

Open Hearts Plan of Correction

V107|V131: The director will audit personnel files monthly to ensure required information is in the file and the file is updated regularly. Criminal records and NC Health Care personnel registry checks will be completed prior to date of hire for each employee. Personnel file for QP has been updated to include a signed job description with job duties, minimum education level, criminal record check, training, experience, and other qualifications for the position.

V112: The Director and QP will audit client files monthly to ensure the Assessment and treatment plan/habilitation or service plan is up to date and completed within 30 days of admission for each client. Appointments are scheduled for annual assessments.

V113: The Director and QP will audit client files monthly to ensure the Client record is complete and current. All client records have been reviewed and updated. QP has received training and will maintain client records.

V114: Emergency & fire drills will be held quarterly. Staff was in-serviced on emergency procedures. Audits will be conducted monthly to ensure drills are up to date.

V118: The Director and QP will audit MARs monthly to ensure it is updated and current. All staff educated on the MAR—signing/initialing after administration, making sure meds are listed on the MAR, proper dosages, discontinued meds/order.

V289: The director will audit all FL-2 forms to ensure clients have the proper diagnosis to reside in a supervised living facility. Client records were audited, and admissions records completed on all clients. Psychiatric service provider contacted and appointments for clients scheduled to review & update diagnosis as needed.

V736: Staff will monitor house to ensure its safe, clean attractive and orderly. Repairs made to closet rack. New mattress purchased. Cleaning service has been contacted to deep clean the house monthly and consulted with them about stain removal in the bathtub. Staff has assisted client to put away clothes and maintaining neat & orderly spaces.

V752: Director has purchased a water thermometer. Water temps will be checked and recorded monthly to ensure temps are between 110-116 degrees Fahrenheit.

Personnel Requirements Audit Checklist

Employee Name: _____ Position: _____

Audited By: _____ Date: _____

	Completed	Missing	Notes
Copy of job description			
Minimum Education			
Duties & responsibilities			
Staff signature on job description			
Supervisor signature on job description			
ID/Proof of age			
Education, competency, Skills, work experience, qualifications			
NC Health Care Personnel registry check			
Criminal background check			
Licensure, certification, registration verification			
Training file			

Assessment & Treatment Plan Audit Checklist

Client Name: _____

Audited By: _____

Date: _____

	Completed	Missing	Notes
Admission Assessment			
Assessment complete within 30 days of admission			
Anticipated client outcomes & target date			
Strategies			
Staff responsible			
Annual Review schedule with client/RP			
Basis for assessment			
Client or RP consent			
Written Statement if consent not obtained			
Diagnoses			

Client Record Audit Checklist

Client Name: _____

Audited By: _____

Date: _____

	Completed	Missing	Notes
Face Sheet: name, client record, DOB, race, gender, marital status, admission date, d/c date			
Documentation of mental illness, developmental disabilities or substance abuse dx			
Screening & Assessment			
Treatment/habilitation Service plan			
Emergency info: POC, Physician's name, phone & address			
Consent for emergency treatment			
Services provided			
Progress towards outcomes			
Physical Disorders Dx			
Medication orders			
Labs: orders/tests			
Medication & administration errors & adverse drug reactions			

Emergency Drills In-service

Date: _____

Staff was in-serviced on the completion of emergency drills, evacuation procedures, and postings in the home.

Staff

Signature

██████████

██████████

██████

██████████

██████████

Instructor: _____

Date: _____

Medication Requirements Audit Checklist

Client Name: _____

Audited By: _____

Date: _____

	Completed	Missing	Notes
Orders for OTC & prescription drugs			
Order to self-administer meds			
Meds administered by proper persons			
MAR w/client's name			
Name, strength & quantity of drug on MAR			
Instructions for administering the drug on MAR			
Date & time the drug is administered on MAR			
Name/Initials of person administering drug on MAR			
Request for med changes on MAR			

MAR In-Service

Date: _____

Staff was in-serviced on the completion of emergency drills, evacuation procedures, and postings in the home.

Staff

Signature

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██████████

██████

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██████████████

Instructor: _____

Date: _____

7/9/23

Dear Madame,

The staff at Open Hearts extends sincere apologies on the delayed submission of our plan of correction. We experienced a family emergency which led to the passing of a loved one. While we're not expecting sympathy or leniency, we felt it important to offer an explanation.

Regards,

Debbie Telfair