

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/15/2024
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NAME OF PROVIDER OR SUPPLIER JOSEPH'S EMPOWERMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2005 N QUEEN STREET KINSTON, NC 28503
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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>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on February 15, 2024. The complaint was unsubstantiated (Intake #NC00212589). A deficiency was 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 35. The survey sample consisted of 2 former current clients.</p>	V 000		
V 185	<p>27G .1402 Day Tx - Staff</p> <p>10A NCAC 27G .1402 STAFF</p> <p>(a) Each facility shall have a program director who has a minimum of two years experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field.</p> <p>(b) A minimum of two staff members shall be present with clients at all times except on occasions when only one client is in the program, in which case only one staff member is required to be present.</p> <p>(c) A minimum ratio of one staff member to every eight clients shall be maintained at all times.</p> <p>(d) Psychiatric consultation shall be available for each client.</p>	V 185		

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

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V 185	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure a minimum of two staff members were present with clients at all times except on occasions when only one client is in the program. The findings are:</p> <p>Review on 02/14/24 of Former Client (FC) #7's record revealed: -8 year old male. -Admission date of 06/01/23. -Discharge date of 12/08/23. -Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Type, Autism Spectrum Disorder and Psychosocial and Contextual Factors.</p> <p>Review on 02/14/24 of the Accident/Incident Report dated 12/08/23 revealed: "-On 12/8/23 during transport home, [FC #8] jumped across the van seat and began hitting [FC #7] on his head. Paraprofessional (PP) redirected her to stop hitting her peer as staff was pulling over to the shoulder of the road. [FC #7] stopped hitting her peer and PP had her exit the van and began assessing the peer [FC #7] for any injuries. PP notified the Qualified Professional (QP) and the QP notified the Program Director. The Program Director made contact with PP to assess the incident. Program Director talked with PP and talked with [FC #7] and instructed staff to reassess [FC #7] for injuries. Program Director taked with [FC #7] and he stated that he was okay. Program Director informed PP that she would make the calls to inform Parent/Guardian of the incident and that he can proceed with the route as the behaviors were deescalated.</p>	V 185		

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V 185	<p>Continued From page 2</p> <p>Person Contacted: Name [Mother/Guardian] ([Quality Management] 3 way call with [School Social Worker]) Date: 12/8/23 Time: 2:42pm."</p> <p>During interview on 2/14/24 staff #2 revealed:</p> <ul style="list-style-type: none"> -He had worked for the agency for 6 years. -He worked at various programs within the agency. -He provided transportation for the adolescent day program. -He recalled the incident on 12/8/24 between FC #7 and FC #8. -He was driving the van with 4 children including FC #7 and FC #8. -There were usually 2 staff on the van but that day a staff did not come in. -The entire incident was approximately 2 minutes -He did not see any injuries and he contacted his supervisors. -We now ensure 2 staff on the van during transportation at all times. -FC #8 had not previously physically harmed other clients during transport. <p>During interview on 02/14/24 the Program Director revealed:</p> <ul style="list-style-type: none"> -The facility used to have a transportation route to an adjacent county. -She was notified by staff #2 of an altercation between FC #7 and FC #8. -There was 1 paraprofessional staff to 4 clients. -There are now 2 staff on the vans during transportation. -FC #7 and FC #8 are no longer at the facility. <p>Interview on 2/14/24 the Quality Management Director stated the facility had addressed the issue to ensure more staff during transportation</p>	V 185		