

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
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NAME OF PROVIDER OR SUPPLIER PINEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 A & B SHACKLEFORD ROAD KINSTON, NC 28502
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on August 13, 2020. The complaints were substantiated (intake # NC00167871 and NC00167789). 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>27G .0201 (A) (1-7) Governing Body Policies</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 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	Continued From page 1 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 review and interview, the facility failed to implement written standards that assured operational and programmatic performance meeting applicable standards of practice to report serious occurrences to the State designated Protection and Advocacy system. The findings are:</p> <p>Review on 8/11/2020 of client #2's records revealed: -15 year old male admitted 6/11/2020. -Diagnoses included Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder, and other trauma and stressor related.</p> <p>Review on 8/11/2020 and 8/13/2020 of the facility's North Carolina Incident Response Improvement System (IRIS) reports for client #2 between 6/1/2020 and 8/11/2020 revealed 5 reports of restrictive interventions on 6/23/2020, 7/6/2020, 7/7/2020, 7/8/2020, and 8/8/2020.</p> <p>Review on 8/11/2020 of the LME-MCO (Local Management Entity-Managed Care Organization) communication Bulletin J287, "Clarifying the Reporting Standards for Psychiatric Residential Treatment Facilities [PRTF]" dated 5/11/18 revealed: -"... Serious Occurrences are any event that result in Restraint or Seclusion, Resident's Death, Any Serious Injury to a Resident, and a Resident's Suicide Attempt. NC [North Carolina] 483.374 specifies that facilities must report each Serious Occurrence to ... unless prohibited by State Law, the State-designated Protection and Advocacy system (Disability Rights North Carolina - DRNC)."</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>- "DRNC reports are to be faxed to (919) 856-2244."</p> <p>Review on 8/12/2020 of the facility's policy, "Consumer Death or Serious Occurrence / Sentinel Event," dated 6/1/16 revealed:</p> <ul style="list-style-type: none"> - The policy statement read, "It is the policy of NOVA to define a Serious Occurrence / Sentinel Even as the death of a Consumer or any significant impairment of the physical condition of a Consumer as determined by NOVA's Primary Care Medical Director or other qualified Medical Personnel ..." - "Each Consumer Death or Serious Occurrence / Sentinel Event will be reported to Disability Rights of North Carolina (DRNC) within 24 hours of the event by fax, email and/or phone." <p>Interview on 8/11/2020 the Program Director stated:</p> <ul style="list-style-type: none"> - There had been a lot of "back and forth" between her and DRNC regarding reporting serious occurrences. - She had sent serious occurrence reports to DRNC according to federal rule criteria. - The last serious occurrence report had been sent on 4/11/2020, even though it did not meet criteria for a serious occurrence. The last serious occurrence that met criteria was on 3/14/2020 and was reported to DRNC. - The facility did not report restrictive interventions as a serious occurrence unless it resulted in an injury. 	V 105		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p>	V 513		

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V 513	<p>Continued From page 4</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide services/supports that promote a safe and respectful environment including the routine operating procedures should use least restrictive setting for 1 of 1 audited clients (#2). The finding are:</p> <p>Review on 08/06/20 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 15 year old male. - Admission date of 06/11/20. - Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Other trauma and 	V 513		

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V 513	<p>Continued From page 5</p> <p>stressor related.</p> <p>Interview on 08/06/20 client #2 stated:</p> <ul style="list-style-type: none"> - There had been an incident (7/25/2020) in the kitchen when Staff #1 told him to move and he refused. - This was on a week end. - They were only allowed to go into the kitchen if they asked permission. - He had permission to go into the kitchen (7/25/2020). <p>Interview on 08/11/20 staff #1 stated:</p> <ul style="list-style-type: none"> - On 7/25/2020 client #2 was in the day area and got up without permission and went into the kitchen. - When seated, consumers had to ask permission to get out of their seat to do anything such as use the bathroom or go anywhere. - Some staff made consumers have assigned seats but she did not. <p>Interview on 08/10/20 staff #8 stated:</p> <ul style="list-style-type: none"> - Consumers were allowed to have access to the cabinet that stored their notebook and the refrigerator, but they had to have permission. - Activities and games were kept in the day area and kitchen closets but they were kept locked and consumers had to get permission to access. <p>Interview on 08/10/20 staff #4 stated:</p> <ul style="list-style-type: none"> - Consumers were supposed to sit in the day area and had to have permission before they could get out of their chair. - Consumers had assigned seating while in day area. <p>Interview on 08/12/20 staff #2 stated:</p> <ul style="list-style-type: none"> - Consumers had been told to sit in their assigned seats (on 7/25/2020). 	V 513		

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V 513	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Consumers had to get permission to get out of their seat to do anything so staff would know where everyone was. <p>Interview on 08/06/20 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Client #2 tried to get into another area he wasn't supposed to be in (Incident dated 7/25/2020.) - Consumers were allowed to go into the kitchen but not allowed in the cabinets or refrigerator without permission. <p>Interview on 8/13/2020 the Program Director stated:</p> <ul style="list-style-type: none"> -There were times staff directed clients to sit in certain places for behavior control. -Assigning seats and requiring clients to get permission to get out of there seat was not a routine procedure that was in place at all times. -She would follow up with staff regarding restricting clients to their seats as a routine practice. 	V 513		