PRINTED: 10/09/2024 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ MHL080-035 B. WING 09/26/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 665 TIMBER TRAIL TIMBER RIDGE TREATMENT CENTER GOLD HILL, NC 28071 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) **INITIAL COMMENTS** V 000 An annal and complaint survey was completed on 9/26/24. The complaints were unsubstantiated (intakes #NC00221104, NC00222223, NC00221094). A deficiency was cited. See a Hached Plan of Correction This facility is licensed for the following service category: 10A NCAC 27G .5200 Residential Therapeutic Camps for Children and Adolescents of all Disability Groups. This facility is licensed for 60 and has a current census of 30. The survey sample consisted of audits of 3 current clients. V 118 27G .0209 (C) Medication Requirements V 118 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 (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; Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUBPLIER REPRESENTATIVE'S SIGNATURE TITLE

romas

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ MHL080-035 B. WING 09/26/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 665 TIMBER TRAIL **TIMBER RIDGE TREATMENT CENTER** GOLD HILL, NC 28071 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 1 (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 record reviews and interview, the facility failed to keep the MARs current affecting three of three audited clients (#1, #2, #3). The findings are: Review on 9/23/24 of client #1's record revealed: -Admission date of 4/25/23. -Diagnoses of Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD), Intermittent Explosive Disorder. -Physician order dated 8/26/24 revealed: -Fluoxetine 20 milligram (mg), take one capsule by mouth once daily for mood. -Guanfacine 3mg Extended Release (ER), take one tablet by mouth once daily for ADHD. -Hydroxyzine HCL 25mg, take one tablet by mouth twice a day for mood. -Divalproex sodium (SOD) delayed release (DR) 500mg, take one tablet by mouth twice daily at 9am and 4pm for mood. -Quetiapine 100mg, take one and 1/2 tablets by mouth three times a day for mood. Review on 9/25/24 of MARs dated from July 2024

Division of Health Service Regulation

through September 25, 2024 for client #1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL080-035	B, WING		09/26/2024
NAME OF P	ROVIDER OR SUPPLIER	STREETAG	DDRESS, CITY, STAT	E, ZIP CODE	
TIMBER	RIDGE TREATMENT CEN	TER 665 TIMB	ER TRAIL		
1 IIII DEI(MOOE THEATMENT OLD	GOLD HI	LL, NC 28071		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 118	Continued From page	2	V 118		
	revealed: -July 2024- No staff ir administration of the f	nitials to document following medications: 500mg on 7/14, 7/25, 7/30,			
	8/16, 8/17, 8/19, 8/21 -Hydroxyzine HCL 25 8/1, 8/8, 8/14, 8/15, 8, 8pm. -Quetlapine 100mg or	following medications: 8/30. 8/30. ng on 8/30. 500mg on 8/30 at 9am; , 8/26, 8/30 at 4pm. mg on 8/25,8/30 at 9am; /16/, 8/17, 8/23, 8/28 at n 8/30, 8/31 9am; 8/27, 8/30 , 8/15, 8/16, 8/17, 8/19,			
	document administrate medications: -Fluoxetine 20mg on 9 -Guanfacine 3mg on 9 -Methylphenidate 54m -Divalproex SOD DR 9 9/19 at 9am; 9/5, 9/6 a -Hydroxyzine HCL 25m at 9am; 9/6 at 4pm. Review on 9/23/24 of -Admission date of 1/1 -Diagnoses of Disrupt ADHD, Post Traumation Major Depressive Disc -Physician order dated	lon of the following 2/9, 9/10, 9/16, 9/19. 2/9, 9/10, 9/16, 9/19. 2/9, 9/10, 9/16, 9/19. 2/9, 9/10, 9/16, 9/19. 2/9, 9/10, 9/16, 9/19. 2/9, 9/10, 9/16, 9/19 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16, 9/19 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16, 9/16 2/9, 9/10, 9/16 2/9, 9/10, 9/16 2/9, 9/10, 9/16 2/9, 9/10, 9/16 2/9, 9/10 2/			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL080-035	B. WING		09/26/2024	
NAME OF S					[00120/2021	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	NE, ZIP CODE		
TIMBER R	IDGE TREATMENT CEN	TER 665 TIMBI GOLD HIL	ER TRAIL .L, NC 28071			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 118	Continued From page 3		V 118		***************************************	
	-Fluticasone 50 min each nostril twice a -Oxcarbazepine mouth twice a day for -Clonidine 0.1mg three times a day for -Melatonin 10mg bedtime for regulation Review on 9/25/24 of through September 2: revealed: -July 2024- No staff in administration of the fradministration of the fradministration of the fradmoxetine 40mg on Fluticasone 50mcg on 8pmOxcarbazepine 150m 5:30pmClonidine 0.1mg on 77/31 at 8pmMelatonin 10mg on 77-August 2024- No staff administration of the fradmoxetine 40mg on 8/22, 8/23Fluticasone 50mcg on 8/21, 8/22, 8/23 at 9am; 8/23, 8/23 at 9am; 8/23, 8/23 at 9am; 8/30pmOxcarbazepine 150m 8/22, 8/23 at 9am; 8/30pmClonidine 0.1mg on 8/21, 8/23 at 9am; 8/30pmClonidine 0.1mg on 8/21, 8/23 at 8p-Melatonin 10mg on 8/21, 8/23 at 8p-Melatonin 10mg on 8/22, 8/23 at 8p-Melatonin 10mg on 8/23, 8/23 at 9/23 a	nlcrograms (mcg), one spray day for allergy. 150mg, take one tablet by mood. I, take one tablet by mouth ADHD. I, take one tablet by mouth at a of sleep. MARs dated from July 2024 Idea of client #2 Initials to document following medications: In 7/21. In 7/21 at 9am; 7/18, 7/31 at form at 10 years of the first of th				
	-September 1-25, 202 document administration					

