

PRINTED: 02/17/2020
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2020
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NAME OF PROVIDER OR SUPPLIER SOUTHEASTERN BEHAVIORAL HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 109 WEST CENTRAL STREET MAXTON, NC 28364
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 7, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1100 Partial Hospitalization For Individuals Who Are Acutely Mentally Ill; 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities For Individuals With Severe and Persistent Mental Illness; 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program; 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p>	V 000		
V 177	<p>27G .1203 (B) Psychosocial Rehab - Operations</p> <p>10A NCAC 27G .1203 OPERATIONS (b) Employment Services. Each facility shall provide transitional or supported employment services to facilitate client entry into competitive employment.</p> <p>(1) When supported employment services are provided by the facility, each client shall be one for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of severe mental illness.</p> <p>(2) When supported employment is to be provided by the facility, one of the following models shall be used: (A) job coaching and supervision of individuals in an industry or business; (B) mobile crew service jobs of eight or fewer workers in the community under the training and supervision of a crew leader; or (C) small business enterprises operated with eight or fewer workers with training and supervision provided on site.</p> <p>(3) When transitional employment services are provided by the facility:</p>	V 177		

RECEIVED
By DHSR Mental Health Licensure & Certification at 11:16 am, Mar 30, 2020

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Nakhia Wright, VP of Administration



Division of Health Service Regulation

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V 177	<p>Continued From page 1</p> <p>(A) There shall be an agreement between the facility and employer for a specific job and the job shall first be performed by a facility staff member to determine its technical requirements.</p> <p>(B) The selection of a client to fill a placement is the responsibility of the facility and the individual client.</p> <p>(4) When supported employment services are provided through a vendorship arrangement between the psychosocial rehabilitation program and the Division of Vocational Rehabilitation, the rules in Section .5800 of this Subchapter shall apply.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide transitional or supported employment services for clients enrolled in the Psychosocial Rehabilitation Facilities For Individuals With Severe and Persistent Mental Illness (PSR) program. The findings are:</p> <p>Review on 2/7/2020 of client #3's record revealed: -26 year old male admitted 1/26/16. -Diagnoses Included unspecified depressive disorder and moderate Intellectual developmental disability. -Attended the PSR program.</p> <p>Interview on 2/5/2020 client #3 stated: -He was trying to get his "ID (identification)." -He had been coming here for a long time. -He helped in the kitchen. He was learning how to count money and clean. -His mother had tried to help him get his ID. -His mother had taken him to a local store where</p>	V 177		

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V 177	<p>Continued From page 2</p> <p>he was interested in working. -The facility had not taken him to this store or tried to help him get a job site.</p> <p>Review on 2/7/2020 of client #4's record revealed: -54 year old female admitted 10/17/16. -Diagnoses included major depressive disorder, post traumatic stress disorder (PTSD), and social anxiety disorder. -Attended the PSR program.</p> <p>Interview on 2/5/2020 client #4 stated: -She had been coming to PSR for 8 years. This included attending PSR in a nearby town, and at this facility for 3 years. She was switched to this PSR because it was closer to her home. -During PSR they would socialize, have breakfast, review current events in the news, take a break outside, play games, color and put their pictures on the wall. -They would have some classes on topics such as health issues. -They would talk about getting a job, how to complete an application. Staff would help them fill out job applications if needed. -She was not aware of anyone being taken on a job interview. -She was not aware of staff taking them to a job site.</p> <p>Interview on 2/5/2020 the Program Coordinator stated: -She was the PSR program coordinator. -Her job responsibilities were to make sure the program operated and that clients had activities to develop social skills, community independent living skills, and money management skills. -They did not provide supported employment. -They did not have agreements between the</p>	V 177		

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V 177	Continued From page 3 program and employers for specific jobs. -They did not offer crew service jobs or job coaching/supervision. -Pre-employment services were provided to include learning how to be independent. -If a client brought in a job application and needed help filling it out, staff would help them. -The client "jobs" at the PSR were to clean up their work area.	V 177		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observations and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations of the facility on 2/5/2020 at approximately 10:15 am revealed: -Kitchen: Dirty pots and pans in sink; 2 broken cabinet drawers, 1 missing the drawer front. -Ladies restroom: 1 of 2 cabinet doors over the toilet was missing the knob. Dust collected on ceiling vents and wall adjacent to 1 of the vents. Ceiling tiles sagging and separated from the support frame -Outlet covers missing from 2 outlets in 2 conference rooms. -Baseboard panel was separating approximately	V 736		

