Appendix 1-B: Plan of Correction Form

Plan of Correction					
Please complete <u>all</u> requested information and email completed Plan of Correction form to:					
Plans.Of.Correction@dhhs.nc.gov					
Provider Name:	The Healing Place of New Hanover County Phone			910-970-4673	
Provider Contact				910-970-4672	
Person for follow-up:			Email:	@thpnc.org	
Address:	1000 Medical Center Drive Wilmington, NC 28401	Pro		ovider # 065-274	
Finding	Corrective Action Steps	Respo	onsible Party	y	Time Line
10A NCAC 27G .3203 (V223) - Standard	We have implemented a policy to complete vitals every 6 hours on clients.	Detox Mor	nitors		Implementation Date: 10/14/2024
					Projected Completion Date: On going
					Implementation Date:
					Projected Completion Date:
					Implementation Date:
					Projected Completion Date:
					Implementation Date:
					Projected Completion Date:
					Implementation Date:
					Projected Completion Date:

- 1. Staff will consult the North Carolina Sex Offender and Public Protection Registry at http://sexoffender.ncsbi.gov to verify the status of every individual during the time of admission. Any individual found to be a registered sex offender shall not be admitted to the facility and shall be given a written list of possible alternative services in the community.
- 2. All females will be administered a pregnancy test upon admission. Clients with positive pregnancy results will be referred to a medical detoxification program.
- 3. Any client exhibiting severe symptoms of withdrawal or other medical conditions will be referred to Emergency Medical Services at the client's cost.
- 4. Clients will be screened for co-occurring disorders and referred for a full diagnostic evaluation if appropriate.
- 5. Clients will receive a physical examination which includes blood pressure, heart rate, respiration, and evaluation of withdrawal symptoms at least 4 times daily -or more if needed.
- 6. Clients' intoxication and withdrawal symptoms will be monitored 24 hours daily from admission until discharge from Withdrawal Management.
- 7. Service plan goals with measurable objectives will be established for each client. Activities designed to meet these objectives and management of withdrawal symptoms will include:
 - A. Progress during withdrawal management
 - B. Any treatment changes, including discharge, transfer, referral or linkage arrangements for counseling, medical care including MAT, psychiatric care, or continuing care.
- 8. Progress notes will be maintained in the client's record in accordance with 10A NCAC 27G, reflect implementation of the treatment goals, client's response to the treatment goals, and any amendments to the treatment goals.
- 9. Clients will be assessed daily to determine appropriateness for withdrawal management and to determine the next level of care. Clients may be discharged to a different level of care if the following is assessed: Client has not responded to service plan goals; withdrawal symptoms are unable to be managed, or signs and symptoms have failed to respond to treatment or intensified so that transfer to a higher level of care is needed; or increasing depression, suicidal thoughts or other complications are unable to be managed.
- 10. Staff will not administer client medications. Clients must provide their own medications in the original prescription container. Medications will be stored in a client's locker unless they are controlled or abusable. Controlled or abuseable medications will be locked in a safe. Medications will be made available to the client 4 times daily during medication call. Staff will provide clients with access to their medications during medication call and clients will administer the medications to themselves under staff observation which will then be documented in their file. Clients will only be permitted to take their medications as prescribed.