

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

2E2P11

If continuation sheet 1 of 7

## Plan of Correction Form

### Plan of Correction

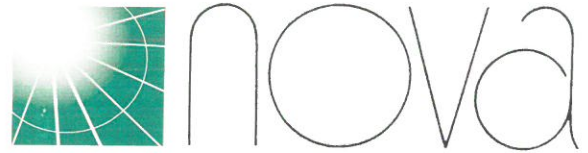
**Please complete all requested information and email completed Plan of Correction form to:**

Plans.Of.Correction@dhs.nc.gov

|                              |  |  |  |                   |                       |
|------------------------------|--|--|--|-------------------|-----------------------|
| <b>Provider Name:</b>        | <b>Pinewood Facility</b>                       |  |  | <b>Phone:</b>     | 252-233-0491          |
| <b>Provider Contact</b>      | Kimberly Manning, RN                           |  |  | <b>Fax:</b>       | 252-233-0495          |
| <b>Person for follow-up:</b> | Director of PRTF Services                      |  |  | <b>Email:</b>     | kmanning@novaprtf.com |
| <b>Survey completed:</b>     | 08/13/2020                                     |  |  |                   |                       |
| <b>Intake Number:</b>        | NC00167789 & NC00167871                        |  |  |                   |                       |
| <b>Address:</b>              | 2002 A & B Shackleford Road, Kinston, NC 28504 |  |  | <b>Provider #</b> | MHL 054-125           |

| Finding   | Corrective Action Steps  | Responsible Party                      | Time Line   |
|---|--|--|---|
| <b>V 105</b><br><br>27G .0201 (A) (1-7) Governing Body Policies<br><br>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 Bulleting J287 and ensuring that our policies align with state and federal guidelines as applicable. | Kimberly Manning, RN, Program Director | <b>Implementation Date:</b><br>8/26/2020<br><br><b>Projected Completion Date:</b><br>10/12/20 |
| <b>V 513</b><br><br>27E .0101 Client Rights - Least Restrictive Alternative                                       | NOVA will continue to promote safe and respective environments with least restrictive settings for the aggressive/unpredictable youth that reside in the Psychiatric Residential Treatment Facility. Amid COVID-19 precautions to                          | Kimberly Manning, RN, Program Director | <b>Implementation Date:</b><br>8/26/2020  |

|   |  |   |
|---|--|---|
| <p>10A NCAC 27E .0101 CLIENT RIGHTS - LEAST RESTRICTIVE ALTERNATIVE</p> <p>"NOVA failed to provide services/supports that promote a safe and respectful environment including the routine operating procedures should use least restrictive setting for 1 of 1 audited client..."</p> | <p>socially distance as much as possible and amid efforts to safely maintain and treat the high-risk youth in this locked facility; NOVA has found it necessary and prudent to assign seating arrangements for both staff and consumers. As explained during survey, consumers alert staff for assistance to access other, unoccupied areas of the facility so that staff are available for monitoring / supervision. Tracing consumer 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 &amp; findings will be maintained in the Program Director's office.</p> | <p><b>Projected Completion Date:</b><br/>10/12/20</p> |
|---|--|---|



BEHAVIORAL HEALTHCARE CORPORATION

*... lighting the way to new beginnings*

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*

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

DHSR-Mental Health

SEP 03 2020

Lic. & Cert. Section