	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			
		MHL054-159	B. WING		08/1	7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLEV	VOOD FACILITY		HACKLEFOR , NC 28502	RD ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
	category: 10A NCA	sed for the following service C 27G .1900 Psychiatric ent for Children and				
This facility is licensed for 18 and currently has a census of 18. The survey sample consisted of audits of 1 current client.						
V 105	27G .0201 (A) (1-7)	Governing Body Policies	V 105			
	POLICIES (a) The governing by facility or service show written policies for the content of the fact (1) delegation of material for admit (2) criterial for admit (3) criterial for disched (4) admission asset (A) who will perform (B) time frames for (5) client record material for the fact (C) safeguard of redefacement or use (D) assurance of reauthorized users at (E) assurance of content (E) screenings, which	anagement authority for the illity and services; ssion; arge; ssments, including: an the assessment; and completing assessment. In the assessment and completing assessment. In agement, including: zed to document; ords; cords against loss, tampering, by unauthorized persons; cord accessibility to all times; and onfidentiality of records.				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL054-159	B. WING		08/1	7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MADLEY	WOOD FACILITY	2002-G SI	HACKLEFOR	RD ROAD		
WAPLEV	VOOD FACILITY	KINSTON	NC 28502			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 105	Continued From pa	ge 1	V 105			
	can provide service needs; and (C) the disposition, recommendations; (7) quality assurance activities, including: (A) composition and assurance and quality and approprincluding delineation utilization of services (D) professional or a requirement that a professionals and pshall be supervised that area of services (E) strategies for im (F) review of staff quetermination made treatment/habilitation (G) review of all fata were being served in residential program (H) adoption of start and programmatic papplicable standard purpose, "applicable means a level of coreference to the premethods, and the dispositions."	d activities of a quality lity improvement committee; ssurance and quality mitoring and evaluating the liateness of client care, n of client outcomes and les; clinical supervision, including listaff who are not qualified lirovide direct client services by a qualified professional in it; inproving client care; light unit care; light improving client care; light improvement committee; light improvement care, light impr				

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Division of Health Service Regulation STATE FORM

