

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-147</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/01/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JOSEPH'S EMPOWERMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 N QUEEN STREET KINSTON, NC 28503</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on December 1, 2023. The complaints were unsubstantiated (intake #'s NC00210032 and NC00210034). Defencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness, 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p> <p>This facility has a current census of 38. The survey sample consisted of 6 current clients.</p>	V 000		
V 367	<p><b>27G .0604 Incident Reporting Requirements</b></p> <p>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</p>	V 367		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 367	<p>Continued From page 1</p> <p>identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are:</p> <p>Review on 11/28/23 of the North Carolina Incident Response Improvement System (IRIS) revealed no level II report for client #8 submitted by the facility in reference to a potentially serious threat</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>to health and safety or the unplanned use of a restrictive intervention.</p> <p>Review on 11/28/23 of client #8's record revealed:</p> <ul style="list-style-type: none"> <li>- 13 year old female.</li> <li>- Admission date of 03/06/23.</li> <li>- Diagnoses of Bipolar Disorder, Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder.</li> <li>- Person-Centered Plan (PCP) dated 03/06/23.</li> <li>- The PCP did not contain strategies for the planned use for physical restrictive interventions.</li> </ul> <p>Review on 11/28/23 of a facility level I incident report for client #8 dated 11/15/23 revealed:</p> <ul style="list-style-type: none"> <li>- :Describe the accident/incident: (what, where, when, why, and how) [Client #8] got into a verbal altercation with [Client #2]. [Client #8] got out of her seat and started to punch and kick [Client #2]. This happened in downtown [local town]. Staff (Qualified Professional (QP)) intervened and separated them. [Client #8] began to walk to an unsafe location and staff redirected her several times before using physical interventions. Staff released her when she started to respond to the police. Once she sat down she began to calm down when she spoke to her therapist via phone."</li> </ul> <p>Interview on 11/28/23 client #8 stated:</p> <ul style="list-style-type: none"> <li>- She was 13 years old.</li> <li>- She had been at facility since May 2023.</li> <li>- She had gotten into an altercation with client #2 on the van.</li> <li>- Staff held her off to her side until the police came.</li> <li>- All the police in the local town know her.</li> </ul> <p>Interview on 11/28/23 the QP stated:</p> <ul style="list-style-type: none"> <li>- He recalled the 11/15/23 incident with client #8.</li> </ul>	V 367		

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V 367	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- She was trying to walk off and he was trying to keep her safe.</li> <li>- A citizen called the police.</li> <li>- The Program Director was aware of the incident.</li> <li>- He did not know if the incident report was completed as a level II.</li> </ul> <p>Interview on 12/01/23 the Program Director stated she understood any unplanned use of a physical restraint or a threat to health and safety of a client required a level II IRIS report.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		
V 521	<p>27E .0104(e9) Client Rights - Sec. Rest. &amp; ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p> <p>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:</p> <p>(9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum:</p> <ul style="list-style-type: none"> <li>(A) notation of the client's physical and psychological well-being;</li> <li>(B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior;</li> <li>(C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used;</li> <li>(D) a description of the intervention and the date,</li> </ul>	V 521		

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V 521	<p>Continued From page 5</p> <p>time and duration of its use; (E) a description of accompanying positive methods of intervention; (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions; (G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized for 1 of 1 restrained clients (#8). The findings are:</p> <p>Review on 11/28/23 of facility records revealed no documentation of the physical intervention instituted by staff on client #8 during the 11/15/23 incident.</p> <p>Review on 11/28/23 of the North Carolina Incident Response Improvement System (IRIS) revealed no level II report for client #8 submitted by the facility in reference to an unplanned use of a restrictive intervention.</p> <p>Review on 11/28/23 of client #8's record revealed: - 13 year old female.</p>	V 521		

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V 521	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- Admission date of 03/06/23.</li> <li>- Diagnoses of Bipolar Disorder, Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder.</li> </ul> <p>Review on 11/28/23 of a facility level I incident report for client #8 dated 11/15/23 revealed:</p> <ul style="list-style-type: none"> <li>- :Describe the accident/incident: (what, where, when, why, and how) [Client #8] got into a verbal altercation with [Client #2]. [Client #8] got out of her seat and started to punch and kick [Client #2]. This happened in downtown [local town]. Staff (Qualified Professional (QP)) intervened and separated them. [Client #8] began to walk to an unsafe location and staff redirected her several times before using physical interventions. Staff released her when she started to respond to the police. Once she sat down she began to calm down when she spoke to her therapist via phone."</li> <li>- No documentation of the description of the hold or the debriefing after the physical intervention .</li> </ul> <p>Interview on 11/28/23 client #8 stated:</p> <ul style="list-style-type: none"> <li>- She was 13 years old.</li> <li>- She had been at facility since May 2023.</li> <li>- She had gotten into an altercation with client #2 on the van.</li> <li>- Staff held her off to her side until the police came.</li> <li>- All the police in the local town know her.</li> </ul> <p>Interview on 11/28/23 the QP stated:</p> <ul style="list-style-type: none"> <li>- He recalled the 11/15/23 incident with client #8.</li> <li>- She was trying to walk off and he was trying to keep her safe.</li> <li>- The facility rarely used holds.</li> <li>- A citizen called the police.</li> <li>- The Program Director was aware of the incident.</li> </ul>	V 521		

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V 521	<p>Continued From page 7</p> <p>- He did not know if the incident report was completed as a level II.</p> <p>Interview on 12/01/23 the Program Director stated she understood all physical restraints required documentation of the specific hold and a debriefing of the client and staff.</p>	V 521		