

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2021
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NAME OF PROVIDER OR SUPPLIER PINEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 A & B SHACKLEFORD ROAD KINSTON, NC 28502
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on October 14, 2021. Five complaints were substantiated (intake #NC00181919, NC00181403, NC00181315, NC00181254 and NC00179756 and two complaints were unsubstantiated (intake #NC00181939 and NC00179748).</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</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 510	Continued From page 1 and procedure to satisfy the rule area.	V 510		
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	V 520	The mirrors will be replaced in the seclusion rooms. Weekly inspections will include assessment of mirrors to ensure that necessary repairs are immediately attended to. Responsible Person: Maintenance Manager & Facility Support Coordinator	10/07/2021

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V 520	<p>Continued From page 2</p> <p>door automatically unlocks when the fire alarm is activated if the room is to be used for seclusion.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p>	V 520		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly</p>	V 736	<p>Facility A > the front door will be painted. >the kitchen cabinets will be replaced or removed altogether. >the broken clothes basket will be discarded & replaced. >the cracked window frame in bedroom A6 will be repaired. >the cracked area in the hallway plaster will be repaired.</p> <p>continued to next page:</p>	11-13-21

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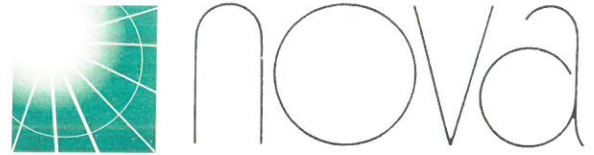
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V 736	<p>Continued From page 3</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations of the facility on 10/12/21 at approximately 1:00pm revealed:</p> <p>Facility A:</p> <ul style="list-style-type: none"> -The front door paint was peeled away from the door. -The kitchen cabinets had two doors missing. A broken clothes basket was on the floor in the kitchen area. -Bedroom A6's window frame was cracked in the left corner. -The hallway had a cracked area of plaster on the wall. <p>Facility B:</p> <ul style="list-style-type: none"> -The living room area had a ceiling fan with no globe and the blades were dusty. -Bedroom B2 had a cracked wall at the head of the bed and paint was peeled off. -Hall light out on B side of facility. -Bedroom B3 had scuff marks on the walls. -Bedroom B4 had heavy dust inside ceiling vent; an approximate 12 inch by 9 inch crack and an 20 inch crack in the wall on the right side. -Bedroom B5's ceiling vent had heavy dust. -Bathroom #2 had trash and socks on the floor, sink was partially detached from the wall and there was heavy dust on the ceiling vent. The 	V 736	<p>Facility B</p> <ul style="list-style-type: none"> > the living room ceiling fan blades will be cleaned and the light fixture globe will be replaced. >the cracked wall and paint will be repaired in bedroom 2. >the hallway light will be repaired on b side. >the scuff marks on walls in bedroom 3 will be removed. >in bedroom 4, the ceiling vent will be cleaned, the cracks in the walls will be repaired. >the ceiling vent will be cleaned in bedroom 5. >bathroom 2 will be cleaned, the ceiling vent will be dusted, the sink will be secured to the wall. The light switch will be repaired. <p>Weekly facility inspections will be conducted to assess similar findings for immediate correction / repair.</p> <p>Responsible Person(s): Maintenance Manager, Facility Support Coordinator & Housekeeping</p>	

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V 736	<p>Continued From page 4</p> <p>switch would not shut off the lights or fan. -Bedroom B6 had an approximate 36 inch crack in the wall.</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		



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

November 5, 2021

via Certified Mail: 7018 3090 0001 3522 9835

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

Re: Maplewood, Oakwood, Pinewood Surveys completed 10/14/21

Dear Survey Team:

Attached you will find the plans of correction associated with your correspondences dated 10/27/21 along with the statement of deficiencies from the surveys completed 10/14/21.

Should anything else be needed, please do not hesitate to contact me.

Sincerely,

Kimberly R. Manning, RN
Program Director
NOVA, INC.

Attachments: Plans of Correction: Maplewood, Oakwood, Pinewood

RECEIVED

NOV 15 2021

DHSR-MH Licensure Sect