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V 736	Continued From page 4 6 inches in length behind main entrance door of conference room #1. -Men's restroom: No hot/cold faucet handles were present on bathroom sink. Fecal matter was observed on bottom of toilet seat and around rim of toilet bowl. Ceiling vent was protruding from ceiling tile by approximately 2 inches. Interview on 2/5/2020 Staff # 30 stated: -They prepare breakfast and lunch in the kitchen each day. -The pots and pans in the sink were from the morning breakfast.	V 736		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observations and interview, the facility was not kept free from insects. The findings are: Observations of the facility on 2/5/2020 at approximately 10:15 am revealed: -Dead bugs and bug casings about the size of a pencil eraser had collected in the lower kitchen cabinets. -A sticky insect paper hanging from the ceiling above the stove with over 40 dead flies adhered to the surface. Interview on 2/5/2020 Staff #30 stated:	V 738		

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V 738	Continued From page 5 -He had not seen any mice. -There had been no bed bugs reported. -The facility had a problem with flies. -The sticky fly paper was changed every week.	V 738		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observations on 2/5/2020 between 10:15 am and 10:45 am of the facility revealed: -The hot water temperature in the lady's bathroom 122 degrees Fahrenheit. -The hot water temperature in the men's bathroom 121 degrees Fahrenheit. -The hot water temperature in the kitchen was 121 degrees Fahrenheit.</p>	V 752		



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Phone: 910-844-2267
Fax: 910-390-4307

Corrective Action Plans for the Annual Survey Completed
February 7th 2020
MHL#078-302
Email: nakkihiawright@gmail.com

Deficiency #1 as Reported

10A NCAC 27G .1203 OPERATIONS

(b) Employment Services. Each facility shall provide transitional or supported employment services to facilitate client entry into competitive employment.

(1) When supported employment services are provided by the facility, each client shall be one for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of severe mental illness.

(2) When supported employment is to be provided by the facility, one of the following models shall be used:

(A) job coaching and supervision of individuals in an industry or business;

(B) mobile crew service jobs of eight or fewer workers in the community under the training and supervision of a crew leader; or

(C) small business enterprises operated with eight or fewer workers with training and supervision provided on site.

(3) When transitional employment services are provided by the facility:

(A) There shall be an agreement between the facility and employer for a specific job and the job shall first be performed by a facility staff member to determine its technical requirements.

(B) The selection of a client to fill a placement is the responsibility of the facility and the individual client.

(4) When supported employment services are provided through a vendorship arrangement between the psychosocial rehabilitation program and the Division of Vocational Rehabilitation, the rules in Section .5800 of this Subchapter shall apply.

Plan of Correction for Deficiency #1

All clinical staff and support staff will be retrained on the Division of Health Service Regulation Manual section 10A NCAC 27G .1203 OPERATIONS to ensure that the members who are attending the Psychosocial Rehabilitation Program who meet the requirement for the workforce, are given an opportunity to receive adequate supported employment services.

The administrative staff will reference pages 3-6 from the Southeastern Behavioral Healthcare Services Psychosocial Rehabilitation Manual as well as, utilizing the North Carolina Medicaid and Health Choice Clinical Coverage Policy No. 8A pages 68-70, and the Division of Health Service Regulation Manual section 10A NCAC 27G .1203 OPERATIONS to reinforce state requirements for adequate and that interventions



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are strength-based and focused on promoting recovery, symptom stability, increased coping skills and achievement of the highest level of functioning in the community. The focus of interventions will be the individualized goals related to addressing the recipient's daily living, **financial management/employability** and personal development; developing strategies and supportive interventions that will maintain stability; assisting recipients to increase social support skills that ameliorate life stresses resulting from the recipient's mental illness.

Through these intensive trainings the therapist/and or diagnostician will receive bi-monthly (twice a month), so that the employment services are reinforced as well as, being upheld so that the best interest of the clients are at the forefront of the overall cognitive restructuring.

These training modules will be more effectively conveyed if the information is disseminated during the Clinical Staffing. The reason to present the content during this time is because all of the clinical and support staff are present agency-wide. Trainings will be documented with sign in logs containing employee printed names and signatures, type of training, date of training, and trainer's name. The trainings will be conducted at the Maxton Office.

