STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-126	A. BUILDING: _____ B. WING _____	02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD FACILITY	2002 D & E SHACKLEFORD ROAD KINSTON, NC 28504

(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	INITIAL COMMENTS A complaint and follow up survey was completed on February 19, 2021. The complaint was unsubstantiated (intake # NC00174038). The complaint was substantiated (intake # NC00173690). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 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. (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	V 105	RECEIVED MAR 10 DHSR-MH Licensure Sect	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kimberly R. Manning, RA

TITLE: Program Director

(X6) DATE: 3/11/21

Appendix 1-B: 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

Provider Name:	Oakwood Facility	**Phone:**	252-233-0491 ext. 1201
Provider Contact	Kimberly Manning, RN	**Fax:**	252-233-0495
Person for follow-up:	Director of PRTF Services	**Email:**	kmanning@novaprtf.com
Survey completed:	2/19/2021		
Intake Number:	NC00173690, NC00174038		
Address:	2002 D & E Shackleford Road, Kinston, NC 28504	**Provider #** MHL 054-126	

Finding	Corrective Action Steps	Responsible Party	Timeline
V 105 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.	Kimberly Manning, RN Program Director	**Implementation Date:** 3/11/21 **Projected Completion Date:** 3/21/21

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

March 11, 2021

via Certified Mail: 7020 0090 0001 5272 7653

Betty Godwin & Tareva Jones
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 02/19/21
Oakwood Facility, 2002-D/E Shackleford Road Kinston, NC 28504
MHL# 054-126
Intake #NC00173690, NC00174038

Dear Ms. Godwin & Ms. Jones,

Attached you will find the plan of correction associated with your correspondence dated 3/3/21 along with the statement of deficiencies from the survey completed 02/19/2021.

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

P.O. Box 2277 • Kinston, N.C. 28502 • Phone: (252) 233-0491 • Fax: (252) 233-0495