

## PLAN OF CORRECTION (POC)

### **Re: Complaint, Injurious Incident, Emergency Event or Out of Compliance Activity**

Caring Hands and S.E.E., LLC is required to submit a Plan of Correction (POC) in response to findings or deficiencies identified as a result of a complaint investigation, injurious incident, emergency event and/or any monitoring activity that is out of compliance with our policies. This POC must be submitted within **fifteen (15) days of the date of the notice or qualifying event, and will be sent to:**

Name and the address of the agency, MCO or Department that this Plan of Corrections is going to:

Name: Mental Health Licensure and Certification Section NCDHSR  
Address: 2718 Mail Service Center  
City/State: Raleigh, NC 27699-2718  
Phone Number: 910-990-3708

The Plan of Correction must rectify areas determined “unmet” during the review, along with an agency-wide response to improve, eliminate or minimize the items in question. The POC must include the following:

1. A reference to the Out-of-Compliance finding (s)
2. Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.)
3. Indicate what methods will be put into place to prevent the problem from occurring again.
4. Indicate who will monitor the situation to ensure that it will not occur again.
5. Indicate how often the monitoring will take place.
6. Sign and date the bottom of the first page of the State Form.

**STATEMENT OF DEFICIENCIES/ PLAN OF CORRECTION**

Please complete all requested information and mail completed Plan of Correction form to:		Name and the address of the agency, MCO or Department that this Plan of Corrections is going to:	
<p><b>RECEIVED</b></p> <p><b>AUG 28 2024</b></p> <p><b>DHSR-MH Licensure Sect</b></p>		Name: Mental Health Licensure and Certification Section NCDHSR Address: 2718 Mail Service Center City/State: Raleigh, NC 27699-2718	
<b>Type of Review:</b>	Complaint Survey	<b>Date of Review:</b>	August 10, 2024
<b>Service(s) Reviewed:</b>	Innovations Waiver, AFL Residential Services		
<b>Provider Name:</b>	Caring Hands and Supplementary Enrichment Education	Phone: 919-519-4985	919-479-6806
<b>Provider Contact Person for follow-up:</b>	Mrs. Lucia Hinton	<b>Fax:</b>	
<b>Address:</b>	2206 Page Rd Suite 102 Durham, NC 27703	<b>Email:</b>	kareinghands@gmail.com

**Type A1 Rule Violation: 10A NCAC 27D .0304 - Protection from Harm, Abuse, Neglect, or Exploitation / V512**

Finding	Corrective Action Steps	Responsible Party	Time Line
<b>Reference: 10A NCAC 27D .0304</b> Protection from Harm, Abuse, Neglect, or Exploitation	<b>Policy Revision:</b> <ul style="list-style-type: none"> <li>We terminated the CEO as a corrective measure to address the operating deficiency cited by the state. This action is part of a broader plan to improve operational processes, restore full regulatory compliance, rebuild trust with stakeholders, and ensure the long-term success of Caring Hands under a new leadership.</li> <li>We have undertaken a comprehensive review of our existing policies and procedures concerning resident protection from harm, abuse, neglect, and exploitation. This review will focus on ensuring that all</li> </ul>	Caring Hands Chief Executive Officer  Caring Hands Executive Director	Implementation Date August 15, 2024
			Projected Completion Date  Ongoing

	<p>practices are fully compliant with state regulations and best practices in the field.</p> <ul style="list-style-type: none"> <li>• Specific updates will include the development of more explicit protocols for incident reporting, investigation, and follow-up actions. These protocols will detail the immediate steps staff must take when they suspect or observe any form of harm, abuse, neglect, or exploitation. We have also defined clearer roles and responsibilities to ensure accountability throughout the process.</li> </ul> <p><b>Staff Training:</b></p> <ul style="list-style-type: none"> <li>• Mandatory training sessions have been conducted for all staff, covering the updated policies and procedures. This training focused on recognizing the signs of abuse, neglect, and exploitation, understanding their legal and ethical responsibilities, and learning the proper reporting channels. Additionally, we will be implementing "The Emotion Regulation Skills System for Cognitively Challenged Clients" training to equip staff with effective strategies for supporting clients with cognitive challenges in managing their emotions.</li> </ul> <p><b>Staffing Patterns:</b></p> <ul style="list-style-type: none"> <li>• We will reassess our current staffing levels and patterns, to ensure adequate</li> </ul>		
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	<p>supervision and timely intervention in potential cases of resident harm.</p> <ul style="list-style-type: none"> <li>We will increase the frequency of supervisory rounds, particularly in high-risk areas, and ensure that staff assigned to these duties are well-trained and equipped to identify and respond to potential issues.</li> </ul>		
	<b>Preventative Action Steps</b>	<b>Responsible Party</b>	<b>Time Line</b>
	<p><b>Admin Staff Training on Incident Reporting:</b> We recognize the importance of accurate and timely incident reporting. Therefore, all administrative staff will undergo comprehensive training within the next 30 days. This training will cover all aspects of incident reporting, including understanding incident categories, proper documentation procedures, and adherence to state-mandated timeframes for reporting. Refresher courses will be scheduled quarterly to ensure that all staff members remain up-to-date with the latest reporting guidelines and protocols.</p> <p><b>Introduction of the Skill System and Regular Training:</b> Over the next 45 days, we will introduce the Skill System to all staff members. This system is designed to enhance staff competencies in various operational and caregiving tasks. To ensure the effectiveness of this system, we will implement regular training sessions every second week of each month. These sessions will serve as both introductory and refresher courses, allowing staff</p>	<p>Caring Hands Chief Executive Officer</p> <p>Caring Hands Executive Director.</p>	<p>Implementation Date August 15, 2024</p> <p>Projected Completion Date</p> <p><b>Ongoing</b></p> <p>The increased monitoring, supervision and monthly reviews will continue until 95% compliance is met or for a period of 1 year; whichever comes first.</p>

