Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Division of Health Service Regulation, Mental Health Licensure & Certification Section

Provider Contact	Stepping Stones Community Resources Inc. (SSCRI)	Phone:	919-269-9300
Person for follow-up:	Lacemond Banks		
,		Email:	jnewton@steppingstonescri.net
Address:	3904 Airport Dr Suite A Wilson NC 27896 Pro	Provider # MHL 098-187 FID: 130506	7 FID: 130506
Finding	Corrective Action Steps	Responsible Party	y Time Line
10A NCAC 27G .0603 Incident Response	SSCRI will CORRECT this deficiency by ensuring the	Jessica Newton	Implementation Date:
Requirements	implementation of policy cited in SSCRI policy and	acemond Banks	07/31/2019
Based on record review and interview,		Anissa Howard	
the facility failed to implement policy and	elivery system in a manner to insure con	Cathy Collins	Projected Completion
document their response to Level III		Maria McCrimmon	Date:
incidents.	162.		08/30/2019
AND B PROVIDERS (a) Category A and it providers shall develop and implement written policies sparing their response to level I. II or III includes. The policies shall require the	North Carolina General Statute's 122C-51, 122C-57 through 122C-62."		
provided for a sport of a relationary so my major and state, provided notes and an attention to the incident, (2) determining the cause of the incident; (3) determining the cause of the incident; (3) determining and implementing corrective measures according to non-view swelfarl time/frames not to exceed 45 days (3).	"Procedures Related to Suspected Abuse, Neglect, or		
developing and implementing measures to prevent terminal mediants according to provider specified timeframes not to exceed 45 days; (3) assigning person(3) to be responsible for	Exploitation" "Percon with first-hand knowledge will then notify the Division		
implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 73. Article 2A, 10A, NCAC 26H, 42 CFR Parts 2 and 3 and 45 requirements.	of Social Services"		
 Fig. 1 are level and (i.e., and (i.e.) manufating over-unconstant regularity country consequently as a (i.e.) of thought (px) of this Rule. (b) In addition to the requirements set forth in Perspirals (a) of this Rule. (C FAMR providers shall address invidents as required by the federal regulations in 	SSCRI shall document appropriate responses to Level I, II		
42 CFR Part 483 Subpart 1. (e) In addition to the requirements set forth in Paragraph (a) of this Rule, Cologory A and H providers, excluding ICFAMR providers, shall develop and	and III incidents.		
implement written policies governing their response to a level III incident bod occurs while implement their policies governing to billable service or while the close is not the provider's perioder's perioder'	SSCKI will implement training to ensure statt knowledge		
record by: (A) abtaining the client tecend; (B) making a photocopy; (C) certifying the copy's connectness and (D) transferring the copy to an internal review team; (B) convening a	Delice and Drocedure Manual to ensure all pritten molicies		
meeting of an internal review learn within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not	include correct responses to Level I. II and III incidents.		
services at the time of the insketed. The internal review team shall complete all of the servivities as follows: (A) review the copy of the client record to determine the facts and	SSCRI will conduct Policy and Procedure Manual training for		
causes of the incident and make recommendations for minimizing the occurrence of future incidents. (1) gather does information needed, (C) issue written performance findings of fact with the section of the property of the control o	all staff, focused on Level I, II and III incident reporting.		
LME in whose catchment area the provider is located and to the LME where the client resides, if different and (D) issue a final written report sipped by the owner within three	wokain regarding IB16 Training		
months of the mackent. The first report shall be send to the LME in whose exclusioner to near the provider is focused and to the LME where the client resider, if different. The first written report shall acknow the uncer shoulded by the internal review team, shall include all public	SSCRI will PREVENT this deficiency by assuring staff		
documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within	knowledge with pre/ posttest. SSCRI staff will complete pre-		
nave monata of the insperie and could may give the provider an execution of the defective monitar to submit the final report and (3) immediately solifying the following: (A) the LME responsible for the cafe based area where the service are provided pursuant to Rule 16604;	test prior to IRIS review/ Policy and Procedure Manual		
(B) the LME where the client render, if different (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting	training and post-test after IRIS review/ Policy and Procedure		
authorities required by law.	SSCRI staff shall respond to I evel I II and III incidents by		
	ensuring the health and safety needs of individuals involved in		

