

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2022
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NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G 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
V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on July 21, 2022. The complaint was substantiated (intake #NC00190782). 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 18 and currently has a census of 17. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000	<p>DHSR - Mental Health</p> <p>AUG 8 2022</p> <p>Lic. & Cert. Section</p>	
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 on 07/21/22 at approximately 1:05pm revealed:</p> <ul style="list-style-type: none"> - The foyer had multiple white patched areas on the walls. - A seclusion room door on Unit 1 had a broken frame and latch. A sign on the door read, "Do not use this seclusion room for consumers." - A light switch plate in Unit 1 foyer was cracked 	V 736		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Kimberly Manning, R, Program Director
STATE FORM 6449 RHM711 TITLE (X6) DATE
8/2/2022
If continuation sheet 1 of 3

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@dhhs.nc.gov

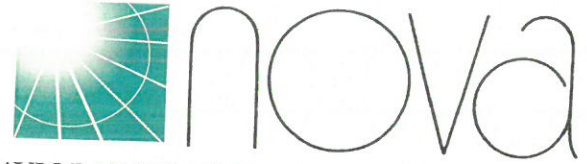
Provider Name:	Maplewood Facility	Phone:	252-233-0491 ext. 1201
Provider Contact	Kimberly Manning, RN	Fax:	252-233-0495
Person for follow-up:	Director of PRTF Services	Email:	kmanning@novaprtf.com
Survey completed:	7/21/22		
Intake Number:	#NC00190782		
Address:	2000-G Shackleford Road, Kinston, NC 28504		Provider # MHL 054-159

Finding	Corrective Action Steps	Responsible Party	Timeline
V 736 27G .0303 (C) Facility Grounds and Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS	NOVA's maintenance department will make and / or oversee repairs to the facility as follows: - The white patched areas on the foyer walls will be painted. - The seclusion room door on Unit 1 will be repaired or replaced upon receipt of previously ordered doors. -The cracked light switch plate in Unit 1 foyer will be replaced. Unit 1 Pod B: The soiled walls in and around the TV area will be cleaned or painted over. The baseball sized hole in the wall will be repaired and painted over. The damaged linen room door by the doorknob will be repaired.	Facility Support Coordinator / Maintenance Manager	Implementation Date: 8/2/22 Projected Completion Date: 8/20/22 & as soon as possible for replacement

	<ul style="list-style-type: none"> - Client #2's bedroom walls will be cleaned and rid of scuff marks. - Client #6's bedroom that had an approximately 12 inch by 12 inch piece of unpainted plywood attached to the wall will be repaired. - Client #4's bedroom wall will be cleaned to remove the white substance. - Unit 1 Pod A will have soiled walls around the common areas cleaned. <p>The linen door with damage by the unit doorknob will be repaired.</p> <ul style="list-style-type: none"> - Client #3's bedroom walls will be cleaned and rid of scuff marks on the walls and baseboards. -In the Bathroom, the paper towel stuck to the ceiling will be removed. - Client #1's bedroom will be cleaned to remove tape and scuff marks from the walls. - Client #5's bedroom door frame will be repaired, and the bedroom walls will be cleaned and rid of scuff marks. The white patched area will be painted. - The broken unit 2 seclusion door will be repaired/replaced when ordered doors are received. -The second seclusion room walls with smudges and dark marks will be cleaned. -The foyer's 5 white patched areas on the walls will be painted. - Unit 2 Pod B walls with smudge marks and soiled surfaces in the common area will be cleaned. - Client #9's bedroom walls will be cleaned to remove tape and scuff marks. - Client #8's bedroom wall will be cleaned to remove dark scuff marks. - Client #11's bedroom will have blue ink removed from wall or will be painted over. - Client #12's bedroom walls will be cleaned to remove marks. - Client #10's bedroom wall will be cleaned to remove dark scuff marks and smudges. 		<p>items on backorder</p>
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- The bathroom with paint popped off the wall next to the sink will be repaired.
- A Unit 3 seclusion room door that was broken off the frame will be repaired upon receipt of ordered replacement door.
- Unit 3 Pod A common area with soiled walls and an approximately 12" by 12" white patched area on the wall will be repaired.
- Client #13's bedroom that had an approximately 3 foot by 3-foot white patched area on the wall will be repaired.
- Client #14's bedroom that had writing on the walls and scuff marks will be cleaned/repared.
- The bathroom with a white patched area under the soap dispenser will be painted over.
- Unit 3 Pod B will be cleaned to remove the soiled and scuffed walls in the common area.
- The damaged linen door by the doorknob will be repaired.
- Client #16's bedroom door with marks will be cleaned.
- The broken wall plate in the bathroom will be replaced.

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.



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

August 2, 2022

via Certified Mail: 7015 1660 0000 1428 7323

Keith Hughes
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 07/21/22
Maplewood Facility, 2002-G Shackleford Road Kinston, NC 28504
MHL# 054-159
Intake #NC00190782

DHSR - Mental Health

AUG 8 2022

Lic. & Cert. Section

Dear Mr. Hughes

Attached you will find the plan of correction associated with your correspondence dated 7/28/22 along with the statement of deficiencies from the survey completed 7/21/22.

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