

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 07/24/2019
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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 An annual, complaint and follow up survey was completed on July 24, 2019. Two complaints were substantiated (intake # NC00153719 and NC00153730) and one complaint was unsubstantiated (intake # NC00153724). 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	<p>DHSR - Mental Health</p> <p>AUG 14 2019</p> <p>Lic. & Cert. Section</p>	
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	V 105		

Division of Health Service Regulation

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

Kimberly Manning, RN

TITLE

Program Director

(X6) DATE

August 16, 2019

STATE FORM

6896

QKP311

If continuation sheet 1 of 11

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: 7/24/19			
Intake Number: #NCC00153719; #NCC00153724; #NCC00153730			
Address: 2002 G Shackleford Road, Kinston, NC 28504		Provider # MHL054-159	
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 remains 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 revise the Safety Plans to state: "In the event of an unanticipated emergency safety situation, NOVA staff will exhaust least restrictive interventions to de-escalate the matter. If those efforts fail, the physician will be contacted." The Nursing staff immediately made efforts to address the order for Balcoltra upon discovery by the surveyor. To prevent such oversite in the future, the Program Director will review related medical policies and procedures with department staff and will implement an additional method of tracking external consultations. The Nursing Supervisors will monitor this process daily.	Kimberly Manning, RN Director of PRTF Services	Implementation Date: 08/08/19
			Projected Completion Date: 08/23/19
			Implementation Date: 08/08/19
V 118 27G .0209 @ Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS	NOVA will maintain a Restrictive Intervention Log of the Restrictive Intervention Details Report(s) that includes all elements of 10A NCAC 27E .0104 (17c 1-10) and will ensure inclusion of: <ul style="list-style-type: none"> • the names of responsible professional, • positive and less restrictive alternatives that were used or considered and not used and why those alternatives were not used. • Debriefing and planning conducted with the client, legally responsible person and staff. • Negative effects of the psychological well-being of the client. This will be implemented & monitored monthly by the Quality Assurance Coordinator, whom will also maintain the documentation. NOVA will coordinate with the maintenance team and or outside vendors to repair the facility's damages as noted in the statement of deficiencies. The leadership committee will review the facility's damages to determine if an additional maintenance position is warranted to keep abreast of needed repairs. The Maintenance Manager will oversee the repairs. The Facility Services Coordinator will monitor the facility and grounds weekly to ensure rule compliance.	Kimberly Manning, RN Director of PRTF Services	Implementation Date: 08/08/19
			Projected Completion Date: 9/22/19
			Implementation Date: 08/08/19
V 525 27e .0104(E17)Client Rights – Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION THEM-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL	NOVA will maintain a Restrictive Intervention Log of the Restrictive Intervention Details Report(s) that includes all elements of 10A NCAC 27E .0104 (17c 1-10) and will ensure inclusion of: <ul style="list-style-type: none"> • the names of responsible professional, • positive and less restrictive alternatives that were used or considered and not used and why those alternatives were not used. • Debriefing and planning conducted with the client, legally responsible person and staff. • Negative effects of the psychological well-being of the client. This will be implemented & monitored monthly by the Quality Assurance Coordinator, whom will also maintain the documentation. NOVA will coordinate with the maintenance team and or outside vendors to repair the facility's damages as noted in the statement of deficiencies. The leadership committee will review the facility's damages to determine if an additional maintenance position is warranted to keep abreast of needed repairs. The Maintenance Manager will oversee the repairs. The Facility Services Coordinator will monitor the facility and grounds weekly to ensure rule compliance.	Tabatha Dixon Quality Assurance Coordinator	Implementation Date: 08/08/19
			Projected Completion Date: 9/22/19
			Implementation Date: 08/08/19
V 736 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS	NOVA will coordinate with the maintenance team and or outside vendors to repair the facility's damages as noted in the statement of deficiencies. The leadership committee will review the facility's damages to determine if an additional maintenance position is warranted to keep abreast of needed repairs. The Maintenance Manager will oversee the repairs. The Facility Services Coordinator will monitor the facility and grounds weekly to ensure rule compliance.	Tony Groff Maintenance Manager Betty Morgan Facility Services Coord.	Implementation Date: 08/08/19
			Projected Completion Date: 9/22/19
			Implementation Date: 08/08/19



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

August 6, 2019

via Certified Mail: 7015 1660 0000 1428 7163

Keith Hughes & Latisha Grant
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/Annual Survey completed 7/24/19
Maplewood Facility, 2002-G Shackleford Road Kinston, NC 28504
MHL# 054-159; Intake #NC00153719; #NC00153724; #NC00153730

DHSR - Mental Health

AUG 14 2019

Lic. & Cert. Section

Dear Mr. Hughes and Ms. Grant,

Attached you will find a plan of correction associated with your correspondence that is dated 08/02/19 along with the statement of deficiencies from the survey completed 07/24/19.

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