were not responsible for the client's direct care or with direct of individuals who were not involved in the incident and who meeting of an internal review team within 24 hours of the certifying the copy's completeness; and transferring the copy securing obtaining the client record; making a photocopy; adhering to confidentiality requirements set forth, maintaining assigning appropriate staff to be responsible for to provider specified timeframes not to exceed 45 days; specified timeframes not to exceed 45 days, developing and implementing corrective measures according to provider incident, staff will be responsible for developing and the incident, staff investigate/ determine the cause of the complete all of the activities as follows: professional oversight of the client's services at the time of the team shall respond to Level I, II and III incidents convening a to an internal review team; SSCRI Leadership internal review respond to Level I, II and III incidents by immediately documentation and assuring confidentiality in regards to the implementation of the corrections and preventive measures, incident. SSCRI Leadership internal review team shall incident. SSCRI Leadership internal review team shall consist incident as set by NC Administrative Codes. SSCRI staff shall implementing measures to prevent similar incidents according

- review the copy of the persons served record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
- (2) gather other information needed;
- (3) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the MCO in whose catchment area the provider is located and to the MCO where the persons served resides, if different, according to NC Administrative Codes (4) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the MCO in whose catchment area SSCRI is located and to the MCO where the persons served resides, if different. The final written report shall address the issues identified by the SSCRI Leadership internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents.

If all documents needed for the report are not available within three months of the incident, the MCO may give SSCRI an extension of up to three months to submit the final report; and

	include correct responses to Level I, II and III incidents.	Care Organization.
	Policy and Procedure Manual to ensure all written policies	incidents were reported to the Managed
Maria McCrimmon	according to NC Admin Codes. SSCRI will review and amend	the facility failed to ensure Level III
Cathy Collins	SSCRI will implement training to ensure staff knowledge	Based on record review and interview,
Anissa Howard	Organization.	Providers
Lacemond Banks	incidents were reported to the Managed Care	Requirements for Category A and B
Jessica Newton	SSCRI will CORRECT this deficiency by ensuring Level III	10A NCAC 27G .0604 Incident Response
	steps taken.	
	reviews of all incidents and reporting methods and action	
	SSCRI will MONITOR, by conducting QUARTERLY	
	other authorities required by law.	
	persons served legal guardian (as applicable); and (F) any	
	different SSCRI; (D) the Department (as identified); (E) the	
	for maintain and update the persons served treatment plan, if	
	MCO where the client resides, if different; (C) the SSCRI will	
	provided as set forth by NC Administrative Codes; (B) the	
	responsible for the catchment area where the services are	
	(3) immediately notifying the following: (A) the MCO	

and provided industrial and an article statistic of a significant statistic of the catchered area where service are specialed which it 2 beard of becoming aware of the catchered area where service are specialed which it 2 beard of becoming aware of the catchered area where statistic of a stemiled cate of the catchered area where several provided in the report that it is extention to a submitted statistic area from provided by the Science; the report that it is extention to a submitted statistic area from provided in the report that it is extention to the category of electrons; the provider shall be about an updated report to all required to a submitted statistic and formation. It he provider shall be about an updated report to all required to a statistic of the recipitation of the report from the category of the report from the report UM, AUGA, 276. IMMA INCIDENT REPORTISAS REQUIREMENTS FOR CATEGORY A AND IS PROVIDERS, AN CAUGA, A and II providers that it spot all the other can except death, that next damy, the provision of billable actives or white the consumer it on the provider promises or leavel. III incident and for all deaths into bing the climate as whom the provider promises or leavel. III incident and for all deaths into bing the climate as whom the provider promises and may service a windown 30 sps provide to the incident in the 1 MI for provider the provider and active and specific a vident 30 sps provide to the incident in the 1 MI for provider

training and post-test after IRIS review/ Policy and Procedure

test prior to IRIS review/ Policy and Procedure Manual knowledge with pre/ posttest. SSCRI staff will complete pre-SSCRI will PREVENT this deficiency by assuring staff website, regarding IRIS Training. all staff, focused on Level I, II and III incident reporting. SSCRI will conduct Policy and Procedure Manual training for SSCRI will review previously posted, power point on MCO include correct responses to Level 1, it and its incluents.

