

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 01/09/2019
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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**

(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 A complaint and follow up survey was completed on January 9, 2019. The complaints were unsubstantiated (Intake #NC00146369 and #NC00146460). 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 needs; and (C) the disposition, including referrals and	V 105		

DHSR - Mental Health
JAN 29 2019
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kimberly P. Manly Program Director

TITLE

(X6) DATE

Jan. 22, 2019

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		Kimberly Manning, RN		Fax: 252-233-0495			
Person for follow-up:		Director of PRTF Services		Email: kmanning@novaprtf.com			
Survey completed:		01/09/19					
Intake Number:		#NC00146369 & #NC00146460					
Address:		2002 D & E Shackleford Road, Kinston, NC 28504		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 provide Kathy Nichols, Director of State Mental Health, as requested, a written analysis / position paper (attached) that details the misapplication of Federal Regulations that pertain to Emergency Safety Interventions.	Kimberly Manning, RN Director of PRTF Services	01/22/19			
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 provide Kathy Nichols, Director of State Mental Health, as requested, a written analysis / position paper (attached) that details the misapplication of Federal Regulations that pertain to Emergency Safety Interventions.	Kimberly Manning, RN Director of PRTF Services	01/22/19			
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 provide Kathy Nichols, Director of State Mental Health, as requested, a written analysis / position paper (attached) that details the misapplication of Federal Regulations that pertain to Emergency Safety Interventions.	Kimberly Manning, RN Director of PRTF Services	01/22/19			

From: fordpsi@aol.com <fordpsi@aol.com>
Sent: Monday, November 19, 2018 11:49 AM
To: Nichols, Katherine <katherine.nichols@dhhs.nc.gov>
Subject: [External] Restraint / Seclusion Meeting of 11-09-18

CAUTION: External email. Do not click links or open attachments unless verified. Send all suspicious email as an attachment to [Report Spam](#).

Ms. Nichols,

Thank you and your team very much for taking the time to meet with me on 11-09-18 to discuss issues regarding Restraint / Seclusion. I sincerely appreciated the opportunity to share my views. Please pass along my gratitude to other attendees.

Thanks,

John E. Ford, PhD

CEO / Clinical Director
NOVA Behavioral Healthcare Corporation
919-735-8887 (office)
919-735-8871 (fax)
fordpsi@aol.com

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Kimberly Manning

From: fordpsi@aol.com
Sent: Thursday, January 3, 2019 10:04 AM
To: kmanning@novaprtf.com
Subject: Fwd: Restraint and Seclusion
Attachments: Restraints Seclusion 12-14-18.pdf

Sent from AOL Mobile Mail

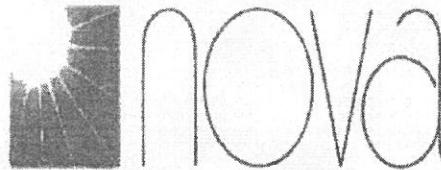
From: fordpsi <fordpsi@aol.com>
Date: Friday, December 14, 2018
Subject: Restraint and Seclusion
To: glenda.stokes <glenda.stokes@dhhs.nc.gov>

As per your request, attached is a Position Paper regarding Federal and State Regulation pertinent to the use of Restraints and Seclusion. Please let me know should you require additional information.

Cordially,

John E. Ford, PhD

CEO / Clinical Director
NOVA Behavioral Healthcare Corporation
919-735-8887 (office)
919-735-8871 (fax)
fordpsi@aol.com



BEHAVIORAL HEALTHCARE CORPORATION

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Position Paper Regarding The Misapplication of Title 42, Chapter IV, Subchapter G, Part 483, Subpart G "Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21.

#1. Standard 483.352 Definitions

Emergency safety situations means unanticipated resident behaviors that places the resident or others at serious threat or violence or injury if no intervention occurs and that calls for an emergency safety intervention as defined in this section.

Analysis. NOVA receives and develops a plethora of information that documents and identifies the anticipated resident/Consumer behavior(s) prior to and at the time of admission. These documents include:

1. the Comprehensive Clinical Assessment;
2. the DSM-5 diagnosis;
3. External Application information, including Assessments;
4. NOVA's Application for Admission;
5. The Person Centered Plan;
6. Information to and from the MCO to determine authorization for services based on the PRTF Service Definition and internal MCO Criteria.

Conclusion. Except in extremely rare cases, PRTF resident/Consumer behaviors are clearly anticipated and do not meet the definition of an emergency safety situation (ESS) as defined under Standard 483.352. Consequently, all standards pertinent to emergency safety situations do not apply.

#2. If #1, above, is accepted then the following presentation is superfluous.

Standard 483.356 (a)(2)

An order for restraint or seclusion must not be written as a standing order or on an as-needed (PRN) basis.

Analysis. In North Carolina and order can only be written by a Physician (M.D. or D.O.). It would be unethical and not considered a "best practice" for a Physician to write a standing order for restraint or seclusion. This standard clearly and only applies to Physicians, and does not prohibit the

planned use of restrictive interventions as prescribed by State Regulations.

Conclusion. This standard does not apply to or contradict 10A NCAC 27E .0104 (b)(2). "The use of restrictive interventions shall be limited to as s planned measure of therapeutic treatment as specified in Paragraph (f) of this Rule". In addition, this standard does not apply to or contradict 10A NCAC 27E .0104 (f)(1) and (3). "The restrictive intervention shall be considered a planned intervention and shall be included in the client's treatment/habilitation plan whenever it is used:

- (1) more than four times, or for more than 40 hours, in a calendar month;
- (3) as a measure of therapeutic treatment designed to reduce dangerous, aggressive, self-injurious or undesirable behaviors to a level which will allow the use of less restrictive treatment or habilitation procedures.

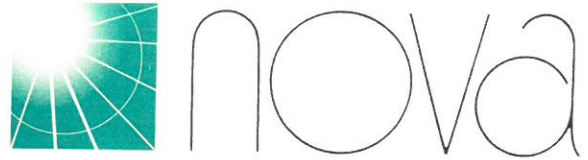
Applying the Federal Regulations as described under #1, above, eliminates the specious contradiction between the Federal and State Regulations.

Note: By NOVA policy, Restraint and Seclusion are limited to a maximum of 10 minutes, and in no way supports their use except as a last resort to insure safety and prevent injury.

Respectfully submitted,



John E. Ford, PhD
Licensed Psychologist
CEO / Clinical Director



BEHAVIORAL HEALTHCARE CORPORATION
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January 22, 2019

via Certified Mail: 7015 1660 0000 1428 1703

Connie Anderson, 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

DHSR - Mental Health

JAN 29 2019

Lic. & Cert. Section

Re: Annual/Follow-up/Complaint Survey completed 01/09/19
Oakwood Facility, 2002-D/E Shackelford Road Kinston, NC 28504
MHL# 054-126; Intake #NC00146369 & #NC00146460

Dear Ms. Anderson,

Attached you will find the plan of correction associated with your correspondence dated 01/16/19 along with the statement of deficiencies from the survey completed 01/09/19.

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
Position Paper