

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: DD0239	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/07/2015
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NAME OF PROVIDER OR SUPPLIER SECOND FAMILY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 337 BRIGHTSEAT ROAD SUITE 111 LANDOVER, MD 20785
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(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y4065 SS=A 4	<p>14.31.06.13B1 Hlth Care: Med Admin: Writ Policy</p> <p>.13 Health Care.</p> <p>B. Medication Administration Policy.</p> <p>(1) The licensee shall observe written policies for the management and administration of medications to program residents.</p> <p>This Regulation is not met as evidenced by: The licensee reported via PCIS2 that on _____ at _____ individual #1 was given the medication of another individual via individual #1's G-tube in error by a staff LPN. Review of the 45 day LPN Collection Review dated _____ on _____ states, " Staff nurse will always complete 3 way check and six rights before administration of medication. The staff nurse failed to follow the directive of the 45 day LPN Collection Review/Nursing Care Plan.</p>	Y4065		

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L 000	Initial Comments On _____ an incident of Medication Error/Unplanned Hospitalization (#MD00090065) was reported by the licensee via the Provider Consumer Information System (PCIS2). An investigation for this incident was conducted on 03/24/15 through 03/31/15 by the Office of Health Care Quality. The census at site # DD0239 was (3) individuals. This investigation included: direct observation of (1) individual, a physical site inspection, interviews with administrators and staff and review of records. The licensee was found to be: not in compliance with COMAR 10.22.02.10 of the Developmental Disabilities Regulations and COMAR 14.31 Governor's Office for Children Regulations.	L 000		
L 374 SS=A	10.22.02.10A8 P&P-dev& adopt: med administration .10 Policies and Procedures A. A licensee shall develop and adopt written policies and procedures for ensuring: (8) That medications are administered in accordance with the practices established by the Administration's curriculum on medication training; This Regulation is not met as evidenced by: (1) The licensee reported via PCIS2 that on _____ at _____ individual #1 was given the medication of another individual via individual #1's G-tube in error by the staff LPN. The staff LPN reported this medication error to the licensee pediatric nurse specialist and delegating nurse. These nurses contacted the licensee's on-call	L 374		

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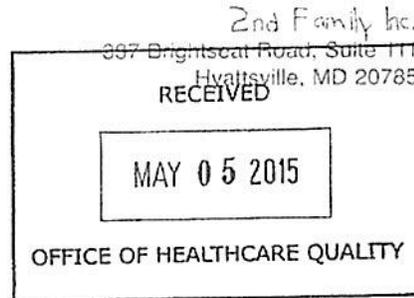
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L 374	<p>Continued From page 1</p> <p>physician who advised them to send the individual to the emergency room for further monitoring. The hospital report generated from the emergency room visit on . . . states," there did not appear to be any harmful reactions or side effects", of the medications given in error to individual #1 however the medication error resulted in an unplanned hospitalization for individual#1.</p> <p>X-Reference: Tag 4065</p> <p>(2) On . . . it was found that the current 45 Day LPN Data Collection Review dated . . . was incomplete and did not include attachments of the Nursing Care Plan or Physician's Care Plan as indicated on the form. Because of the incomplete documentation it was not possible to determine if the Nursing Care Plan was reviewed at the time of the 45 Day LPN Data Collection or if the Physician's Care Plan was being followed.</p> <p>(3) On . . . it was found that the current 45 Day LPN Data Collection Review dated . . . did not include the signature of the delegating nurse and because the documentation was incomplete it was not possible to determine if the assessments were completed by the LPN or RN.</p>	L 374		



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April 28, 2015



BY ELECTRONIC AND U.S. MAIL

Mr. Gregory Franklin
Coordinator of Special Programs
Developmental Disabilities, Children's Unit
55 Wade Avenue
Catonsville, Maryland 21228

PROVIDER # DD0239
RE: NOTICE OF CURRENT DEFICIENCIES
PLAN OF CORRECTION (POC)

Dear Mr. Franklin:

This correspondence serves as the Licensee's Plan of Correction (POC) in response to Statement of Deficiencies for Survey Completed as of April 7, 2015. (This will be referred to below as the "4/7/15 Deficiency Statement".)

Deficiency Tag # L374

Finding # 1:

What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

To correct the deficiency regarding Individual #1, the LPN immediately notified the delegating RN concerning the administration error. The delegating nurse then immediately called the prescribing physician, who directed taking Individual #1 to the ER for evaluation. Individual #1 was promptly taken to the ER for evaluation, and discharged with a finding of no adverse effect requiring treatment from the erroneous medication, and with instruction to continue to administer correct medication as prescribed. Staff who made the error was immediately counseled and provided review training on proper medication administration, with demonstration of understanding of training by successful test results.

How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken.

All delegating RNs have conducted review of all MARs and provided review training to all medication administering staff. All MARs will be reviewed monthly by the RN along with LPN. Prior to each administration, the staff will review the "Six Rights" of Medication to ensure that all medication is

being given to: a) the RIGHT person; b) is the RIGHT medication; c) the RIGHT dose; d) given at the RIGHT time; e) by the RIGHT method/route, and followed by f) the RIGHT charting/documentation procedures. Staff will be required to return demonstration of competency/understanding of rights to the RN, with ongoing random checks and queries of staff by RNs.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.