T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL080-035	B, WING		09/2	16/2024
ROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, STA	ATE, ZIP CODE		
	665 TIMB	ER TRAIL	•		
RIDGE TREATMENT CEN	rer				
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 DEF(CIENCY)		(X5) COMPLETE DATE
Continued From page	Continued From page 4				
medications: -Atomoxetine 40mg o -Fluticasone 50mcg o 8pmOxcarbazepine 150m 9/1, 9/11 5:30pmClonidine 0.1mg on 9 -Melatonin 10mg on 9 Review on 9/23/24 of -Admission date of 2/ -Dlagnoses of ODD, / -Physician order date -Concerta 36mg, every morning for AD -Aripiprazole 5mg twice daily at lunch ar -Guanfacine HCL mouth at bedtime for -Melatonin 10mg table by mouth at bed -Trazodone 50mg at bedtime for mood. Review on 9/25/24 of through September 29 revealed: -July 2024- No staff in administration of the fiConcerta 36mg on 7/	n 9/1, 9/9, 9/10. n 9/1, 9/9, 9/10 9am; 9/11 at ng on 9/1, 9/9, 9/10 at 9am; n/1, 9/9, 9/10 at 9am. n/11. client #3's record revealed: n/2/24. ADHD, Conduct Disorder. n/2/24 revealed: take two tablets by mouth n/10. n/10, take one tablet by mouth n/10. ER 4mg take one tablet by n/10, take one tablet by mouth	V 118			
-Guanfacine HCL ER -Melatonin 10mg TR c -Trazodone 50mg on -August 2024- No stat administration of the for-	4mg on 7/31. on 7/31. 7/31. f initials to document ollowing medications: 3, 8/10, 8/11, 8/17, 8/19,				
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page medications: -Atomoxetine 40mg o -Fluticasone 50mcg o 8pmOxcarbazepine 150m 9/1, 9/11 5:30pmClonidine 0.1mg on 9 -Melatonin 10mg on 9 Review on 9/23/24 of -Admission date of 2/ -Dlagnoses of ODD, / -Physician order date -Concerta 36mg, every morning for ADI -Aripiprazole 5mg twice daily at lunch ar -Guanfacine HCL mouth at bedtime for / -Melatonin 10mg table by mouth at bed -Trazodone 50mg at bedtime for mood. Review on 9/25/24 of through September 25 revealed: -July 2024- No staff in administration of the fe -Concerta 36mg on 7/ -Aripiprazole 5mg on 8/ 8/20, 8/21, 8/22, 8/23.	ROVIDER OR SUPPLIER STREETAD 665 TIMBI GOLD HIL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 medications: -Atomoxetine 40mg on 9/1, 9/9, 9/10Fluticasone 50mcg on 9/1, 9/9, 9/10 9am; 9/11 at 8pmOxcarbazepine 150mg on 9/1, 9/9, 9/10 at 9am; 9/1, 9/11 5:30pmClonidine 0.1mg on 9/1, 9/9, 9/10 at 9amMelatonin 10mg on 9/11. Review on 9/23/24 of client #3's record revealed: -Admission date of 2/12/24Dlagnoses of ODD, ADHD, Conduct DisorderPhysician order dated 8/26/24 revealed: -Concerta 36mg, take two tablets by mouth every morning for ADHDAripiprazole 5mg, take one tablet by mouth twice daily at lunch and bedtime for moodGuanfacine HCL ER 4mg take one tablet by mouth at bedtime for ADHDMelatonin 10mg TR (Triple Action), take one table by mouth at bedtime for insomniaTrazodone 50mg, take one tablet by mouth at bedtime for mood. Review on 9/25/24 of MARs dated from July 2024 through September 25, 2024 for client #3	ROVIDER OR SUPPLIER RIDGE TREATMENT CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) Continued From page 4 medications: -Atomoxetine 40mg on 9/1, 9/9, 9/10, -Fluticasone 50mcg on 9/1, 9/9, 9/10 at 9am; 9/1, 9/11 5:30pmClonidine 0.1mg on 9/1, 9/9, 9/10 at 9amClonidine 0.1mg on 9/1, 9/9, 9/10 at 9amMelatonin 10mg on 9/11. Review on 9/23/24 of client #3's record revealed: -Admission date of 2/12/24Diagnoses of ODD, ADHD, Conduct DisorderPhysician order dated 8/26/24 revealed: -Concerta 36mg, take two tablets by mouth every morning for ADHDAripiprazole 5mg, take one tablet by mouth at bedtime for ADHDMelatonin 10mg TR (Triple Action), take one table by mouth at bedtime for insomniaTrazodone 50mg, take one tablet by mouth at bedtime for moodGuanfacine HCL ER 4mg take one tablet by mouth at bedtime for insomniaTrazodone 50mg, take one tablet by mouth at bedtime for moodGuanfacine HCL ER 4mg take one tablet by mouth at bedtime for moodGuanfacine HCL ER 4mg take one tablet by mouth at bedtime for moodGuanfacine HCL ER 4mg take one tablet by mouth at bedtime for moodGuanfacine HCL ER 4mg take one tablet by mouth at bedtime for moodGuanfacine HCL ER 4mg on 7/31Aripiprazole 5mg on 7/31Guanfacine HCL ER 4mg on 7/31Melatonin 10mg TR on 7/31Melatonin 10mg TR on 7/31Trazodone 50mg on 7/31August 2024- No staff initials to document administration of the following medications: -Concerta 36mg on 8/3, 8/10, 8/11, 8/17, 8/19, 8/20, 8/21, 8/22, 8/23.	DENTIFICATION NUMBER: MHL080-035 ROWDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 685 TIMBER TRAIL GOLD HILL, NC 28971 SUMMARY STATEMENT OF DEFICIENCIES (REACH OFFICIENCY MUST BE PRECEDED BY FUIL. REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 4 medications: -Abomoxetine 40mg on 9/1, 9/9, 9/10Fluticasone 50mg on 9/1, 9/9, 9/10 at 9am; 9/1, 9/1 5.30pmConclinien of 10mg on 9/1, 9/9, 9/10 at 9am; 9/1, 9/1 5.30pmColonlidine 0.1mg on 9/1, 9/9, 9/10 at 9amMelatorin 10mg on 9/11. Review on 9/23/24 of client #3's record revealed: -Admission date of 2/12/24Diagnoses of ODD, ADHD, Conduct Disorder, -Physician order dated 8/28/24 revealed: -Concert 38mg, take two tablets by mouth every morning for ADHDAripiprazole 5mg, take one tablet by mouth at bedtime for DHDMelatonin 10mg TR (Triple Action), take one table by mouth at bedtime for insomniaTrazodone 50mg, take one tablet by mouth at bedtime for PMDDMelatorin 10mg on 7/21Aveilatorin 10mg on 7/21Aveilatorin 10mg on 7/21August 2024- No staff initials to document administration of the following medications: -Concerta 38mg on 7/21August 2024- No staff initials to document administration of the following medications: -Concerta 38mg on 37,811, 8/17, 8/19, 8/20, 8/21, 8/22, 8/23.	ROMDEN OR SUPPLIER RIDGE TREATMENT CENTER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DESCRIPCINGS SAME STATEMENT OF DESCRIPCINGS SUMMARY STATEMENT OF DESCRIPCINGS SUMMARY STATEMENT OF DESCRIPCINGS SAME STATEMENT OF DESCRIPCINGS CARD STATEMENT OF DESCRIPCINGS PROMISERS PLAN OF CORRECTION SAME STATEMENT OF DESCRIPCINGS CARD STATEMENT OF DESCRIPCINGS PROMISERS PLAN OF CORRECTION SAME STATEMENT OF DESCRIPCINGS CARD STATEMENT OF DESCRIPCINGS CARD STATEMENT OF DESCRIPCINGS PROMISERS PLAN OF CORRECTION SAME STATEMENT OF DESCRIPCINGS CARD STATEMENT OF DESCRIPCINGS CARD STATEMENT OF DESCRIPCINGS PROMISERS PLAN OF CORRECTION SAME STATEMENT OF DESCRIPCINGS CARD STATEMENT OF DESCRIPCINGS CARD STATEMENT OF DESCRIPCINGS PROMISERS PLAN OF CORRECTION CARD STATEMENT OF DESCRIPCINGS CARD STATEMENT OF DESCRIPCING OF DESCRIPCINGS CARD STATEMENT OF DESCRIPCING OF DESCRIPCINGS CARD STATEMENT OF DESCRIPCING OF DESCRIPCING OF DESCRIPCING OF DESCRIPCING OF DE

