

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAPLEWOOD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002-G SHACKLEFORD ROAD KINSTON, NC 28502</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on April 25, 2019. The complaints were unsubstantiated (intakes #NC00149864, #NC00150438). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900, Psychiatric Residential Treatment for Children and Adolescents.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></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:</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>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 that prohibits the use of restrictive interventions as planned interventions. The findings are:</p> <p>Review on 4/24/19 of the LME-MCO (Local Management Entity-Managed Care Organization) Communication Bulletin J287 dated 5/11/18 revealed the Conditions of Participation, 42 Code of Federal Regulation (CFR) 483.356(a)(2) requirements would prohibit restrictive interventions from being included as planned intervention in a client's treatment plan.</p> <p>Review on 4/24/19 of the facility Plan of Correction for survey completed 3/4/19 revealed: -"NOVA will temporarily suspend the inclusion of planned use of restrictive interventions in the Person-Centered Plans and will complete incident reports for uses of emergency safety interventions."</p> <p>Review on 4/25/19 of client #2's record revealed: -11 year old male admitted 2/27/18. -Diagnoses included Attention Deficit Hyperactive Disorder (ADHD), combined presentation, and Oppositional Defiant Disorder. -The 6th strategy in client #2's "Consumer Safety Plan" signed 2/27/18 read, "Staff will utilize restrictive interventions to de-escalate imminent risk situations that place the consumer and/or others in jeopardy once least restrictive interventions have been exhausted and proven ineffective. Restrictive Interventions include: NCI [North Carolina Interventions] techniques, seclusion and chemical intervention."</p> <p>Review on 4/25/19 of client #15's record</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-12 year old male admitted 4/1/19.</li> <li>-Diagnoses included ADHD, combined presentation; Adjustment Disorder with Mixed Anxiety and Depressed Mood; and, Intermittent Explosive Disorder.</li> <li>-The 6th strategy in client #15's "Consumer Safety Plan" dated 4/1/19 read, "Staff will utilize restrictive interventions to de-escalate imminent risk situations that place the consumer and/or others in jeopardy once least restrictive interventions have been exhausted and proven ineffective. Restrictive Interventions include: NCI techniques, seclusion and chemical intervention."</li> </ul> <p>Review on 4/25/19 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- 15 year old male admitted 6/26/18.</li> <li>- Diagnoses included Disruptive Mood Dysregulation Disorder, Adjustment Disorder, autism Spectrum Disorder, and ADHD.</li> <li>- "Consumer Safety Plan" dated 6/26/18 included ". . . Staff will utilize restrictive interventions to de-escalate imminent risk situations that place the consumer and/or others in jeopardy once least restrictive interventions have been exhausted and proven ineffective. Restrictive Interventions include: NCI techniques, seclusion and chemical intervention."</li> </ul> <p>Interview on 4/25/19 the Director stated:</p> <ul style="list-style-type: none"> <li>-The use of restrictive interventions has been removed from client treatment plans.</li> <li>-The use of restrictive interventions should have been removed from the client Safety Plans.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 105		

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V 367	Continued From page 4	V 367		
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> <ol style="list-style-type: none"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol> <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> <ol style="list-style-type: none"> <li>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</li> <li>(2) the provider obtains information required on the incident form that was previously</li> </ol>	V 367		

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V 367	<p>Continued From page 5</p> <p>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 by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to submit Level II incident reports as required. The findings are:</p> <p>Finding #1: Review on 4/25/19 of client #2's record revealed: -11 year old male admitted 2/27/18. -Diagnoses included Attention Deficit Hyperactive Disorder (ADHD), combined presentation, and Oppositional Defiant Disorder.</p> <p>Review on 4/25/19 of client #2's facility incident report dated 4/16/19 documented client #2 was in seclusion for 31 minutes at 9:04 am.</p> <p>Review on 4/25/19 of the North Carolina Incident Response Improvement System (IRIS) April 2019 IRIS reports for client #2 revealed: -Incident dated 4/16/19 at 9:04 am documented client #2 became combative towards staff and tried to "break away" when he was escorted to the seclusion room. -Seclusion was not reported as a restrictive intervention.</p> <p>Finding #2: Review on 4/24/19 of client #16's record revealed: -13 year old male admitted 12/6/18. -Diagnoses included ADHD, Post Traumatic Stress Disorder, and Autism Spectrum Disorder.</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>Review on 4/24/19 of client #16's facility incident report dated 4/7/19 documented client #16 was in seclusion for 49 minutes at 3:58 pm.</p> <p>Review on 4/25/19 of the April 2019 IRIS reports for client #16 revealed: -Incident dated 4/7/19 at 3:58 pm documented client #2 "was throwing objects at peers and staff. He began trying to fight staff, kicking and spitting. He started banging his head on walls. Staff re-directed and consumer became physically aggressive by hitting staff. The door was closed and nurse and RSS (supervisor) notified." -Seclusion was not reported as a restrictive intervention.</p> <p>Finding #3: Review on 4/25/19 of client #15's record revealed: -12 year old male admitted 4/1/19. -Diagnoses included ADHD, combined presentation; Adjustment Disorder with Mixed Anxiety and Depressed Mood; and, Intermittent Explosive Disorder.</p> <p>Review on 4/25/19 of client #15's facility incident reports in April 2019 revealed: -Incident dated 4/11/19 documented client was in seclusion for 8 minutes at 8:20 am. -Incident dated 4/16/19 documented client was in seclusion for 22 minutes at 3:20 pm. -Incident dated 4/17/19 documented client was in a "Restraint-Sitting" for 3 minutes at 1:53 pm.</p> <p>Review on 4/25/19 of April 2019 IRIS reports for client #15 revealed: -Incident dated 4/11/19 at 8:20 am client #15 was non-compliant, disruptive in the classroom, and threw a pencil at his peer "at which point staff escorted him to seclusion." Seclusion was not</p>	V 367		