In addition to the global corrective actions described above, the Licensee has developed a Medication Review and Reconciliation Manual that provides an overview of procedures on medication administration based on COMAR 10.27.11 Principles of Medication Management and Administration. Licensee is in the process of completing in-service training to all medication administering staff.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;

Delegating RNs have conducted review of all MARs and provided review training to all medication administering staff. All MARs will be reviewed monthly by the RN along with LPN. In addition the enhanced quality assurance program will use a tool to monitor documentation on MARs, physician orders, correlation with plan of care, reconciliations, and will conduct queries to staff for knowledge and understanding of medication administration protocols.

Specific date when the corrective action has been/will be completed.

RN trainings on MARs competency were completed to all but one staff as of April 24, 2015. Quality assurance reviews will begin as of April 27, 2015.

Finding # 2:

What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

The Nursing Care Plan dated _____ was reviewed at the time of 45-Day LPN data collection. The physician's care plan (signed by the physician on _____ and per state regulations valid for up to one year unless updated) was inadvertently not attached to the data collection form, but was reviewed and being followed.

How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

All 45-Day LPN data collection will be reviewed by the delegating RN with reference to all pertinent information.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

The delegating RN will make sure that data collection is reviewed during each 45-day cycle, and all pertinent information will be documented on RN assessments.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Licensee's enhanced quality assurance program will monitor medication administration records, currency of physician plans of care and implementation of nursing care plans. The Quality Assurance team will also conduct random verbal inquiries to medication administration staff regarding medication administration procedures.

Specific date when the corrective action has been/will be completed.

Corrective action to Finding # 2 is ongoing.

Finding # 3:

What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

Due to clerical error, the delegating nurse reviewed, but had not signed, the 45 LN Data Collection sheet until several weeks after the data sheet was collected. This was subsequently corrected.

How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

Licensee is in the process of implementing new forms and procedures for data collection and assembling and reviewing all pertinent information with nursing care plans.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

Licensee is working with an independent nursing consultant who is reviewing Licensee's nursing care plans to obtain guidance on best practices for preparing nursing care plans and assembling pertinent data for nursing care plans.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Licensee's enhanced quality assurance program will review all nursing care plans and related

documentation, including 45 day data collection sheets, including review for all required signatures and other indications of completed assessments, reviews and implementation.

Specific date when the corrective action has been/will be completed.

Licensee will have completed review of all nursing care plans and pertinent information by June 12, 2015.

Deficiency Tag # Y4065

What corrective action will be accomplished for those individuals found to have been affected by the deficient practice?

In addition to immediate counseling, re-training and re-testing of the staff nurse who committed the error, Licensee has developed a Medication Administration Manual which has been used to provide medication administration review training to all staff who administer medication to Individuals in Licensee's programs to ensure proper procedures and protocols for administering medication are followed. Staff will be randomly monitored and checked for compliance. When such procedures and protocols are not followed, staff will be subject to disciplinary action up to and including discharge.

How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action will be taken;

By providing medication administration review training Licensee is seeking to prevent other individuals from being affected by the deficient practice.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

By providing medication administration review training Licensee is reinforcing correct principles of medication administration to all staff, and will be conducting ongoing monitoring of compliance.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and;

Licensee's enhanced quality assurance program will use a tool to monitor documentation on MARs, physician orders, correlation with plan of care, reconciliations, and will conduct queries to staff for knowledge and understanding of medication administration protocols.

Specific date when the corrective action has been/will be completed.

Medication review training was completed for all but one staff as of April 24, 2015. Quality assurance reviews began as of April 27, 2015.



Joseph Labulé, CRCCPA
Executive Director and Program Administrator
Second Family, Inc.

Office of Health Care Quality

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Y 000 Initial Comments

Y 000

On 03/11/15 an Incident Investigation for MD00089701 was initiated in response to an unplanned hospitalization. Survey activities included an administrative review of records for 1 individual. The licensee was found to be in compliance with: COMAR Title 10, Subtitle 22 Developmental Disabilities Regulations and COMAR Title 14, Subtitle 31. Standards for Residential Child Care Programs.

OHCQ
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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L 000	Initial Comments On 03/17/15 an Incident Investigation for MD00089937 was initiated in response to an Incident of Emergency Room visit. Survey activities included an administrative review of records for 1 individual. The licensee was found to be in compliance with: COMAR Title 10, Subtitle 22 Developmental Disabilities Regulations and COMAR Title 14. Subtitle 31. Standards for Residential Child Care Programs.	L 000		
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Y 000	<p>Initial Comments</p> <p>On _____ an Unplanned Hospitalization (Incident # MD00089587) occurred for individual #1. The Nursing Progress notes for individual #1 states that he was assessed by the LPN on that date and determined to have a temperature _____.</p> <p>Individual #1 was transported to _____ and was admitted to Pediatric ICU at that time. Dx; _____ 2. Tx'ed with antibiotics and discharged from CNMC on _____ with follow up in one week. Follow up occurred on _____.</p> <p>There are no deficiencies associated with this incident</p>	Y 000		
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