

## FAX COVER SHEET

TO	NCDHHS Regulatory Licensure
COMPANY	
FAX NUMBER	19197158078
FROM	Joshua Beesley
DATE	2020-12-05 18:07:20 GMT
RE	POC

### COVER MESSAGE

Please see the attached POC for Rockwell Development Center Stickney House. Please contact Tiffany Bolick Tbolick@rdckids.com for further questions or concerns.

**RECEIVED**

By DHSR Mental Health Licensure & Certification at 8:54 am, Dec 07, 2020

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By DHSR Mental Health Licensure &amp; Certification at 8:54 am, Dec 07, 2020

## Plan(s) of Correction

### 1. Address the rule(s) cited.

#### § 131E-256. Health Care Personnel Registry.

(a) The Department shall establish and maintain a health care personnel registry containing the names of all health care personnel working in health care facilities in North Carolina who have:

- (1) Been subject to findings by the Department of:
  - a. Neglect or abuse of a resident in a health care facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.
  - b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.
  - c. Misappropriation of the property of a health care facility.
  - d. Diversion of drugs belonging to a health care facility.
  - d1. Diversion of drugs belonging to a patient or client of the health care facility.
  - e. Fraud against a health care facility.
  - e1. Fraud against a patient or client for whom the employee is providing services.
- (2) Been accused of any of the acts listed in subdivision (1) of this subsection, but only after the Department has screened the allegation and determined that an investigation is required.

The Health Care Personnel Registry shall also contain all findings by the Department of neglect of a resident in a nursing facility or abuse of a resident in a nursing facility or misappropriation of the property of a resident in a nursing facility by a nurse aide that are contained in the nurse aide registry under G.S. 131E-255.

(a1) The Department shall include in the registry a brief statement of any individual disputing the finding entered against the individual in the health care personnel registry pursuant to subdivision (1) of subsection (a) of this section.

(b) For the purpose of this section, the following are considered to be "health care facilities":

- (1) Adult Care Homes as defined in G.S. 131D-2.1.
- (2) Hospitals as defined in G.S. 131E-76.
- (3) Home Care Agencies as defined in G.S. 131E-136.
- (4) Nursing Pools as defined by G.S. 131E-154.2.

- (5) Hospices as defined by G.S. 131E-201.
- (6) Nursing Facilities as defined by G.S. 131E-255.
- (7) State-Operated Facilities as defined in G.S. 122C-3(14)f.
- (8) Residential Facilities as defined in G.S. 122C-3(14)e.
- (9) 24-Hour Facilities as defined in G.S. 122C-3(14)g.
- (10) Licensable Facilities as defined in G.S. 122C-3(14)b.
- (11) Multiunit Assisted Housing with Services as defined in G.S. 131D-2.1.
- (12) Community-Based Providers of Services for the Mentally Ill, the Developmentally Disabled, and Substance Abusers that are not required to be licensed under Article 2 of Chapter 122C of the General Statutes.
- (13) Agencies providing in-home aide services funded through the Home and Community Care Block Grant Program in accordance with G.S. 143B-181.1(a)11.

(c) For the purpose of this section, the term "health care personnel" means any unlicensed staff of a health care facility that has direct access to residents, clients, or their property. Direct access includes any health care facility unlicensed staff that during the course of employment has the opportunity for direct contact with an individual or an individual's property, when that individual is a resident or person to whom services are provided.

(d) Health care personnel who wish to contest findings under subdivision (a)(1) of this section are entitled to an administrative hearing as provided by the Administrative Procedure Act, Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days of the mailing of the written notice of the Department's intent to place its findings about the person in the Health Care Personnel Registry.

(d1) Health care personnel who wish to contest the placement of information under subdivision (a)(2) of this section are entitled to an administrative hearing as provided by the Administrative Procedure Act, Chapter 150B of the General Statutes. A petition for a contested case hearing shall be filed within 30 days of the mailing of the written notice of the Department's intent to place information about the person in the Health Care Personnel Registry under subdivision (a)(2) of this section. Health care personnel who have filed a petition contesting the placement of information in the health care personnel registry under subdivision (a)(2) of this section are deemed to have challenged any findings made by the Department at the conclusion of its investigation.

(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.

(e) The Department shall provide an employer at a health care facility or potential employer at a health care facility of any person listed on the Health Care Personnel Registry information concerning the nature of the finding or allegation and the status of the investigation.

(f) No person shall be liable for providing any information for the health care personnel registry if the information is provided in good faith. Neither an employer, potential employer, nor the Department shall be liable for using any information from the health care personnel registry if the information is used in good faith for the purpose of screening prospective applicants for employment or reviewing the employment status of an employee.

(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.

(g1) Health care facilities defined in subsection (b) of this section are permitted to provide confidential or other identifying information to the Health Care Personnel Registry, including social security numbers, taxpayer identification numbers, parent's legal surname prior to marriage, and dates of birth, for verifying the identity of accused health care personnel. Confidential or other identifying information received by the Health Care Personnel Registry is not a public record under Chapter 132 of the General Statutes.

(h) The North Carolina Medical Care Commission shall adopt, amend, and repeal all rules necessary for the implementation of this section.

(i) In the case of a finding of neglect under subdivision (1) of subsection (a) of this section, the Department shall establish a procedure to permit health care personnel to petition the Department to have his or her name removed from the registry upon a determination that:

- (1) The employment and personal history of the health care personnel does not reflect a pattern of abusive behavior or neglect;
- (1a) The health care personnel's name was added to the registry for a single finding of neglect;
- (2) The neglect involved in the original finding was a singular occurrence; and
- (3) The petition for removal is submitted after the expiration of the one-year period which began on the date the petitioner's name was added to the registry under subdivision (1) of subsection (a) of this section.

