

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 03/29/2022
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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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(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
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V 000	<p>INITIAL COMMENTS</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	<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> <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		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

94P711

If continuation sheet 1 of 6

Kimberly Manning, R

Program Director

4/21/22

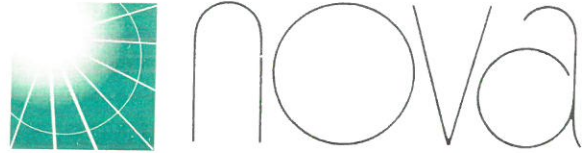
Appendix 1-B: Plan of Correction Form

Plan of Correction
<p>Please complete <u>all</u> requested information and email completed Plan of Correction form to:</p> <p align="center">Plans.Of.Correction@dhhs.nc.gov</p>

Provider Name:	Pinewood 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:	3/29/22		
Intake Number:	#NC00183836, #NC00183696, #NC00185474		
Address:	2000-A/B Shackleford Road, Kinston, NC 28504		
		Provider # MHL 054-125	

Finding	Corrective Action Steps	Responsible Party	Timeline		
V 105 27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201	The Personnel Manager will complete a review of all personnel records to ensure that staff have completed training in non-physical interventions and the use of physical restraints within the last 6 months. Any staff who's previous training occurred prior to 10/22/21 will receive training.	Personnel Manager	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Implementation Date: 4/21/22</td> </tr> <tr> <td style="padding: 5px;">Projected Completion Date: 5/28/22</td> </tr> </table>	Implementation Date: 4/21/22	Projected Completion Date: 5/28/22
Implementation Date: 4/21/22					
Projected Completion Date: 5/28/22					

<p>V 539 27F .0102 Client Rights – Living Environment 10A NCACC 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</p>	<p>Implementation Date: 4/21/22</p>
<p>V 736 27G .0303 (C) Facility Grounds and Maintenance 10A NCAC 27G .0303</p>	<p>In Pinewood A, the walls will be cleaned or repainted in bedroom A6. In addition, the holes in the bedroom door of A4 will be patched and repaired. Within the medication room, the ceiling lights will be cleaned, and missing covers will be replaced. Lastly, any damage to door frames will be repaired.</p> <p>In Pinewood B, the maintenance manager will replace the cover missing over the fire strobe alarm device. In addition, the section of baseboard in bedroom B4 will be replaced.</p> <p>In both buildings, the insides of the exterior door will be cleaned or repainted.</p> <p>Facility inspections will continue to occur on a weekly basis by the maintenance staff and the Facility Support Coordinator.</p>	<p>Maintenance Manager / Facility Support Coordinator</p>	<p>Implementation Date: 4/21/22</p>
			<p>Projected Completion Date: 5/28/22</p>
			<p>Projected Completion Date: 4/28/22</p>



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

April 21, 2022

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

Re: Annual, Compliant, Follow Up Survey, completed March 29, 2022
Pinewood Facility, 2002- A & B Shackleford Road Kinston, NC 28504
MHL# 054-125
Intake #NC00183836, #NC00183696, #NC00185474

Lic. & Cert. Section

Dear Ms. Godwin & Mr. Meredith,

Attached you will find the plan of correction associated with your correspondence dated April 13, 2022 along with the statement of deficiencies from the survey completed 03/29/22. 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: Pinewood