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By Pamela S. Pridgen at 3:58 pm, Mar 26, 2024

Appendix 1-B: Plan of Correction Form**Plan of Correction**Please complete all requested information and mail completed Plan of Correction form to:

In lieu of mailing the form, you may e-mail the completed electronic form to:

Provider Name:	Affirmative Family Care Services	Phone:	704-763-5459
Provider Contact Person for follow-up:	Dr. Raymond Russell Dr. Raymond Russell	Fax:	
Address:	9128 Touchstone Drive Charlotte, NC 28262		
Provider #			

Finding	Corrective Action Steps	Responsible Party	Time Line
V 105 27G .0201 (A) (1-7) Governing Body Policies Findings:1 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement discharge policies and procedures.	Measures to Correct Deficient Area of Practice: Affirmative Family Care Services has updated its discharge policies and procedures to align with governing body policies outlined in 10A NCAC 27G .0201. Clear discharge criteria have been established, and the Qualified Professional is now responsible for conducting discharge assessments and notifying the legal guardian within 60 days. Measures to Prevent Recurrence: Comprehensive training on discharge policies and procedures, covering criteria, documentation, and protocol adherence, has been provided to all staff on 02/23/2024 in a new client orientation and supervision meeting. Monitoring and Oversight: Internal audits and ongoing evaluations are conducted every 30 days after scheduled child and family treatment team meetings to monitor compliance and promptly address any issues that may result in a discharge notice. Monitoring Frequency: Ongoing monitoring and oversight ensure sustained compliance and continuous improvement.	Raymond Russell	Implementation Date: 02/23/2024 <hr/> Projected Completion Date: 02/23/2024

<p>V 107 7G .0202 (A-E) Personnel Requirements Findings: 2 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a complete personnel file was maintained for 1 of 1 Registered Nurse (RN)</p>	<p>Measures to Correct Deficient Area of Practice: A complete personnel file will be established for the Registered Nurse (RN) conducting medication administration training. A signed job description will be requested and included in the file. Measures to Prevent Recurrence: Regular reviews of personnel files will ensure completeness and compliance with regulatory requirements. Training on maintaining personnel records will be provided to staff. Monitoring and Oversight: Regular monitoring by (Raymond Russell) of personnel files will verify compliance with job description documentation and other personnel requirements. Monitoring Frequency: Monthly monitoring of personnel files will ensure sustained compliance.</p>	<p>Raymond Russell</p>	<p>Implementation Date: 02/23/2024</p> <hr/> <p>Projected Completion Date: 03/25/2024</p>
<p>V 109 27G .0203 Privileging/Training Professionals Findings: 3 This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Qualified Professionals (QP/Licensee (L)) failed to demonstrate the knowledge, skills and abilities required by the population served.</p>	<p>Measures to Correct Deficient Area of Practice: An additional Qualified Professional (QP) will be hired to meet competency requirements. The roles of the CEO and QP/Licensee (L) have been separated to ensure clear delineation of responsibilities. Measures to Prevent Recurrence: The QP will be hired within 60 days and undergo thorough vetting. Policies for individualized supervision plans for associate professionals will be developed. Monitoring and Oversight: CEO oversight of the QP hiring process and implementation of supervision plans for associate professionals. Monitoring Frequency: Continuous monthly monitoring will ensure sustained compliance.</p>	<p>Raymond Russell</p>	<p>Implementation Date: 02/23/2024</p> <hr/> <p>Projected Completion Date: 04/26/2024</p>
<p>V 110 27G .0204 (f) Paraprofessional Individualized Supervision Plans Findings: 4 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited Staff (#2) demonstrated competency in knowledge, skills, and abilities required by the population served.</p>	<p>Measures to Correct Deficient Area of Practice: Individualized supervision plans will be initiated for all paraprofessionals. Supervision intensity will be increased if needed during monthly supervision. Measures to Prevent Recurrence: Thorough training and orientation will be provided to paraprofessionals upon hiring. Regular evaluations will monitor competency. Monitoring and Oversight: Qualified Professionals will oversee and monitor individualized supervision plans.</p>	<p>Raymond Russell</p>	<p>Implementation Date: 02/23/2024</p> <hr/> <p>Projected Completion Date: On-going</p>

