

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
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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><b>27G .1902 Psych. Res. Tx. Facility - Staff</b></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	<p><b>RECEIVED</b> <b>OCT 07 2022</b> <b>DHSR-MH Licensure Sect</b></p>	

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

TITLE

(X6) DATE

*Kimberly Manning, RN, Program Director*

*akelza*

**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>	09/01/22		
<b>Intake Number:</b>	#NC1924212, #NC192413		
<b>Address:</b>	2000-A/B Shackleford Road, Kinston, NC 28504	<b>Provider #</b>	MHL 054-125

Finding	Corrective Action Steps	Responsible Party	Timeline
<b>V315</b> 27G .1902 Psych. Tx. Facility Staff 10A NCAC 27G .1902 STAFF	NOVA will continue efforts to recruit/hire additional staffing to meet the needs of the facility. NOVA will always staff each unit of 6 consumers with no less than 2 staff members. The Director of Residential Services will monitor the daily staffing assignments for compliance. The Program Director will seek clarification from DHSR's Survey Team Leader as to what the expectation is outside of the rule area when less than six consumers are present.  **Regarding the matter surveyed and summarized in the DHSR complaint summary, please note that the group home had four consumers present. Although one of the two assigned staff left the home for a time, one staff remained with four consumers. The rule specifies a requirement of two staff for six consumers.	Director of Residential Services & Program Director	<b>Implementation Date:</b> 9/26/22  <b>Projected Completion Date:</b> 10/31/22



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

September 26, 2022

**via Certified Mail: 7015 1660 0000 1428 6760**

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

Re: Compliant Survey, completed 09/01/22  
Pinewood Facility, 2002- A & B Shackleford Road Kinston, NC 28504  
MHL# 054-125  
Intake #NC1924212, #NC192413

Dear Ms. Grant,

Attached you will find the plan of correction associated with your correspondence dated September 16, 2022, along with the statement of deficiencies from the survey completed 09/01/22.

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

RECEIVED  
OCT 07 2022

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