

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-125</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/29/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINEWOOD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002 A &amp; B SHACKLEFORD ROAD KINSTON, NC 28502</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on March 29, 2022. The complaints were substantiated (intake #NC00183836, #NC00183696, #NC00186939, and #NC00185474). 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> <p>This facility is licensed for 12 and currently has a census of 11. The survey sample consisted of audits of 4 current clients.</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</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 105	Continued From page 1  problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (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	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to develop and implement written policies for adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for 1.) the training in non-physical interventions and the use of physical restraints semi-annually as required by CFR §483.376(f) for 1 of 3 audited staff (Residential Services Supervisor #4).</p> <p>Review on 03/15/17 of CFR §483.376 (f) revealed: "Staff must demonstrate their competencies as specified in paragraph (a) of this section on a semiannual basis...(a) the facility must require staff to have ongoing education, training and a demonstrated knowledge of: 1)Techniques to identify staff and resident behaviors, events and environmental factors that may trigger emergency safety situation; 2) The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations and (3) the safe use of restraint and the safe use of seclusion, including the ability to respond to signs of physical distress in residents who are restrained or in seclusion."</p> <p>Review on 3/4/22 of Residential Services Supervisor #4 (RSS #4) personnel record revealed: - Hire date of 11/16/20. - Previous two trainings for "Nonviolent Crisis</p>	V 105		

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V 105	Continued From page 3  Intervention" (non-physical interventions and the use of physical restraints) were completed on 11/16/21 and 11/17/20.  During interview on 3/4/22 the Personnel Manager stated if there was no documentation of current training in the records, the training probably had not been completed at the 6 month mark.	V 105		
V 539	27F .0102 Client Rights - Living Environment  10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.  This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide accessible areas for personal privacy, affecting 2 of 6 client bedrooms in building A (A5, A6). The findings are:	V 539		

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V 539	<p>Continued From page 4</p> <p>Observations on 3/9/22 between 2:05pm and 3 pm during facility tour revealed:</p> <ul style="list-style-type: none"> <li>-There were 2 buildings labeled building "A" and "B" with 6 client rooms in each.</li> <li>-Each client room had a window to the outside that was covered with an opaque film on the exterior side of the window.</li> <li>-Large portions of the film were torn away in the following rooms making it possible to see into the rooms A6 and A5 from the outside.</li> <li>-There were no other window coverings to provide for client privacy in bedrooms A5 and A6.</li> </ul> <p>Interview on 3/3/22 the Maintenance Manager stated:</p> <ul style="list-style-type: none"> <li>-The window film was used to provide privacy.</li> <li>-He would follow up for repairs or to look for more sustainable options.</li> </ul>	V 539		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</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>Observation of the facility on 3/9/22 between approximately 2:05pm and 3pm revealed:</p>	V 736		

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V 736	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-There were 2 buildings, A and B.</li> <li>-Building B bathroom #1: Cover missing over the fire strobe alarm device.</li> <li>-Bedroom B4: Section of baseboard missing in the bottom left corner upon entry.</li> <li>-Bedroom A6: walls smudged and discolored.</li> <li>-Bedroom A4: Two holes in the top of bedroom door.</li> <li>-Inside of exterior doors had multiple marks and smudges to painted surfaces.</li> <li>-Building A medication room: bugs visible in one of the ceiling light; no cover over the other ceiling light; door window frame bent with sharp metal edge protruding.</li> </ul> <p>Interview on 3/3/22 the Program Director stated: -The previous maintenance concerns from the bedrooms from the survey completed in October of 2021 had been completed, but the clients had created new damage to the rooms since then.</p> <p>This deficiency has been cited 3 times since the original cite on 4/19/21.</p>	V 736		