If continuation sheet 2 of 13 T00V11

DIVISION	of Health Service Re	eguiation	_			
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL054-159	B. WING		08/1	7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
			HACKLEFOR			
MAPLEV	VOOD FACILITY		, NC 28502	NO NOAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 105	This Rule is not me Based on record re facility failed to imp assured operational applicable standard serious occurrence Protection and Adve implement a writter standards of practic requirements that p		V 105			
	Management Entity communication Bul Reporting Standard Treatment Facilities revealed: -" Serious Occurr result in Restraint of Any Serious Injury Resident's Suicide specifies that facilit Occurrence to both (Division of Medica unless prohibited by State-designated Psystem (Disability FDRNC)."	of LME-MCO (Local r-Managed Care Organization) letin #J287, "Clarifying the ls for Psychiatric Residential s (PRTF)" dated 5/11/18 ences are any event that or Seclusion, Resident's Death, to a Resident, and a Attempt. NC § 483.374 lies must report each Serious the State Medicaid agency I Assistance - DMA) and, by State law, the rotection and Advocacy Rights North Carolina -				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD (INSTON, NC 28502) (IA) ID SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG V 105 CROSS-REFERENCE TO THA APPROPRIATE DEFICIENCY TAG V 105 CROSS-REFERENCE TO THA APPROPRIATE DEFICIENCY V 105 V 105 CROSS-REFERENCE TO THA APPROPRIATE DEFICIENCY V 105 V 105 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 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." Review on 8/16/23 of a Division of Health Service Regulation survey dated 4/18/23 revealed the facility failed to report an allegation of sexual abuse of a client by a staff person as a serious occurrence to DRNC. Finding #2: Review on 8/16/23 of LME-MCO Communication Bulletin J287 dated 5/11/18 revealed the Conditions of Participation, 42 Code of Federal Regulation (CFR) 483-356(a)(2) requirements would prohibit restrictive interventions from being included as planned intervention in a client's treatment plan. Review on 8/16/23 of PRTF Interpretive		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MAPLEWOOD FACILITY 2002-G SHACKLEFORD ROAD KINSTON, NC 28502 (X4) ID PREERIX (EACH DEFICIENCY MUST TAR PRECEDED BY FULL TARGOLATORY OR LSC IDENTIFYING INFORMATION) V 105 Continued From page 3 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 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 inust also follow the submission process for serious occurrence reporting as specified in the PRTF Attestation letter." Review on 8/16/23 of a Division of Health Service Regulation survey dated 4/18/23 revealed the facility failed to report an allegation of sexual abuse of a client by a staff person as a serious occurrence to DRNC. Finding #2: Review on 8/16/23 of LME-MCO Communication Bulletin J287 dated 5/11/18 revealed the Conditions of Participation, 42 Code of Federal Regulation (CFR) 483.356(a)(2) requirements would prohibit restrictive interventions from being included as planned intervention in a client's treatment plan. Review on 8/16/23 of PRTF Interpretive			MHI 054-159	B. WING		08/	17/2023
CALLIENT CONTINUED CONTI	NAME OF	DPOVIDED OD SLIDDLIED		DDESS CITY S	STATE ZID CODE	1 00/	17/2023
XAJID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE RECULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE APPROPRIATE							
PRÉÉIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 105 Continued From page 3 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 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." Review on 8/16/23 of a Division of Health Service Regulation survey dated 4/18/23 revealed the facility failed to report an allegation of sexual abuse of a client by a staff person as a serious occurrence to DRNC. Finding #2: Review on 8/16/23 of LME-MCO Communication Bulletin J287 dated 5/11/18 revealed the Conditions of Participation, 42 Code of Federal Regulation (CFR) 483.356(a)(2) requirements would prohibit restrictive interventions from being included as planned intervention in a client's treatment plan. Review on 8/16/23 of PRTF Interpretive	MAPLEV	VOOD FACILITY					
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 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." Review on 8/16/23 of a Division of Health Service Regulation survey dated 4/18/23 revealed the facility failed to report an allegation of sexual abuse of a client by a staff person as a serious occurrence to DRNC. Finding #2: Review on 8/16/23 of LME-MCO Communication Bulletin J287 dated 5/11/18 revealed the Conditions of Participation, 42 Code of Federal Regulation (CFR) 483.356(a)(2) requirements would prohibit restrictive interventions from being included as planned intervention in a client's treatment plan. Review on 8/16/23 of PRTF Interpretive	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETE
Guidelines from the Center for Medicaid Services revealed: - "The use of restraint or seclusion must not be a planned or anticipated intervention There should not be a specific plan in place for	V 105	Review on 4/17/23 Management Entity communication Bul and Exploitation of Member" dated 11/-" Due to concerns and the need for reindividuals who are Department of Hea (DHHS) has detern abuse, neglect and will become Level I December 4, 2017 the agency must alsprocess for serious specified in the PR Review on 8/16/23 Regulation survey of facility failed to report abuse of a client by occurrence to DRN Finding #2: Review on 8/16/23 Bulletin J287 dated Conditions of Partic Regulation (CFR) 4 would prohibit restrincluded as planned treatment plan. Review on 8/16/23 Guidelines from the revealed: - "The use of restraplanned or anticipation of Partic Particles of Pa	of the LME-MCO (Local A-Managed Care Organization) letin #J272, "Abuse, Neglect an Individual by a Staff 15/17 revealed: about the safety of individuals view of safety plans for receiving services, the lth and Human Services nined that all allegations of exploitation by a staff member II incidents effective If the agency is a PRTF, so follow the submission occurrence reporting as TF Attestation letter." of a Division of Health Service dated 4/18/23 revealed the ort an allegation of sexual a staff person as a serious C. of LME-MCO Communication 5/11/18 revealed the cipation, 42 Code of Federal 483.356(a)(2) requirements incitive interventions from being d intervention in a client's of PRTF Interpretive center for Medicaid Services a ted intervention There	V 105			

