

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/20/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OAKWOOD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002 D &amp; E SHACKLEFORD ROAD KINSTON, NC 28504</b>
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on June 20, 2018. A complaint was substantiated (Intake #NC00139750) and a complaint was unsubstantiated (Intake #NC00139756). Deficiencies were cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 105	<p>Continued From page 1</p> <p>recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement its written policy</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>governing its response to Level II incidents including restrictive interventions. The findings are:</p> <p>Review on 06/20/18 of the facility's INCIDENT AND DEATH RESPONSE SYSTEM" policy, effective 7/01/03 and most recently revised 1/01/14, revealed:</p> <p>- "Upon learning of a Level II/III incident involving a consumer currently receiving services, [the Licensee] shall document the event within the time frames specified in this policy using the DHHS Incident Response Improvement System (IRIS). Level II/III DHHS Incident and Death Report include: . . . b) Restrictive Intervention - additional documentation is required on the restrictive intervention details report. Level II any emergency, unplanned use or any planned use that exceeds Licensure Rules, is administered by an unauthorized person, requires treatment by a licensed health professional. Level III any restrictive intervention that results in permanent physical or psychological impairment within 7 days . . . "</p> <p>Review on 06/19/18 of Person Centered Plans (PCP's) for client's #1 and #4 revealed the PCP's included a "Crisis Prevention and Intervention Plan" which included strategies for crisis response and stabilization including the use of physical restraint and seclusion.</p> <p>Review on 06/19/18 of the facility records revealed:</p> <p>-1 Department of Health Human Services Restrictive Intervention Details Report for Client #1 for seclusion.</p> <p>-9 Department of Health Human Services Restrictive Intervention Details Report for Client #4 for physical restraints.</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>Review on 06/19/18 of the NC Incident Response Improvement System revealed no Level II incident report entries for the 10 restrictive interventions for client's #1 and #4.</p> <p>Interview on 06/20/18 the Assistant Director revealed: -He had spoken with the Clinical Director and the Plan of Correction from previous survey was still pending due to legal counsel being involved. -The agency was still responding to Restrictive Interventions as they always had in the past.</p>	V 105		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>by the Secretary via electronic means and shall include summary information as follows:</p> <ul style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ul> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report Level II incidents as required. The findings are:</p> <p>See Tag V105 for details</p>	V 367		