

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL 054-126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/03/2022
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NAME OF PROVIDER OR SUPPLIER OAKWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD KINSTON, NC 28504
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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>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed October 3, 2022. The complaint was substantiated (intake # NC00193294). 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 12 and currently has a census of 11. The survey sample consisted of audits of 4 current clients.</p>	V 000		
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> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p>	V 105		

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PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE: Kimberly Mann TITLE: Program Director DATE: 10/31/22

Appendix 1-B: Plan of Correction Form

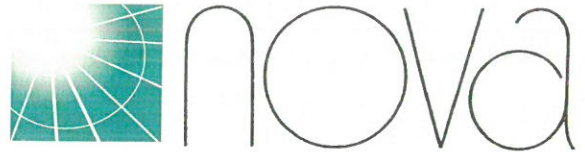
Plan of Correction	
Please complete <u>all</u> requested information and email completed Plan of Correction form to:	
Plans.Of.Correction@dhhs.nc.gov	

Provider Name:	Oakwood 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:	10/03/2022		
Intake Number:	# NC00193294		
Address:	2000-D/E Shackleford Road, Kinston, NC 28504	Provider #	MHL 054-126

Finding	Corrective Action Steps	Responsible Party	Timeline
V 105 27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES	1) NOVA's Treatment Administration Policy #47 that outlines procedures for transferring consumers from one sister facility to another, will be revised to include a procedure requiring the completion of a Comprehensive Admission Assessment. The Clinical staff will receive training on the policy revision.	Program Director	Implementation Date: 10/31/22
			Projected Completion Date: 11/02/22

<p>V 110 27G .0204 Training/Supervision/ Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>with cross reference to:</p> <p>V115 27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p>	<ol style="list-style-type: none"> 1. NOVA in-serviced Paraprofessionals and reinforced their roles and responsibilities specifically: supervising and monitoring consumers, accounting for their whereabouts and ensuring their safety at all times. Emphasis was placed on the staff's responsibility to ensure the security of facility keys. Supervisors were reminded to account for all unit keys at shift change and to notify the AOC when keys are identified as missing so that additional safety measures are considered and implemented. 2. Residential Supervisors were instructed to increase staffing in Oakwood to help reduce elopement risk and to increase monitoring within the facility. 3. Supervisors will consider the use of disciplinary Personnel action and coaching sessions with staff that exhibit performance failures / skill deficits. 4. Staff #1 received disciplinary personnel action and was required to attend additional training. 		<p>Implementation Date: 9/30/22</p> <hr/> <p>Projected Completion Date: 10/26/22</p>
<p>V 736 27G .0303 (C) Facility Grounds and Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p>	<p>NOVA has contracted with a construction company to replace facility doors. The materials have been ordered but have not arrived for installation. Some related repairs will not be completed by the set deadline for recited deficiencies due to circumstances beyond NOVA's control i.e., 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, based on a hierarchy of need to</p>	<p>Program Director/ Maintenance Manager / Facility Services Coordinator</p>	<p>Implementation Date: 10/3/22</p> <hr/> <p>Projected Completion Date: As soon as possible</p>

	<p>ensure the a safe, clean, attractive and well-kept facility / grounds.</p> <p>Maintenance Repair Requisitions will be completed for:</p> <ul style="list-style-type: none">• The inside of the front door of building D: paint over dark staining. –• The front door to building E did not close completely but could be locked: Replace door upon arrival of new door.• Replace exit sign over the hall entrance in building E.• The door to bedroom E5 with split extending down the length of the door spine: Replace door upon arrival of new door.• Repair the unfinished repairs of varying sizes to the drywall throughout the facility.		
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BEHAVIORAL HEALTHCARE CORPORATION
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October 31, 2022

via Certified Mail: 7014 1820 0001 9139 5607

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 10/03/22
Oakwood Facility, 2002 Shackelford Road Kinston, NC 28504
MHL# 054-126
Intake # NC00193294

Dear Ms. Anderson,

Attached you will find the plan of correction associated with your correspondence dated 10/31/22 along with the statement of deficiencies from the survey completed 10/03/22.

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: Oakwood