

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 C 04/18/2023
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NAME OF PROVIDER OR SUPPLIER
MAPLEWOOD FACILITY

STREET ADDRESS, CITY, STATE, ZIP CODE
**2002-G SHACKLEFORD ROAD
KINSTON, NC 28502**

(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 April 18, 2023. The complaint was substantiated (intake # NC00199808). No 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 18 and currently has a census of 17. The survey sample consisted of audits of 1 current client.</p> <p>This survey originally closed on April 5, 2023 but was reopened on April 17, 2023 due to new information.</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>	V 105		

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

Kimberly Manly

Program Director

TITLE

5/18/23

(X6) DATE

STATE FORM

6899

FGLM11

Appendix 1-B: Plan of Correction Form

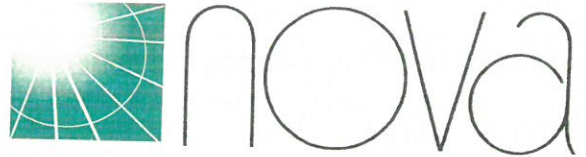
Plan of Correction

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:	4/18/23		
Intake Number:	#NC00199808		
Address:	2000-G Shackleford Road, Kinston, NC 28504		Provider # MHL 054-159

Finding	Corrective Action Steps	Responsible Party	Timeline
V 105 27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES	NOVA's Leadership Committee will meet and review existing policies against Federal and State regulations related to reporting requirements for Serious Occurrences. The Leadership committee will also review and consider information within LME-MCO Communication Bulletin #J287. Additionally, the leadership committee will seek legal guidance from NOVA's attorney to make policy revisions as necessary.	Kimberly Manning, RN Program Director / Personnel Manager	Implementation Date: 5/18/23 Projected Completion Date: 6/17/23



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

May 18, 2023

via Certified Mail: 7015 1660 0000 1428 2021

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 04/18/23
Maplewood Facility, 2002-G Shackleford Road Kinston, NC 28504
MHL# 054-159
Intake #NC00199808

Dear Ms. Grant,

Attached you will find the plan of correction associated with your correspondence dated 5/9/23 along with the statement of deficiencies from the survey completed 4/18/23. 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