	<p>Progress will be monitored monthly in individual and group supervisions.</p> <p>Monitoring Frequency: Ongoing monthly monitoring will ensure sustained compliance.</p> <p>discrepancies or missing information for correction.</p>		
<p>V 114 27G .0207 Emergency Plans and Supplies Findings 5: This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift.</p>	<p>Measures to Correct Deficient Area of Practice: fire and disaster drills have been scheduled for missed shifts. A revised schedule ensures quarterly drills for each shift.</p> <p>Measures to Prevent Recurrence: A calendar system will ensure ongoing compliance with drill requirements. Staff have received additional training on drill schedules and created a fire and disaster drill calendar.</p> <p>Monitoring and Oversight: Qualified Professional will monitor drill scheduling and completion. Internal Audits will verify compliance during Qualified Professional's supervision.</p> <p>Monitoring Frequency: Ongoing monthly monitoring will ensure quarterly drills for each shift.</p>	Raymond Russell	<p>Implementation Date: 02/23/2024</p> <p>Projected Completion Date: 03/23/2024</p>
<p>V 118 27G .0209 (C) Medication Requirements Compliance with Medication Requirements (10A NCAC 27G .0209) Findings 6: This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure medications were administered on the written order of a physician and the MARs kept current affecting 1 of 1 Client (#1) and 1 of 1 Former Client (FC #2).</p>	<p>Measures to Correct Deficient Area of Practice: A process is in place to ensure physician orders are adhered to when all staff are administering medications. Randolph pharmacy located in Charlotte will create and update all MAR's. MARs will be promptly completed by the administrating staff immediately after administration.</p> <p>Measures to Prevent Recurrence: All staff will receive training on medication administration procedures by Affirmative Family Care's registered nurse. House Manager will conduct updates and refreshers on a as-needed.</p> <p>Monitoring and Oversight: Regular monthly internal audits will verify compliance with medication requirements.</p> <p>Monitoring Frequency: Ongoing monitoring ensures compliance with medication administration procedures.</p>	Raymond Russell	<p>Implementation Date: 02/23/2024</p> <p>Projected Completion Date: 03/23/2024</p>
<p>V 318 130 .0102 HCPR - 24 Hour Reporting Findings: This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure Health Care Personnel Registry (HCPR) was notified of all allegations of</p>	<p>Measures to Correct Deficient Area of Practice: The updated protocol has now been implemented to ensure timely reporting of allegations to the HCPR within 24 hours.</p> <p>Measures to Prevent Recurrence: Affirmative Family Care Services, Policies and procedures has been reviewed to ensure adherence of 24-hour reporting requirements.</p>	Raymond Russell	<p>Implementation Date: 02/23/2024</p> <p>Projected Completion Date: 03/23/2024</p>

<p>abuse against personnel within 24 hours as required affecting 1 of 3 audited Staff (#2).</p>	<p>Regular monthly reminders are provided to staff. Monitoring and Oversight: monitors reporting to HCPR. Internal audits verify prompt reporting. Monitoring Frequency: Ongoing monthly monitoring ensures timely reporting.</p>		
<p>V 366 Compliance with Incident Response Requirements (10A NCAC 27G .0603) Findings: This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to implement written policies governing their response to Level I and Level III incidents.</p>	<p>Measures to Correct Deficient Area of Practice: Written policies for Level I -Level III incidents have been reviewed, developed, and implemented. Measures to Prevent Recurrence: Staff received training on incident response policies. Internal audits will ensure policy implementation. Monitoring and Oversight: CEO, Raymond Russell will oversee policy development and implementation. Continuous monthly ensures compliance. Monitoring Frequency: Continuous monthly monitoring ensures adherence to incident response requirements.</p>	<p>Raymond Russell</p>	<p>Implementation Date: 02/23/2024</p> <p>Projected Completion Date: 03/23/2024</p>
<p>V 367 27G .0604 Incident Reporting Requirements Findings: This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report level III incidents in the Incident Response Improvement System (IRIS) as required.</p>	<p>Measures to Correct Deficient Area of Practice: Training ensures timely reporting of Level I-III incidents in the IRIS system. Measures to Prevent Recurrence: Policies have been reviewed and revised for accurate reporting. Internal audits and reminders ensure compliance. Monitoring and Oversight: Raymond Russell will monitor reporting accuracy. Internal quality assurance audits verify compliance. Monitoring Frequency: Continuous monthly monitoring ensures accurate reporting.</p>	<p>Raymond Russell</p>	<p>Implementation Date: 02/23/2024</p> <p>Projected Completion Date: 03/23/2024</p>
<p>V 536 27E .0107 Client Rights - Training on Alt to Rest. Findings: This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure Refresher Training on alternatives to restrictive interventions was completed affecting 1 of 1 Qualified Professional(QP)/Licensee (L).</p>	<p>Measures to Correct Deficient Area of Practice: Refresher training on alternatives to restrictive interventions was completed on 2/23/2024 for all staff. Measures to Prevent Recurrence: Revised policies ensure timely completion of refresher training. Regular refreshers will be provided to staff by the Qualified Professional after level I-Level III incidents. Monitoring and Oversight: Raymond Russell will monitor the completion of refresher training. Audits verify compliance. Monitoring Frequency: Continuous monitoring ensures timely completion of training.</p>	<p>Raymond Russell</p>	<p>Implementation Date: 02/23/2024</p> <p>Projected Completion Date: 03/23/2024</p>

<p>V 736 27G .0303(c) Facility and Grounds Maintenance Findings: This Rule is not met as evidenced by: V 736 Based on observation and interview, the facility was not maintained in a clean, attractive, and orderly manner.</p>	<p>Measures to Correct Deficient Area of Practice: Facility grounds, closets, floors, Kitchen and kitchen appliances, door and unusual items shall be maintained and clean in orderly manner Measures to Prevent Recurrence: Observation will be reported to supervision at the time of occurrence. Notify maintenance to make repair or necessary arrangements to remain compliant. Monitoring and Oversight: Raymond Russell will monitor and will provide oversight to the group home to assure compliance</p>	<p>Raymond Russell</p>	<p>Implementation Date: 02/23/2024 Projected Completion Date: 03/23/2024</p>
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