

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/03/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MAPLEWOOD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002-G SHACKLEFORD ROAD KINSTON, NC 28502</b>
---	---

(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><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on December 3, 2020. The complaint was unsubstantiated (intake #NC00171749). 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 752	<p><b>27G .0304(b)(4) Hot Water Temperatures</b></p> <p><b>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</b></p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observations and interview the facility failed to maintain the water temperature between 100 and 116 degrees Fahrenheit. The findings are:</p> <p>Observations in the 3A facility/unit on 11/23/20 at approximately 1:00pm revealed: - The right bathroom sink had a hot water temperature of 134 degrees Fahrenheit.</p> <p>Interview on 11/23/20 the Director of Psychiatric Residential Treatment Facility Services stated: - She had Maintenance Supervisor address water temperatures while surveyor was on-site.</p>	V 752	<p style="text-align: center;"><b>RECEIVED</b> <b>DEC 30 2020</b> <b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Kimberly Manning, RW, Proj. Dir.* 12/17/20

TITLE

(X6) DATE

**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> Maplewood Facility		<b>Phone:</b> 252-233-0491 ext. 1201
<b>Provider Contact</b> Kimberly Manning, RN Director of PRTF Services		<b>Fax:</b> 252-233-0495
<b>Person for follow-up:</b> Survey completed: 12/3/2020 Intake Number: NC00171749		<b>Email:</b> kmanning@novaprtf.com
<b>Address:</b> 2002 G Shackleford Road, Kinston, NC 28504		<b>Provider #</b> MHL 054-159
<b>Finding</b>	<b>Corrective Action Steps</b>	<b>Responsible Party</b>
V 752 27G .0304 (b) (4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT	The hot water temperature in Maplewood will be adjusted and monitored to ensure that a temperature is maintained between 100-116 degrees Fahrenheit. NOVA will coordinate with a plumbing contractor to assess and correct any mechanical issues that are causing water temperature variances. The Maintenance department and Facility Support Coordinator will monitor water temperatures throughout facility to ensure ideal temperature is maintained.	Kimberly Manning, RN Director of PRTF Services
		<b>Implementation Date:</b> 12/3/20
		<b>Projected Completion Date:</b> 01/02/21



**BEHAVIORAL HEALTHCARE CORPORATION**  
*... lighting the way to new beginnings*

December 17, 2020

**via Certified Mail: 7020 0090 0001 5272 7639**

Ryan Meredith, 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: Complaint/Follow Up Survey, completed 12/3/20  
Maplewood Facility, 2002-G Shackleford Road Kinston, NC 28504  
MHL# 054-159  
Intake # NC00171749

Dear Mr. Meredith,

Attached you will find the plan of correction associated with your correspondence dated 12/10/20 along with the statement of deficiencies from the survey completed 12/3/20.

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  
Plan of Correction: Maplewood