



BEHAVIORAL HEALTHCARE CORPORATION
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May 25, 2021

via Certified Mail: 7020 0090 0001 5272 7806

Connie Anderson
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

DHSR - Mental Health

JUN 3 2021

Lic. & Cert. Section

Re: Annual, Compliant & Follow up Survey, completed 05/18/21
Maplewood Facility, 2002-G Shackelford Road Kinston, NC 28504
MHL# 054-159
Intake #NC00176516 & NC176539

Dear Ms. Anderson

Attached you will find the plan of correction associated with your correspondence dated 5/20/21 along with the statement of deficiencies from the survey completed 5/18/21. 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: Maplewood

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 05/18/2021
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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>An annual, complaint and follow up survey was completed on May 18, 2021. One complaint was substantiated (intake # NC00176539); one complaint was unsubstantiated (intake # NC00176516). Deficiencies were 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		

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

Kimberly R. Manning, RN, Program Director

TITLE

(X6) DATE

5/25/21

STATE FORM

6899/

ROGF11

If continuation sheet 1 of 13

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
Provider Contact	Kimberly Manning, RN	Fax:	252-233-0495
Person for follow-up:	Director of PRTF Services	Email:	kmanning@novaprtf.com
Survey completed:	5/18/21		
Intake Number:	NC00176516 & NC176539		
Address:	2000-G Shackleford Road, Kinston, NC 28504		Provider # MHL 054-159

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: 5/27/21 Projected Completion Date: 6/17/21

Finding	Corrective Action Steps	Responsible Party	Timeline
<p>V 366</p> <p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	<p>Nova will enter a Level II IRIS report for the incident noted in the SSOD involving FC #18.</p> <p>Nova's Clinical Team, Nurses and QP level staff will review the IRIS Manual, reporting requirements as well as NOVA's Policies related to incident reporting.</p> <p>The in-service will be conducted by the Program Director and records of the training will be maintained by the Program Director and Personnel Manager.</p>	<p>Program Director</p>	<p>Implementation Date:</p> <p>5/27/21</p> <hr/> <p>Projected Completion Date:</p> <p>7/17/21</p>
Finding	Corrective Action Steps	Responsible Party	Timeline
<p>V 367</p> <p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	<p>Nova will enter a Level II IRIS report for the incident noted in the SSOD involving FC #18.</p> <p>Nova's Clinical Team, Nurses and QP level staff will review the IRIS Manual, reporting requirements as well as NOVA's Policies related to incident reporting.</p> <p>The in-service will be conducted by the Program Director and records of the training will be maintained by the Program Director and Personnel Manager.</p>	<p>Program Director</p>	<p>Implementation Date:</p> <p>5/27/21</p> <hr/> <p>Projected Completion Date:</p> <p>7/17/21</p>

Finding	Corrective Action Steps	Responsible Party	Timeline
<p>V 736</p> <p>27G .0303 (C)</p> <p>Facility Grounds and Maintenance</p> <p>10A NCAC 27G .0303</p> <p>LOCATION AND EXTERIOR REQUIREMENTS</p>	<p>Nova's maintenance department will repair the noted concerns stated in the SSOD. The Maintenance department, Facility Support Coordinator and house keepers will continue to perform facility inspections, complete maintenance repair orders, clean soiled areas, etc. to help maintain an aesthetically pleasing campus.</p> <p>The Facility Support Coordinator will maintain completed maintenance repair requests as well as inspection findings.</p>	<p>Facility Support Coordinator / Maintenance Manager</p>	<p>Implementation Date:</p> <p>5/27/21</p> <hr/> <p>Projected Completion Date:</p> <p>7/17/21</p>
Finding	Corrective Action Steps	Responsible Party	Timeline
<p>V 752</p> <p>27G .0304 (b) (4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p>	<p>The hot water temperature in Maplewood will be adjusted and monitored to ensure that a temperature is maintained between 100-116 degrees Fahrenheit.</p> <p>The Maintenance department and Facility Support Coordinator will monitor water temperatures throughout facility to ensure ideal temperature is maintained.</p>	<p>Facility Support Coordinator / Maintenance Manager</p>	<p>Implementation Date:</p> <p>5/27/21</p> <hr/> <p>Projected Completion Date:</p> <p>6/17/21</p>