

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>07/24/2019</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>An annual, complaint and follow up survey was completed on July 24, 2019. Two complaints were substantiated (intake # NC00153719 and NC00153730) and one complaint was unsubstantiated (intake # NC00153724). 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>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</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	Continued From page 1  needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (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; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (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;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: 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 or anticipated interventions. The findings are:</p> <p>Review on 7/23/19 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 or anticipated interventions in a client's treatment plan.</p> <p>Review on 7/24/19 of client #5's record revealed: -14 year old female admitted 2/6/19. -Diagnoses included Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactive Disorder (ADHD), Disruptive Mood Dysregulation Disorder (DMDD). -The 6th strategy in client #5's "Safety Plan" signed 5/3/19 read. "In the event of an unanticipated emergency safety situation, if necessary, and upon the physician's order (in accordance with Federal Regulation), NOVA (Licensee) will utilize emergency safety interventions to de-escalate imminent risk situations that place the consumer and/or others in jeopardy once non-emergency interventions have been exhausted and proven ineffective."</p> <p>Review on 7/24/19 of client #8's record revealed: -13 year old male admitted 12/6/18. -Diagnoses included Autism Spectrum Disorder,</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>ADHD, PTSD and Unspecified Mood Disorder. -The 6th strategy in client #8's "Safety Plan" signed 5/3/19 read. "In the event of an unanticipated emergency safety situation, if necessary, and upon the physician's order (in accordance with Federal Regulation), NOVA will utilize emergency safety interventions to de-escalate imminent risk situations that place the consumer and/or others in jeopardy once non-emergency interventions have been exhausted and proven ineffective."</p> <p>Review on 7/24/19 of client #10's record revealed: -10 year old male admitted 3/21/19. Diagnoses included PTSD, DMDD, Enuresis, Borderline Intellectual Functioning -The 6th strategy in client #10's "Safety Plan" signed 5/3/19 read. "In the event of an unanticipated emergency safety situation, if necessary, and upon the physician's order (in accordance with Federal Regulation), NOVA will utilize emergency safety interventions to de-escalate imminent risk situations that place the consumer and/or others in jeopardy once non-emergency interventions have been exhausted and proven ineffective."</p> <p>Review on 7/24/19 of client #11's record revealed: -12 year old male admitted 4/18/19. -The 6th strategy in client #11's "Safety Plan" signed 5/3/19 read. "In the event of an unanticipated emergency safety situation, if necessary, and upon the physician's order (in accordance with Federal Regulation), NOVA will utilize emergency safety interventions to de-escalate imminent risk situations that place the consumer and/or others in jeopardy once non-emergency interventions have been exhausted and proven ineffective."</p>	V 105		

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V 105	Continued From page 4  Interview on 7/24/19 with Program Director stated: -The federal rule stated there can not be a standing order or an as needed physician order for restraint and seclusion. -She felt the facility followed the federal requirements. -She would review current plans to determine how they can be modified.  This deficiency has been cited three times since the original cite on 12/7/18 and must be corrected within 30 days.	V 105		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug;	V 118		

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V 118	<p>Continued From page 5</p> <p>(C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to administer medications on the written order of a physician affecting one of four audited clients (#5). The findings are:</p> <p>Review on 7/24/19 of client #5's record revealed: -14 year old female admitted 2/6/19. -Diagnoses included Post Traumatic Stress Disorder, Attention Deficit Hyperactive Disorder, Disruptive Mood Dysregulation Disorder.</p> <p>Review on 7/24/19 of a facility consultation form dated 7/11/19 revealed: - "[Subjective] Dysmnenrhea (menstrual cramps); irregular periods." -"See attached medication list: Balcoltra (a combination birth control pill that prevents ovulation) (OCP (oral contraceptive pill))." -" [Plan] OCPs daily at the same time."</p> <p>Review on 7/24/19 of client #5's July 2019 MAR revealed no transcribed entry for Balcoltra.</p> <p>Observation on 7/24/19 at approximately 10:00am of client #5's medication revealed no</p>	V 118		

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V 118	Continued From page 6  available Balcoltra for administration.  Interview on 7/24/19 with Licensed Practical Nurse stated that she was not at the facility and was not aware of the physician's order on 7/11/19 when client #5 had this appointment  Interview on 7/24/19 with Registered Nurse Supervisor stated that she was not at the facility and was not aware of the physician's order on 7/11/19 when client # 5 had this appointment and that an as needed nurse was on duty.  Interview on 7/24/19 with Program Director stated transporter clipped the physician order to the chart and should have given it to the nurse.	V 118		
V 525	27E .0104(e17) Client Rights - Sec. Rest. & ITO  10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (17) The facility shall conduct reviews and reports on any and all use of restrictive interventions, including: (A) a regular review by a designee of the governing body, and review by the Client Rights Committee, in compliance with confidentiality rules as specified in 10A NCAC 28A; (B) an investigation of any unusual or possibly unwarranted patterns of utilization; and (C) documentation of the following shall be maintained on a log: (i) name of the client; (ii) name of the responsible professional;	V 525		

