

	<p>the incident, staff investigate/ determine the cause of the incident, staff will be responsible for developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days, developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; assigning appropriate staff to be responsible for implementation of the corrections and preventive measures, adhering to confidentiality requirements set forth, maintaining documentation and assuring confidentiality in regards to the incident as set by NC Administrative Codes. SSCRI staff shall respond to Level I, II and III incidents by immediately securing obtaining the client record; making a photocopy; certifying the copy's completeness; and transferring the copy to an internal review team; SSCRI Leadership internal review team shall respond to Level I, II and III incidents convening a meeting of an internal review team within 24 hours of the incident. SSCRI Leadership internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. SSCRI Leadership internal review team shall complete all of the activities as follows:</p> <ul style="list-style-type: none">(1) 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. <p>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</p>	
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<p>10A NCAC 27G .0604 Incident Response Requirements for Category A and B Providers</p> <p>Based on record review and interview, the facility failed to ensure Level III incidents were reported to the Managed Care Organization.</p>	<p>(3) immediately notifying the following: (A) the MCO responsible for the catchment area where the services are provided as set forth by NC Administrative Codes; (B) the MCO where the client resides, if different; (C) the SSCRI will for maintain and update the persons served treatment plan, if different SSCRI; (D) the Department (as identified); (E) the persons served legal guardian (as applicable); and (F) any other authorities required by law.</p> <p>SSCRI will MONITOR, by conducting QUARTERLY reviews of all incidents and reporting methods and action steps taken.</p> <p>SSCRI will CORRECT this deficiency by ensuring Level III incidents were reported to the Managed Care Organization.</p> <p>SSCRI will implement training to ensure staff knowledge according to NC Admin Codes. SSCRI will review and amend Policy and Procedure Manual to ensure all written policies include correct responses to Level I, II and III incidents.</p> <p>SSCRI will conduct Policy and Procedure Manual training for all staff, focused on Level I, II and III incident reporting.</p> <p>SSCRI will review previously posted, power point on MCO website, regarding IRIS Training.</p> <p>SSCRI will PREVENT this deficiency by assuring staff knowledge with pre/posttest. SSCRI staff will complete pre-test prior to IRIS review/ Policy and Procedure Manual training and post-test after IRIS review/ Policy and Procedure Manual training.</p> <p>SSCRI shall report all level II incidents, except deaths, that occur during the provision of billable services or while the persons served is on the providers premises or level III incidents and level II deaths involving the persons served to whom the provider rendered any service within 90 days prior to the incident to the MCO 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 NC DHR Website, form also known as INCIDENT AND DEATH REPORT. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) persons served identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. SSCRI shall explain any missing or incomplete information. SSCRI shall</p>
<p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS on Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consent to on the provider premises or level III incidents and level II deaths involving the client or whom the provider rendered any service within 90 days prior to the incident to the MFC 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 may include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. SSCRI shall explain any missing or incomplete information. SSCRI shall</p>	<p>Jessica Newton Lacemond Banks Anissa Howard Cathy Collins Maria McCrimmon</p>
<p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS on Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consent to on the provider premises or level III incidents and level II deaths involving the client or whom the provider rendered any service within 90 days prior to the incident to the MFC 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 may include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. SSCRI shall explain any missing or incomplete information. SSCRI shall</p>	<p>Implementation Date: 07/31/2019</p> <p>Projected Completion Date: 08/30/2019</p>

	<p>submit an updated report to all required report recipients by the end of the next business day whenever: (1) if SSCRI has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) SSCRI obtains information required on the incident form that was previously unavailable. SSCRI shall submit, upon request by the MCO, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) SSCRI's response to the incident. SSCRI shall send a copy of all level III incident reports to the DHHS DD/SAS 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 DHHS within 72 hours of becoming aware of the incident. SSCRI strictly prohibits the use of seclusion or physical restraints, therefore this statement is null: In cases of persons served death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by NC Administrative Codes.</p> <p>SSCRI shall send a report quarterly to the MCO 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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a persons served or his living area; (4) seizures of persons served property or property in the possession of a persons served; (5) the total number of level II and level III incidents that occurred; and (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 NC Administrative Codes. SSCRI will <u>MONITOR</u> by conducting <u>QUARTERLY</u> reviews of all incidents and reporting methods and action steps taken.</p>		
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10A NCAC 27D .0101 Client Rights- Policy on Rights

Based on record review and interview, the facility failed to report the allegations of abuse to Department of Social Services.

10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS
 (9) The governing body shall develop policy that ensures the implementation of G.S. 120C-39, G.S. 120C-45, and G.S. 120C-66; (6) The governing body shall develop and implement policy to ensure that: (1) all instances of alleged or suspected abuse, actual or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 100A, Article 6 or G.S. 7A, Article 49; and (2) procedures and safeguards are included in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of psychotropic medications. (6) In addition to those procedures published in 10A NCAC 27E .0104(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (9) In the governing body, either the director or supervisor of the facility shall identify the policy. (10) The governing body shall identify: (1) the person responsible for the individual responsible for informing the client; and (2) the process procedures for an involuntary client who refuses the use of restrictive interventions. (9)(1) Restrictive interventions are allowed for use within the facility; the governing body shall develop and implement policy that ensures compliance with Subchapter 27E, Section 0100, which delineates (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the state plan as specified in 10A NCAC 27E .0104(C)(1)(D); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the restriction of any individual's rights. (10) The governing body shall develop and implement policy that identifies: (1) the person responsible for the individual responsible for the policy which requires that: (1) restrictive interventions and less restrictive interventions are considered and are used whenever possible prior to the use of more restrictive interventions; and (2) combination of a restrictive intervention, including: (A) review of the client's health history or comprehensive health assessment conducted upon admission to a facility; (B) the health history or comprehensive health assessment shall include the identification of pre-existing medical conditions or any disabilities and limitations that would place the client at greatest risk during the use of restrictive interventions; (B) continuous assessment and monitoring of the physical and psychological well-being of the client and the use of physical restraint throughout the duration of the restrictive intervention by staff who are physically present and trained in the use of emergency safety procedures; (C) continuous monitoring of the client's physical and psychological well-being during the use of restrictive interventions; and (D) continuous monitoring by an individual trained in the use of cardiopulmonary resuscitation of the client's physical and psychological well-being for a minimum of 30 minutes subsequent to the combination of a restrictive intervention; and (3) following the utilization of a restrictive intervention, staff shall conduct debriding and cleaning with the client and the legally responsible person, if applicable, as specified in 10A NCAC 27E .0104, to eliminate or reduce the probability of the future use of restrictive interventions. Debriding and cleaning shall be conducted, as appropriate, to the level of cognitive functioning of the client.

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

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

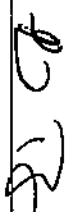
SSCRI shall develop policy that assures the implementation as set forth NC Administrative Codes. SSCRI shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified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

Jessica Newton
 Lacedmond Banks
 Anissa Howard
 Cathy Collins
 Maria McCrimmon

Implementation Date:
 07/31/2019
 Projected Completion
 Date:
 08/30/2019
 Projected Completion
 Date:
 08/30/2019

Stepping Stones Community Resources, Inc
3904 Airport Dr Suite A Wilson, NC 27896
Agency/ Organization Name

Jessica Newton, MA LPCC LCAS Owner
Signature/ Date
 8/8/2019
Name of Agency/ Organization Representative/ Title

Lacemond Banks, MA LCAS MAC COO
Signature/ Date
 MA LCAS MAC COO 8/8/2019
Name of Agency/ Organization Representative/ Title

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 DHR 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.