

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DOROTHY'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 ROSEWOOD AVENUE ROCKY MOUNT, NC 27801
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

{V 000}	INITIAL COMMENTS A follow up survey was completed on 6/7/24. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	{V 000}	Quality Care Solutions, Inc. has developed and implemented a new plicy and proceures entitled "Self-Administration of Medication by Diabetic Residients / Clients". The 5-page document outlines how the staff members will assist, closely monitor and observe the diabetic client self-administer insulin. The effective dat of the policy and procedures is 7-13-24. The document will be provided to all existing faciity staff at the next scheduled and mandated staff meeting on 7-13-24. The Qualified Professional (QP) and House Manager (HM) shall review, educate and answer questions pertaining to the outlined procedures. The subject matter will be identified on the staff agenda. The intent of this educational component of the staff meeting is for everyone to understand the required process, without doubts, misconceptions or miscommunications. Staff members will be requested to sign an attendance roster, which will be evidence of participation. In addition, existing staff members must acknowledge receipt of the new policy by printing their name and date on a form labelled as "Receipt of New Policy & Overview o n Self-Administration of Medication by Diabetic Residents / Clients". The QP or HM will lace their initials onto the form to verify the policy was received by the staff. The QP or HM will be responsible to have staff shadow them, while illustrating the step-by-step process of assisting client to efficiently self-administer medications for diabetes. This will occur wither on the staff member's designated shift or before their shift	7-13-24 Ongoing
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sheila Burge, Compliance Officer		7-5-24

RECEIVED BY
MHL & C 7/8/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DOROTHY'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 ROSEWOOD AVENUE ROCKY MOUNT, NC 27801
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105	after the 7-13-24 staff meeting. On the same "Receipt of New Policy & Overview on Self-Administration of Medication by Diabetic Residents / Clients" form, the staff member must affix their shadowing/overview date to acknowledge it was completed. The QP or HM will place their initials directly under the date recorded by staff to witness the exercise occurred. All of the above, i.e. meeting agenda, sign-in sheet, receipt of new policy and overview forms that are completed will be maintained at the facility and also copied and sent to the Corporate Compliance Officer & HR Director for personnel files. All new hires shall be educated on the new policy and procedures by the QP or HM; receive demonstration of the process and sign/date above mentioned documents for filing. Prior to rendering residential supports to the clients, new hires are required to sign/date the "New Hire Orientation" form acknowledging medication administration & monitoring of diabetic clients' has been reviewed and discussed. The QP (as the supervisor) will also affix signature and date as a secondary verification. As a continuous monitoring mechanism, this topic will be one of the selections (which include a total of 3) during monthly supervision for 3 consecutive months. Concerns, questions, feedback, specifics, clarifications, etc. between the staff and QP will be documented to	7-13-24 Ongoing

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DOROTHY'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 ROSEWOOD AVENUE ROCKY MOUNT, NC 27801
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 6/5/24 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 11/15/23 - Diagnoses: Bipolar Disorder - current episode depressed - moderate, Post-Traumatic Stress Disorder - acute, Mild Intellectual Disabilities, and Diabetes - a physician's order dated 1/4/24: <ul style="list-style-type: none"> - check blood sugar (BS) once daily <p>Interview on 6/6/24 staff #1 reported:</p> <ul style="list-style-type: none"> - she had checked client #1's BS - she believed other staff checked client #1's BS nightly <p>Interview on 6/6/24 the House Manager reported:</p> <ul style="list-style-type: none"> - she checked client #1 BS - staff checked his BS nightly <p>Interview on 6/5/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - staff checked client #1's BS - the facility does not have a CLIA waiver - she knew a CLIA waiver was needed and asked the facility's corporate office about obtaining one - the corporate office told her that a CLIA waiver was not needed 	V 105	<p>minimize deficiencies. The staff member and QP will sign/date the monthly clinical supervision form showing both participation and input of the session. All new hires coming onboard will also receive supervision on the topic for 3 consecutive months (directly after employment) to ensure competency of the job function. The new hire and QP must sign/date the monthly clinical supervision form.</p> <p>ALL OF THE ABOVE REFERENCED DOCUMENTS (with the exception of the staff meeting agenda and staff meeting sign-in sheet - scheduled 7-13-24) ARE ATTACHED.</p> <p>Lastly, the agency received a physician assistant order dated 6-18-24 authorizing the client currently residing at Dorothy's Place to check his blood sugar and/or administer appropriate insulin doses. This paperwork has been filed in the client's service chart. Receipt of the order shall be reiterated by the QP to staff members during the 7-13-24 meeting. New staff will also be coached on this document and any other authorizations of diabetes applications for applicable clients during new hire orientation. The physician assistant's orders is also enclosed.</p>	
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DOROTHY'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 ROSEWOOD AVENUE ROCKY MOUNT, NC 27801
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