effort to determine the cause of the incident; and (6) other type of incident; (4) description of incident; (5) status of the electronic means. The report shall include the following submitted via mail, in person, facsimile or encrypted provided by NC DHSR Website, form also known as aware of the incident. The report shall be submitted on a form where services are provided within 72 hours of becoming to the incident to the MCO responsible for the catchment area whom the provider rendered any service within 90 days prior persons served is on the providers premises or level III occur during the provision of billable services or while the SSCRI shall report all level II incidents, except deaths, that Manual training. information; (2) persons served identification information; (3) incidents and level II deaths involving the persons served to explain any missing or incomplete information. SSCRI shall individuals or authorities notified or responding. SSCRI shall information: (1) reporting provider contact and identification INCIDENT AND DEATH REPORT. The report may be

> 07/31/2019 Projected Completion implementation Date:

08/30/2019

SSCRI obtains information required on the incident form that submit an updated report to all required report recipients by meet any of the criteria as set forth NC Administrative Codes. of a level II or level III incident; (2) restrictive interventions shall be submitted on a form provided by the Secretary via NC Administrative Codes. send a copy of all level III incidents involving a client death to was previously unavailable. SSCRI shall submit, upon request be erroneous, misleading or otherwise unreliable; or (2) reason to believe that information provided in the report may SSCRI will MONITOR, by conducting QUARTERLY whenever no incidents have occurred during the quarter that indicating that there have been no reportable incidents and level III incidents that occurred; and (6) a statement possession of a persons served; (5) the total number of level II (4) seizures of persons served property or property in the that do not meet the definition of a level II or level III follows: (1) medication errors that do not meet the definition electronic means and shall include summary information as SSCRI shall send a report quarterly to the MCO responsible the provider shall report the death immediately, as required by served death within seven days of use of seclusion or restraint. restraints, therefore this statement is null: In cases of persons SSCRI strictly prohibits the use of seclusion or physical the DHSR within 72 hours of becoming aware of the incident. becoming aware of the incident. Category A providers shall III incident reports to the DHHS DD/ SAS within 72 hours of response to the incident. SSCRI shall send a copy of all level information; (2) reports by other authorities; and (3) SSCRI's incident, including: (1) hospital records including confidentia by the MCO, other information obtained regarding the the end of the next business day whenever: (1) if SSCRI has reviews of all incidents and reporting methods and action incident; (3) searches of a persons served or his living area; for the catchment area where services are provided. The report

of abuse to Department of Social Service. the facility failed to report the allegations Based on record review and interview, 10A NCAC 27D .0101 Client Rights-

10A NCAC 17D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (3) The governing body shall develop policy has source the implementation of O.3. 12CA. (5) The governing body shall develop policy has source that implementation of O.3. 12CA. (5) The governing body shall develop and dropken on O.3. 12CA. (5) AND C.5. 12CA. (6) The powering body shall develop and dropken on the process of the policy of the policy of the source chart (1) shi instances of slight of mayorced devete, suplet or exploitation of clutted are reported to the County Department of Sexial Services at profited to Q.5. 12CA. Article 44, and (2) procedures and sufquents are inclinated in accordance with formal metallic process of the policy of the desirity present services and intervention and the stable of the stable policy of the desirity of the processing body and inclinate problement policy that desirities (1) any restrictive interventions of the interventions of the processing body allows the rus of transities interventions or at lowed, the policy shall identify; (1) the permitted restrictive interventions, (2) the individual responsible for informing the clong, and (3) the other posters procedure for interventions are allowed for the processing body allows the rus of restrictive interventions (1) the restrictive information, to process procedure for interventions are allowed for the restrictive interventions of the designation of the individual responsible for informing the clong, and (3) the development for interventions are allowed for the restrictive information of the stable of the stable of the restrictive and (1) the designation of the individual responsible for informing the clong, and (3) the development of the stable of the stable of the restrictive of the stable of the stable of the stable of the restrictive information in the condition of the stable of the stab considered and are used wherever possible prior to the use of more recreicive intervensionar and (2) counteration is given as the client's physical and psychological well-being belong, therefore, withing and after militations on a statisticire intervension, including (A) travels of the client's health history or the comprehensive health assessment conducted upon admission as a facility. The health theory or comprehensive health assessment at limitations that would place the relient as greater that during the tase of restrictive intervensions. (B) continuous the dentification of pre-scribing medical conditions on any dentificient and limitations that would place the relient as greater that during the tase of restrictive intervensions. (B) continuous the relient and the physical recreated throughout the dentifient of the restrictive intervensions (C) to the relient and the proposal present and trivined in the test of emergency selfey intervensions, (C) to continuous mentionizing by an individual trained in the use of enterlappathonousy respectivelyed of the extend to positioning by an individual trained in the use of enterlappathonousy respectively of the extender position of the relient and the client a ation; and (J) following the briefing and plausing with the criffed in 10A NCAC 27E, 0104, trictive interrentions. Debricfing

