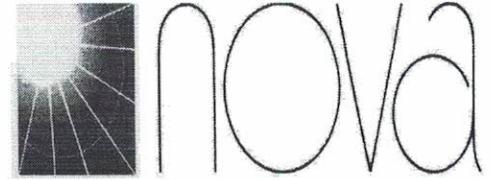


RECEIVED

By DHSR at 9:55 pm, Oct 20, 2018



BEHAVIORAL HEALTHCARE CORPORATION

.....lighting the way to new beginnings
Kinston, North Carolina

October 17, 2018

via Certified Mail: 7015 1660 0000 1428 1604

Beth Phillips, 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

Re: Complaint/Follow Up/Annual Survey, completed 9/27/18
Pinewood Facility, 2002-A/B Shackleford Road Kinston, NC 28504
MHL# 054-125
Intake # NC001432116

Dear Mrs. Phillips,

Attached you will find the plan of correction associated with your correspondence dated October 9, 2018 along with the statement of deficiencies from the survey completed 09/27/18. Should anything else be needed, please don't hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Kimberly R. Manning".

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

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

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@dohs.nc.gov

Provider Name:		Pinewood Facility		Phone: 252-233-0491	
Provider Contact		Kimberly Manning, RN		Fax: 252-233-0495	
Person for follow-up:		Director of PRTF Services		Email: kmanning@novaprtf.com	
Address:		2002 A & B Shackleford Road, Kinston, NC 28504		Provider # MHL054-125	
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.	Kimberly Manning, RN Director of PRTF Services	Implementation Date: 09/27/18		
			Projected Completion Date: 10/26/18		
V 114 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES	NOVA's emergency plans for power outages will be reviewed by the Leadership Committee. The committee will consider revisions to the plans that include guidelines for extended power failure and evacuation. The committee will also consider defining, "extended power failure" and "unusable facility." The emergency plans for power outages will be revised to reflect changes.	Kimberly Manning, RN Director of PRTF Services	Implementation Date: 10/19/18		
			Projected Completion Date: 11/25/18		
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 request a meeting with Kathy Nichols from DMA as soon as possible to discuss all relevant issues and negotiate a reasonable solution.	Kimberly Manning, RN Director of PRTF Services	Implementation Date: 09/27/18		
			Projected Completion Date: 10/26/18		
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.	Kimberly Manning, RN Director of PRTF Services	Implementation Date: 09/27/18		
			Projected Completion Date: 10/26/18		

<p>V.750 27G .0304 (b)(3) Maintenance of Electrical, Mechanical and Water Systems 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p>	<p>NOVA's Leadership Committee will meet to develop a plan for obtaining alternate sources of energy to manage extended power outages or failures that affect electrical and water systems. The committee will monitor progress of the implementation of the adopted plan.</p>	<p>Kimberly Manning, RN Director of PRTF Services</p>	<p>Implementation Date: 10/19/18 Projected Completion Date: 11/25/18</p>
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2018
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NAME OF PROVIDER OR SUPPLIER PINEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 A & B 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	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow-up survey was completed on 9/27/18. The complaint was substantiated (Intake #NC 00143216.) Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.</p>	V 000		
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

Kimberly Manning, RN Director of PRTF Services

TITLE

(X6) DATE

10/17/18

STATE FORM 6899 Y0BN11 If continuation sheet 1 of 22