

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 06/24/2021
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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>A complaint survey was completed on June 24, 2021. One complaint was substantiated (intake #NC00178408) and one complaint was unsubstantiated (intake #NC00178249). 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 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall</p>	V 110	<p>DHSR - Mental Health</p> <p>JUL 16 2021</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation

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

Kimberly R. Mannix Program Director

TITLE

(X6) DATE

7/18/21

Appendix 1-B: Plan of Correction Form

Plan of Correction

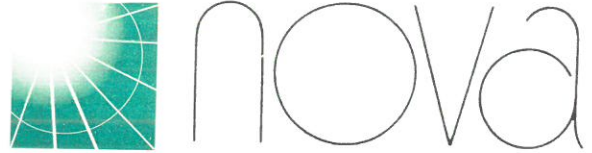
Please complete all requested information and email completed Plan of Correction form to:

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:	06/24/21		
Intake Number:	NC00178249 & NC00178408		
Address:	2000-G Shackleford Road, Kinston, NC 28504		Provider # MHL 054-159

Finding	Corrective Action Steps	Responsible Party	Timeline
V 110 27G .0204 Training /Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS	NOVA will provide an in-service to Paraprofessionals that reiterates that staff are prohibited from sharing their meals with consumers. This in-service shall be conducted by the Personnel Assistant. Training records will be housed in the personnel office.	Vanessa Galbreath, Personnel Assistant	Implementation Date: 7/12/21 Projected Completion Date: 8/23/21

<p>V315</p> <p>27G .1902 Psych. Tx. Facility Staff</p> <p>10A NCAC 27G .1902</p> <p>STAFF</p>	<p>NOVA will continue efforts to recruit/hire additional staffing to meet the needs of the facility. NOVA will always staff each unit of 6 consumers with no less than 2 staff members. The Director of Residential Services will monitor the daily staffing assignments for compliance.</p>	<p>Renee Brewer, Director of Residential Services</p>	<p>Implementation Date:</p> <p>7/12/21</p> <hr/> <p>Projected Completion Date:</p> <p>8/23/21</p>
<p>V364</p> <p>GS 122C-62 Additional Rights in 24 hour Facilities</p>	<p>NOVA will provide an in-service to Paraprofessionals that reiterates that staff are prohibited from ending phone calls of consumers when consumers speak of staff. NOVA will reiterate that consumers may speak freely to their stakeholders.</p> <p>This in-service shall be conducted by the Personnel Assistant. Training records will be housed in the personnel office.</p>	<p>Vanessa Galbreath, Personnel Assistant</p>	<p>Implementation Date:</p> <p>7/12/21</p> <hr/> <p>Projected Completion Date:</p> <p>8/23/21</p>



BEHAVIORAL HEALTHCARE CORPORATION

... lighting the way to new beginnings

July 8, 2021

via Certified Mail: 7020 0090 0001 5272 8469

Keith Hughes
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 6/24/21
Maplewood Facility, 2002-G Shackleford Road Kinston, NC 28504
MHL# 054-159
Intake #NC00178249 & NC00178408

DHSR - Mental Health

JUL 16 2021

Lic. & Cert. Section

Dear Mr. Hughes,

Attached you will find the plan of correction associated with your correspondence dated 6/30/21 along with the statement of deficiencies from the survey completed 06/24/21. 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