

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-125	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2023
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NAME OF PROVIDER OR SUPPLIER PINEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 A & B SHACKLEFORD ROAD KINSTON, NC 28502
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on June 29, 2023. The complaint was unsubstantiated (intake #NC00203843). 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 10. The survey sample consisted of audits of 1 current client.</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> <p>(B) an assessment of whether or not the facility</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to implement their written policy for involuntary commitment. The findings are:</p> <p>Review on 6/28/23 and 6/29/23 Client #4's record revealed: -16 year old male admitted 8/16/22: -Diagnoses included Post Traumatic Stress Syndrome, Attention Deficit Hyperactivity Disorder-Combined Type, Disruptive Mood Dysregulation Disorder, Adjustment Disorder with depressed mood. -No documentation of involuntary commitment on 6/19/23.</p> <p>Review on 6/29/23 of the facility's individual commitment protocol policy revealed: -"Procedure: 1. When a consumer meets...criteria for pursuing a Petition for Involuntary Commitment...the Consumer Involuntary Commitment Action Log (CICAL)...must be implemented...Until fully completed, the CICAL must be retained in the Nurse's Station of the Consumer's placement...Once the CICAL is fully executed the original must be maintained in the Medical Record and a copy filed in the Program Record."</p> <p>Interview on 6/29/23 the Administrator on Call (AOC)/Consumer Affairs Coordinator stated: -On the evening of 6/18/23 She the residential services supervisor (RSS) and the therapist all agreed that client #4's behaviors of physical</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>aggression towards staff and property destruction warranted implementation of the facility's individual commitment protocol.</p> <p>-The therapist told the RSS to go to the nurses station and gives the RSS instruction on completing paperwork to get involuntary commitment papers.</p> <p>-She did not notify the nurse of the decision to implement the individual commitment protocol for client #4.</p> <p>-The RSS stated she knew which forms were required for the involuntary commitment.</p> <p>Interview on 6/29/23 the Therapist stated stated: -The decision had been made to seek involuntary commitment for client #4 due to risk of safety for the staff and other clients at the facility. -The consumer affairs coordinator was at least 30 miles away from the facility. -The RSS stated she knew the process and since it was a crisis, and she was onsite she completed the involuntary commitment.</p> <p>Interview on 6/29/23 the RSS stated: -On 6/18/23 she had obtained client #4's face sheet and copy of medication list and went to the local sheriffs office and completed the paperwork for involuntary commitment due to his behaviors. -She did not inform the nurse of the decision to implement the facility's individual commitment protocol for client #4. -Client #4 had been taken to the hospital by the sheriff after midnight for the involuntary commitment.</p> <p>Interview on 6/29/23 the Director stated: The nurse had not been informed of the decision to involuntary commit client #4. The physician was informed on 6/29/23 and was in agreement.</p>	V 105		

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V 736	Continued From page 4	V 736		
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 interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 6/29/23 at approximately 2:20pm revealed:</p> <ul style="list-style-type: none"> -A brown splatter at the top of the right side of the wall in the kitchen area. -The hall bath to the right of the facility had dark stains between the tile in the shower; rust stains at the bottom of the flush handle of the commode; the caulking around the top of the sink was stained. -Client #2' room had a ceiling light fixture with a missing screw causing it to hang lower on one side; there were dark stains and dark substances on the walls of the closet area and baseboards were discolored with brown stains. -Client #4's room was unkept with clothing, shoes and paper all over the bed and the floor. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		