-Policy and Procedure Manual to ensure all written policies allegation, exploitation and safeguards to client care, health and Procedure Manual training for all staff, focused on according to NC Admin Codes. SSCRI will review and amend and safety. neglect or exploitation of clients. SSCRI will conduct Policy include correct responses to alleged or suspected abuse, SSCRI will implement training to ensure staff knowledge allegations of abuse to Department of Social Services. SSCRI will CORRECT this deficiency by reporting all

client care, health and safety/ Policy and Procedure Manual and safety/ Policy and Procedure Manual training and postallegations, exploitation and safeguards to client care, health training. test after review of allegations, exploitation and safeguards to test prior to review of correct responses and action steps to knowledge with pre/posttest. SSCRI staff will complete pre-SSCRI will **PREVENT** this deficiency by assuring staff

a medication that is known to present serious risk to the client strictly prohibited from facility. are instituted in accordance with sound medical practice when suspected abuse, neglect or exploitation of clients are reported set forth NC Administrative Codes. SSCRI shall develop and knowledge of safeguards of clients' rights regarding correct briefings to review knowledge of MINDSET Curriculum and any restrictive intervention that is prohibited from use within SSCRI shall develop and implement policy that identifies: (1) prohibited in as set forth NC Administrative Codes. (1) neuroleptic medications. (c) In addition to those procedures is prescribed. Particular attention shall be given to the use of SSCRI shall develop policy that assures the implementation as exploitation of clients. responses to alleged or suspected abuse, neglect or SSCRI will MONITOR, by conducting QUARTERLY staff the facility. SSCRI will review policies specific to MINDSET NC Administrative Codes; and (2) procedures and safeguards to the County Department of Social Services as specified in implement policy to assure that: (1) all instances of alleged or IRAINING, as all physical restrictive interventions are

> Cathy Collins Maria McCrimmon Anissa Howard Lacemond Banks Jessica Newton 07/31/2019 Projected Completion Implementation Date:

Date:

08/30/2019

Date: 08/30/2019 Projected Completion

Stepping Stones Community Resources, Inc Agency/ Organization Name

3904 Airport Dr Suite A Wilson, NC 27896 Agency/ Organization Address/ City/ State

Jessica Newton, MA LPC LCAS Owner

Name of Agency/ Organization Representative/ Title

MRS 8/8/2019 Signature/ Date

Lacemond Banks, MA LCAS MAC COO
Name of Agency/ Organization Representative/ Title

MILLERS MAC COS 8/8/2019
Signature/ Date

SSCRI Reporting/ Client rights

1.	SSCRI Leadership internal review team shall respond to Level I, II and III incidents convening a
	meeting of an internal review team within of the incident.
2.	The final report shall be sent to the in whose catchment area SSCRI.
3.	SSCRI shall make recommendations for the occurrence of future incidents.
4.	The report shall be submitted on a form provided by, form also known as INCIDENT
	AND DEATH REPORT.
5.	SSCRI shall send a copy of all level III incident reports to the DHHS DD/ SAS within
	of becoming aware of the incident.
6.	SSCRI shall send a copy of all level III incidents involving a client death to the DHSR within
	of becoming aware of the incident.
7.	SSCRI strictly the use of seclusion or physical restraints.
8.	SSCRI shall send a report quarterly to responsible for the catchment area where services
	are provided.
9.	SSCRI shall develop policy that assures the implementation as set forth
10.	SSCRI will review policies specific to, as all physical restrictive interventions are
	strictly prohibited from facility.