

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/29/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAPLEWOOD FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002-G SHACKLEFORD ROAD KINSTON, NC 28502</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on March 29, 2022. Seven complaints were substantiated (intake #NC00184217, #NC00184223, #NC00185470, #NC00185853, #NC00185847, #NC00187037, and #NC00187712) and one complaint was unsubstantiated (intake #NC00183943). 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 18 and currently has a census of 13. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p><b>DHSR - Mental Health</b></p> <p><b>APR 27 2022</b></p> <p><b>Lic. &amp; Cert. Section</b></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 Mann Jr* Program Director

4/21/22

**Appendix 1-B: Plan of Correction Form**

**Plan of Correction**

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

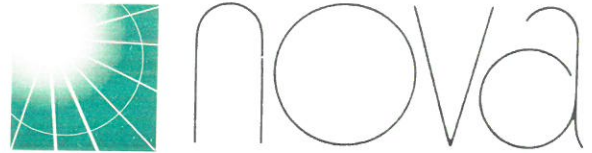
Plans.Of.Correction@dohs.nc.gov

<b>Provider Name:</b>	Maplewood Facility		<b>Phone:</b>	252-233-0491 ext. 1201
<b>Provider Contact</b>	Kimberly Manning, RN		<b>Fax:</b>	252-233-0495
<b>Person for follow-up:</b>	Director of PRTF Services		<b>Email:</b>	kmanning@novaprtf.com
<b>Survey completed:</b>	3/29/22			
<b>Intake Number:</b>	#NCC00184217, #NCC00184223, #NCC00185470, #NCC00185853, #NCC00185847, #NCC00183943, NCC00187037 & NC00187712			
<b>Address:</b>	2000-G Shackleford Road, Kinston, NC 28504		<b>Provider #</b>	MHL 054-159

<b>Finding</b>	<b>Corrective Action Steps</b>	<b>Responsible Party</b>	<b>Timeline</b>
<b>V 105</b> 27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES	1) 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 addressed individually and documented in the Employee Personnel File.	Kimberly Manning, RN Program Director / Personnel Manager	<b>Implementation Date:</b> 4/21/22  <b>Projected Completion Date:</b> 4/28/22

	<p>2) Nova will continue to require staff to attend NCI+ trainings as outlined in the rule area. 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. 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.</p>		
Finding	Corrective Action Steps	Responsible Party	Timeline
<p>V 118 27G .0209 Medication Requirements 10A NCAC 27G .0209</p>	<p>The noted error occurred during implementation of a new Electronic Health Record related to Pharmacy Initiated Orders. As a result, the facility will explore another order entry process with the EHR vendor to prevent similar errors. Nursing staff will continue to administer medications in accordance with the rule area and Nursing Practice Standards.</p>	<p>Program Director / Nursing Director</p>	<p><b>Implementation Date:</b> 4/11/22</p> <p><b>Projected Completion Date:</b> 5/28/22</p>
Finding	Corrective Action Steps	Responsible Party	Timeline
<p>V 736 27G .0303 (C) Facility Grounds and Maintenance 10A NCAC 27G .0303</p>	<p>NOVA has contracted with a construction company to replace facility doors. The materials have been ordered but have not arrived for installation. In the meantime, NOVA's Maintenance staff will assess the noted damages / safety concerns and will make necessary repairs / reinforcements until such time that the construction company begins the new door installations.</p> <p>Some of these projects will not be completed by the set deadline for recited deficiencies due to circumstances beyond NOVA's control i.e.</p>	<p>Facility Support Coordinator / Maintenance Manager</p>	<p><b>Implementation Date:</b> 4/21/22</p> <p><b>Projected Completion Date:</b></p>

LOCATION AND EXTERIOR REQUIREMENTS	<p>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 on a hierarchy of need to ensure a safe, clean, attractive, and well-kept facility / grounds. The Facility Support Coordinator will maintain completed maintenance repair requests as well as inspection findings.</p>		as soon as possible
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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

Lic. & Cert. Section

Re: Annual, Compliant & Follow up Survey, completed 03/29/22  
Maplewood Facility, 2002-G Shackleford Road Kinston, NC 28504  
MHL# 054-159  
Intake #NC00184217, #NC00184223, #NC00185470, #NC00185853,  
#NC00185847, #NC00183943, NC00187037 & NC00187712

Dear Ms. Godwin and Mr. Meredith,

Attached you will find the plan of correction associated with your correspondence dated 4/13/22 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: Maplewood