| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL054-159 | A. BUILDING: _____ B. WING _____ | 03/05/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| MAPLEWOOD FACILITY | 2002-G SHACKLEFORD ROAD KINSTON, NC 28502 |

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| V 000 | INITIAL COMMENTS<br><br>A complaint and follow up survey was completed on March 5, 2019. The complaint was unsubstantiated (intake #NC00148803). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .1900, Psychiatric Residential Treatment for Children and Adolescents. | V 000 | | |
| V 105 | 27G .0201 (A) (1-7) Governing Body Policies<br><br>10A NCAC 27G .0201 GOVERNING BODY POLICIES<br>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:<br>(1) delegation of management authority for the operation of the facility and services;<br>(2) criteria for admission;<br>(3) criteria for discharge;<br>(4) admission assessments, including:<br>(A) who will perform the assessment; and<br>(B) time frames for completing assessment.<br>(5) client record management, including:<br>(A) persons authorized to document;<br>(B) transporting records;<br>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;<br>(D) assurance of record accessibility to authorized users at all times; and<br>(E) assurance of confidentiality of records.<br>(6) screenings, which shall include:<br>(A) an assessment of the individual's presenting problem or need;<br>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and<br>(C) the disposition, including referrals and | V 105 | | |

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| V 105 | Continued From page 1<br>recommendations;<br>(7) quality assurance and quality improvement activities, including:<br>(A) composition and activities of a quality assurance and quality improvement committee;<br>(B) written quality assurance and quality improvement plan;<br>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;<br>(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;<br>(E) strategies for improving client care;<br>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges:<br>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;<br>(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;<br><br>This Rule is not met as evidenced by: | V 105 | | |

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| V 105 | Continued From page 2<br><br>Based on record reviews and interviews, the facility failed to develop and implement a written policy for adoption of standards of practice related to federal requirements for the reporting of events that result in the use of restraint or seclusion. The findings are:<br><br>Review on 03/04/19 of LME-MCO (Local Management Entity-Managed Care Organization) Communication Bulletin J287, "Clarifying the Reporting Standards for Psychiatric Residential Treatment Facilities [PRTF]" dated 5/11/18 revealed:<br>- "As a reminder, Serious Occurrences are any event that result in Restraint or Seclusion, Resident's Death, Any Serious Injury to a Resident, and a Resident's Suicide Attempt. NC [North Carolina] 483.374 specifies that facilities must report each Serious Occurrence to both the State Medicaid agency (Division of Medical Assistance - DMA) . . . "<br>- "DMA receives reports of Serious Occurrences via the Incident Response and Improvement System (IRIS) managed by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services . . . "<br><br>Review on 03/04/19 of CFR §483.356(a)(2) revealed:<br>- "An order for restraint or seclusion must not be written as a standing order or on an as-needed basis."<br><br>Review on 03/04/19 of the facility's Restrictive Intervention Log from January 2019 thru March 4, 2019 revealed:<br>- 54 restrictive interventions had been documented as utilized at the facility.<br><br>Review on 03/04/19 of the North Carolina Incident | V 105 | | |

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| V 105 | Continued From page 3<br>Response Improvement System (IRIS) from January 2019 thru March 4, 2019 revealed no documented restrictive interventions at the facility.<br><br>Interview on 03/04/19 the Quality Assurance Coordinator stated:<br>- She had not completed level II incident or IRIS reports for the documented restrictive interventions at the facility.<br><br>Interview on 03/04/19 the Program Director stated she would complete a plan of correction to address the deficiencies.<br><br>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.] | V 105 | | |
| V 367 | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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:<br>(1) reporting provider contact and | V 367 | | |

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| V 367 | Continued From page 4<br>identification information;<br>(2) client identification information;<br>(3) type of incident;<br>(4) description of incident;<br>(5) status of the effort to determine the cause of the incident; and<br>(6) other individuals or authorities notified or responding.<br>(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:<br>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or<br>(2) the provider obtains information required on the incident form that was previously unavailable.<br>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:<br>(1) hospital records including confidential information;<br>(2) reports by other authorities; and<br>(3) the provider's response to the incident.<br>(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). | V 367 | | |

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| V 367 | Continued From page 5<br>(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 by the Secretary via electronic means and shall include summary information as follows:<br>(1) medication errors that do not meet the definition of a level II or level III incident;<br>(2) restrictive interventions that do not meet the definition of a level II or level III incident;<br>(3) searches of a client or his living area;<br>(4) seizures of client property or property in the possession of a client;<br>(5) the total number of level II and level III incidents that occurred; and<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews the facility failed to submit Level II incident reports as required. The findings are:<br><br>Refer to Tag V105 for details.<br><br>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.] | V 367 | | |