NEW HIRE ORIENTATION

Quality Care Solutions, Inc. shall conduct an orientation overview to all new hires to ensure the organizational goals and objectives are properly aligned.

- Mission
- Culture
- Philosophy
- Vision
- Bloodborne Pathogens (Communicable Disease and Infection Control)
- Client Rights
- Confidentiality/HIPAA
- Client Responsibilities
- Code of Ethics and Standards of Conduct
- Corporate Compliance Plan
- Crisis Prevention Institute (CPI) – non-violence crisis intervention or Nonviolent Crisis Interventions Plus (NCI+)
- Customer Services
- Employee Handbook
- Evacuation and Emergency Procedures
- First Responder and Crisis Services
- Health & Safety Practices
- Hepatitis B Vaccine Acceptance or Declination
- Human Resources (Workplace Policies and Procedures)
 - Statement and Acknowledgement of At-Will Employment
 - Authorization for Criminal Background Check, Education and Employment Verifications
 - Drug-Free Workplace Policy
 - Drug and/or Alcohol Testing Consent Form
 - Emergency Information Form for Employees
 - Equal Employment Opportunity Self-ID Form
 - Form I-9
 - Release Authorization Form
- Incident Reporting
 - Identification of Critical Incidents
- Job Description
 - Position Roles and Responsibilities
- Medication Administration & Monitoring (staff knowledge of clients' prescription medication and diabetic clients' self-administration & management)

- Medication Education
- NC TOPPS for MH and SU (Implementation Guidelines)
- NC SNAPS for DD (Guidelines)
- On the Job Training
 - Mentoring and Collaboration
- Organizational Structure and Chain of Command
- Other Organizational Planning Efforts
 - Cultural Competency
 - Diversity
 - Technology
 - Succession Planning
- Person Centered Planning
 - Person-Centered Planning Instruction Manual
 - Person-Centered Philosophy
- Performance Evaluations
- Performance Measurement and Management System
- Personal Privacy
- Prevention of Unsafe Behaviors
- Prohibition of Abuse, Neglect, Exploitation to Clients
- Prohibition of Waste, Fraud, Abuse and other Wrongdoing
- Promoting Wellness of Persons Served
- Quality Assurance/Quality Improvement
- Required Trainings (prior service delivery, 30 days, 90 days, annually, etc.)
- Rights of Personnel
- Risk Management Plan
- Reducing Physical Risks
- Service Notes Documentation
- Services and Programs
- Sexual Harassment
- Staff Competencies
- Strategic Plan
- Supervision Contracts and Logs
- Technology
 - Cybersecurity and Technology
 - Communication Systems and Expectations
- Transportation
- Workplace Violence Prevention
- Unique Needs of the Persons Served

Quality Care Solutions, Inc.

I hereby acknowledge receiving the new hire orientation by Quality Care Solutions, Inc.

Employee Signature _____

Date: _____

Human Resources Manager or Supervisor's Signature _____

Date: _____



3824 Barrett Drive Ste 105, Raleigh North Carolina 27609, Phone #: (919)-790-7775, Fax #: (919)-790-9755

RECEIPT OF NEW POLICY & OVERVIEW ON SELF-ADMINISTRATION OF MEDICATION BY DIABETIC RESIDENTS / CLIENTS

Quality Care Solutions, Inc. (QCS) has implemented a new policy titled “Self-Administration of Medication by Diabetic Residents / Clients” that applies to the Dorothy’s Place facility. The new policy is effective July 13, 2024.

