

MHL 032-507

Makin' Choices, Inc.
2609 N. Duke St #900
Durham, NC 27704
(910) 483 - 2002 fax (910) 483 - 4004

10/15/2024

To: Mental Health Licensure and Certification Section
NC Division of Health Service and Regulation
2718 Mail Service Center
Raleigh, NC 27699 - 2718

RECEIVED
OCT 21 2024
DHSR-MH Licensure Sect

MHL 032-507 (Plan of Correction) attached with completed) Order of Protection

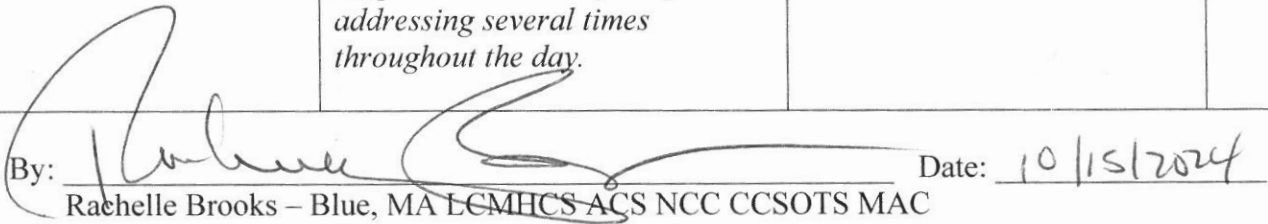
Provider Name:	Makin' Choices, Inc.	Phone: (910) 483 - 2002	
Provider Contact:	[REDACTED]	Fax: (910)483 - 4004 makinochoices@earthlink.net	
Address: 2609 N. Duke St #900 Durham NC 27704		MHL Number 032 - 507	

Rule Violation#/Citation Level:	Corrective Action Steps	Responsible Party	Time Line
10A NCAC 27G.0202 Personnel Requirements/Tag #108/Type A1	<p>Train and retrain staff on elements of the approved training of Makin' Choices, Inc. This training will be monitored through supervision monthly.</p> <p>All applicable consumers within the program will be assessed on a level of low, medium, moderate and high in all areas of need to</p>	[REDACTED] - Clinical Director LCMHC-S [REDACTED] - Director [REDACTED] - QP (Qualified Professional) [REDACTED] - Admin. Support	10/30/2024

	<p><i>determine the level of risk and exposure. A decision will be made based on needs and level of care required. High risk individuals that have been deemed medical fragility "A consumer's health conditions or impairment that requires a higher level of care".</i></p> <p><i>This level of care (skilled nursing) is outside of our scope of capabilities.</i></p> <p><i>Outcomes of assessment/charted</i></p> <ul style="list-style-type: none"> <i>• If they fall within the medically fragility category; we will coordinate and meet with parties applicable determine the best way of transition</i> 		
<p>10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Tag #112/Standard</p>	<p><i>The ISP Support Plan (ISP); Makin' Choices, Inc. is not the author of the individual ISP plan with collaborate with the care/case manager.</i></p> <p><i>██████████ plan is written as individual who receives (Day Support and other service in varies settings. (In which lifting</i></p>	<p>██████████ QP (Qualified Professional)</p> <p>██████████ - Director</p>	<p>10/30/2024</p>

	<p><i>and transferring is different in varies settings.)</i></p> <p><i>There are no strategies because there are no goals to address transferring and lifting.</i></p> <p><i>This is a function/task that is life long and it will always require addressing several times throughout the day.</i></p>		
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POC Prepared By:


Rachelle Brooks - Blue, MA LCMHCS ACS NCC CCSOTS MAC

Date: 10/15/2024

**Division of Health Service Regulation
Mental Health Licensure and Certification Section
Rule Violation and Client/Staff Identifier List**

Facility Name: Makin' Choices, Inc. MHL Number: 032-507
Exit Date: 9/17/24 Surveyor(s): [REDACTED]

EXIT PARTICIPANTS: [REDACTED] and [REDACTED]

COVID NOTIFICATION: In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0202 Personnel Requirements/Tag #108/Type A1

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan/Tag #112/Standard

**Client & Staff Identifier List
(Indicate staff title or number beside each name)**

Client #1 Emanuel Edwards

Chief Executive Officer [REDACTED]
[REDACTED] **Qualified Professional**
Program Director [REDACTED]
Staff #1 [REDACTED]
Staff #2 [REDACTED]
Staff #3 [REDACTED]

CITATION LEVEL: Number of days from survey exit for citation correction
Standard = 60 days **Recite – standard** = 30 days **Type A** = 23 days **Type B** = 45 days
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

Division of Health Service Regulation
Mental Health Licensure and Certification Section
(Top portion completed by DHSR staff)

Facility Name: Makin' Choices, Inc. MHL Number: 032-507

Rule Violation/Tag #/Citation Level: (Administrative Action and Crosses) 10A NCAC 27G .0202 Personnel Requirements/Tag #108/Type A1

Plan of Protection – Completed by Facility Staff

(Attach additional pages if needed)

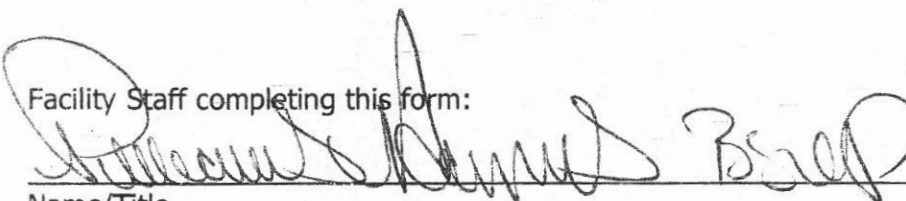
What immediate action will the facility take to ensure the safety of the consumers in your care?

To ensure safety throughout all levels of service delivery, Makin Choices Inc. will implement the following protocols and procedures immediately. Train and retrain staff on elements of the approve training of Makin Choices Inc. This training will be monitored through supervision monthly. All applicable consumers within the program will be assessed on a level of low, medium, moderate and high in all areas of need to determine the level of risk and exposure. A decision will be made based on needs and the level of care required. High risk individuals that have been deemed medical fragility "A consumer's health conditions or impairment that requires a higher level of care". Which is outside of our scope of capabilities. As assessed and they fall within the medically fragility category we will coordinate and meet with all parties applicable to determine the best way of transition/ discharge.

Describe your plans to make sure the above happens.

The clinical team at Makin Choices Inc. will receive training and retraining, demonstration, hands on, changing, transport, lifting and positioning. Within this training, staff will be trained on how to unstrap seatbelt, paddings and other restraints to safely remove consumer from wheelchair. Staff will also be trained on positioning of consumer's body and limbs to safely transport consumer from wheelchair to changing bed. Staff will also be trained on all safety equipment to include PPE to ensure consumer's safety to consumer's wheelchair to changing bed and back to wheelchair. Training will be competency based. Supervision will be provided monthly, supervisions will identify the train/retrain that was provided for consumers that are applicable. Observation will be conducted as needed. Makin Choices will meet and determine the level for all individuals participating in the day program to determine the level of risk and exposure. The tools that will be used is the ISP, risk assessment, BSP's, past and present incident/ accident reports, and any other applicable correspondence to make our level of determination. To address these violations immediately we are moving forward with the discharge of Emmanuel Edwards effective immediately. All applicable parties will be contacted.

Facility Staff completing this form:


Name/Title

9/17/2024
Date

CITATION LEVEL: Number of days from survey exit for citation correction

Type A = 23 days **Type B** = 45 days

Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date