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V 525	<p>Continued From page 7</p> <p>(iii) date of each intervention; (iv) time of each intervention; (v) type of intervention; (vi) duration of each intervention; (vii) reason for use of the intervention; (viii) positive and less restrictive alternatives that were used or that were considered but not used and why those alternatives were not used; (ix) debriefing and planning conducted with the client, legally responsible person, if applicable, and staff, as specified in Parts (e)(9)(F) and (G) of this Rule, to eliminate or reduce the probability of the future use of restrictive interventions; and (x) negative effects of the restrictive intervention, if any, on the physical and psychological well-being of the client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain documentation in a log of restrictive interventions including name of responsible professional, positive and less restrictive interventions that were used or considered/not used and why, debriefing and planning conducted with the client and legally responsible person, and negative effects of each intervention. The findings are:</p> <p>Review on 7/23/19 and 7/24/19 of the facility restrictive intervention log for May 2019 and June 2019 revealed: -26 seclusions and 45 restraints in May 2019. -4 seclusions and 12 restraints in June 2019. -The log did not include the following required documentation: -name of responsible professional. -positive and less restrictive alternatives that were used or that were considered but not used and why those alternatives were not used.</p>	V 525		



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V 525	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-debriefing and planning conducted with the client, legally responsible person, and staff.</li> <li>-negative effects of the restrictive intervention, if any, on the physical and psychological well-being of the client.</li> </ul> <p>Interview on 7/23/19 with Quality Assurance Coordinator stated:</p> <ul style="list-style-type: none"> <li>-She did not keep a log with responsible staff names.</li> <li>-She completed a report quarterly.</li> </ul> <p>Interview on 7/24/19 the Program Director indicated she would follow up on the requirements for the restrictive intervention log.</p>	V 525		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observations on 7/23/19 at 10:28am revealed: Unit 1</p> <ul style="list-style-type: none"> <li>-Seclusion room Q0 had an approximately 3 foot long paint strip missing from wall.</li> <li>-Seclusion room W7 had writing on the walls.</li> <li>-The hallway had numerous black scuff marks on</li> </ul>	V 736		

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V 736	<p>Continued From page 9</p> <p>the walls.</p> <p>1A</p> <ul style="list-style-type: none"> <li>-The cabinet doors below the sink in the kitchen were missing. One drawer was missing and the front of another drawer had been removed.</li> <li>-The living area had an approximately 3 foot by 3 foot white unpainted patched area. The carpet had rips and frayed areas The TV encased in the wall had one missing cabinet door.</li> </ul> <p>1B</p> <ul style="list-style-type: none"> <li>-The living room area had 2 soccer ball sized and 3 softball sized unpainted white patched areas. An electrical socket did not have an outlet cover. The carpet revealed a golf ball sized torn area and a rip approximately 3 feet in length. The carpet area at the bathroom threshold was worn and the padding was visible.</li> <li>-Client #10 had hole in the wall behind bedroom door.</li> <li>-Client #12 had writing on ceiling of closet with crayon and pencil, paint missing from wall over to left side of bed.</li> <li>-Client #8's room had a large section of sheetrock missing from the closet.</li> </ul> <p>Unit 2</p> <ul style="list-style-type: none"> <li>-Seclusion room X3 and X4 had writing on walls with ink and pencil.</li> </ul> <p>2A</p> <ul style="list-style-type: none"> <li>-One client room had an approximately 3 foot by 2 foot unpainted white patched area.</li> <li>-Client #15's bedroom had one approximately 2 foot by 2 foot and one approximately 3 foot by 2 foot unpainted white patched areas on the walls.</li> <li>-Client #5's bedroom had numerous marks and scuff marks on the wall.</li> <li>-The bathroom did not have shower or toilet</li> </ul>	V 736		

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V 736	<p>Continued From page 10</p> <p>installed and the sink was not in working condition. -The door under the TV cabinet was missing.</p> <p>2B -The living room area had 2 softball sized unpainted white patched areas on the walls.</p> <p>Unit 3 - One seclusion room had numerous writings and scuff marks on the walls.</p> <p>3B -In the living room, the cabinet doors below the sink in the kitchen were missing, tears in carpet and approximately three quarter sized holes in wall. -Client #14's bedroom had an approximately quarter sized hole in the wall beside the window.</p> <p>Interview on 7/23/19 with Maintenance the Manager stated facility living room areas were in the process of being remodeled and a new shower and toilet was being installed in bathroom 2A.</p> <p>Interview on 7/23/19 the Facility Support Director stated construction was currently being conducted at the facility and repairs were ongoing.</p> <p>Interview on 07/24/19 the Program Director stated she had no questions regarding facility items discussed at exit of the survey.</p>	V 736		