I have received a copy of the policy, and it has been explained in detail. As an additional reassurance of my understanding, I have shadowed the Qualified Professional or the House Manager as a training platform on how to assist, closely monitor and observe the diabetic resident / client self-administer insulin.

The purpose of this requirement is to ensure all facility staff are clearly knowledgeable of the internal process.

Employee Name _____ (please print)

Date received policy _____

QP or HM Initials _____

Date of shadowing/training/overview _____

QP or HM Initials _____



3824 Barrett Drive Ste 105, Raleigh North Carolina 27609, Phone #: (919)-790-7775, Fax #: (919)-790-9755

MONTHLY CLINICAL SUPERVISION

Staff Member:

Position Title:

Supervision Session Date:

Duration: 1 Hour

Please record applicable service being rendered: Residential Supports

Individual or Group

Method of Supervision shall be selected as follows:

- Direct Observation
- Verbal Feedback,
- Role Modeling
- Literature Review
- Other

Select and place rating for three (3) supervision topics referenced below:

- (1) Exceeds Expectations**
- (2) Meets Expectations (above satisfactory)**
- (3) Satisfactory (acceptable)**
- (4) Needs Improvement & Additional Coaching**
- (5) Total Unacceptable (Disciplinary Action Required)**

	Technical knowledge
	Cultural Competency and awareness
	Analytical skills
	Decision-Making / Problem solving
	Interpersonal skills
	Communication skills
	Clinical skills



3824 Barrett Drive Ste 105, Raleigh North Carolina 27609, Phone #: (919)-790-7775, Fax #: (919)-790-9755

	Customer Services skills
	Teamwork & willingness to collaborate with others
	Clients' Rights
	Flexibility and Adaptability
	Self-Awareness and Confidence
	Assessment and Referral
	Knowledge of job functions, assignments, tasks, and responsibilities
	Teamwork
	Treatment effectiveness / goals
	Model Fidelity
	Work Quality
	Discharges and Transfers
	Coordination of Care
	Responsiveness (adequate responses to agency emails / agency phone calls and client phone calls, submissions of personnel documents prior to expiration dates, follow-up with pending job expectations or assigned projects, meeting established timelines established by supervisor and/or in agency's policies/procedures, etc.)
	Professional Growth and Development: skill development, sharing of resources, assistance with accessing resources, review of progress towards professional goals, participate in additional peer support related training referenced in service definition or as needed).
	Service Notes Documentation (generate appropriate billable and non-billable progress notes)
	Professional standards and adherence to code of ethics and conduct
	Participates in monthly supervisions professionally
	Participates in required treatment team meetings
	Participates in Quality Assurance and Quality Improvement initiatives, as requested (peer reviews, internal chart audits, external chart monitoring, CARF re-accreditation, Quality Improvement Projects (QIPs)), etc.
	Intervention Appropriateness
	Identification of significant health and safety concerns; incident reporting
	Risk factors for suicide and other dangerous behavior
	Serve as a role model to individuals in recovery including how to constructively share your own story of hope and recovery
	Connects with others where and as they are
	Confidentiality & HIPAA
	Medication Administration
	Fosters positive relationships with clients and legal guardians



3824 Barrett Drive Ste 105, Raleigh North Carolina 27609, Phone #: (919)-790-7775, Fax #: (919)-790-9755

	Medication Administration & Monitoring (staff knowledge of clients' prescription medication and diabetic clients self-administration & management)
	Home management functions (housekeeping, laundry, preparing meals, cleaning, etc.)
	Crisis Management
	Adheres to staffing requirements and responsibilities stipulated in the perspective service/support Clinical Coverage Policy
	Participates in required trainings as required
	Maintains access to community resources and directories
	Abides and adheres to accepted Human Resources practices
	Reports client complaints according to policy and procedures
	Reports employee complaints according to policy and procedures
	Attend and participate in required scheduled staff meetings
	Promotes health and safety practices by participating in simulated drills and exercises. Adheres to all health and safety rules, regulations, policies, and procedures.
	Understands the person-centered planning and Wellness Recovery Action Plan (WRAP)
	Establishes and maintains therapeutic boundaries with clients
	Demonstrates compliance through service delivery and administrative tasks
	Performs other reasonable tasks as requested by supervisor and leadership.