Division of Health Service Regulation

STATE FORM 6899 T0OV11 If continuation sheet 4 of 13

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL054-159	B. WING		08/1	7/2023
NAME OF F	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 00	
			HACKLEFOR			
MAPLEV	VOOD FACILITY		NC 28502			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 105	Continued From pa	ge 4	V 105			
	revealed: - 12 year old male a - Diagnoses included Hyperactivity Disord Dysregulation Disor psychosis not due t psychological cond - "Person Centered included "Crisis Pre with "In order to ens and others, physical planned restrictive is ordered/prescribed Physical restraint w patient presents an themselves and/or behavioral intervent appropriate." During interview on Services stated: - The allegation of s staff person was no serious occurrence completed 4/18/23 Allegations of sex definition of serious were not reportable - She was not awar included in client #1 Intervention Plan "It's not supposed - She would have or remove the use of p intervention.	ed Attention Deficit der (ADHD); Disruptive Mood rder; and Unspecified to a substance or know ition. Profile" dated 10/19/22 evention and Intervention Plan" sure the safety of the patient al restraint may be used as a intervention; as by the treating physician. rill be utilized whenever the imminent danger to others, and less restrictive tions have failed or are not 8/17/23 the Director of PRTF sexual abuse of a client by a of reported to DRNC as a following the survey . ual abuse did not "meet the securrence" and therefore et to DRNC. re physical restraint was 17's Crisis Prevention and				
	and must be correct					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL054-159	B. WING		08/1	7/2023
	PROVIDER OR SUPPLIER	2002-G S	DRESS, CITY, SHACKLEFOR	RTATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 512	Continued From pa	ge 5	V 512			
V 512	27D .0304 Client Ri	ghts - Harm, Abuse, Neglect	V 512			
	(a) Employees sha abuse, neglect and with G.S. 122C-66. (b) Employees sha sort of abuse or neg 27C .0102 of this C (c) Goods or service purchased from a cestablished governi (d) Employees sha necessary to repel aggressive client ar governing body poli is necessary depen characteristics of the and physical and m of aggressiveness of intervention proced Subchapter 10A NC (e) Any violation by	EGLECT OR EXPLOITATION Il protect clients from harm, exploitation in accordance Il not subject a client to any glect, as defined in 10A NCAC hapter. less shall not be sold to or lient except through ng body policy. Il use only that degree of force or secure a violent and had which is permitted by cy. The degree of force that ds upon the individual e client (such as age, size ental health) and the degree displayed by the client. Use of ures shall be compliance with CAC 27E of this Chapter. In an employee of Paragraphs is Rule shall be grounds for				
		views and interviews 1 of 3 bused 1 of 18 current clients				
	Response Improve	of the North Carolina Incident ment System for incident sility 5/22/23 - 8/16/23				

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Division of Health Service Regulation STATE FORM

T00V11 If continuation sheet 6 of 13

	or realth Service IN					
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COIVIE	LETED
		MHL054-159	B. WING		08/1	7/2023
NAME OF I		OTDEET AD		OTATE ZID CODE		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLEV	VOOD FACILITY		HACKLEFOR	RD ROAD		
		KINSTON	NC 28502			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
TAG	REGULATORT OR E	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	INAIL	D, II E
				,		
V 512	Continued From pa	ge 6	V 512			
	- Level III incident re	eport for client #17.				
		e by staff #1 dated 7/27/23;				
		taff #1 bent his hand back,				
	tackled him, pushed him into a wall, and hit his					
	face with a closed fist.					
	- Facility internal "Inquiry Form" included interview					
	with staff #1 " (staff #1) stated he used force which resulted in them being at the wall he					
	does not remember if he bent or forced the consumer's hand back while the consumer was					
	on the wall "					
	- Facility internal "Inquiry Form" included interview					
		onsumer (client #17) had				
		nuse he wanted to go on a				
		mer remained upset but he				
		could talk to him [staff #1]				
		words because the consumer				
		[staff #1] proceeded to				
		(client #17) to complete a				
		. the consumer was not				
		[staff #1] grabbing the				
		recalled [staff#1] stating the				
		ething in his hand [staff				
	10	nsumer's hand and [staff #1]				
		er to the wall. she reports she				
		forcing the consumer's hand				
		mer proceeded to grab a chair				
		the air as if he was going to				
		iff #1] grabbed the chair and				
		ner in the chest area to move				
		d not feel [staff #1] should				
		ful with the consumer "				
		s unsubstantiated during the				
	facility's internal inv	estigation.				
	Review on 8/16/23	of client #17's record				
	revealed:	5. 551t // 17 5 15001d				
	- 12 year old male a	admitted 10/19/22				
	- 12 year old male a					

