

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
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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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on January 9, 2019. The complaints were unsubstantiated (Intake #NC00146369 and #NC00146460). 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	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p><small>By DHSR - Mental Health Lic. & Cert. Section at 9:15 am, Feb 11, 2019</small></p> </div>	
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 Manly R, Program Director

TITLE

Ja 22, 2019

(X6) DATE

STATE FORM

6899

5E2011

If continuation sheet 1 of 17

Plan of Correction Form

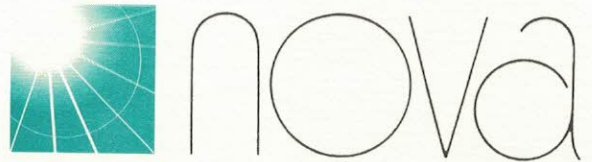
Plan of Correction
REVISED

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 Person for follow-up: Kimberly Manning, RN Director of PRTF Services		Fax: 252-233-0495	
Survey completed: 01/09/19		Email: kmanning@novaprtf.com	
Intake Number: #NC00146369 & #NC00146460		Provider # MHL054-126	
Address: 2002 D & E Shackelford Road, Kinston, NC 28504			
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 Leadership Committee will review its established policies to ensure compliance with this rule area: 10A NCAC 27G .0201 Governing Body Policies. Additionally, NOVA will temporarily suspend the inclusion of planned use of restrictive interventions in the Person-Centered Plans and will complete incident reports for uses of emergency safety interventions. In the meantime, NOVA will seek to determine from the Director of State Mental Health, any resolution derived from our previous meeting and from the requested Position Paper submitted by NOVA's CEO.	Kimberly Manning, RN Director of PRTF Services	Implementation Date: 02/07/19
			Projected Completion Date: 2/08/19
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 will temporarily suspend the inclusion of planned use of restrictive interventions in the Person-Centered Plans and will complete incident reports for uses of emergency safety interventions. In the meantime, NOVA will seek to determine from the Director of State Mental Health, any resolution derived from our previous meeting and from the requested Position Paper submitted by NOVA's CEO.	Kimberly Manning, RN Director of PRTF Services	Implementation Date: 02/07/19
			Projected Completion Date: 2/08/19
V 367 27G .0604 Incident Reporting Requirements	It is NOVA's position that a prolonged, systematic misinterpretation of Federal Regulations regarding the use of Restrictive Interventions has existed without resolution. This	Kimberly Manning, RN Director of PRTF Services	Implementation Date: 02/07/19

<p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	<p>problem is compounded by the unresolved contradictions with State Regulations. As a POC, NOVA will temporarily suspend the inclusion of planned use of restrictive interventions in the Person-Centered Plans and will complete incident reports for uses of emergency safety interventions. In the meantime, NOVA will seek to determine from the Director of State Mental Health, any resolution derived from our previous meeting and from the requested Position Paper submitted by NOVA's CEO.</p>	<p>Projected Completion Date: 2/08/19</p>
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BEHAVIORAL HEALTHCARE CORPORATION
... lighting the way to new beginnings

February 7, 2019

via Certified Mail: 7015 1660 0000 1428 1727

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

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

Dear Ms. Anderson,

Attached you will find a revised plan of correction associated with your correspondence dated 02/05/19 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,

A handwritten signature in black ink that reads "Kimberly R. Manning, RN".

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

Attachments: Signed and dated first page of the state form
Plan of Correction - revised: Oakwood