In addition, the following questions (when applicable) will be reviewed during supervision session:

Are there any issues outstanding from the previous supervision session?

What items you would like to discuss at this Supervision?



3824 Barrett Drive Ste 105, Raleigh North Carolina 27609, Phone #: (919)-790-7775, Fax #: (919)-790-9755

Are there any areas of your role or your current identified tasks which you are not clear about?

Do you have any future training needs?

Goals, Topics, and Methods:

Comments by employee:

Comments by supervisor:



3824 Barrett Drive Ste 105, Raleigh North Carolina 27609, Phone #: (919)-790-7775, Fax #: (919)-790-9755

Actions to be taken by employee:

Actions to be taken by supervisor:

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Quality Care Solutions Inc.

Personnel Policy and Procedures Manual

Policy: Self-Administration
of Medication by
Diabetic Residents /
Clients

Originators: Quality Care Solutions, Inc.

Effective Date: 7-9-24

PURPOSE: To provide staff the internal protocols on how to assist, closely monitor and observe the diabetic resident / client self-administer insulin.

Policy Statement: It is the policy of Quality Care Solutions (QCS) to ensure staff properly oversee the medication administration of residents with diabetes.

Scope: This policy applies to all QCS staff rendering residential support services to Dorothy's Place residents in Rocky Mount, North Carolina.

Procedures: Residents' health disorders such as diabetes can be initially assessed and determined by a medical professional prior to admission or while residing at Dorothy's Place. Diabetes is a chronic disease characterized by elevated blood glucose levels. It is managed and controlled by the intake of insulin injections and blood draw.

QCS requires insulin to be given by the resident / client at the right dose, right frequency, right timing, by the right method and the regime tailored to the resident. Safety and effectiveness go hand in hand.

To ensure the safe and effective administration of insulin for Dorothy Place residents with diabetes, self-administration of insulin using a disposable pen shall occur. It is the responsibility of the designated Qualified Professional

(QP) at the facility to ensure that existing and new staff are aware of this policy and have the correct training, competence and supervision.

Applicable residents must demonstrate the ability to perform diabetes self-care by receiving a written approval from a medical professional, i.e. physician assistant, registered nurse or medical physician, which will be maintained in their service chart.

All facility residents will see a healthcare provider or primary care physician on a regular basis for assessment or reassessment of diabetes.

When a resident / client is challenged with diabetes at Dorothy's Place, the healthcare provider or primary care physician is notified and asked how the person's medication(s) should be administered. A physician's order must be obtained with this information once they are admitted into the facility.

It is mandatory that staff always follow specific physician orders for each resident / client.

The equipment required and utilized for self-administration of insulin by the resident / client will be an insulin pen. An insulin pen looks like a writing pen but has a needle for its point. The pen will be purchased filled with insulin and disposable. This technique is a routine care that can be easier taught to the resident / client.

If a resident / client must have their blood glucose checked, the staff must gather the needed items for the blood glucose check, which are as follows:

- 1) the blood glucose meter
- 2) the test strips
- 3) the lacets (needle to prick the fingertip)
- 4) alcohol preps band aids

The following steps are to be followed to check the resident / client blood glucose level:

- 1) wash hands
- 2) massage the chosen finger to stimulate blood flow
- 3) use alcohol prep to clean area before pricking the finger
- 4) turn on the blood glucose meter

- 5) prick fingertip wipe first drops of blood
- 6) stick new test strip in the meter
- 7) squeeze out second drop of blood on the test strip
- 8) wait for blood glucose machine to analyze the blood glucose level of the resident / client and the staff shall document it on the Medication Administration Record (MAR).

