

# Happy Hearts, LLC Corrective Plan of Action

10A NCAC 27G .0201 (a)(3) Criteria for Discharge, V105, Standard Citation

Medication Error Citation (Standard)

## Corrective Plan of Action

Action Taken	Date completed	Additional Comments
New Policy For Discharge Criteria in Emergency Situations	May 16, 2025	<ol style="list-style-type: none"><li>1. More detailed policy regarding discharge criteria, including emergency situations</li><li>2. Monthly supervisions of staff will continue</li><li>3. Monitoring of staff and any corrective actions needed such as further training will be conducted</li><li>4. Staff trained on more detailed policy of 30 day notice of discharge due to emergent situations in which it is not safe for resident to continue living in the home.</li></ol>
<b>All Staff Training:</b> Staff training regarding the Thirty-Day Policy for Emergency Discharges and Discharge Criteria  <u>Also reviewed what constitutes a crisis/emergency situation</u>	May 22, 2025	To allow staff to understand the discharge criteria and policy
Policy has been added to the Policies and Procedures Handbook	May 22, 2025	1.
A copy of the policy on Emergency Thirty-Day Discharges have been given to Guardians, Caregivers, etc. (any parties that have an interest on behalf of the resident)	May 26, 2025	2.

A copy of the Emergency Thirty-Day Discharge Policy has been added to the Initial Intake Paperwork completed upon admission and emergency discharge criteria summarized	May 22, 2025	3.
MEDICATION ERRORS		
New Internal Incident Reporting Form created for Medication Errors only  Binder created to “house” these medication error reports		
<b>Staff reviewed/educated and will adhere to the following:</b>  1.All Staff have been training on Medication Administration Reporting a. Staff trained on medication reporting specifically on Medication Errors b. Staff trained on how to report the Medication Error on the Internal Incident Reporting Form c. Staff have been trained and informed that they must inform Group Home Administrator of the Medication Error immediately and have been informed of the consequences for not doing so		

**What measures have been put in place to correct the deficiency:**

1. Happy Hearts Group Home has written a more in-depth and detailed policy regarding the thirty-day discharge notice for members in the event of emergency situations.
2. All staff have been trained in discharge criteria and emergency situations in which a client will be discharged
3. Staff have been trained in Crisis Intervention and Response

4. Incident Reporting requirements are printed and put in a binder for anyone's review
5. Qualified Professional must either 1) complete the IRIS report or 2) Review Incident Report prior to submission

**What measures have been put in place to prevent the incident from occurring again:**

1. A new policy more detailed on discharge criteria in emergency situations (situations that demand a thirty-day notice).
2. All Guardians and Care Managers will be informed of this policy upon the member being admitted into the Happy Hearts Group Home so that there is no confusion or misinterpretations. This thirty-day policy will ONLY be in the event of emergency situations in which staying longer than thirty days would not be beneficial for either the member or the rest of the residents in the home or staff.

**Who will monitor the situation to prevent incident from occurring again:**

Group Home Owner and Qualified Professional will continually monitor the situation and will check medication sheets daily to ensure that MARs are being completed correctly and that if there are any medication errors, they are documented in the Internal Incident Reporting and placed in the Document Binder. This information must also be brought forth immediately to Group Home Owner and Qualified Professional in the event that something must be done or checked.

For the incident that occurred (not necessarily the deficiency): Ongoing supervisions, training of staff and education will be conducted to help the incident that this reporting is on does not occur in the future. Group Home owner will monitor cameras placed in common areas. Qualified Professional will monitor and review all incidence reports and conduct random visits to the group home.

Regarding the Thirty Day Discharge Policy -

**Indicate how often the monitoring will occur:**

Only the Group Home Owner/Administrator will make the decision of whether or not to implement the emergency thirty-day discharge policy. Group Home Administrator and/or Qualified Professional will inform all parties involved for the decision of an emergency discharge. Monitoring will take place at a minimum of once per month in a face-to-face setting with all staff to continually be informed of how all residents are doing in the home and the Administrator has a "hands-on" approach in the Group Home. Staff will be supervised on a monthly basis and a written supervision note will be completed. Each staff member has a completed Supervision Plan that lasts for one year. This plan has goals that the staff member will address throughout the course of the year. The Supervision Plan will be amended as necessary and as goals are accomplished or new goals added. Qualified Professional will check in with the Group Home and staff at a minimum of twice per week. Random "pop up" visits by Qualified Professional will occur. Qualified Professional talks with Group Owner on a daily basis. Cameras are situated in the Group Home common areas (kitchen, living room, outside) in which staff and residents can be monitored at any and all times.

**Summary of Corrective Plan of Correction**

1. All Staff have now been informed of the more in-depth Policy on Thirty-Day Discharge Notice
2. All Guardians and Care Managers have been informed of this Policy and given them a copy for their records.
3. This Policy has been included in the Intake paperwork that is required to be completed upon admission.

4. All staff have been training on the purpose of Incident Reporting and that all incidences shall be reported immediately to Group Home Owner and Qualified Professional so that the level can be determined. Staff were also informed on what constitutes an emergency and when the police should be called and whom shall call the police. Staff have been retrained and re-educated about crisis intervention and crisis response. Discussed the importance of being able to respond appropriately in the event of a crisis in order to ensure the safety of all residents and staff.
5. Policies rewritten regarding crisis response in discharging a resident due to an emergency situation. All staff trained in this more detailed policy.
6. All staff have been trained on "Medication Error" if residents run out of medication or if there are any other deviations from the usual routine with the resident's medication. They have been trained on completing an internal incident reporting of these medication errors.
7. An Internal Incident Report form and Binder have been created for the purpose of documenting any and all Medication Errors.