## PLAN OF CORRECTION

Provider Nam	e: Cosby Counseling & Consulting PLL	C	Phone:	980-522-8061
Provider Conta	Deanna Cosby		Fax:	704-749-8742
Person for follow-u			Email:	deanna@deannacosby.com
License	#: MHL036-345			
TAG ID	Deficiency	Corrective Action		Time Line
V118- 27G .0209 (C) Medication Requirements. 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff received training in medication administration completed by a registered nurse, pharmacist, or other legally qualified person affecting 1 of 1 Associate Professional (AP). The findings are:  Review on 02/23/2024 of the AP's personnel record revealed: -Hire date 02/05/2024No medication administration training. Interview on 02/27/2024 with the AP revealed: -Was trained in medication administration by the Licensee but could not recall the exact date"[Licensee] did my face to face medication administration training." -"It (medication administration training) was also done through instructional video." Interviews on 02/23/2024 and 02/27/2024 with the Licensee revealed: -Was not a registered nurse, pharmacist, or other legally qualified person certified to train others in medication administration"I thought that I could train staff in medication	RESPONSE: Given a deficient action regarding leaderships failure to provide state required training for a paraprofessional that reported administering medication in the group home setting.  Dr. Completed training with all staff on the topic of Medication Administration Management and Recording on 3-16-2024.  Plan for Continuous Compliance  1. has identified one other Registered Nurse that can provide training as new employees are onboarded 2. Medication Administration Training will be provided in accordance with the state standard.	3-16-20 Project Continu	RECEIVED APR 0 9 2024  DHSR-MH Licensure Sect
V 296- 27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be	This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the minimum staffing ratio. The findings are: Observation on 02/23/2024 at approximately 11:35 am	RESPONSE: Given a deficient action regarding leaderships failure to provide state required staffing which is a minimum of 2 staff in the group home setting, even when there is only	3-6-20 Projec	cted Completion Date:

able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:

- (1) two direct care staff shall be present for one, two, three or four children or adolescents;
- (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:
- (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.

revealed: -Staff #1 and Client #1 were present at the facility. Interview on 02/23/2024 with Client #1 revealed: -Had been at the facility alone with Staff #1 since 8:00 am.

-"It is normally 2 staff here." Interview on 02/28/2024 with Client #2 revealed: -2 staff were present at the facility on each shift. Interview on 02/28/2024 with Client #3 revealed: -1 or 2 staff were present at the facility on each shift. -There was usually 1 staff during the weekend morning shift. Interview on 02/23/2024 with Staff #1 revealed: -"[Licensee] just went to the store. She will be back." Interview on 02/28/2024 with Staff #2 revealed: -2 staff were present at the facility on each shift. Interview on 02/28/2024 with Staff #3 revealed: -"There are 2 staff at all times except for during overnight hours." Interview on 02/23/2024 with the Licensee revealed: -There were generally 2 staff at the facility but she left the facility to run an errand moments before the surveyor's arrival. This deficiency constitutes a recited deficiency and must be corrected within 30 days.

one resident in the home.

members so that the agency will remain in continuous compliance.

### Plan for Continuous Compliance

- Day 2 of 3 of Orientation for 2 new staff members was completed on 3-21-2024.
- An ad remains on Indeed to recruit staff members to ensure compliance.

V 736 27G .0303(c) Facility and Grounds
Maintenance 10A NCAC 27G .0303 LOCATION
AND EXTERIOR REQUIREMENTS (c) Each
facility and its grounds shall be maintained in a safe,
clean, attractive and orderly manner and shall be kept
free from offensive odor.

This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive, and orderly manner. The findings are: Observation on 02/23/2024 at approximately 11:35 am - 11:45 am of the facility revealed: Clients' #1 and #2 bedroom:

-Clothes and debris scattered about the entire floor.

