

## Appendix 1-B: Plan of Correction Form

049-123

### Plan of Correction

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

Plans.Of.Correction@dhhs.nc.gov

Mail to:

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

<b>Provider Name:</b>	<b>Rockwell Development Center</b>	<b>Phone:</b>	<b>704-987-2096</b>
<b>Provider Contact Person for follow-up:</b>	<b>Michelle Carroll</b>	<b>Fax:</b>	<b>704-919-5590</b>
		<b>Email:</b>	<b>admin@rdckids.com</b>
<b>Address:</b>	611 Presbyterian Road, Mooresville, NC 28115		<b>Provider # 1168</b>

<b>Finding</b>	<b>Corrective Action Steps</b>	<b>Responsible Party</b>	<b>Time Line</b>
27G .0604 Incident Reporting Requirements 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	In accordance to V367 27G .0604 Incident reporting and Requirements. Rockwell's Human Resource department (has conducted a documented conversation with all members of management to ensure the completion of appropriate notification and documentations of all incidents that require Level II reporting. Moving forward all Level II incident reports will be reviewed by Rockwell's QP Iesha Cornelius.  Lic. & Cert. Section APR 13 2022 DHSR - Mental Health	Iesha Cornelius QP	Implementation Date: 3/28/22  Projected Completion Date: On going

<p>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</p>			
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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. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all Level II incidents that occurred during the provision of billable services to the LME (Local Management Entity) within 72 hours of becoming aware of the incident. The findings are: Review on 3/22/22 of the "Internal Investigation" dated 1/27/22 revealed: - Incident Date: 1/17/22 - Report completed by: the former Qualified Professional (QP). - Interview with staff #9: "911 was called." - "Other information: [Former client (FC) #2] tries to claim that [staff #9] bit her but after speaking with [staff #9], [staff #9] cannot bite [FC #2] she (staff #9) has no teeth ..." - In the internal investigation there were no statements/information from FC #2

regarding staff #9 biting FC #2. Review on 3/22/22 of the Incident Response Improvement System (IRIS) revealed: - There was not a report submitted to IRIS regarding FC #2 had made allegations against staff #9 and the police were called. Interview on 3/22/22 with the former QP revealed: - The 1/17/22 incident was not submitted to IRIS because "it was determined not to be true."			
<p>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: V 736 Based on observations and interviews, the facility was not maintained in a safe manner. The findings are: Observation on 3/22/22 at approximately 9:52 am of the back porch revealed: - At the edge of the back porch there was an exposed hole in the ground that was approximately 1 ½ - 2 feet deep. The hole was not covered or blocked off. Interview on 3/24/22 with the Human Resource Manager revealed: - The hole at the edge of the back porch had been dug up for two weeks. The hole had been dug to gain access to pipes under the group home.</p>	In accordance to 10A NCAC 27G .0303 © Facility and Ground Maintenance: On the evening of 3/24/22, Rockwell's Maintenance Technician has placed construction tape around the exposed area and placed a solid covering over the exposed hole located on the back porch entrance.	Maintenance Technician	Implementation Date: 3/24/22
			Projected Completion Date: 3/24/22
			Implementation Date:
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