SEBHS is currently in the process of auditing random active member charts to determine if Comprehensive Clinical Assessment/ Diagnostic Assessment and Personal Centered-Plans contain the required elements of clinical appropriateness, completeness, and employment sustainability. These audits will be conducted bi-monthly (twice a month). The audits will happen bi-monthly until the conclusion the projection completion date. The audit process will be facilitated by the Medical Records department, Vice-President of Administration, and the Clinical Director.

Audits will be documented using SEBHS's in-house Audit form. Form will detail chart audited, MR#, date audit was conducted, and the employee who performed audit.

Vice President of Administration and or Clinical Director will make copy of each plan reviewed, initial and date copy, and place in binder to verify CCA/PCP's were reviewed for required elements.

Training Excerpt – Extraction from the Southeastern Behavioral Healthcare Services PSR Manual pgs. 3-6.

Program Description- PSR is a service is designed to help adults over the age of 21 with psychiatric disabilities increase their functioning so that they can be successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention. PSR focuses on skill and resource development related to life in the community and to increasing the participant's ability to live as independently as possible, to manage their illness and their lives with as little professional intervention as possible, and to participate in community opportunities related to functional, social, educational and vocational goals.

The service is based on the principles of recovery, including equipping consumers with skills, emphasizing self-determination, using natural and community supports, providing individualized intervention, emphasizing employment, emphasizing the "here and now", providing early intervention,



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providing a caring environment, practicing dignity and respect, promoting consumer choice and involvement in the process, emphasizing functioning and support in real world environments, and allowing time for interventions to have an effect over the long term.

1. There should be a supportive, therapeutic relationship between the providers, recipient, and family which addresses and/or implements interventions outlined in the Person-Centered Plan in any of the following skills development, educational, and pre-vocational activities:
2. community living, such as housekeeping, shopping, cooking, use of transportation facilities, money management;
3. personal care such as health care, medication self-management, grooming;
4. social relationships;
5. use of leisure time
6. educational activities which include assisting the client in securing needed education services such as adult basic education and special interest courses; and
7. prevocational activities which focus on the development of positive work habits and participation in activities that would increase the participant's self-worth, purpose and confidence; these activities are not to be job specific training.

In addition, The PSR may provide support groups, specialized curricula such as Wellness Recovery Action Planning.

Deficiency #2 as Reported

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.

Plan of Correction for Deficiency #2

The Maintenance/Sanitation department at SEBHS is proactive and will conduct safety inspections daily throughout the various buildings to ensure the facility and its grounds are maintained in a safe, clean, attractive and orderly manner and will be kept free from offensive odors through rigorous daily inspections.

Trainings will be conducted once a month by the Vice-President of Operations to ensure that proper knowledge and information is being given to affirm that proper protocol is being followed on ensure safety and health of the clients.

SEBHS Building Operations staff will conduct ongoing preventive maintenance on equipment/furniture to prevent emergencies and building cosmetics dilapidation. Preventive measures include inspections of work areas, knobs and cabinet doors are functioning properly, outlet covers are properly installed, baseboard panels are not obstructing any walkways that the building occupants have to utilize. Many of these, such as fire alarm testing, life safety, emergency lights and elevators are designed to ensure the safety of building occupants. The maintenance staff shall inspect the bathroom daily to ensure fecal matter is not on the toilet



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seats or around the bowl its' self. Ceiling tiles will be replaced and positions accordingly so that any of the insulation that is in the ceiling does not create a hazardous event for the clients who occupy those spaces. The cook/dietary nutritionist will adhere to SEBHS's policies surrounds work spaces cleanliness. A daily task completion sheet will be completed to affirm that the tasks are completed immediately after each feeding cycle. The Vice-President of Operations will receive daily reports from the Office Manager on the status and conditions of the work spaces. The VP of operations will obtain the information from the Maintenance Supervisor to ascertain the thoroughness of the task to be completed.

Training Excerpt – Extraction from the Southeastern Behavioral Healthcare Services Maintenance Manual.

Demand calls from SEBHS management team are defined as the everyday work that originates within Building Operations. Examples of routine maintenance are: • Ceiling tiles: Replace stained, broken or missing • Climate Control • Install and remove door stops • Kitchen equipment: Ovens, fryers, dishwashers, freezers, coolers, ice machines and steamers • Light bulb replacement (blown lamps) • Locksmith • Paint: Parking lots, curbs, walkway light posts, offices, corridors and classrooms • Removing personal space heaters • Repair carpet and vinyl • Roof leaks • Toilets and Sinks: Leaking, repairing flush valves, loose seats

Deficiency #3 as Reported

10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS

(d) Buildings shall be kept free from insects and rodents.

