

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/28/2020
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NAME OF PROVIDER OR SUPPLIER PINEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 A & B 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	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on February 28, 2020. One complaint was substantiated (intake #NC00160209), and one complaint was unsubstantiated (NC00160114) A deficiency was 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		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observations in the A facility/unit on 2/26/20 at approximately 4:30pm revealed: - The unit had a kitchen sink with a hot water temperature of 123 degrees Fahrenheit.</p> <p>Observations in the B facility/unit on 2/26/20 at approximately 4:40pm revealed:</p>	V 752	<p>DHSR-Mental Health</p> <p>MAR 20 2020</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Kimberly R. Manny, R. Program Director TITLE
STATE FORM 6899 113011 (X6) DATE 3/13/20
If continuation sheet 1 of 2

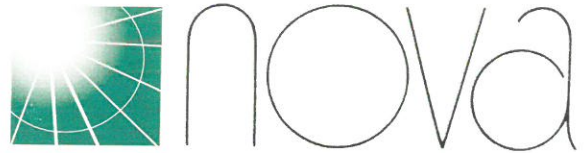
Appendix 1-B: Plan of Correction Form

Plan of Correction

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

Plans.Of.Correction@dhhs.nc.gov

Provider Name: Pinewood Facility		Phone: 252-233-0491	Time Line
Provider Contact Kimberly Manning, RN Director of PRTF Services		Fax: 252-233-0495	
Person for follow-up: Survey completed: 2/28/20 Intake Number: NC00160114 & NC00160209		Email: kmanning@novaprtf.com	
Address: 2002 A & B Shackleford Road, Kingston, NC 28504			
Provider # MHL054-125			
Finding	Corrective Action Steps	Responsible Party	Implementation Date: 2/28/20 Projected Completion Date: 3/29/20
V 752 27G .0304 (b) (4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT	The hot water temperature in Pinewood will be adjusted and monitored to ensure that a temperature is maintained between 100-116 degrees Fahrenheit. Once a week, the Facility Services Coordinator will measure water temperatures from all faucets within the home. The temperatures will be recorded. If any temperature reading is outside of set required parameters, the Maintenance Manager will be notified to adjust the temperature setting accordingly. Maintenance Request forms will demonstrate any repairs / adjustments. The Program Director will monitor the work of the Facility Support Coordinator and Maintenance Manager.	Kimberly Manning, RN Director of PRTF Services	



BEHAVIORAL HEALTHCARE CORPORATION

. . . lighting the way to new beginnings

March 13, 2020

via Certified Mail: 7015 1660 0000 1428 7033

Ryan Meredith, 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 2/28/20
Pinewood Facility, 2002-A/B Shackleford Road Kinston, NC 28504
MHL# 054-125
Intake # NC00160114; NC00160209

Dear Mr. Meredith,

Attached you will find the plan of correction associated with your correspondence dated March 10, 2020 along with the statement of deficiencies from the survey completed 02/28/20.

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: Pinewood