

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 07/23/2020
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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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on July 23, 2020. The complaint was substantiated (intake #NC00167029). 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 517	<p>27E .0104(c-d) Client Rights - Sec. Rest. & ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p> <p>(c) Restrictive interventions shall not be employed as a means of coercion, punishment or retaliation by staff or for the convenience of staff or due to inadequacy of staffing. Restrictive interventions shall not be used in a manner that causes harm or abuse.</p> <p>(d) In accordance with Rule .0101 of Subchapter 27D, the governing body shall have policy that delineates the permissible use of restrictive interventions within a facility.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews 2 of 3 Staff (Staff #1 and #2) and 1 of 1 Former Staff (FS#4) audited failed to use a restrictive interventions in a manner that would not cause harm or abuse for 1 of 1 clients audited (client #2) and 1 of 1 former clients (FC#3) audited. The findings are:</p> <p>Finding #1: Review on 7/21/20 of Staff #1's record revealed:</p>	V 517	<p>DHSR - Mental Health</p> <p>AUG 21 2020</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation	LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
STATE FORM	<i>Kimberly Manning, RN</i>	Program Director	8/10/20

Plan of Correction Form

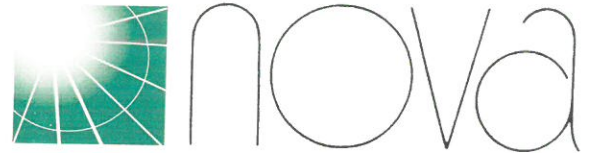
Plan of Correction

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

Plans.Of.Correction@dhhs.nc.gov

Provider Name:	Pinewood Facility		
Provider Contact	Kimberly Manning, RN	Phone:	252-233-0491
Person for follow-up:	Director of PRTF Services	Fax:	252-233-0495
Survey completed:	07/23/20	Email:	kmanning@novaprtf.com
Intake Number:	NC 00167029		
Address:	2002 A & B Shackelford Road, Kinston, NC 28504		
	Provider # MHL054-125		

Finding	Corrective Action Steps	Responsible Party	Time Line				
V 517 27E .0104(c-d) Client Rights – Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL	NOVA will hold a training for all staff that reinforces the rule area as mentioned in the statement of deficiencies. This training will also review with behavior management policies and procedures.	Kimberly Manning, RN, Program Director	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Implementation Date:</td> <td>8/10/20</td> </tr> <tr> <td>Projected Completion Date:</td> <td>9/21/20</td> </tr> </table>	Implementation Date:	8/10/20	Projected Completion Date:	9/21/20
Implementation Date:	8/10/20						
Projected Completion Date:	9/21/20						



BEHAVIORAL HEALTHCARE CORPORATION

... lighting the way to new beginnings

August 10, 2020

via Certified Mail: 70114 1820 0001 9139 5430

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

DHSR - Mental Health

Re: Complaint Survey, completed 7/29/20
Pinewood Facility, 2002-A/B Shackleford Road Kinston, NC 28504
MHL# 054-125
Intake # NC00167029

AUG 21 2020

Lic. & Cert. Section

Dear Ms. Godwin,

Attached you will find the revised plan of correction associated with your correspondence dated 07/29/20 along with the statement of deficiencies from the survey completed 7/23/20.

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