

RECEIVED

By Mental Health Licensure & Cert. Section at 8:15 am, Sep 20, 2022

Plan of Correction Form**Plan of Correction**Please complete all 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:

jeanne.broniszewski@dhhs.nc.gov

Provider Name:	Cox Family Care	Provider ID #:	MHL045-140	Phone:	(828)290-0907
Provider Contact Person for follow-up:	Roger W. Giles QM Director 828-759-5823			Fax:	(704) 535-4347
Provider Address:	1615 WILLOW ROAD HENDERSONVILLE, NC 28739			Email:	giles@cbcure.com
Review Type:	Annual Survey	Date of Review:	9/2/22	Concern/ Grievance/ Incident #:	(Not listed)

Finding	OOCCode	# of Recs Involved	Corrective Action Steps	Responsible Party	Time Line
27G .0209 (C) Medication Requirements Based on record review and interviews, the facility failed to keep the MAR current for 1 of 2 clients -There was no additional line or section created on the MAR to show the increase in dosage and it's administration.	V 118	1	Team reviewed the deficiency on 9/9/22 to develop a plan of correction that ensures MARs accurately reflect medication dosage change according to Medication Administration Requirements. Review / ensure September 2022 MAR accurately reflects all medication dosage. Review/modify (if needed) Medication Administration training to ensure proper training on documentation of medication changes. AFL to complete incident report for discovered Medication Error documentation.	QM Director Clinical Supervisor QM Director AFL Provider	Implementation Date: 09/9/22 Projected Completion Date: 11/2/22

			<p>AFL Provider to retake Medication Administration training by 11/2/22.</p> <p>AFL Provider to consult with Clinical Supervisor regarding any medication changes over the next 60 days.</p> <p>Clinical Supervisor to review MAR monthly or as needed.</p>	<p>AFL Provider</p> <p>AFL Provider</p> <p>Clinical Supervisor</p>	
<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>This Rule is not met as evidenced by:</p> <p>Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire for 1 of 3 audited staff</p> <p>Record review on 9/2/22 for Staff #1 revealed: -Date of Hire-7/5/17 -Date of HCPR verified: 7/5/17</p>	V 131	1	<p>Team reviewed the deficiency on 9/9/22 to develop a plan of correction that ensures Prior Employment Verification.</p> <p>HomeCare Management has imposed a new hiring process in 2020. The HCPR verification is conducted by the recruiting team prior to the hire.</p> <p>Quality management staff will monitor systemic implementation via quarterly chart review.</p>	<p>QM Director</p> <p>Recruiting Dept.</p> <p>QM Director</p>	<p>Implementation Date: 09/9/22</p> <p>Projected Completion Date: 11/2/22</p>



HomeCare Management Corp.

(Corporate Office)
5855 Executive Center Drive
Suite 104
Charlotte, NC
Phone: 704 535-4342
Fax: 704 535-4347
homecaregmt.org

September 16, 2022

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

Ref: Annual Survey completed September 2nd, 2022
Cox Family Home, 1615 Willow Road Hendersonville, NC 28739
MHL # 045-140

Dear Ms Samford,

On behalf of Margaret Mason, CEO and Cheryl Kelly, Facilities Manager please accept the attached plan of correction regarding the Annual Survey completed on September 2, 2022 for facility license # MHL 045-140.

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

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,



9/16/22

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

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