

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2019
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NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G 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	INITIAL COMMENTS A complaint and follow up survey was completed on March 5, 2019. The complaint was unsubstantiated (intake #NC00148803). 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
MAR 21 2019
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Kimberly R. Manning, R
STATE FORM

TITLE
Program Director

(X6) DATE
3/12/19

6899 3NSM11

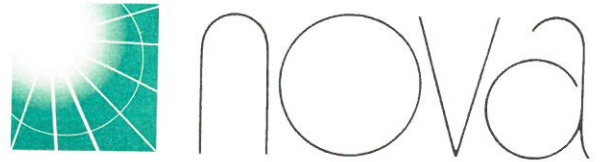
Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhs.nc.gov

Provider Name: Maplewood 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: 03/04/19			
Intake Number: NCC00148803			
Address: 2002 G Shackelford Road, Kinston, NC 28504		Provider # MHL054-159	
Finding	Corrective Action Steps	Responsible Party	Time Line
<p>V 105 27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p>	<p>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.</p>	<p>Kimberly Manning, RN Director of PRTF Services</p>	<p>Implementation Date: 03/13/19</p> <p>Projected Completion Date: 04/04/19</p>
<p>V 367 27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	<p>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.</p>	<p>Kimberly Manning, RN Director of PRTF Services</p>	<p>Implementation Date: 03/13/19</p> <p>Projected Completion Date: 04/04/19</p>



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

March 12, 2019

via Certified Mail: 7015 1660 0000 1428 1710

Keith Hughes, 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: Follow-up/Complaint Survey completed 03/05/19
Maplewood Facility, 2002-G Shackleford Road Kinston, NC 28504
MHL# 054-159; Intake #NC00148803

Dear Mr. Hughes,

Attached you will find a plan of correction associated with your correspondence dated 03/12/19 along with the statement of deficiencies from the survey completed 03/05/19.

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 - Maplewood