Division of Health Service Regulation

Hyperactivity Disorder (ADHD); Disruptive Mood

STATE FORM 6899 T0OV11 If continuation sheet 7 of 13

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502 (X4) ID PREFIX TAG (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 512 Continued From page 7 Dysregulation Disorder; and Unspecified psychosis not due to a substance or know psychological condition. - Comprehensive Clinical Assessment dated 10/29/22 included documented history of anger issues, "difficulties with social interactions with peers and adults," physical aggression and assault, defiance, elopement, and property destruction. During interview on 8/16/23 client #17 stated: - He "was mad and depressed" and wanted to go for a walk but was told he could not go for a walk. - He was trying to get the supervisor's attention by hitting the unit door and was asking why he couldn't go for a walk. - Staff #1 told him to stop hitting the door and to sit down. - "He grabbed me and I got him off me and went to my room and threatened to hunt him." - When he came out of his room, staff #1	STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
MAPLEWOOD FACILITY (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE) REGULATORY OR LSC IDENTIFYING INFORMATION) V 512 Continued From page 7 Dysregulation Disorder; and Unspecified psychosis not due to a substance or know psychological condition. - Comprehensive Clinical Assessment dated 10/29/22 included documented history of anger issues, "difficulties with social interactions with peers and adults," physical aggression and assault, defiance, elopement, and property destruction. During interview on 8/16/23 client #17 stated: - He "was mad and depressed" and wanted to go for a walk but was told he could not go for a walk. - He was trying to get the supervisor's attention by hitting the unit door and was asking why he couldn't go for a walk. - Staff #1 told him to stop hitting the door and to sit down. - "He grabbed me and I got him off me and went to my room and threatened to hurt him."			MHL054-159	B. WING		08/1	7/2023
X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 512 Continued From page 7 Dysregulation Disorder; and Unspecified psychosis not due to a substance or know psychological condition. - Comprehensive Clinical Assessment dated 10/29/22 included documented history of anger issues, "difficulties with social interactions with peers and adults," physical aggression and assault, defiance, elopement, and property destruction. During interview on 8/16/23 client #17 stated: - He "was mad and depressed" and wanted to go for a walk but was told he could not go for a walk. - He was trying to get the supervisor's attention by hitting the unit door and was asking why he couldn't go for a walk. - Staff #1 told him to stop hitting the door and to sit down. - "He grabbed me and I got him off me and went to my room and threatened to hurt him."	MAPLE\	WOOD FACILITY			RD ROAD		
Dysregulation Disorder; and Unspecified psychosis not due to a substance or know psychological condition. - Comprehensive Clinical Assessment dated 10/29/22 included documented history of anger issues, "difficulties with social interactions with peers and adults," physical aggression and assault, defiance, elopement, and property destruction. During interview on 8/16/23 client #17 stated: - He "was mad and depressed" and wanted to go for a walk but was told he could not go for a walk. - He was trying to get the supervisor's attention by hitting the unit door and was asking why he couldn't go for a walk. - Staff #1 told him to stop hitting the door and to sit down. - "He grabbed me and I got him off me and went to my room and threatened to hurt him."	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
grabbed his left hand, let it go and grabbed his right hand and "bent my whole wrist back." - Staff #1 pushed him into the wall with his forearm. - "He jacked me up to the wall and growled at me." - Staff #1 hit his face when attempting to grab his hand. - Staff #2 witnessed the incident and "was telling him to get off me." Review on 8/16/23 of client #16's record revealed: - 12 year old male admitted 7/20/22. - Diagnoses included ADHD and Disruptive Mood Dysregulation Disorder. During interview on 8/16/23 client #16 stated: - Client #17 "was in behavior and tried to go out	V 512	Dysregulation Disorpsychosis not due to psychological conduction. Comprehensive Compr	rder; and Unspecified to a substance or know ition. Clinical Assessment dated documented history of anger with social interactions with ohysical aggression and elopement, and property 8/16/23 client #17 stated: depressed" and wanted to go told he could not go for a walk. The supervisor's attention by and was asking why he alk. The supervisor's attention by and was asking why he alk. The supervisor's attention by and was asking why he alk. The supervisor's attention by and light got him off me and went eatened to hurt him." The sut of his room, staff #1 and, let it go and grabbed his at my whole wrist back." The imigation into the wall with his at the to the wall and growled at the when attempting to grab his at the incident and "was telling of client #16's record admitted 7/20/22. The ded ADHD and Disruptive Mood order. 8/16/23 client #16 stated:	V 512			