	<p>to build and reinforce their skills. This ongoing training initiative is intended to maintain a high level of proficiency across all operational areas.</p> <p><b>Weekly Communication Between AFL Managers and Qualified Professionals QP:</b> To strengthen the support structure, all AFL managers will engage in weekly communication with the newly appointed Qualified Professional (QP). This communication will focus on addressing any immediate concerns, clarifying care plans, and ensuring that both the QP and AFL managers are aligned in their approaches to client care. This collaboration will help streamline processes and foster a more cohesive team environment, leading to improved service delivery.</p> <p><b>Relief Availability for AFL Providers:</b> We understand that caregiving can be demanding, and we want to ensure that our AFL providers have the opportunity to take breaks when needed. We will make sure that all AFL providers are aware of the relief services available to them, which can be accessed to prevent burnout and maintain a high standard of care. These relief options will be clearly communicated during weekly check-ins, and we will encourage AFL providers to utilize this resource whenever they feel the need for a break.</p> <p><b>Regular Audits and Incident Review:</b></p>		
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	<ul style="list-style-type: none"> <li>• We will implement a bi-weekly audit process to monitor adherence to the revised policies and procedures. This process will include regular checks of incident reports, staff compliance with reporting protocols, and resident feedback.</li> <li>• An Incident Review Committee will be established, comprising senior staff members, including our Chief Executive Officer, Executive Director and Residential Managers. This committee will meet monthly to review all reported incidents, assess the effectiveness of the corrective actions taken, and recommend additional measures if necessary.</li> </ul> <p><b>Anonymous Reporting Mechanism:</b></p> <ul style="list-style-type: none"> <li>• To further safeguard our residents, we will introduce an anonymous reporting mechanism that allows staff and residents to report any concerns regarding resident safety without fear of retaliation. This system will be monitored by the executive Director, who will ensure that all reports are promptly investigated and addressed.</li> </ul>		
	<b>Monitoring Action</b>	<b>Responsible Party</b>	<b>Time Line</b>

	<p><b>Designated Monitor:</b></p> <ul style="list-style-type: none"> <li>• Our Chief Executive Officer and Executive Director will be responsible for overseeing the implementation of these corrective measures. This includes ensuring that all staff members are trained, policies are updated, and audits are conducted regularly.</li> <li>• The Executive Director will also provide weekly updates to the executive team on the progress of these corrective actions, highlighting any areas that require additional attention.</li> </ul> <p><b>Monitoring Frequency:</b></p> <ul style="list-style-type: none"> <li>• Bi-weekly audits will be conducted to ensure sustained compliance with the updated policies and procedures. In addition, the Executive Director will conduct unannounced spot checks to verify that staff are adhering to the protocols.</li> </ul>	<p>Caring Hands Chief Executive Officer</p> <p>Caring Hands Executive Director</p>	<p>Implementation Date August 15, 2024</p> <p>Projected Completion Date</p> <p><b><u>Ongoing</u></b> The increased monitoring, supervision and monthly reviews will continue until 95% compliance is met or for a period of 1 year; whichever comes first.</p>
<b>Finding</b>	<b>Corrective Action Steps</b>	<b>Responsible Party</b>	<b>Time Line</b>
<p><b>Reference: Recited Standard Level Deficiency</b></p>	<ul style="list-style-type: none"> <li>• Each recited standard level deficiency will be addressed through targeted corrective actions. For example, deficiencies related to medication administration will be rectified by reviewing and updating our medication management policies, retraining staff on</li> </ul>	<p>Caring Hands Chief Executive Officer</p> <p>Caring Hands Executive Director</p>	<p>Implementation Date August 22, 2024</p> <p>Projected Completion Date</p>

	<p>proper procedures, and conducting Monthly medication audits.</p> <ul style="list-style-type: none"> <li>Deficiencies related to resident care plans will be addressed by ensuring that all care plans are reviewed and updated monthly, with input from interdisciplinary teams. Staff will receive additional training on how to document and implement care plans effectively every month.</li> </ul>		Ongoing
	<b>Preventative Action Steps</b>	<b>Responsible Party</b>	
	<ul style="list-style-type: none"> <li>A Continuous Quality Improvement (CQI) program will be established to monitor these areas on an ongoing basis. This program will involve monthly assessments, staff feedback, and adjustments to our procedures as needed to prevent recurrence.</li> <li>We will also establish a Resident and Family Council, which will meet quarterly to provide feedback on our services and</li> </ul>	<p>Caring Hands Chief Executive Officer</p> <p>Caring Hands Executive Director</p>	



	suggest improvements. This council will play a key role in ensuring that we address any concerns promptly and effectively.		
	<b>Monitoring</b>	<b>Responsible Party</b>	
	<ul style="list-style-type: none"> <li>The Chief Executive Officer will closely monitor these areas, conducting weekly checks to ensure that corrective measures are being implemented effectively. Any issues identified during these checks will be addressed immediately, and a follow-up review will be conducted to ensure compliance.</li> </ul>	The Chief Executive Officer	