

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2018
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NAME OF PROVIDER OR SUPPLIER OAKWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD KINSTON, NC 28504
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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 June 20, 2018. A complaint was substantiated (Intake #NC00139750) and a complaint was unsubstantiated (Intake #NC00139756). Deficiencies were cited.</p> <p>This facility is licensed for the following category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JUL 05 2018</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
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> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and</p>	V 105		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kimberly R. Manning, RN, Program Director

06/28/2018

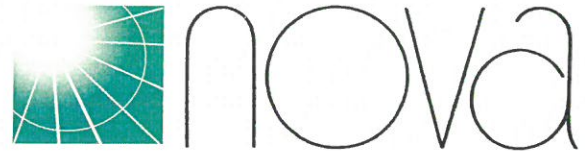
Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

Provider Name:	Oakwood Facility			Phone:	252-233-0491
Provider Contact Person for follow-up:	Kimberly Manning, RN Director of PRTF Services			Fax:	252-233-0495
Address:	2002 D & E Shackleford Road, Kinston, NC 28504			Email:	kmanning@novaprtf.com
				Provider #	MHL054-126
Finding	Corrective Action Steps	Responsible Party	Time Line		
V 105 27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES	It is NOVA's position that a prolonged, systematic misinterpretation of Federal Regulations regarding the use of Restrictive Interventions has existed without resolution. This problem is compounded by the unresolved contradictions with State Regulations. As a POC, NOVA's CEO/Clinical Director will schedule a meeting with Stephanie Gillium, DHSR Section Chief as soon as possible to discuss all relevant issues and negotiate a reasonable solution.	John Ford, PhD, CEO/Clinical Director	Implementation Date: 06/29/2018		
			Projected Completion Date: 07/20/2018		
V 366 27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS	It is NOVA's position that a prolonged, systematic misinterpretation of Federal Regulations regarding the use of Restrictive Interventions has existed without resolution. This problem is compounded by the unresolved contradictions with State Regulations. As a POC, NOVA's CEO/Clinical Director will schedule a meeting with Stephanie Gillium, DHSR Section Chief as soon as possible to discuss all relevant issues and negotiate a reasonable solution.	John Ford, PhD, CEO/Clinical Director	Implementation Date: 06/29/2018		
			Projected Completion Date: 07/20/2018		
V 367 27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS	It is NOVA's position that a prolonged, systematic misinterpretation of Federal Regulations regarding the use of Restrictive Interventions has existed without resolution. This problem is compounded by the unresolved contradictions with State Regulations. As a POC, NOVA's CEO/Clinical Director will schedule a meeting with Stephanie Gillium, DHSR Section Chief as soon as possible to discuss all relevant issues and negotiate a reasonable solution.	John Ford, PhD, CEO/Clinical Director	Implementation Date: 06/29/2018		
			Projected Completion Date: 07/20/2018		



BEHAVIORAL HEALTHCARE CORPORATION
... lighting the way to new beginnings

June 28, 2018

via Certified Mail: 7015 1660 0000 1428 1529

Emily Stanley, Facility Survey Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

Lic. & Cert. Section

JUL 05 2018

DHSR - Mental Health

Re: Follow up and Complaint Survey completed 06/20/18
Oakwood Facility, 2002-D/E Shackleford Road Kinston, NC 28504
MHL# 054-126; Intake #NC00139756 & #NC00139750

Dear Mrs. Stanley,

Attached you will find the plan of correction associated with your correspondence dated 6/26/18 along with the statement of deficiencies from the survey completed 06/20/18.

Should anything else be needed, please don't hesitate to contact me.

Sincerely,

Kimberly R. Manning, RN
Director of PRTF Services
NOVA Behavioral Healthcare

Attachments: Signed and dated first page of the state form
Plan of Correction: Oakwood