

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/18/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAPLEWOOD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002-G SHACKLEFORD ROAD KINSTON, NC 28502</b>
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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><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on April 18, 2023. The complaint was substantiated (intake # NC00199808). No 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> <p>This facility is licensed for 18 and currently has a census of 17. The survey sample consisted of audits of 1 current client.</p> <p>This survey originally closed on April 5, 2023 but was reopened on April 17, 2023 due to new information.</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>	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  (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and 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 reviews and interview, the facility failed to implement written standards that assured operational and programmatic meeting applicable standards of practice to report serious occurrences to the State designated Protection and Advocacy system. The findings are:</p> <p>Review on 04/5/23 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 § 483.374 specifies that facilities must report each Serious Occurrence to both the State Medicaid agency (Division of Medical Assistance - DMA) and, unless prohibited by State law, the State-designated Protection and Advocacy system (Disability Rights North Carolina - DRNC)." -"DRNC reports are to be faxed to (919) 856-2244." Review on 4/17/23 of the LME-MCO (Local Management Entity-Managed Care Organization) communication Bulletin #J272, "Abuse, Neglect and Exploitation of an Individual by a Staff</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>Member" dated 11/15/17 revealed:-" Due to concerns about the safety of individuals and the need for review of safety plans for individuals who are receiving services, the Department of Health and Human Services (DHHS) has determined that all allegations of abuse, neglect and exploitation by a staff member will become Level III incidents effective December 4, 2017...If the agency is a PRTF, the agency must also follow the submission process for serious occurrence reporting as specified in the PRTF Attestation letter."</p> <p>Review on 4/5/23 of client #4's record revealed: -17 year old male admitted 11/1/22. -Diagnoses included Attention Deficit Hyperactivity Disorder, Conduct Disorder, Unspecified Mood Disorder, Borderline Intellectual Functioning.</p> <p>Review on 4/4/23 of the Incident Response Improvement System (IRIS) revealed: -A report for client #4. "Date of Incident: 2/1/23...Date Provider Learned of Incident: 2/6/23...Does this incident include an allegation against the facility? Yes...Level of Incident: Level III...Describe the cause of this incident: 2/6/23 It has been rumored among a few paraprofessional staff today that [Client #4] and a female staff member have, in the past, demonstrated characteristics of an inappropriate relationship that possibly included sexual together..."</p> <p>Review on 04/5/23 and 4/17/23 of the facility level III incident records from 2/1/23 thru 4/5/23 revealed: -1 level III incident for alleged sexual abuse/assault/rape and exploitation against the facility dated 2/1/23 and updated on 2/6/23. -No evidence the level III incident had been sent</p>	V 105		

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V 105	<p>Continued From page 4 to DRNC.</p> <p>Interviews between 4/5/23 and 4/18/23 the Program Director stated:</p> <ul style="list-style-type: none"> <li>-The agency attorney had been in contact with DRNC to get clarity on why DRNC considered this incident a serious occurrence.</li> <li>-The facility did not consider the level III sexual abuse allegation as serious occurrences because it did not include "a client's death, serious injury or a suicide attempt and therefore did not it to DRNC.</li> <li>-LME-MCO Communication Bulletin #J272 does not state that a sexual abuse allegation against a staff is a serious occurrence.</li> </ul>	V 105		