

Plan of Correction
Passionate Care Group home #1

DHSR - Mental Health

Passionate Care Group home #1
105 Walnut Creek Drive,
Clayton NC 27520

APR 24 2023

E-mail: [REDACTED]

Lic. & Cert. Section

Date: 03/16/2023

Licensee: [REDACTED]
Qualified Professional: [REDACTED], MSA/QP
Registered Nurse: [REDACTED]

Passionate Care corrected and identified procedures according to State rules and Group home policies based on the findings 02/22/2023 to maintain compliance in noted areas. Plan of correction was followed as written and followed through by the facility within 10 days of 03/10/2023 received by email. Surveyor submitted recommendations dated 02/24/2023. Citations were retrieved from SPAM and forwarded to the QP.

V 118 27G .0209 (C) Medication Requirements
10A NCAC 27G .0209 MEDICATION

REQUIREMENTS: Registered Nurse (RN) held a Mandatory Medication class for all staff on 03/16/2023 readdressing Medication Administration Requirements and skills while emphasizing on appropriately transcribing and assuring medication is administered on the written order of a Physician to include procedures to monitor blood pressure, blood sugar, and transitioning back from hospitalization. The RN also went over medication errors described in the audit and how to avoid making the same mistakes in the future. The RN also provided Diabetes documentation training in service and follow up. Licensee will check the MAR's weekly and make sure the staff documents all vital checks. The RN will come in and monitor MAR documentation each month over the next 90s with the Licensee and staff for consistency. Qualified Professional will monitor all MAR's monthly and discuss changes in medications with staff when receiving outside services to assure orders are followed through properly.

V 736 27G .0303(C) Facility and Grounds Maintenance
10A NCAC 27G .0303 LOCATION AND

EXTERIOR REQUIREMENTS: Floors were completed within a week after survey due to Licensee was already in the process of updates and repairs prior to visit. Repairs were made to broken kitchen drawer, towel rack in client bathroom replaced, mattress replaced in client #3's bedroom, and walls in client bathroom were painted. Staff in the home will report maintenance repairs and upkeep to Licensee weekly.

Marchant Swinson, MSA/QP

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL051-144	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/22/2023
NAME OF FACILITY PASSIONATE CARE HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 105 WALNUT CREEK DRIVE CLAYTON, NC 27520	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0119	Correction	ID Prefix V0536	Correction	ID Prefix V0537	Correction
Reg. # 27G .0209 (D)	Completed	Reg. # 27E .0107	Completed	Reg. # 27E .0108	Completed
LSC	02/22/2023	LSC	02/22/2023	LSC	02/22/2023
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 2/22/23
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REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
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FOLLOWUP TO SURVEY COMPLETED ON 8/13/2021	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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