

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

Provider Name:	Inreach	Phone:	704-536-6661
Provider Contact Person for follow-up:	Chris Brigman 704-536-6661 ext 425	Fax:	704-536-0074
		Email:	cbrigman@inreachnc.org
Address:	301 South Stewart Street, Wingate, NC 28174 Provider # MHL # 090-201		

Finding	Corrective Action Steps	Responsible Party	Time Line
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;	1. Physician's Order was located, and the medication was discontinued on 11/1/2023. Physician's Order was filed in the record and MAR updated. Physician's Order, MAR, and pharmacy label all now match. The remaining medication is to be properly disposed. 2. Facility manager is required to be retrained on medication administration. Signature: <i>Chris Brigman, COO</i> Date: <i>02-08-24</i>	QP QP	Implementation Date: 1/31/2024 Projected Completion Date: 3/1/2024
	<div style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">FEB 12 2024</div> <div style="color: blue; font-weight: bold; font-size: 1.2em;">DHSR-MH Licensure Sect</div>		

(D) date and time the drug is administered;
and
(E) name or initials of person administering the drug. Continued From page 1 V 118
(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 observations and interviews, the facility failed to insure that MAR's were kept current and medications were administered according to the written order of a physician, effecting one of three clients (Client #3). The findings are:
Record review on 1-29-24 of Client #3's record revealed:
-Physician's order for Ciclopirox 8% to be applied to effected area daily.
Review on 1-29-24 of Client #3's MAR's for October 2023 through January 29, 2024 revealed:
-Client received Ciclopirox 8% In October 2023.
-Ciclopirox 8% was not on November 2023-January 2024 MAR.
Observation on 1-29-24 at approximately 2:00pm of Client #3's medications revealed:
-Ciclopirox 8% dispensed 10-13-24.
Interview on 1-29-24 with Client #3 revealed:
-She could not state whether she received her Ciclopirox 8% or not.
Interview on 1-29-24 with the facility manager revealed:
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-She did not know why the medication was not on the MAR's after October, but Client #3 did receive her medications.
-She asked if she could fill out the MAR's reflecting that Client #3 received her medication correctly.
-She understood that she should have checked the MAR's more carefully to ensure nothing was missed.

1-29-24
1-29-24