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	MHL054-159	B. WING		08/1	7/2023
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLEWOOD FACILITY		HACKLEFOR NC 28502	RD ROAD		
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
wall and was holding at him." - Staff #1 "had him (c (staff #2) told him (staff #17); he had him in the his wrist back." - Staff #1 "took his elf the door." - He did not see anyth was covered up by [s - He left area "becaus was happening. Review on 8/16/23 of revealed: - 14 year old male ad - Diagnoses included Stress Disorder; and Disorder. During interview on 8 Client #17 was "mad - Staff #1 was trying to the rapeutic hold; it loo to rip [client #17's] jac for it." - Client #17 got out of picked up a chair; stapushed [client #17] av - Staff #1 then grabbe him into the corner "a while holding client #7 - He saw staff #1 hit of the heel of his palm Staff #2 was presen help and was telling the really do anything."	I] pushed him against the his wrists and was growling client #17) in the corner; staff aff #1) to get off him (client he corner and was bending bow and just drove him into hing in client #17's hand "he staff #1] so I couldn't see." see I didn't want to see" what f client #18's record lmitted 8/25/22. I ADHD, Post Traumatic Oppositional Defiant 8/16/23 client #18 stated: d." to place client #17 in a oked like staff #1 was "trying cket; there was not reason of the therapeutic hold and aff #1 "grabbed the chair and way." ed client #17 and pushed and started growling at him"	V 512			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE	BITTICION C	of Health Service Re	guiation				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED	STATEMENT	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
MHL054-159 B. WING 08/17/202			MHL054-159	B. WING		08/1	7/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	NAME OF PF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLEWOOD FACILITY 2002-G SHACKLEFORD ROAD KINSTON, NC 28502	MAPLEWO	WOOD FACILITY			RD ROAD		
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	PRÉFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	_D BE	(X5) COMPLETE DATE
revealed: - Paraprofessional hired 7/11/22 Training on alternatives to restrictive interventions and seclusion, physical restraint and isolation time out dated 1/11/23 and 7/03/23 Placed on "Administrative Suspension" 7/27/23 due to "possible policy violation." - "[Staff #1] failed to exhaust least restrictive interventions during a consumer behavior on the date of 7/27/23 violated the following Policies: Prohibited Behavior Management Practices which prohibits the use of excessive or inappropriate application of any sanctioned behavior management practice or intervention" During interview on 8/17/23 staff #1 stated: - Client #17 was upset and wanted to go on a walk Client #17 was putting a pencil into the exit door lock and would not accept verbal redirection; he tried to take the pencil away from client #17 Client #17 was "trying to swing on me and I was wrapping him." - He took a pencil away from client #17 and client #17 went to his room and got a second pencil He grabbed client #17 by the forearms and "pushed him to the wall; against the wall; "I he was not trained to put clients against the wall." - He was not trained to put clients against the wall When he was trying to get the pencil from client #17 he grabbed the client's hand, he did not think he bent the client's hand back; "no I didnt." - Client #17 was not aggressive towards anyone prior to the incident; "it looked like property destruction, he was writing on the walls and putting the pencil into the door lock." - "I didn't want him to he was writing on the walls and putting the pencil into the door lock." - "I didn't want him to he way swripting sharp; I didn't		revealed: - Paraprofessional - Training on alternating interventions and sisolation time out description of the proposition of the proposition of the prohibited Behawhich prohibits the inappropriate applies behavior managem. During interview on - Client #17 was upwalk Client #17 was puttlock and would not tried to take the peroposition of the grabbed client. "He took a pencil a #17 went to his rooden to the grabbed client. "Pushed him to the not really a push, I he was not traine wall When he was trying the pencil in the	tired 7/11/22. tives to restrictive colusion, physical restraint and ted 1/11/23 and 7/03/23. strative Suspension" 7/27/23 cy violation." exhaust least restrictive a consumer behavior on the violated the following Policies: vior Management Practices use of excessive or ation of any sanctioned ent practice or intervention 8/17/23 staff #1 stated: set and wanted to go on a ang a pencil into the exit door accept verbal redirection; he cil away from client #17. ing to swing on me and I was way from client #17 and client and got a second pencil. #17 by the forearms and wall; against the wall; it was ust put him to the wall." I to put clients against the g to get the pencil from client client's hand; he did not think hand back; "no I didn't." aggressive towards anyone "it looked like property writing on the walls and o the door lock."	V 512			

