

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-125</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/14/2019</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**PINEWOOD FACILITY**

**2002 A & B SHACKLEFORD ROAD  
KINSTON, NC 28502**

(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
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V 000 INITIAL COMMENTS

A complaint and follow up survey was completed on January 14, 2019. The complaints were substantiated (intake #NC00146643, NC00146799 & NC00147018). 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

**RECEIVED**

By DHSR - Mental Health Lic. & Cert. Section at 8:26 am, Feb 01, 2019

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

V 105

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

ZWRW11

If continuation sheet 1 of 14

## 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>		Pinewood Facility		<b>Phone:</b> 252-233-0491			
<b>Provider Contact</b>		Kimberly Manning, RN		<b>Fax:</b> 252-233-0495			
<b>Person for follow-up:</b>		Director of PRTF Services		<b>Email:</b> kmanning@novaprtf.com			
<b>Survey completed:</b>		01/14/19					
<b>Intake Number:</b>		NC00146643; NC00146799 & NC00147018					
<b>Address:</b>		2002 A & B Shackleford Road, Kinston, NC 28504		<b>Provider #</b> MHL054-125			

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 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	<b>Implementation Date:</b> 01/22/19  <b>Projected Completion Date:</b> 2/13/19
<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 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	<b>Implementation Date:</b> 01/22/19  <b>Projected Completion Date:</b> 2/13/19
<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 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	<b>Implementation Date:</b> 01/22/19  <b>Projected Completion Date:</b> 2/13/19

**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. 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](mailto:fordpsi@aol.com)

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## Kimberly Manning

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**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

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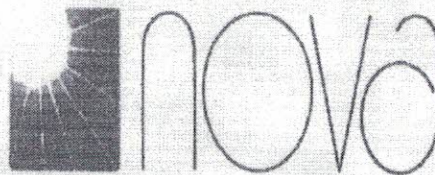
From: fordpsi <fordpsi@aol.com>  
Date: Friday, December 14, 2018  
Subject: Restraint and Seclusion  
To: glenda.stokes <glenda.stokes@dhhs.nc.gov>

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](mailto:fordpsi@aol.com)



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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.

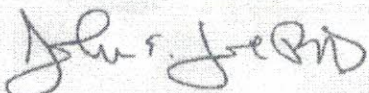
Conclusion. This standard does not apply to or contradict 10A NCAC 27E .0104 (b)(2). "The use of restrictive interventions shall be limited to as s planned measure of therapeutic treatment as specified in Paragraph (f) of this Rule". In addition, this standard does not apply to or contradict 10A NCAC 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



NOVA

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January 22, 2019

**via Certified Mail: 7015 1660 0000 1428 1697**

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

Re: Complaint/Follow Up Survey, completed 1/14/19  
Pinewood Facility, 2002-A/B Shackleford Road Kinston, NC 28504  
MHL# 054-125  
Intake # NC00146643; NC00146799 & NC00147018

Dear Ms. Anderson,

Attached you will find the plan of correction associated with your correspondence dated January 16, 2019 along with the statement of deficiencies from the survey completed 01/14/19.

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: Pinewood  
Position Paper