

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 04/25/2019
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NAME OF PROVIDER OR SUPPLIER
MAPLEWOOD FACILITY

STREET ADDRESS, CITY, STATE, ZIP CODE
**2002-G SHACKLEFORD ROAD
KINSTON, NC 28502**

(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 April 25, 2019. The complaints were unsubstantiated (intakes #NC00149864, #NC00150438). Deficiencies were cited.

V 000



This facility is licensed for the following service category: 10A NCAC 27G .1900, Psychiatric Residential Treatment for Children and Adolescents.

V 105 27G .0201 (A) (1-7) Governing Body Policies

V 105

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

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

TITLE

(X6) DATE

Kimberly R. Manning, Program Director

5/2/19

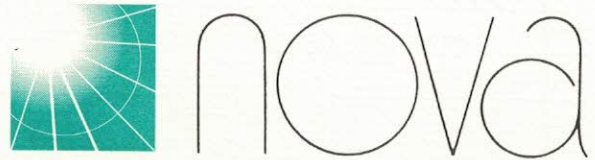
Plan of Correction Form

Plan of Correction

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

Plans.Of.Correction@dhhs.nc.gov

Provider Name:	Maplewood Facility			Phone:	252-233-0491	Time Line	
Provider Contact Person for follow-up:	Kimberly Manning, RN Director of PRTF Services 4/25/19			Fax:	252-233-0495	Implementation Date:	05/02/19
Survey completed:	NC00149864; NC00150438			Email:	kmanning@novaprtf.com	Projected Completion Date:	05/25/19
Intake Number:				Provider # MHL054-159			
Address:	2002 G Shackelford Road, Kingston, NC 28504						
Finding	Corrective Action Steps	Responsible Party					
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 revise the Safety Plans to remove the inclusion of planned use of restrictive interventions and will continue to complete incident reports for uses of emergency safety interventions. As a POC, NOVA will continue to complete IRIS reports for Emergency Safety Interventions ensuring that the incident type specifies "Restrictive Intervention". The Program Director will provide a training for Qualified Professionals and Clinical staff that emphasizes how to completely fill out an IRIS report for a restrictive intervention. The Quality Assurance Coordinator will monitor IRIS reports for completeness prior to filing.	Kimberly Manning, RN Director of PRTF Services					
V 367 27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS		Kimberly Manning, RN Director of PRTF Services					



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

May 2, 2019

via Certified Mail: 7015 1660 0000 1428 7064

Betty Godwin, Nurse Consultant
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 4/25/19
Maplewood Facility, 2002-G Shackleford Road Kinston, NC 28504
MHL# 054-159; Intake #NC00149864; #NC00150438

Dear Ms. Godwin,

Attached you will find a plan of correction associated with your correspondence dated 4/30/19 along with the statement of deficiencies from the survey completed 04/25/19.

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