

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 02/28/2020
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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
V 000	INITIAL COMMENTS A complaint and follow up survey was completed on February 28, 2020. The complaint was unsubstantiated (intake #NC00160111). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1900, Psychiatric Residential Treatment for Children and Adolescents.	V 000		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (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. 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: Observations in the 3A facility/unit on 2/26/20 at approximately 4:45pm revealed: - The left bathroom sink had a hot water temperature of 132 degrees Fahrenheit. Observations in the 3B facility/unit on 2/26/20 at approximately 4:45pm revealed: - The right bathroom sink had a hot water	V 752		

DHSR-Mental Health

MAR 20 2020

Lic. & Cert. Section

Division of Health Service Regulation

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

Kimberly R. Manning, RW, Program Director

TITLE

(X6) DATE

3/13/20

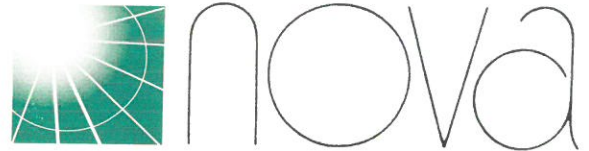
Appendix 1-B: Plan of Correction Form

Plan of Correction

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

Plans.Of.Correction@dhhs.nc.gov

Provider Name: Maplewood Facility Provider Contact: Kimberly Manning, RN Person for follow-up: Director of PRTF Services Survey completed: 02/28/20 Intake Number: NC00160111 Address: 2002 G Shackleford Road, Kinston, NC 28504 Provider # MHL054-159		Phone: 252-233-0491 Fax: 252-233-0495 Email: kmanning@novaprtf.com
Finding V 752 27G .0304 (b) (4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT	Corrective Action Steps 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.	Responsible Party Kimberly Manning, RN Director of PRTF Services Implementation Date: 2/28/20 Projected Completion Date: 4/28/20



BEHAVIORAL HEALTHCARE CORPORATION

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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
Maplewood Facility, 2002-G Shackleford Road Kinston, NC 28504
MHL# 054-159
Intake # NC00160111

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". The signature is written in a cursive style.

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