### Client #3's bedroom:

-White bedroom door with 1 large circular unfinished drywall area approximately 8 inches long and 8 inches wide, 1 medium circular unfinished drywall area approximately 6 inches long and 4 inches wide, and a crack approximately 8-10 inches long leading to the doorknob.

-White closet door with paint peeled off the lower

This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive, and orderly manner. The findings are: Observation on 02/23/2024 at approximately 11:35 am - 11:45 am of the facility revealed: Clients' #1 and #2 bedroom: -Clothes and debris scattered about the entire floor. Client #3's bedroom: -White bedroom door with 1 large circular unfinished drywall area approximately 8 inches long and 8 inches wide. I medium circular unfinished drywall area approximately 6 inches long and 4 inches wide, and a crack approximately 8-10 inches long leading to the doorknob. -White closet door with paint peeled off the lower half of the door under the doorknob. -1 circular unfinished drywall area approximately 7 inches long and 6 inches wide near the bed. -Clothes, shoes, 1 skateboard, 2 medium sized boxes, I gaming box, I large trash bag filled with unknown items, I desk lamp, and debris scattered about the floor. Bathroom: -Partially hung shower curtain missing approximately 6-8 rings. Interview on 02/23/2024 with Client #1 revealed: - Shower curtain broke 2 weeks ago. -"We clean our rooms once per week." Interview on 02/28/2024 with Client #2

RESPONSE: Given a deficient action regarding leaderships failure to ensure that repairs are made in a timely fashion and the residents are maintaining their living areas in an orderly fashion,

has reminded the staff to reinforce with the residents the practice of cleaning their rooms and making their beds before they leave for school and all holes and areas where paint was peeling have been repaired. The shower curtain rings have been installed as well.

## Plan for Continuous Compliance

 A maintenance staff has been hired and he makes rounds at the facility each morning to inspect the condition of the home. Implementation Date: 3-9-2024

Projected Completion Date: 3-31-2024 and daily, weekly, and as need thereafter.

half of the door under the doorknob. -1 circular unfinished drywall area approximately 7 inches long and 6 inches wide near the bed. -Clothes, shoes, 1 skateboard, 2 medium sized boxes, 1 gaming box, 1 large trash bag filled with unknown items, 1 desk lamp, and debris scattered about the floor. Bathroom:

-Partially hung shower curtain missing approximately 6-8 rings.

Interview on 02/23/2024 with Client #1 revealed:

- Shower curtain broke 2 weeks ago.

-"We clean our rooms once per week." Interview on 02/28/2024 with Client #2 revealed: -Holes had been in the wall prior to his admission to the facility Interview on 02/28/2024 with Client #3 revealed: -Shower curtain broke a month ago. -Holes had been in the wall prior to his admission to the facility. Interview on 02/28/2024 with Staff #2 revealed: -"We deep clean every Sunday." -"They (Clients) are supposed to make sure their rooms are in order every day." Interview on 02/28/2024 with Staff #3 revealed: -Was not sure how long the holes had been in the walls. -Was not sure how long the curtain had been broken. Interview on 02/23/2024 with the Licensee revealed: -Hired a repairman on 02/05/2023 to make repairs to the facility. -Did not know when the crack in Client #3's bedroom door happened. -"I believe he (Client #3) made the hole this week because I plastered it yesterday." -"I got a call on Sunday about them needing a shower curtain." -"We clean every Saturday. The boys (Clients) and the staff clean on Saturday."

revealed: -Holes had been in the wall prior to his admission to the facility.

Interview on 02/28/2024 with Client #3 revealed: -Shower curtain broke a month ago. -Holes had been in the wall prior to his admission to the facility. Interview on 02/28/2024 with Staff #2 revealed: -"We deep clean every Sunday." -"They (Clients) are supposed to make sure their rooms are in order every day." Interview on 02/28/2024 with Staff #3 revealed: -Was not sure how long the holes had been in the walls. -Was not sure how long the curtain had been broken. Interview on 02/23/2024 with the Licensee revealed: -Hired a repairman on 02/05/2023 to make repairs to the facility. -Did not know when the crack in Client #3's bedroom door happened. -"I believe he (Client #3) made the hole this week because I plastered it yesterday." -"I got a call on Sunday about them needing a shower curtain." -"We clean every Saturday. The boys (Clients) and the staff clean on Saturday.