The resident's / client's MAR chart (indicating the insulin prescription's details; time of the insulin dose; blood glucose levels and information about the normal range of the blood sugars for the resident / client) shall be appropriately documented. In addition, if the resident / client refuses to engage in this medical treatment, an incident report shall be initiated, and reason written in the MAR. Staff members are required to initial and date the MAR daily when the resident / client self-administer insulin,

Each time this is performed a new test strip and lacer is to be utilized. After use, the lacer and test strip shall be disposed in the sharp container.

When administering oral medication, the physician orders must be followed in accordance with the six (6) rights of medication administration:

- 1) right resident / client
- 2) right medication
- 3) right time
- 4) right route
- 5) right dose
- 6) right documentation

When the medical professional prescribes the insulin pen to the resident / client, the staff must dial up the amount of insulin to be administered by the resident / client. Once the resident / client has administered the insulin; the staff will take the pen from the resident / client and take the needle off the end of the pen and dispose it in the sharp container. Staff shall clean the area and place a band aid in the area.

To reiterate #8 referenced above, the staff is required to sign the MAR and store the pen in the refrigerator in a locked box.

SIGNIFICANTLY IMPORTANT: When administering insulins, a new needle must always be utilized.

Staff shall accommodate the staff by closely observing the resident / client inject insulin in various fatty tissues on their body, i.e. upper outer arms, upper outer thighs, abdomen, etc. Body sites should be rotated and observed for lumps/inflammation/bruising prior to injection. Insulin should not be injected into the area with any of these problems.

The needle shall be disposed in the sharp container once the injection is completed. Only dispose of the insulin pen when the pen is empty, and the needle has been disposed in the sharp container.

The insulin pen can then be placed in the trash container.

Staff must always notify the healthcare provider or primary care physician if the resident / client with diabetes is feeling under the weather. Staff do not have the medical competency to make decisions regarding a resident / client's health or well-being. Staff must adhere to a physician's order precisely to establish and maintain the appropriate care of the resident / client at Dorothy's Place.

Important Information Regarding the Safe Use of Insulin Pens

1. It is recommended that the facility have a spare device available in the event of breakage or loss.
2. When using insulin in the pen device, the dose dialed is the dose delivered.
3. Residents should have their blood glucose levels checked and recorded as directed by medical professionals.
4. Staff shall be competent to observe and assist resident / client while the resident / client conducts this procedure (as authorized by the medical professional). New staff are required to shadow the designated QP or House Manager (HM) who will provide guidance and step-by-step demonstration of the acceptable maintenance and monitoring of the resident / client insulin intake. The QP or HM must

acknowledge the new hire has shown evidence of being competent by signature that overview was successfully accomplished on designated form.

5. Insulin not in use shall be stored in the refrigerator. They should be stored in a medication locked box in the refrigerator.

There may be new resident / client that is admitted to the facility that will have a medical issue of diabetes and receive physician orders to utilize another method of treatment. The orders could be oral or non-insulin, injectable or non-injectable. QCS shall adhere to the written authorization of the prescription, when this is applicable. There will never be any exceptions. All facility staff shall be properly educated and receive training on the specific requirements and process.

Whether the resident / client receives oral, insulin injections, non-injections, etc., the treatment shall be person-centered.

Supervision

Qualified Professional shall consult, demonstrate, illustrate, interpret and continuously supervise this job function to new and existing staff members. All new hires within their ninety (90) day probation period shall receive supervision on MAR relating to diabetes monitoring and management to ensure they are knowledgeable of the procedures and protocols. Supervision session shall be documented on the designated form.

EASTERN NC MEDICAL GROUP
NASHVILLE
155 Nashville Commons Dr
Nashville NC 27856
Phone: 252-459-7769
Fax: 252-459-6539



June 18, 2024

Patient: [REDACTED]
Date of Birth: [REDACTED]
Date of Visit: 6/10/2024

To Whom It May Concern:

[REDACTED] is currently under my medical care. He is currently residing in a group home, where he is able to check his blood sugar and/or administer appropriate insulin doses while a member of the group home staff monitors. If you have any further questions or concerns please contact our office at 252-459-7769.

Sincerely,

[REDACTED]