

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/17/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OAKWOOD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002 D &amp; E SHACKLEFORD ROAD KINSTON, NC 28504</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual, complaint, and followup survey was completed on 10/17/18. The complaints were unsubstantiated (Intake #NC00142861; #NC00142920; &amp; #NC00142842.) Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></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>	V 105	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">NOV 09 2018</p> <p style="text-align: center;">Lic. &amp; Cert. Section</p>	

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

TITLE

(X6) DATE

*Kimberly R. Manning, R., Program Director*

11-02-18

# 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

<b>Provider Name:</b> Oakwood Facility		<b>Phone:</b> 252-233-0491	
<b>Provider Contact</b> Kimberly Manning, RN Director of PRTF Services		<b>Fax:</b> 252-233-0495	
<b>Survey completed:</b> 10/17/18		<b>Email:</b> kmanning@novaprtf.com	
<b>Intake Number:</b> NC00142861; NC00142920; NC00142842		<b>Provider #</b> MHL054-126	
<b>Address:</b> 2002 D & E Shackleford Road, Kinston, NC 28504			
Finding	Corrective Action Steps	Responsible Party	Time Line
<b>V 105</b> 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 Kathy Nichols from DMA as soon as possible to discuss all relevant issues and negotiate a reasonable solution.	John Ford, PhD, CEO/Clinical Director	<b>Implementation Date:</b> 10/17/18
			<b>Projected Completion Date:</b> 11/14/2018
<b>V 366</b> 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 Kathy Nichols from DMA as soon as possible to discuss all relevant issues and negotiate a reasonable solution.	John Ford, PhD, CEO/Clinical Director	<b>Implementation Date:</b> 10/17/18
			<b>Projected Completion Date:</b> 11/14/2018
<b>V 367</b> 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 Kathy Nichols from DMA as soon as possible to discuss all relevant issues and negotiate a reasonable solution.	John Ford, PhD, CEO/Clinical Director	<b>Implementation Date:</b> 10/17/18
			<b>Projected Completion Date:</b> 11/14/2018

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

November 2, 2018

**via Certified Mail: 7015 1660 0000 1428 1628**

Beth Phillips, 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

Re: Annual/Follow-up/Complaint Survey completed 10/17/18  
Oakwood Facility, 2002-D/E Shackleford Road Kinston, NC 28504  
MHL# 054-126; Intake #NC00142861 & #NC00142920; #NC00142842

Dear Mrs. Phillips,

Attached you will find the plan of correction associated with your correspondence dated 10/23/18 along with the statement of deficiencies from the survey completed 10/17/18.

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

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