NAME OF PROVIDER OR SUPPLIER MHL054-159 STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502 PROVIDERS PLAN OF CORRECTION PREFIX PROVIDERS PLAN OF CORRECTION PREFIX PROVIDERS PLAN OF CORRECTION PREFIX PROVIDERS PROVIDERS PLAN OF CORRECTION PREFIX PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CO		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
MAPLEWOOD FACILITY MAPLEWOOD FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE				A. BUILDING.			
NAPLEWOOD FACILITY 2002-G SHACKLEFORD ROAD KINSTON, NC 28502			MHL054-159	B. WING		08/	17/2023
X4 ID SUMMARY STATEMENT OF DEFICIENCIES TAG PROVIDER'S PLAN OF CORRECTION (PACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION APPROPRIATE COMPLETE PLAN OF CORRECTION APPROPRIATE V 512 Continued From page 10 V 512 Review on 8/16/23 of staff #2's record revealed: - Paraprofessional hired 6/26/23 Training in alternatives to restrictive interventions and seclusion, physical restraint and isolatin time out 6/27/23 During interview on 8/17/23 staff #2 stated: - Client #17 wanted to go for a walk prior to the incident on 7/27/23; he was disruptive, kicking the door and making noise, but was not aggressive Staff #1 tried to intervene and redirect client #17 and they began to argue. Client #17 Pand on the picture of the incident on 7/27/25; he and back; 'not like a bad been though,'' She did not see a pencil; she did not see alent #17; hand She saw staff #1 bend client #17's hand back; 'not like a bad bend though,'' She did not see a pencil; she did not see client #17 don anything. Client #17 picked up a chair as if to hit staff #1 and staff #1 'grabbed the chair and pushed him (client #17) picked with his hand on his chest.' Staff #1 did not "tackie" client #17, if he did it was unintentional. She believed staff #1 used excessive force during the incident. During interview on 8/17/23 the Director of Psychiatric Residential Treatment Facility services stated: Staff training did not include bending clients' fingers or wrists or pushing clients against the wall.	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 512 Continued From page 10 - Client #17 was not put into the seclusion room; "Just let him process, I guess." Review on 8/16/23 of staff #2's record revealed: - Paraprofessional hired 6/26/23 Training in alternatives to restrictive interventions and seclusion, physical restraint and isolatin time out 6/27/23 During interview on 8/17/23 staff #2 stated: - Client #17 wanted to go for a walk prior to the incident on 7/27/23; he was disruptive, kicking the door and making noise, but was not aggressive Staff #1 tried to intervene and redirect client #17 and they began to argue Client #17 went to his room and returned; staff #1 said client #17 had something in his hand She did not see anything in client #17's hand She did not see a pencil; she did not see client #17 drop anything Client #17 picked up a chair as if to hit staff #1 and staff #1" grabbed the chair and pushed him (client #17) back with his hand on his chest." - Staff #1 did not "tackle" client #17, if he did it was unintentional She believed staff #1 used excessive force during the incident. During interview on 8/17/23 the Director of Psychiatric Residential Treatment Facility services stated: - Staff training did not include bending clients' fingers or wrists or pushing clients against the wall.	MAPLEV	VOOD FACILITY			RD ROAD		
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by the Residential Services Supervisor following the incident.	V 512	- Client #17 was no "I just let him proce Review on 8/16/23 - Paraprofessional - Training in alterna interventions and sisolatin time out 6/2 During interview on - Client #17 wanted incident on 7/27/23 door and making no - Staff #1 tried to in and they began to a - Client #17 went to #1 said client #17 h - She did not see a - She saw staff #1 "not like a bad beno - She did not see a #17 drop anything Client #17 picked and staff #1 "grabb (client #17) back with - Staff #1 did not "to was unintentional She believed staff during the incident. During interview on Psychiatric Resider services stated: - Staff training did refingers or wrists or wall Staff #1 was immediated the services of the services of wall Staff #1 was immediated the services of wall was immediated the services of was immediated the services of wall was immediated the services of was immediated	of put into the seclusion room; ss, I guess." of staff #2's record revealed: hired 6/26/23. Itives to restrictive eclusion, physical restraint and 27/23 18/17/23 staff #2 stated: It to go for a walk prior to the ; he was disruptive, kicking the bise, but was not aggressive. It tervene and redirect client #17 argue. In his room and returned; staff and something in his hand. In his hand. In his hand in his hand hend client #17's hand back; It though." I pencil; she did not see client up a chair as if to hit staff #1 ackle" client #17, if he did it if #1 used excessive force 18/17/23 the Director of intial Treatment Facility in the lients against the ediately removed from the unit	V 512			