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL080-035	B. WING		09/26/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	NTE, ZIP CODE		
TIMBER RIDGE TREATMENT CENTER 665 TIMBER TRAIL GOLD HILL, NC 28071						
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 118	Continued From page	Continued From page 5			V V V V V V V V V V V V V V V V V V V	
V 118	12:30pm; 8/2, 8/15, 8 -Guanfacine HCL ER 8/17, 8/23Melatonin 10mg TR 8/23Trazodone 50mg on -September 1-25, 202 document administrat -Concerta 36mg on 9 -Aripiprazole 5mg on 9/11, 9/12, 9/20 at 8p -Guanfacine HCL ER 9/22Melatonin 10mg TR -Trazodone 50mg on Interviews on 9/25/24 revealed: -Medications had bee refusal of medication Interview on 9/25/24 v (RN) revealed: -It was the RN's respondently for errorsWas "confident" that medication on time de	/16, 8/17, 8/23 at 8pm. 4mg on 8/2, 8/15, 8/16, on 8/2, 8/15, 8/16, 8/17, 8/2, 8/15, 8/16, 8/17, 8/23. 8/4 -No staff initials to ion of the following: /1, 9/9, 9/10, 9/16, 9/19. 9/12, 9/13 at 12:30pm; m. 4mg on 9/11, 9/12, 9/20, on 9/11, 9/12, 9/20, 9/11, 9/12, 9/20, 9/22. 9/11, 9/12, 9/20, 9/22. with Clients #1, #2, #3 on administered daily, no by clients. with the Registered Nurse onsibility to review the MARs all the clients received their aily. medications but staff did the MARs."	V 118			
	revealed:	vith the Clinical Director				
	Due to the failure to a medication administra determined if clients re					