- 2. A form is completed each morning to document that the inspections are occurring Mon-
- 3. Deep cleaning day is Saturday.
- Rooms are cleaned during down time daily from 3-4p Mon-Fri.
- 5. 3<sup>rd</sup> shift staff inspect the group home each day before leaving.

# PLAN OF CORRECTION

Provider Contact Person for follow-up:    Deanna Cosby	Fax: Email:	
License #: MHL036-357  TAG ID  V118- 27G .0209 (C) Medication Requirements. 10A NCAC 27G .0209 MEDICATION REQUIREMENTS  Deficiency This Rule is not met as evidenced by: Based on interview and record review, the regarding leaderships failure to facility failed to appropriate for the regarding leaderships failure to facility failed to appropriate for the regarding leaderships failure to facility failed to appropriate for the regarding leaderships failure to facility failed to appropriate for the regarding leaderships failure to the regarding leaderships failure		deanna@deannacosby.com
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10A NCAC 27G .0209 MEDICATION  Based on interview and record review, the regarding leaderships failure to facility failed to assure stoff received.	t and I have be	Time Line
(c) Medication administration:  (2) Medications shall be self-administered by clients only when authorized in writing by the clients only the clients only the clients only the clients only by administered by a registered nurse, pharmacist, or other legally qualified person and privileged to prepare and administer medications.  (A) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered to thall be recorded immediately after administration. The MAR is to include the following:  (A) client's name;  (B) name, strength, and quantity of the drug;  (C) instructions for administering the drug.  (C) instructions for administering the drug.  (C) instructions for administering the drug.  (C) Client requests for medication changes or cheeks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.  And the client's name, the drug of the AP's personnel record revealed:  Was trained to ensure stail received the approach of the legally qualified person affecting 1 of 1 clients and ministration completed by a registered nurse, pharmacist, or of the Paps on 02/23/2024 with the AP's personnel record revealed:  Was trained to ensure stail received the registered nurse, pharmacist, or other legally qualified person affecting 1 of the AP's personnel record revealed:  "Licensee] did my face to face medication administration training."  "It (medication administration training) was also done through intervie	for a  for a  Project Continuation Continuat	mentation Date: 2024 cted Completion Date: 3-16-2024 nuous for new employees.
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V 736 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G 0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.

This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive, and orderly manner. The findings are: Observation on 02/23/2024 at approximately 11:35 am - 11:45 am of the facility revealed: Clients' #1 and #2 bedroom:

-Clothes and debris scattered about the entire floor.

### Client #3's bedroom:

- -White bedroom door with 1 large circular unfinished drywall area approximately 8 inches long and 8 inches wide, 1 medium circular unfinished drywall area approximately 6 inches long and 4 inches wide, and a crack approximately 8-10 inches long leading to the doorknob.
- -White closet door with paint peeled off the lower half of the door under the doorknob.
- -1 circular unfinished drywall area approximately 7 inches long and 6 inches wide near the bed. -Clothes, shoes, 1 skateboard, 2 medium sized boxes, 1 gaming box, 1 large trash bag filled with unknown items, I desk lamp, and debris scattered about the floor.