DIVISION	Division of Health Service Regulation					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7. BOILDING.			
		MHL054-159	B. WING		08/1	7/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLEV	OOD FACILITY		HACKLEFOR	RD ROAD		
			, NC 28502			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 512	Continued From page	ge 11	V 512			
	restrictive interventi Services Supervisor	ons by the Residential r.				
V 736	6 27G .0303(c) Facility and Grounds Maintenance		V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS its grounds shall be e, clean, attractive and orderly e kept free from offensive				
		on and interviews the facilty in a safe, attractive and				
	am revealed: Unit 1 Pod A: - Ceiling light fixture broken.	16/23 at approximately 11:40 es in the day room were eetrock in the bedroom room door.				
	- Dried, brown liquid bedroom #2. Unit 2 Pod A:	d drip marks on the wall in s to the sheetrock in bedroom				
	 2 pieces of plywood as a temporary reparand broken crayons Unit 2 Pod B: A gallon jug of red Unit 3 Pod A: 	od screwed into the sheetrock air; the wall paint was scuffed; on the floor in bedroom #3. liquid on the day room floor.				
		e day room were broken; an the sheetrock near an				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL054-159		B. WING		08/1	08/17/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE DSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V 736	Unit 3 Pod B: - A piece of plywood as a temporary repaired bedroom #1. - An unfinished repaired bedroom hall. - A piece of plywood as a temporary repaired bedroom #3. - Light fixtures through the break the light fixture being replaced. The to cover holes was plywood would be resheetrock would be ongoing. During interviews of Director of Psychiat Facilty Services statent walls. - "We've had a lot of the plike to break of holes in the walls." - Damage to facility were made and the create new damage. This deficiency has	d screwed into the sheetrock air to a hole in the the wall in air to the sheetrock in the d screwed into the sheetrock air to a hole in the the wall in aghout the unit were broken. 8/16/23 the Maintenance clients used basketballs to res. The light fixtures were e use of plywood on the walls a temporary repair. The emoved and the holes in the repaired. Repairs were	V 736			

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