

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>01/08/2021</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	<b>INITIAL COMMENTS</b>  A complaint and follow up survey was completed on January 8, 2021. The complaints were unsubstantiated (intake #NC00172633 & #NC00172629). A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.	V 000	<p>DHSR - Mental Health</p> <p>Lic. &amp; Cert. Section</p>	
V 105	<b>27G .0201 (A) (1-7) Governing Body Policies</b>  <b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b> (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 (C) the disposition, including referrals and	V 105		

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

*Kimberly R. Nantz, PC, Program Director*

TITLE

01-21-2021

(X6) DATE

STATE FORM



6899

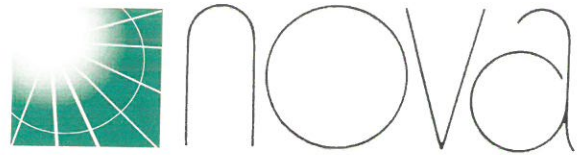
1MEK11

**Appendix 1-B: Plan of Correction Form**

<b>Plan of Correction</b>
<b>Please complete <u>all</u> requested information and email completed Plan of Correction form to:</b>
Plans.Of.Correction@dhhs.nc.gov

<b>Provider Name:</b>	Oakwood Facility	<b>Phone:</b>	252-233-0491 ext. 1201
<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>	01/08/2021		
<b>Intake Number:</b>	NC00712633, NC00172629		
<b>Address:</b>	2002 D & E Shackelford Road, Kinston, NC 28504	<b>Provider #</b>	MHL 054-126

Finding	Corrective Action Steps	Responsible Party	Timeline
<b>V 105</b> 27G .0201 (A) (1-7) Governing Body Policies  10A NCAC 27G .0201 GOVERNING BODY POLICIES	NOVA's leadership committee will review and revise if necessary, existing policies and practices related to serious occurrences / reporting requirements.  <div style="text-align: center;">    </div>	Kimberly Manning, RN Program Director	<b>Implementation Date:</b> 01/28/2021  <b>Projected Completion Date:</b> 02/07/2021



BEHAVIORAL HEALTHCARE CORPORATION

*... lighting the way to new beginnings*

January 21, 2021

**via Certified Mail: 720 0090 0001 5272 7714**

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

DHSR - Mental Health

JAN 29 2021

Lic. & Cert. Section

Re: Compliant Survey, completed 01/08/2021  
Oakwood Facility, 2002-D/E Shackleford Road Kinston, NC 28504  
MHL# 054-126  
Intake #NC00172633, NC00172629

Dear Mr. Meredith,

Attached you will find the plan of correction associated with your correspondence dated 01/14/2021 along with the statement of deficiencies from the survey completed 01/08/2021.

Should anything else be needed, please do not 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