

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>C</b> <b>09/01/2022</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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on September 1, 2022. Two complaints were substantiated (intake #'s NC00192412 and NC00192413). 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 currently has a census of 9. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 315	<p>27G .1902 Psych. Res. Tx. Facility - Staff</p> <p>10A NCAC 27G .1902 STAFF</p> <p>(a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness.</p> <p>(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.</p> <p>(c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units.</p> <p>(d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.</p> <p>(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.</p>	V 315		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 315	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure at least 2 direct care staff were present with every 6 children or adolescents at all times. The findings are:</p> <p>Review on 8/31/22 of client #4's record revealed: - 15 year old male. - Admission date of 8/19/20. - Diagnoses of Intermittent Explosive Disorder, Oppositional Defiant Disorder, Anxiety, Attention Deficient Hyperactivity Disorder and Intellectual Borderline Functioning.</p> <p>Review on 8/31/22 of Former Staff (FS) #2's personnel record revealed: - Date of hire: 7/11/22. - Job title: Paraprofessional.</p> <p>Review on 8/31/22 of Staff # 1's personnel record revealed: - Date of hire: 6/6/22 - Job title: Paraprofessional</p> <p>Review on 8/31/22 of a facility internal investigation dated 8/23/22 revealed "Actions Taken:...Residential Supervisor/Residential Director will determine &amp; address matters related to the whereabouts of the second staff assigned to the home at the time of incident..."</p> <p>Interview on 8/31/22 client #4 stated: - He was 15 years old and had lived at the facility since 2020. - He recalled an allegation he made against FS #2. - There was one staff, FS #2, during the incident on 8/18/22. - Staff #1 had been gone about 10 minutes.</p>	V 315		

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V 315	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Two staff always worked in the facility.</li> </ul> <p>Interview on 9/1/22 Staff #1 stated:</p> <ul style="list-style-type: none"> <li>- She had left the facility to walk a female client from another facility.</li> <li>- She had not called for a replacement staff before she left FS #2 in the facility with 5 clients.</li> <li>- When she returned to the facility, client #4 was in behaviors.</li> <li>- She was away from the facility for about 10 minutes.</li> <li>- There were usually at least 2 staff working during shifts at the facility.</li> </ul> <p>Interview on 9/1/22 FS #2 stated:</p> <ul style="list-style-type: none"> <li>- Staff #1 left the facility to go another facility.</li> <li>- She was gone at least 15 minutes.</li> <li>- Client #4 behaviors started shortly after 8:00pm and ended shortly before 9:00pm</li> </ul> <p>Interview on 8/31/22 the Therapist stated:</p> <ul style="list-style-type: none"> <li>- She was not able to determine where staff #1 went.</li> <li>- Staff #1 left the facility approximately 8:15pm and returned approximately 9pm.</li> </ul> <p>Interview on 8/31/22 the Residential Services Supervisor (RSS) stated:</p> <ul style="list-style-type: none"> <li>- Staff #1 was working 8/23/22 the facility with FS #2.</li> <li>- Staff #1 was not there during the incident and did not get permission to leave the facility.</li> <li>- Staff #1 was in another unit, walking another client.</li> <li>- He had not known how long she was gone, but she returned to the facility about 5 minutes after he got there.</li> <li>- Staff #1 should have called him so he could have stayed at the facility or sent another staff to be there with FS #2.</li> </ul>	V 315		

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V 315	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- There are normally always 2 staff working.</li> </ul> <p>Interview on 06/22/21 the Director of PRTF Services stated:</p> <ul style="list-style-type: none"> <li>- She had not known the whereabouts of staff #1 during the incident with client #4 and FS #2.</li> <li>- She did not know how long staff #1 she was away from the facility.</li> <li>- The Residential Director was supposed to speak with the RSS to determine where staff was during the incident.</li> </ul>	V 315		