#### Bathroom:

- -Partially hung shower curtain missing approximately 6-8 rings.
- Interview on 02/23/2024 with Client #1 revealed:
- Shower curtain broke 2 weeks ago.
- -"We clean our rooms once per week." Interview on 02/28/2024 with Client #2 revealed: -Holes had been in the wall prior to his admission to the facility Interview on 02/28/2024 with Client #3 revealed: -Shower curtain broke a month ago. -Holes had been in the wall prior to his admission to the facility. Interview on 02/28/2024 with Staff #2 revealed: -"We deep clean every Sunday." -"They (Clients) are supposed to make sure their
- rooms are in order every day." Interview on 02/28/2024 with Staff #3 revealed: -Was not sure how long the holes had been in the walls. -Was not sure how long the curtain had been broken. Interview on 02/23/2024 with the Licensee revealed: -Hired a repairman on 02/05/2023 to make repairs to the facility. -Did not know when the crack in Client #3's bedroom door happened. -"I believe he (Client #3) made the hole this week because I plastered it yesterday." -"I got a call on Sunday about them needing a shower curtain." -"We clean every Saturday. The boys (Clients) and

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This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive, and orderly manner. 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. The findings are: Observation on 02/23/2024 at approximately 01:22 pm - 01:35 pm revealed: Clients' #1 and #2 bedroom: -Clothes and debris scattered about the floor. -2 unfinished drywall areas approximately 4 inches long and 3 inches wide on the wall at the head of bed #1. -3 unfinished drywall areas approximately 4 inches long and 3 inches wide on the wall at the head of bed #2.r

Client #3's bedroom: -Unmade bed, suitcase against wall near the window, and a white basket overflowing with clothes in front of the closet door. -Toys, boxes of toys, debris, and clothing items scattered about the entire floor surface. -4 unfinished drywall repair areas approximately 4 inches long and 3 inches wide on the wall near the nightstand. Client #4's bedroom: -White blinds with approximately 4-6 broken slats. -5 unfinished drywall repair areas approximately 6 inches long and 5 inches wide on the wall near the bathroom. -1 large circular unfinished drywall repair area approximately 9 inches long and 9 inches wide on the wall near window. Interview on 02/28/2024 with Client #1 revealed: -"Holes were there before I got here." -"My room is unorganized because I am unorganized." -"We are supposed to clean our room every day." Interview on 02/28/2024 with Client #2 revealed: -"A few (holes) are recent, and others are old." -Was responsible for keeping his room clean. Interview on 02/28/2024 with Client #3 revealed: -Cleaned his room every day. -"Holes in the walls have been like that since I got here." Interview on 02/28/2024 with Client #4 revealed: -Did not remember when he last cleaned his room. -"Kids (clients) keep putting holes in the wall." Interview on 02/28/2024 with Staff #1 revealed:

- "Clients are supposed to clean their rooms every
- -"Client rooms are messy due to client not cleaning their rooms up.
- -"Holes in walls happened 1 or 2 years ago." Interview on 02/28/2024 with Staff #2 revealed:
- -"Clients are supposed to clean their rooms every day."
- -Holes have been in the walls for awhile (timeframe was not quantified). Interview on 02/23/2024 with the Licensee revealed:
- -Hired a repairman on 02/05/2024 to make repairs to the facility.
- -Was not aware of the broken blinds in Client #4's bedroom
- -Had no explanation for the holes in the walls in the clients' bedrooms.

RESPONSE: Given a deficient action regarding leaderships failure to ensure that repairs are made in a timely fashion and the residents are maintaining their living areas in an orderly fashion,

has reminded the staff to reinforce with the residents the practice of cleaning their rooms and making their beds before they leave for school and all holes and areas where paint was peeling have been repaired.

## Plan for Continuous Compliance

- 1. A maintenance staff has been hired and he makes rounds at the facility each morning to inspect the condition of the home.
- 2. A form is completed each morning to document that the inspections are occurring Mon-
- 3. Deep cleaning day is Saturday.
- 4. Rooms are cleaned during down time daily from 3-4p Mon-Fri.
- 5. 3<sup>rd</sup> shift staff inspect the group home each day before leaving.

Implementation Date: 3-9-2024

Projected Completion Date: 3-31-2024 and daily, weekly, and as need thereafter.