Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL054-125 08/13/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002 A & B SHACKLEFORD ROAD PINEWOOD FACILITY KINSTON, NC 28502 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on August 13, 2020. The complaints were substantiated (intake # NC00167871 and NC00167789). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. V 105 27G .0201 (A) (1-7) Governing Body Policies V 105 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. DHSR-Mental Health (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: Lic. & Cert. Section (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 (C) the disposition, including referrals and

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

TITLE

(X6) DATE

STATE FORM

TITLE

(X6) DATE

(X6) DATE

(X6) DATE

(X6) DATE

(X6) DATE

(ADATE

(AD

Division of Health Service Regulation

Plan of Correction Form

Plan of Correction

Please complete <u>all</u> requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

	Address:	Intake Number:	Survey completed: 08/13/2020	Person for follow-up:	Provider Contact	Provider Name:
	Address: 2002 A & B Shackleford Road, Kinston, NC 28504	Intake Number: NC00167789 & NC00167871	08/13/2020	Person tor tollow-up: Director of PRTF Services	Provider Contact Kimberly Manning, RN	Provider Name: Pinewood Facility
LICAINE! # MULT 024-TZ2	Drovidor # MUI OFA 10F			Email: kmanning@novaprtf.com	Fax: 252-233-0495	Phone: 252-233-0491

Finding	Corrective Action Steps	Responsible Party	Time Line
V 105	NOVA will consult with legal counsel regarding serious	Kimberly Manning DN	Implementation
27G .0201 (A) (1-7) Governing Body Policies	occurrences in relation to interpreting the conditions of	Program Director	8/26/2020
104 NOAC 276 DOOL GOVERNING BODY	participation, LME-MCO Communication Bulleting J287		0/20/2020
POLICIES	and ensuring that our policies align with state and federal		Projected Completion
	guidelines as applicable.		Date:
			10/12/20
V 513	NOVA will continue to promote safe and respective	Kimherly Manning RN	implementation Date:
27F 0101 Client Rights - Least Bestriction	environments with least restrictive settings for the	Program Director	
Alternative	aggressive/unpredictable youth that reside in the Psychiatric		8/26/2020

10A NCAC 27E .0101 CLIENT RIGHTS - LEAST RESTRICTIVE ALTERNATIVE	socially distance as much as possible and amid efforts to safely	Projected Completion
	maintain and treat the high-risk youth in this locked facility;	Date:
"NOVA failed to provide services/supports	NOVA has found it necessary and prudent to assign seating	
that promote a safe and respective	arrangements for both staff and consumers. As explained	10/12/20
environment including the routine operating	during survey, consumers alert staff for assistance to access	
procedures should use least restrictive	other, unoccupied areas of the facility so that staff are	
setting for 1 of 1 and the deficient	available for monitoring / supervision. Tracing consumer	
סיסי דיסי דיממוויבת מווכורייי	whereabouts helps maintain order, sanitization and socially	
	sufficient spacing to reduce not only the spread of germs	
	considering the Pandemic precautions, but also reduce	
	negative behaviors. Considering this deficiency, NOVA's	
	Leadership Committee will review residential processes to	
	ensure that consumer rights are not infringed upon. A	
	summary of the review & findings will be maintained in the	
	Program Director's office.	



August 26, 2020

via Certified Mail: 7015 1660 0000 1428 6920

Betty Godwin, Nurse Consultant & Tareva Jones, Facility Compliance Consultant Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, North Carolina 27699-2718

Re: Complaint Survey, completed 8/13/2020 Pinewood Facility, 2002-A/B Shackleford Road Kinston, NC 28504 MHL# 054-125 Intake # NC00167789 & NC00167871

Dear Ms. Godwin,

Attached you will find the revised plan of correction associated with your correspondence dated 8/20/20 along with the statement of deficiencies from the survey completed 8/13/20. 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

mbuly R. Manning, ED

Plan of Correction: Pinewood

DHSR-Mental Health

SED 0 3 2020

Lic. & Cert. Section