Plan of Correction for Deficiency #3

SEBHS maintenance staff will examine and exterminate any sighted bugs or rodents that enter the building or occupy a designed place. If pests are identified, they will be swiftly eliminated or if the maintenance department is not readily available, SEBHS will contact an extermination company to come in and eliminate the problem. The sticky insect paper will be replaced daily so that there is not any accidental contamination if possible since the identified location was above the stove/cooking area. All these areas will be inspected and documented for cleanliness each day. Once tasks are complete, the VP of Operations will be responsible for making sure that standard of excellence is being maintained by doing a physical walkthrough and verification of each area. In-house corrected action plans will be utilized complete system governance.

Training Excerpt – Extraction from the Southeastern Behavioral Healthcare Services Maintenance Manual.

Integrated Pest Management (IPM)—IPM is an effective and environmentally sensitive approach to pest management that relies on a combination of commonsense practices. IPM programs use current, comprehensive information on the life cycles of pests and their interactions with the environment. This information, in combination with available pest control methods, is used to manage pest damage by the most economical means, and with the least possible hazard to people, property, and the environment. IPM programs



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take advantage of all pest management options possibly including, but not limited to, the judicious use of pesticides.

Pests—For purposes of this policy, Pests are populations of living organisms (animals, plants, or microorganisms) that cause damage or interfere with the use of SEBHS facilities and grounds for human purposes. Strategies for managing pest populations will be influenced by the pest species and whether that species poses a threat to people, property, or the environment.

Pest Thresholds—Pest tolerance thresholds must be established and may vary by pest, specific location or type of land use. Each department having facility and land use responsibility will establish the pest threshold levels for their area of responsibility. Three distinct levels should be determined:

Injury Threshold, at the point some injury begins or is noticed initially

Action Threshold, requires that action be taken to prevent a pest population from causing aesthetic, functional or economic damages

Damage Threshold, the level where unacceptable damages are already occurring.

Regular monitoring is essential to determine the pest levels relative to the established thresholds.

Deficiency #4as Reported

10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT

(b) **Safety:** Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.

- (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.

Plan of Correction for Deficiency #4

SEBHS maintenance staff will check the water temperatures daily and log them in a binder readily accessible for the auditors and/or SEBHS executive management. The temperatures will be checked at the beginning of each program to ensure that the water temperatures are not at scalding zones and are regulated temperatures for program participants at the proper 100-116-degree Fahrenheit. Results will be reported to the VP Operations and if adjustments need to be made to the water heater to prompt a safe environment for patrons, modifications will be made immediately.



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Training Excerpt – Extraction from the Southeastern Behavioral Healthcare Services Maintenance Manual.

4.1 If thermometers are used for measuring the water temperature they shall be:

- a) approved for that purpose; and
- b) calibrated and maintained according to the manufacturer's instructions.

4.2 In Continuing Care Designated for Program Participants at SEBHS:

- a) a daily water temperature check of the maximum hottest flowing water at each sink shall be performed prior to the first hand exposure of the day in each sink at all locations in accordance with the NC Temperature standards and Frequency - Hottest Flowing Water Procedure; and
- b) management at each facility shall designate specific personnel as being responsible for performing the daily water temperature check for scalding potential.

PLAN IMPLEMENTATION WILL BE COMPLETED ON MARCH 25TH, 2020

A handwritten signature in black ink, appearing to read "N. Wright", is written over a horizontal line. The signature is stylized and includes a large loop.

Vice-President of Administration
Nakkhia A. Wright, MSW, LCAS, QP



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FAX TRANSMITTAL FORM

To: Betty Godwin/ Ryan Meredith	From: Southeastern Behavioral Healthcare Services
Fax: 919-715-8078	Pages: 13
Phone:	Date: 3/30/20
Re: Plan of Correction MHL 078-302	cc:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY

MESSAGE: _____

RECEIVED
By DHSR Mental Health Licensure & Certification at 11:16 am, Mar 30, 2020

*******CONFIDENTIALITY NOTICE*******

THE DOCUMENT ACCOMPANYING THIS TRANSMISSION MAY CONTAIN CONFIDENTIAL INFORMATION, BELONGING TO THE SENDER THAT IS LEGALLY PRIVELEGED. THIS INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. THE AUTHORIZED RECIPIENT OF THE ID PROHIBITED FROM DISCLOSING THIS INFORMATION TO ANY OTHER PARTY.

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