(i1) Health care personnel who wish to contest a decision by the Department to deny a removal of a single finding of neglect from the Health Care Personnel Registry

under subdivision (1a) of subsection (i) of this section are entitled to an administrative hearing under Chapter 150B of the General Statutes. A petition for a contested case hearing shall be filed within 30 days of the mailing of the written notice of the Department's denial of a removal of a finding of neglect.

(j) Removal of a finding of neglect from the registry under this section may occur only once with respect to any person. (1995 (Reg. Sess., 1996), c. 713, s. 3(b); 1998-212, s. 12.16E; 1999-159, s. 1; 2000-55, s. 1; 2004-203, ss. 52(a), (b), (c); 2007-544, s. 2; 2009-316, ss. 1(a), (b), 2; 2009-462, s. 4(m).)

**2. State the action already taken or action which will be taken to maintain compliance.**

- All Internal Investigation duties were transferred to Tiffany Bolick the alternate QP on staff who had experience performing Internal Investigations while working for CPS.
- Ashley Hines received 1 to 1 training with Tiffany Bolick on how to complete a proper Internal Investigation. This training was provided using the methodology Tiffany Bolick was trained on while working for CPS.
- All management and employees were retrained in requirements for HCPR reporting criteria.

**3. Address methods that will be used to monitor and evaluate the corrective action.**

- Tiffany Bolick is monitoring all incoming incident reports for 60days to ensure that all reports are properly documented and reported to the appropriate platform (IRIS or HCPR).

**4. Give a date for facility to be in compliance if a violation cited, facility will give a date of compliance for deficiencies cited.**

- October 31, 2020

## Plan(s) of Correction

### 1. Address the rule(s) cited.

#### **10A NCAC 27G .1701 SCOPE**

(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.

(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.

(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.

(d) The children or adolescents served shall require the following:

(1) removal from home to a community-based residential setting in order to facilitate treatment; and

(2) treatment in a staff secure setting.

(e) Services shall be designed to:

(1) include individualized supervision and structure of daily living;

(2) minimize the occurrence of behaviors related to functional deficits;

(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;

(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and

(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.

(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.

- 2. State the action already taken or action which will be taken to maintain compliance.**
  - QP and On Call staff are to be notified immediately of any incidents that require a trip to the hospital.
  - In the event that a client needs to be transported to the hospital the on-call duty staff is to be called in to cover the driver's empty position.
  - Contact information for the on call duty staff has been updated on the website and has been added to the cover of the client's binder which travels with the client to the hospital in the event that the client must travel to the hospital without a staff member present (as soon as the on call staff arrives at the house a staff member is to travel to the hospital to be present with the client).
  
- 3. Address methods that will be used to monitor and evaluate the corrective action.**
  - QP is conduct an internal investigation into the events that lead to need for the client to be transported to the hospital.
  
- 4. Give a date for facility to be in compliance if a violation cited, facility will give a date of compliance for deficiencies cited.**
  - October 31, 2020

## Plan(s) of Correction

### 1. Address the rule(s) cited.

#### **10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION**

- (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.
- (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.
- (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.
- (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.
- (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.

### 2. State the action already taken or action which will be taken to maintain compliance.

- An immediate policy has been implemented which states that any employee that is involved in any type of physical incident with a client/staff is suspended from work until a complete and thorough investigation can be completed by the acting QP.
- An immediate policy change has been implemented which states that any employee that is involved in any type of physical incident with a client/staff is required to recertify in PMAB de-escalation techniques prior to returning to work.
- An immediate policy change has been implemented which states that any employee that is involved in any type of physical incident with a client/staff is to be placed on probation and is to receive regular overcite and training from the Rockwell Development Center QP.



**3. Address methods that will be used to monitor and evaluate the corrective action.**

- A restrictive intervention committee has been developed for the explicit purpose of monitoring the use of physical interventions within the facilities (this committee meets with the QP to review any physical incidents between clients/staff or quarterly to review policies).

**4. Give a date for facility to be in compliance if a violation cited, facility will give a date of compliance for deficiencies cited.**

- October 31, 2020

### Plan(s) of Correction

**1. Address the rule(s) cited.**

#### **10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS**

(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME 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 shall 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.

(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:

- (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
- (2) the provider obtains information required on the incident form that was previously unavailable.

(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:

- (1) hospital records including confidential information;
- (2) reports by other authorities; and
- (3) the provider's response to the incident.

(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services 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 Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).

(e) Category A and B providers shall send a report quarterly to the LME 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 client or his living area;
- (4) seizures of client property or property in the possession of a client;
- (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 in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.

- 2. State the action already taken or action which will be taken to maintain compliance.**
  - Lisa Kushmaul was immediately scheduled to complete refresher training on how to complete an IRIS report properly. (before that training could take place the employee resigned her position with Rockwell Development Center)
  - All IRIS reports are now being completed by Tiffany Bullock the now acting QP on staff.
- 3. Address methods that will be used to monitor and evaluate the corrective action.**
  - The QP has 72 hours to provide a copy of the IRIS to our records department. If records does not receive a copy of the IRIS within that time frame disciplinary action will be taken.
- 4. Give a date for facility to be in compliance if a violation cited, facility will give a date of compliance for deficiencies cited.**
  - October 31, 2020