

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>06/07/2022</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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(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><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on June 7, 2022. The complaint was substantiated (intake # NC00189251). A deficiency was 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 has a census of 11. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></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 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 on 6/07/22 at approximately 2:00 pm revealed:</p> <ul style="list-style-type: none"> <li>- Numerous unpainted repairs of varying sizes to the walls throughout the facility.</li> <li>- The metal baseboard plate under one of the front living room windows was missing.</li> <li>- Scuffs and scratches to doors inside the facility.</li> </ul>	V 736	<p><b>RECEIVED</b></p> <p><b>JUN 24 2022</b></p> <p><b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kimberly Manning, R.N., Program Director TITLE: Program Director (X6) DATE: 6/16/22

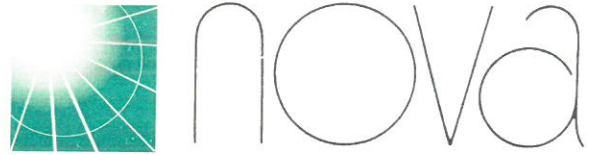
STATE FORM 6899 8PF711 If continuation sheet 1 of 2

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

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

<b>Provider Name:</b>	Pinewood 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>	06/07/22		
<b>Intake Number:</b>	#NC00189251		
<b>Address:</b>	2000-A/B Shackelford Road, Kinston, NC 28504		<b>Provider #</b> MHL 054-125

Finding	Corrective Action Steps	Responsible Party	Timeline
<b>V 736</b> 27G .0303 (C)  Facility Grounds and Maintenance	In Pinewood, the maintenance manager will ensure: <ul style="list-style-type: none"> <li>• unpainted repairs to walls will be painted.</li> <li>• Replacement of metal baseboard plate under front living room window.</li> <li>• Removal of scuffs and repair scratches from doors inside facility</li> <li>• Repair of plastic security camera housing with exposed wires</li> <li>• Repair large crack in living room wall</li> <li>• Replacement of thermostat cover</li> <li>• Removal of organic matter inside light fixture</li> <li>• In both buildings, the insides of the exterior door will be cleaned or repainted.</li> </ul> Facility inspections will continue to occur on a weekly basis by the maintenance staff and the Facility Support Coordinator.	Maintenance Manager / Facility Support Coordinator	<b>Implementation Date:</b> 6/16/22  <b>Projected Completion Date:</b> 7/7/22



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

June 16, 2022

**via Certified Mail: 7015 1660 0000 1428 7286**

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

Re: Compliant & Follow Up Survey completed June 7, 2022  
Pinewood Facility, 2002- A & B Shackleford Road Kinston, NC 28504  
MHL# 054-125  
Intake #NC00189251

Dear Ms. Anderson,

Attached you will find the plan of correction associated with your correspondence dated June 7, 2022 along with the statement of deficiencies from the survey completed 06/0722. 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