

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/14/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OAKWOOD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002 D &amp; E SHACKLEFORD ROAD KINSTON, NC 28504</b>
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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  A complaint survey was completed on 08/14/2020. A complaint was substantiated (Intake #NC00167870) and a complaint was unsubstantiated (Intake #NC00167280). 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		
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 needs; and	V 105		

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

*Kimberly Manning, RN, Program Director*

TITLE

(X6) DATE

08/27/20

**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

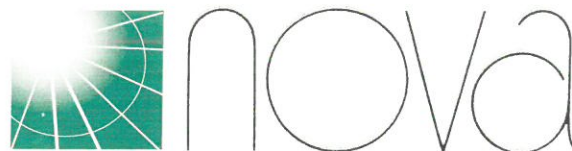
<b>Provider Name:</b>	Oakwood Facility		
<b>Provider Contact</b>	Kimberly Manning, RN		
<b>Person for follow-up:</b>	Director of PRTF Services		
<b>Survey completed:</b>	8/14/20		
<b>Intake Number:</b>	NC00167280 & NC00167870		
<b>Address:</b>	2002 D & E Shackleford Road, Kinston, NC 28504		
	<b>Provider # MHL054-126</b>		

<b>Finding</b>	<b>Corrective Action Steps</b>	<b>Responsible Party</b>	<b>Timeline</b>
<b>V517</b> 10A NCAC 27E .0104(c-d) Client Rights-Seclusion, Physical Restraint and Isolation Time Out and Protective Devices Used for Behavioral Control	Nova implemented a plan of protection / correction on the date of survey exit. NOVA made immediate arrangements for Staff #1 and Staff #2 to attend an NCI+ refresher training before being allowed to work their next shift. That training was scheduled to take place on the evening of 8/14/2020. Neither staff would be allowed to work with consumers until they successfully completed the training. The training was planned to be conducted by NCI+ Instructor, Leitao King, RSS. The residential services supervisors will closely monitor Paraprofessionals use of NCI+ techniques and behavior management practices. To help prevent reoccurrence of a similar incident, all Paraprofessionals will be in serviced on how to avoid power struggles, Review of Behavior Management Practices, and reinforcement of Licensure Rule, 10A NCAC 27E .0104.	Kimberly Manning, RN, Program Director	<b>Implementation Date:</b> 8/14/20
<b>V 105</b> 27G .0201 (A) (1-7) Governing Body Policies  10A NCAC 27G .0201 GOVERNING BODY POLICIES	NOVA will consult with legal counsel regarding serious occurrences in relation to interpreting the conditions of participation, LME-MCO Communication Bulletin J287 and ensuring that our policies align with state and federal guidelines as applicable.	Kimberly Manning, RN Program Director	<b>Implementation Date:</b> 8/27/2020  <b>Projected Completion Date:</b> 10/13/2020

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BEHAVIORAL HEALTHCARE CORPORATION

*... lighting the way to new beginnings*

August 27, 2020

**via Certified Mail: 7015 1660 0000 1428 6500**

Emily Jones, 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: Compliant Survey, completed 8/14/2020  
Oakwood Facility, 2002-D/E Shackleford Road Kinston, NC 28504  
MHL# 054-126  
Intake #NC00167280 & NC00167870

Dear Ms. Jones,

Attached you will find the plan of correction associated with your correspondence dated 8/25/2020 along with the statement of deficiencies from the survey completed 8/14/2020.

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: Oakwood