

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/24/2019
NAME OF PROVIDER OR SUPPLIER NEUSE ENTERPRISES INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 3800 COMMERCE DRIVE KINSTON, NC 28503		
(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
V 000	INITIAL COMMENTS An annual and complaint survey was completed on April 24, 2019. The complaint was unsubstantiated (intake #NC00150519). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness, 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities, and 10A NCAC 27G .5500 Day Activity for Individuals of All Disability Groups.	V 000		
V 106	27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including	V 106		

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

TITLE

(X6) DATE

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V 106	<p>Continued From page 1</p> <p>nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement its medical preparedness policy to be utilized in a medical emergency. The findings are:</p> <p>Review on 4/23/19 of client #5's record revealed: - 32 year old male admitted to the facility 1/18/16. - Diagnoses included Mild Intellectual/Developmental Disability, Post Traumatic Stress Disorder, Intermittent Explosive Disorder, and Seizure. - "Individual Support Plan" (ISP) with "ISP Start Date: 7/1/2018", included What others need to know to best support me . . . Medical/Behavioral . . . Within the past year my health has been stable. My seizure activity has improved and I have not had a seizure in a year. when I experience seizure activity I may have a blank stare and nonresponsive. . . ." - "Crisis Prevention and Intervention" did not include a seizure protocol or steps to take in the event of a medical crisis. - "Individual Support Plan Short Range Goals . . . Implementation Date: July 1st, 2018" did not include a seizure protocol or crisis plan.</p>	V 106		

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V 106	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Service note dated 4/4/19 signed by staff #1 included " On 4-2-19 at 2:08 am [client] told me that something was wrong with [client #5]. . . He was sitting with a blank stare on his face. As I was calling and shaking him trying to alert him, he fell out of the chair onto the floor. . . . Appr [approximately] 2:18 pm he started responding [and] stopped jerking . . . " - Service note dated 4/2/19 signed by the ADVP (Adult Developmental and Vocational Program) Coordinator included a description of the seizure, measures staff took to keep him safe during and after the seizure, and contact with client #5's Group Home Administrator. <p>Review on 4/24/19 of the facility's "Seizure Report" for client #5 revealed:</p> <ul style="list-style-type: none"> - 2 seizures reported 11/19/18, one lasting 15 seconds, the other lasting 5 minutes; ". . . 1. Consumer was unaware of surroundings . . . 10. Eyes stared . . . " - Seizure reported 4/2/19 lasted 12 minutes; ". . . 1. Consumer was unaware of surroundings . . . 3. Body and/or extremities jerked violently . . . 5. Movement involved arms and/or legs . . . 10. Eyes stared. . . " <p>Review on 4/24/19 of the facility's "Medical Emergencies" policy dated 9/24/13 and revised 6/10/16 revealed:</p> <ul style="list-style-type: none"> - "Policy: Neuse Enterprises, Inc. shall maintain a written plan of action to be activated in times of medical emergencies." - "Procedure: . . . 4. In case of medical emergency, appropriate emergency service personnel and emergency contact persons will be notified. 5. Neuse Enterprise, Inc. shall maintain emergency information on all consumers. . . " <p>During interview on 4/24/19 the Workshop</p>	V 106		

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V 106	Continued From page 3 Coordinator stated: - Staff's response to client seizures would be different depending on the client; some clients had more intense seizures than other clients. - Staff would always support and monitor the client having the seizure to ensure the client's safety. - If a seizure "was not normal for the person, was longer than normal for the client, or if the client had difficulty breathing or anything like that" during a seizure, he would call for an ambulance. During interviews on 4/23/19 and 4/24/19 the Operations Manager stated: - Client #5 did not have seizures very often. - Client #5's seizures were usually of short duration and did not typically include jerking of his extremities, he usually just had a blank stare and was unresponsive; his seizures did not last very long. - Emergency Medical Personnel had been contacted in the past when client #5 had a seizure at the facility; he was transported to the hospital and was admitted to the hospital. - She was not sure what client #5's seizure protocol required. - She would call Emergency Medical Personnel for a seizure lasting more than 2 minutes. - She felt Emergency Medical Personnel should have been called 4/2/19 as it took client #5 "12 minutes to come out of the seizure." - A seizure lasting 12 minutes or a seizure that was "unusual" for the client would be considered a medical emergency. - The facility's medical emergency policy should have been implemented for client #5 on 4/2/19.	V 106		
V 108	27G .0202 (F-I) Personnel Requirements	V 108		

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V 108	<p>Continued From page 4</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 4 of 6 audited staff (Workshop Coordinator, PSR [Psychosocial</p>	V 108		

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V 108	Continued From page 5 Rehabilitation] Coordinator, Workshop Supervisor, and Day Support Technician #1) received training to meet the needs of the population served. The findings are: Review on 4/24/19 of the Workshop Coordinator's personnel record revealed: - Hire date 7/24/00. - No documented training on developmental disabilities or mental health diagnoses. Review on 4/24/19 of the PSR Coordinator's personnel record revealed: - Hire date 11/1/10. - No documented training on developmental disabilities or mental health diagnoses. Review on 4/24/19 of the Workshop Supervisor's personnel record revealed: - Hire date 4/18/11. - No documented training on developmental disabilities or mental health diagnoses. Review on 4/24/19 of Day Support Technician #1's personnel record revealed: - Hire date 6/5/15. - No documented training on developmental disabilities or mental health diagnoses. During interview on 4/24/19 the Operations Manager stated all staff received training in developmental disabilities and mental health diagnoses. She would ensure staff training was documented in personnel records.	V 108		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON	V 536		

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V 536	Continued From page 6 ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with	V 536		

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V 536	Continued From page 7 disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning	V 536		

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V 536	Continued From page 8 objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation	V 536		

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V 536	<p>Continued From page 9</p> <p>requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure one of six audited staff (the Mental Health Coordinator/Qualified Professional) received annual training updates in alternatives to restrictive interventions. The findings are:</p> <p>Review on 4/24/19 of the Mental Health Coordinator/Qualified Professional's (MHC/QP) personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date 8/2/10. - North Carolina Interventions (NCI) training completed 8/19/16. - No documented annual update of NCI. <p>During interview on 4/24/19 the Operations Manager stated documentation of the MHC/QP's annual NCI training would be in her personnel record.</p> <p>During interview on 4/24/19 the Executive Director stated the facility's NCI instructor told them all staff were not required to have NCI training.</p>	V 536		