

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2018
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NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502
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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	INITIAL COMMENTS An annual and complaint survey was completed on August 14, 2018. One complaint was unsubstantiated (intake #NC001414170), two complaints were substantiated (intake #NC00141644 and #NC00141649). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's	V 105		

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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Kimberly R. Manning, P. Program Director
STATE FORM 6896 L4FL11 TITLE (X6) DATE
8/17/18

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:	Maplewood Facility			Phone:	252-233-0491	
Provider Contact Person for follow-up:	Kimberly Manning, RN Director of PRTF Services			Fax:	252-233-0495	
				Email:	kmanning@novaprtf.com	
Address:	2002-G Shackleford Road, Kinston, NC 28504			Provider # MHL 054-159		
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 request a meeting with Kathy Nichols from DMA as soon as possible to discuss all relevant issues and negotiate a reasonable solution.	John Ford, PhD, CEO/Clinical Director	Implementation Date: 08/27/18 Projected Completion Date: 10/13/2018			
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 request a meeting with Kathy Nichols from DMA as soon as possible to discuss all relevant issues and negotiate a reasonable solution.	John Ford, PhD, CEO/Clinical Director	Implementation Date: 08/27/18 Projected Completion Date: 10/13/2018			



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

August 17, 2018

via Certified Mail: 7015 1660 0000 1428 1567

Connie Anderson
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

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Re: Complaint & Annual Survey completed 8/14/18
Maplewood Facility, 2002-G Shackleford Road Kinston, NC 28504
MHL# 054-159
Intake # NC00141644, #NC00141649

Dear Mrs. Anderson,

Attached you will find the plan of correction associated with your correspondence dated August 16, 2018 along with the statement of deficiencies from the survey completed 08/14/18.

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: Maplewood