

PLAN OF CORRECTION

Facility: Nexx Phase

Date of Survey: 12/17/25

VIOLATION 1

Citation: V 112 – 10A NCAC 27G .0205 (c)–(d)

Assessment/Treatment/Habilitation Plan

Deficiency

The provider failed to ensure that Assessment/Treatment/Habilitation Plans were developed within 30 days of admission and/or failed to include all required components, including measurable outcomes, strategies, responsible staff, review schedules, evaluation criteria, and documented client or legally responsible person consent.

Plan of Correction

Immediate Corrective Action

- All active client records were audited to identify missing, late, or incomplete Assessment/Treatment/Habilitation Plans.
 - For each affected client, a compliant plan was developed or revised to ensure:
 - Development within 30 days of admission
 - Client and/or legally responsible person participation
 - Inclusion of all required elements per 10A NCAC 27G .0205(d)
 - Written consent or documented explanation when consent could not be obtained
 - Completed plans were reviewed with clients and/or legally responsible persons.
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Root Cause

The deficiency resulted from inconsistent use of documentation tools, insufficient staff training on regulatory requirements, and lack of supervisory review prior to record completion.

Preventive/Systemic Actions

- Policies and procedures were revised to clearly define timelines, required plan components, and documentation standards.
 - A standardized Treatment/Habilitation Plan template was implemented to ensure compliance.
 - All clinical and direct care staff were trained on 10A NCAC 27G .0205 requirements.
 - Supervisors will review all plans within 30 days of admission for compliance.
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Citation: V 114 – 10A NCAC 27G .0207

Emergency Plans and Supplies

Deficiency

The provider failed to ensure that written fire and disaster plans were available to staff, evacuation routes were posted, required fire and disaster drills were conducted quarterly for all shifts, and/or first aid kits were maintained.

Plan of Correction

Immediate Corrective Action

- Written fire and disaster plans were developed/reviewed to include evacuation procedures and routes.
 - Evacuation routes were posted throughout the facility.
 - Plans were made available to all staff.
 - A fully stocked first aid kit was obtained and placed in an accessible location.
 - Missed drills were scheduled and conducted.
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Root Cause

The deficiency occurred due to lack of oversight of safety compliance requirements.

Preventive/Systemic Actions

Monitoring

- Quarterly review of drill logs and emergency supplies.

- Annual review of emergency plans.
 - Documentation maintained for compliance verification.
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Citation: V 367 – 10A NCAC 27G .0604

Incident Reporting Requirements

Deficiency

The provider failed to report Level II and/or Level III incidents to the LME-MCO within 72 hours using the required form and/or failed to include all required incident information.

Plan of Correction

Immediate Corrective Action

- All incidents within the review period were audited.
 - Any unreported or late incidents were submitted to the LME-MCO immediately using the required form.
 - Staff involved were counseled and retrained.
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Root Cause

The deficiency resulted from staff completing the incident report in full but not waiting for the thumbs up at the end of submission.

Preventive/Systemic Actions

- Incident reporting policies were revised to clearly define:
 - Reportable incidents
 - Reporting timelines
 - Required documentation elements
 - Staff training was conducted on 10A NCAC 27G .0604 requirements.
 - A designated Incident Reporting Coordinator was assigned to oversee compliance.
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- All incidents reviewed by supervisory staff within 24 hours.
- Corrective action implemented for any reporting delays or errors.

Improper Restraint (from Previous investigation)

Citation: V ___ – 10A NCAC 27G .0610

Rule: Seclusion and Restraint

Deficiency

The provider failed to ensure that restraint was used only as an emergency safety intervention to prevent imminent harm, that less restrictive interventions were attempted and documented prior to restraint, and/or that restraint was implemented and documented in accordance with agency policy and 10A NCAC 27G .0610.

Plan of Correction

1. Immediate Corrective Action

- The incident involving improper restraint was reviewed immediately by supervisory and administrative staff.
- Staff involved was suspended and removed from performing restraints until retraining was completed.
- The client's record was reviewed to ensure documentation was completed, including:
 - Description of behavior posing imminent risk
 - Less restrictive interventions attempted
 - Duration and type of restraint
 - Monitoring and release criteria
- The incident was reviewed to ensure appropriate incident reporting to the LME-MCO

Assurance of Compliance

The provider will maintain ongoing compliance through policy enforcement, staff training, supervisory oversight, and routine audits. Corrective actions will be taken promptly when deficiencies are identified.