STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-125	A. BUILDING: _____ B. WING _____	06/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEWOOD FACILITY	2002 A & B 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	INITIAL COMMENTS A complaint survey was completed on June 29, 2023. The complaint was unsubstantiated (intake #NC00203843). Deficiencies were cited. This facility is licensed for the following service category 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. This facility is licensed for 12 and currently has a census of 10. The survey sample consisted of audits of 1 current client.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility	V 105	RECEIVED JUL 25 2023 DHSR-MH Licensure Sect	

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:	Pinewood 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:	06/29/23		
Intake Number:	#NC00203843		
Address:	2000-A/B Shackleford Road, Kinston, NC 28504	**Provider #** MHL 054-125	

Finding	Corrective Action Steps	Responsible Party	Timeline
V105 **27G .0201 (A) (1-7) Governing Body Policies** **10A NCAC 27G .0201 GOVERNING BODY POLICIES**	Nova has an established policy for staff to follow when attempting to have a consumer Involuntarily Committed. Residential Supervisors, Nurses, Therapists, Consumer Affairs Coordinators, & Administrators on Call will be required to review Treatment Administration Policy #48 "Involuntary Commitment & Form" and sign an acknowledgement of understanding. The Program Director or designee will oversee the implementation of this policy review and will monitor performance of employees regarding policy compliance when an IVC petition is filed.	Program Director	**Implementation Date:** 7/20/23 **Completion Date:** 08/28/23