

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 03/29/2022
NAME OF PROVIDER OR SUPPLIER OAKWOOD FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD KINSTON, NC 28504		
(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 March 29, 2022. Six complaints were unsubstantiated (intakes #NC00187356, #NC00187357, #NC00187323, #NC00187015, #NC00186904, #NC00184938) and two complaints were substantiated (intakes #NC00187041, #NC00186339). 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 5 current clients and 1 former client.</p>	V 000	<p>DHSR - Mental Health</p> <p>APR 27 2022</p> <p>Lic. & Cert. Section</p>	
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>	V 105		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Kimberly Manner R, Program Director

4/20/22

Appendix 1-B: Plan of Correction Form

Plan of Correction

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

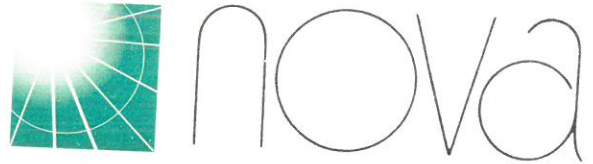
Plans.Of.Correction@dohs.nc.gov

Provider Name:	Oakwood 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:	03/29/2022		
Intake Number:	# NC00187356, NC00187357, NC00187323, NC00187015, NC00187041, NC00186904, NC00184938, NC00186339		
Address:	2000-D/E Shackelford Road, Kinston, NC 28504 Provider # MHL 054-126		

Finding	Corrective Action Steps	Responsible Party	Timeline
V 105 27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201	1) A policy will be developed and implemented that outlines procedures for transferring consumers from one sister facility to another. The Clinical staff will receive training on the new policy. 2)The facility will continue to implement existing policies and practices related to serious occurrences / reporting requirements. Nurses, Consumer Affairs Coordinators, Therapists and Administrators on Call will receive a refresher training that covers Reporting Requirements and related policies. The Quality Assurance Coordinator will monitor compliance through routine audits of incident reports. Noncompliance from trained staff will be	Program Director	Implementation Date: 4/20/22 Projected Completion Date: 4/28/22

	addressed individually and documented in the Employee Personnel File.		
V 112 27G .0205 (C-D) Assessment/Treatment/ Habilitation or Service Plan 10A NCAC 27G .0205	The Clinical Team Leader will provide a training for Consumer Affairs Coordinators and Therapists to review this deficiency and FC #13's record for the purpose of demonstrating the need to ensure that all treatment goals and strategies address pertinent clinical concerns of the consumers going forward. The Clinical Team Leader will routinely monitor the treatment plans and will provide feedback to ensure rule compliance.	Assistant Clinical Director	Implementation Date: 4/20/22
			Projected Completion Date: 5/28/22
V 314 27G .1901 PRTF-Scope 10A NCAC 27G .1901	A policy will be developed and implemented that outlines procedures for Involuntary Commitment and coordination of subsequent care as warranted. The Clinical staff will receive training on the new policy.	Program Director	Implementation Date: 4/20/22
			Projected Completion Date: 5/28/22
V 537 27E .0108 Client Rights – Training In Seclusion, Physical Restraint, And ITO 10A NCAC 27E .0108	1) Nova will continue to require staff to attend NCI+ trainings as outlined in the rule area. In upcoming trainings Nova's NCI+ Instructors will be charged with the responsibility to emphasize appropriate responses and techniques for staff to utilize when being spit upon by a consumer. Staff performance and competency related to the rule area will be closely monitored and documented by supervisory staff daily to ensure safe, effective behavior management.	NCI Instructors /Program Director/Supervisory Staff	Implementation Date: 4/20/22
			Projected Completion Date: 5/28/22

<p>V539</p> <p>27F .0102 Client Rights-Living Environment</p> <p>10A NCAC 27F .0102</p>	<p>The Maintenance Manager and Assistant will replace window tint to provide client privacy. The Facility Support Coordinator will monitor window patency during routine facility inspections to ensure that tint is replaced as needed.</p>	<p>Maintenance Manager & Facility Support Coordinator</p>	<p>Implementation Date: 4/20/22</p> <p>Projected Completion Date: 5/28/22</p>
<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 has contracted with a construction company to replace facility doors. The materials have been ordered but have not arrived for installation. The same contractor is working on an estimate to remodel the kitchen areas of the facility to include removal of existing cabinets and counters. Flooring needs will be repaired with the remodel. The dining table will be refinished by NOVA's maintenance crew. Some of these projects will not be completed by the set deadline for recited deficiencies due to circumstances beyond NOVA's control i.e. vendor availability and material procurement barriers. Facility inspections will continue to occur on a weekly basis by the maintenance staff and the Facility Support Coordinator. Repair needs will be expeditiously responded to based on a hierarchy of need to ensure the a safe, clean, attractive and well kept facility / grounds.</p>	<p>Program Director/ Maintenance Manager / Facility Services Coordinator</p>	<p>Implementation Date: 4/20/22</p> <p>Projected Completion Date: As soon as possible</p>



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

April 20, 2021

via Certified Mail: 7015 1660 0000 1428 6784

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

DHSR - Mental Health

APR 27 2022

Lic. & Cert. Section

Re: Compliant Survey, completed 3/29/22
Oakwood Facility, 2002 Shackelford Road Kinston, NC 28504
MHL# 054-126
Intake # NC00187356, NC00187357, NC00187323, NC00187015, NC00187041, NC00186904,
NC00184938, NC00186339

Dear Mrs. Godwin & Mr. Meredith,

Attached you will find the plan of correction associated with your correspondence dated
4/12/22 along with the statement of deficiencies from the survey completed 3/29/22.

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: Oakwood