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V 367	<p>Continued From page 8</p> <p>reported as a restrictive intervention.</p> <p>-Incident dated 4/16/19 at 3:20 pm client #15 "... began fighting with peer, staff redirected and intervened. Consumer ignored and continued to pass licks as staff continued to redirect. Consumer did not listen and continued to exhibit physical aggression. Consumer was escorted to the seclusion room where he remained until calmed down." Seclusion was not reported as a restrictive intervention.</p> <p>-Incident dated 4/17/19 at 1:53 pm client #15 "sat down and began banging his head against the desk, staff counseled and redirected consumer from head banging. Consumer wasn't compliant after last redirection and was placed in a sitting therapeutic restraint for 3 minutes." Restrictive Intervention documentation was incomplete and did not include documentation of the intervention type/duration, or person who provided monitoring during the restraint.</p> <p>Finding #4: Review on 4/25/19 of client #4's record revealed: - 15 year old male admitted 6/26/18. - Diagnoses included Disruptive Mood Dysregulation Disorder, Adjustment Disorder, autism Spectrum Disorder, and ADHD. - "Order for Emergency Safety Interventions" dated 4/9/19 included "Order for: Physical Restraint . . . Time ESI [Emergency Safety Intervention] began: 1052, Time ESI ended: 10:57." - "Order for Emergency Safety Interventions" dated 4/11/19 included "Order for Seclusion . . . Time ESI began: 0813, 0827 Time ESI ended 0824, 0913."</p> <p>Review on 4/25/19 of client #4's facility incident report dated 4/16/19 9:40 revealed client #4 was in seclusion for 53 minutes at 9:40 am.</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>Review on 4/25/19 of April 2019 IRIS reports for client #4 revealed:</p> <ul style="list-style-type: none"> <li>- Incident dated 4/9/19 at 10:52 am client #4 was "out of assigned area, staff re-directed and consumer ignored. Staff counseled and consumer started banging his head against the door several times. Staff re-directed and consumer stayed non-compliant and walked over to window and begin to bang his head against window. Staff blocked several times and consumer was placed into a standing restraint for 2 minutes. Consumer then dropped his weight and was placed in a sitting restraint for 3 minutes." Restrictive Intervention documentation was incomplete and did not include intervention type/duration, consumer status checks, continuous monitoring during and 30 minutes following the intervention, and no documentation of debriefing.</li> <li>- Incident dated 4/11/19 at 8:13 am "Consumer was in class disrupting by making loud noises, staff redirected. He ignored and continued, staff escorted him out and he became aggressive towards staff by attempting to kick them, staff redirected. He was placed into seclusion with door closed, staff counseled. He began kicking the door and wall agitating the kids in class. The door was opened and he was escorted to another seclusion room . . . "</li> <li>No documentation of consumer status checks or the person monitoring during the intervention.</li> <li>- Incident dated 4/11/19 at 8:27 am "Consumer was kicking and banging on seclusion room wall." Seclusion not documented as a restrictive intervention and no documentation of debriefing.</li> <li>- Incident dated 4/16/19 at 9:40 am "Consumer was prompted to have a seat. Consumer ignored and began to verbalize inappropriately by cursing. Consumer then attempted to hit staff in face with</li> </ul>	V 367		

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V 367	<p>Continued From page 10</p> <p>a book, staff redirected. consumer was escorted to seclusion until he was calm." No documentation of intervention type/duration, consumer status checks, or the person monitoring during the intervention.</p> <p>Interview on 4/25/19 the Authorization/Admission Specialist Assistant stated:                      -One of her job duties is to complete IRIS reports for restrictive interventions.                      -She had been doing this job duty since April 2019.                      -She had been trained by the Consumer Affairs Coordinator.                      -She had gotten emails from the MCOs (Managed Care Organizations) making her aware that she needed to complete "other fields" in the IRIS reports.                      -The reports she needed to complete included reports of seclusions and other restrictive interventions where "fields" had been left blank. She was having to go back and complete these reports.                      -She felt she did not need more training because she was "getting it" now that she is going back and filling in the information.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		