PRINTED: 10/09/2024

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING_ MHL080-035 09/26/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 665 TIMBER TRAIL TIMBER RIDGE TREATMENT CENTER GOLD HILL, NC 28071 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 6 as ordered by the physician.



Plan of Correction
Survey completed September 26, 2024
Timber Ridge Treatment Center
665 Timber Trail
Gold Hill, NC 28071
MHL #080-035
E-mail Address:

ID PREFIX TAG: V118

Complete Date: November 25, 2024

CEO

Corrective Action:

The following measures will be put in place to correct errors in the Medication Administration Record (MAR):

- 1) The procedure for administration and recording of medication will be reviewed by the leadership committee by October 31, 2024.
- 2) All staff involved in the administration of medication will be retrained by the Nurse on the proper procedures in maintaining the MAR by November 25, 2024.

Prevention:

The following measures will be put in place to prevent errors in the MAR from occurring again:

- 1) The Program Director will be notified by the Nursing Assistant when a staff member is incomplete in their documentation (beginning October 21, 2024).
- The Program Director will provide supervision within 24 hours for staff to sort out any problems or circumstances which may lead to MAR errors in the future

Monitoring:

- The Nursing Assistant will check the MAR daily (beginning October 21, 2024) and provide the results to the leadership committee on a monthly basis.
- 2) The frequency of this monitoring may be reduced after a criterion of 100% compliance for 10 days in a row is met. At that time the monitoring frequency can be reduced to once per week.