electronic form to: <a href="mailto:jeanne.broniszewski@dhhs.nc.gov">jeanne.broniszewski@dhhs.nc.gov</a>			
<b>Provider Name:</b>	A Step Forward		<b>Provider ID #:</b>	MHL045-137	<b>Phone:</b>	(828) 393-9006	
<b>Provider Contact Person for follow-up:</b>	Roger W. Giles QM Director 828-759-5823				<b>Fax:</b>	(704) 535-4347	
<b>Provider Address:</b>	405 CREST ROAD EAST FLAT ROCK, NC 28726				<b>Email:</b>	<a href="mailto:giles@cbcare.com">giles@cbcare.com</a>	
<b>Review Type:</b>	Annual Survey		<b>Date of Review:</b>	5/6/22		<b>Concern/Grievance/Incident #:</b>	(Not listed)
<b>Finding</b>	<b>OOCCode</b>	<b># of Recs Involved</b>	<b>Corrective Action Steps</b>			<b>Responsible Party</b>	<b>Time Line</b>
This Rule is not met as evidenced by: Based on interview and record review, the facility failed to keep the MARs of all drugs administered current and that medications were recorded immediately after administration affecting 2 of 2 audited clients (Client#1 and Client#2).	V 118	2	Team reviewed the deficiency on 5/25/22 to develop a plan of correction that ensured MARs are kept current and that medications are recorded immediately.			QM Director	Implementation Date: 05/25/22
			Consult with the attending pharmacy to determine if any harmful effect resulted from not documenting the Medication Administration on the MAR.			AFL Provider	Projected Completion Date: 06/30/22
			Clinical Supervisor to complete incident reports for discovered Medication Errors.			Clinical Supervisor	
			Clinical Supervisor to ensure the AFL provider has a paper MAR available anytime the AFL provider cannot access the electronic MAR.			Clinical Supervisor	

			<p>Clinical Supervisor to review MAR once per week throughout the AFL provider's current supervision plan timeframe to ensure medication administration is documented correctly.</p> <p>AFL Provider to retake Medication Administration training by 6/30/22.</p>	<p>Clinical Supervisor</p> <p>AFL Provider</p>	
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**HomeCare Management Corp.**

(Corporate Office)

5855 Executive Center Drive

Suite 104

Charlotte, NC

Phone: 704 535-4342

Fax: 704 535-4347

homecaremgmt.org

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June 3, 2022

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
Attn: Anne S. Nelson, Facility Compliance Consultant I  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Ref: Annual Survey completed May 6, 2022  
A Step Forward, 405 Crest Rd, East Flat Rock, NC 28726  
MHL # 045-137

Dear Ms Nelson,

On behalf of Margaret Mason, CEO and Cheryl Kelly, Facilities Manager please accept the attached plan of correction regarding the Annual Survey completed on May 6, 2022 for facility license # MHL 045-137.

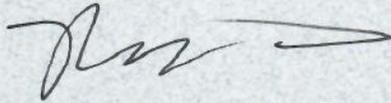
Thank you for your courtesy extended during this review. HomeCare Management Corporation strives to provide Quality driven services that meet regulatory requirements.

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**Since 1993, HomeCare Management has provided support to people with Intellectual and/or Developmental Disabilities. Since that time, HomeCare's mission has remained the same; to support people in their homes and communities.**

I trust that the information provided will satisfy your needs to conduct an accurate review of this issue. If any additional information is needed, please contact me at (828) 759-5823.

Sincerely,



6/3/22

Roger W. Giles, MBA, QP  
QM Director  
HomeCare Management Corporation  
828-759-5823  
giles@cbcare.com

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