

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 08/14/2020
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NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502
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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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 08/14/2020. A complaint was substantiated (Intake #NC00167869) and a complaint was unsubstantiated (Intake #NC00167432). 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 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105	<p>DHSR-Mental Health</p> <p>SEP 19 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 R. Manning, RS, Program Director</i>	Program Director	8/27/2020

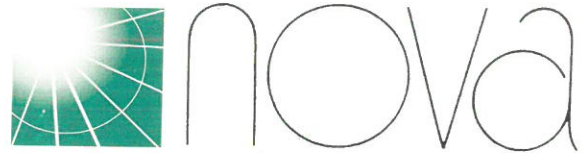
Appendix 1-B: Plan of Correction Form

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		Phone: 252-233-0491 ext. 1201	Time Line
Provider Contact Kimberly Manning, RN Director of PRTF Services		Fax: 252-233-0495	
Person for follow-up: Survey completed: 8/14/2020 Intake Number: NC00167869 & NC00167432		Email: kmanning@novaprtf.com	
Address: 2002 G Shackleford Road, Kinston, NC 28504		Provider # MHL 054-159	
Finding	Corrective Action Steps	Responsible Party	Implementation Date:
V 105 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	8/27/2020
			Projected Completion Date: 10/13/2020



BEHAVIORAL HEALTHCARE CORPORATION

... lighting the way to new beginnings

August 27, 2020

via Certified Mail: 7015 1660 0000 1428 2052

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 8/14/20
Maplewood Facility, 2002-G Shackleford Road Kinston, NC 28504
MHL# 054-159
Intake #NC00167869 & NC00167432

Dear Ms. Jones,

Attached you will find the plan of correction associated with your correspondence dated 8/21/2020 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: Maplewood

DHSR-Mental Health

SEP 10 2020

Lic. & Cert. Section