

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2021
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NAME OF PROVIDER OR SUPPLIER OAKWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD KINSTON, NC 28504
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on October 14, 2021. One complaint was substantiated (intake #NC00181402) and one complaint was unsubstantiated (intake #NC00181239). 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 510	<p>27D .0302 Client Rights - Client Self-Governance</p> <p>10A NCAC 27D .0302 CLIENT SELF-GOVERNANCE</p> <p>In a day/night or 24-hour facility, the governing body shall develop and implement policy which allows client input into facility governance and the development of client self-governance groups.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement a policy which allows client input into facility governance and the development of client self-governance groups. The findings are:</p> <p>Review on 10/07/21 of the facility policy and procedures revealed no policy which allows for the development of self-governance groups.</p> <p>Interview on 10/14/21 the Program Director stated: - The facility did not have a current policy on the development of self-governance groups. - She indicated she would follow up on the policy and procedure to satisfy the rule area.</p>	V 510	<p>NOVA will develop a policy and procedure for client self-governance groups.</p> <p>Responsible Person: Clinical Director</p>	12-13-21

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kimberly Manning Kimberly Manning, RN, Program Director

TITLE

(X6) DATE

11/01/2021

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V 520	Continued From page 1	V 520		
V 520	27E .0104 (e8) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (8) any room used for seclusion or isolation time-out shall meet the following criteria: (A) the room shall be designed and constructed to ensure the health, safety and well-being of the client; (B) the floor space shall not be less than 50 square feet, with a ceiling height of not less than eight feet; (C) the floor and wall coverings, as well as any contents of the room, shall have a one-hour fire rating and shall not produce toxic fumes if burned; (D) the walls shall be kept completely free of objects; (E) a lighting fixture, equipped with a minimum of a 75 watt bulb, shall be mounted in the ceiling and be screened to prevent tampering by the client; (F) one door of the room shall be equipped with a window mounted in a manner which allows inspection of the entire room; (G) glass in any windows shall be impact resistant and shatterproof; (H) the room temperature and ventilation shall be comparable and compatible with the rest of the facility; and (I) in a lockable room the lock shall be interlocked with the fire alarm system so that the door automatically unlocks when the fire alarm is activated if the room is to be used for seclusion.	V 520	The mirrors will be replaced in the seclusions rooms. Weekly inspections will include assessment of the mirrors to ensure that necessary repairs are immediately attended to. Responsible Person(s): Maintenance Manager and Facility Support Coordinator	10/07/2021

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V 520	Continued From page 2 This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure any room used for seclusion shall be equipped with a window mounted in a manner which allows inspection of the entire room. The findings are: Observation on 10/07/21 at approximately 1:10pm of the facility education center seclusion rooms revealed: - 2 of 3 seclusion rooms were operational and currently being utilized as needed. - The 2 seclusion rooms used for the facility had a window in the door. - The seclusion rooms did not have a curved mirror in the rear of the room to allow for inspection of the room beneath the window or either corner nearest the window. Interview on 10/07/21 the Maintenance Staff stated: - The seclusion rooms usually have a curved mirror. - The clients may knock the mirrors off the wall. Interview on 10/14/21 the Program Director stated the curved mirrors had been installed in the seclusion rooms to allow for inspection of the entire room.	V 520		
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.	V 736	In Facility D: >the ceiling fan will be cleaned. >the window frame will be repaired. >the chair with a torn cushion will be repaired. >the dining area will be cleaned to remove to remove debris on floor. >the torn wall paper in K9 will be repaired. >the cracked wall in D2 will be repaired. >the consumer in D3 with scattered clothes will be encouraged to tidy the room. >the pink stain in D4 will be removed.	11-13-21

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V 736	Continued From page 3 This Rule is not met as evidenced by: Based on observations and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 10/12/21 at approximately 1:00pm revealed: Facility D: - The living room area ceiling fan had a layer of dust on the blades. - The living room window frame had a 2 inch section at the bottom that was broken. - The living room single chair back cushion was torn and had foam exposed - The dining area had food debris on the floor under the picnic table. - The bathroom label K9 had torn wall paper under the soap dispenser. - Bedroom D2 had a cracked wall. - Bedroom D3 had clothes scattered throughout the floor. - Bedroom D4 had a pink colored stain dripping down the wall. - Baseboards dirty and dusty throughout facility. E Facility: - Bedroom 5 had clothes scattered throughout the floor. - Bathroom 2 faucet would no shut completely off. - Bedroom 1 had an approximately 3 foot by 3 foot white patched area on the wall. - Bathroom 1's ceiling vent and sprinkler head was heavily rusted. - Bedroom #2 had an approximately 4 foot crack	V 736	> the baseboards will be dusted. In E Facility: >the consumer in Bedroom 5 will be encouraged to tidy the room. >the faucet in bathroom 2 will be repaired. >the patched wall in bedroom 1 will be repaired. >the ceiling vent and sprinkler head in bathroom 1 will be repaired or replaced to address rust. >the crack in bedroom 2 will be repaired. Weekly Facility Inspections will be conducted to address similar findings for immediate correction/repair. Responsible Person(s): Maintenance Manager, Facility Support Coordinator, Housekeeping	

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V 736	<p>Continued From page 4</p> <p>in the wall and the wall was separated behind the head of the bed. - Paint was chipping above the hall entrance.</p> <p>Interview on 10/14/21 the Program Director stated she had no questions regarding facility items discussed at exit of the survey.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected with 30 days.]</p>	V 736		