STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-125	A. BUILDING: _____ B. WING _____	04/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEWOOD FACILITY	2002 A & B SHACKLEFORD ROAD KINSTON, NC 28502

(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 An annual, complaint and follow up survey was completed on April 19, 2021. The complaints were substantiated (intake #NC00176080, NC00176086, NC00176179, NC00176146 and NC00176124). 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		

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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to implement written standards that assured operational and programmatic meeting applicable standards of practice to report serious occurrences to the State designated Protection and Advocacy system. The findings are: Review on 04/15/21 of the LME-MCO (Local Management Entity-Managed Care Organization) communication Bulletin J287, "Clarifying the Reporting Standards for Psychiatric Residential Treatment Facilities (PRTF)" dated 5/11/18 revealed: -" ...Serious Occurrences are any event that result in Restraint or Seclusion, Resident's Death, Any Serious Injury to a Resident, and a Resident's Suicide Attempt. NC § 483.374 specifies that facilities must report each Serious Occurrence to both the State Medicaid agency (Division of Medical Assistance - DMA) and, unless prohibited by State law, the State-designated Protection and Advocacy system (Disability Rights North Carolina - DRNC)." -"DRNC reports are to be faxed to (919) 856-2244." Review on 04/15/21 of the facility restrictive intervention records from 03/01/21 thru 04/14/21 revealed: - 19 restrictive interventions implemented at the facility. - No serious occurrences involving seclusion or restraint had been reported to DRNC. Interviews on 04/15/21 the Program Director stated:	V 105		

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V 105	Continued From page 3 - The facility sent serious occurrences to DRNC. - The facility had not reported level II restraints and seclusions as a serious occurrence. - The facility did not consider restrictive interventions as serious occurrences and therefore did not send them to DRNC This deficiency has been cited 3 times since the original cite on 08/13/20 and must be corrected within 30 days.	V 105		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 04/16/21 at approximately 12:40pm of Pinewood A facility: -A client bedroom had a large hole to the left of the bed in the wall. -The kitchen cabinet doors were missing and the stove was missing in the facility. Observation on 04/16/21 at approximately 12:50pm of Pinewood B facility: -A bedroom did not have a door.	V 736		

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V 736	Continued From page 4 -Bedroom had 3 patched areas in the wall that had not been painted. -Bedroom to the right of the entrance had a patched area that had not been painted. During interview on 04/16/21 the Maintenance Manager revealed: -The kitchen cabinets in all the facilities are going to be boarded up because eventually the kitchen was going to be removed from each facility and a seclusion room was going to be added. -The food was not prepared in each of the facilities and was brought to each facility during each meal. Interview on 04/16/21 the Program Director revealed: - Items in the facility are repaired often. - The kitchens were going to be removed from each facility and the facility was waiting on construction for the approval.	V 736		