

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 10/12/2023
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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>An annual, complaint and follow up survey was completed on October 12, 2023. The complaint was unsubstantiated (intake #NC00207318). 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 4 current client.</p>	V 000		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure medication errors and refusals were reported immediately to a physician or pharmacist for 1 of 4 audited clients (#9). The findings are:</p>	V 123		

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

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V 123	<p>Continued From page 1</p> <p>Review on 10/12/23 of the facility policy on "Intervention When a Consumer Refuses Diagnostic And/Or Necessary Medical Treatment" revealed:</p> <ul style="list-style-type: none"> - "Purpose: To ensure that Consumers receive necessary medical diagnostic and/or treatment." - "Policy: It is the policy of NOVA that Consumers receive all necessary medical diagnostic tests, procedures, treatment and medication using the least intrusive method of administration. In addition, it is the policy of NOVA to use physical and/or pharmacological intervention when the Physician determines that the medication test, procedure or treatment must be administered immediately, and when less intrusive methods of administration have been refused or have shown to be unsuccessful." - "Procedure: 1. When a Consumer refuses a medication, test, procedure or treatment he/she will be informed of the reasons and benefits and requested to comply. 2. In the event a Consumer refuses all attempts to administer the medication within the allowed time frame, the med staff shall notify the Supervisor or Supervisor on call. 3. The Supervisor or Supervisor on call will notify the nurse/nurse on call who will consult with the physician for instruction. The Supervisor. Supervisor on call will then call the Qualified Professional on call. 4. If the Consumer continues to refuse, the Physician, Nurse and other Treatment team members will discuss imminent need and alternative efforts will be tried, including rescheduling treatment, delaying administrations, etc..." <p>Review on 10/11/23 of client #9's record revealed:</p> <ul style="list-style-type: none"> - 14 year old male. - Admission date of 12/19/22. - Diagnoses of Reactive Attachment Disorder, ADHD and Disruptive Mood Dysregulation 	V 123		

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V 123	<p>Continued From page 2</p> <p>Disorder.</p> <p>Review on 10/11/23 and 10/12/23 of facility level I incident reports for client #9 revealed the following dates and times of medications refusals:</p> <ul style="list-style-type: none"> - 09/05/23 at 7:30am - No documentation the physician was notified of medication refusal. - 09/03/23 at 7:30am - No documentation the physician was notified of medication refusal. - 08/27/23 at 7:30am - No documentation the physician was notified of medication refusal. - 08/18/23 at 8:00am - No documentation the physician was notified of medication refusal. - 08/14/23 at 8:08am - No documentation the physician was notified of medication refusal. - 08/13/23 at 7:26pm - No documentation the physician was notified of medication refusal. - 08/12/23 at 7:30pm - No documentation the physician was notified of medication refusal. - 08/05/23 at 7:39pm - No documentation the physician was notified of medication refusal. <p>Interview on 10/11/23 Registered Nurse #1 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility approximately 2 years. - She worked the night shift. - If a client refused a medication she would give a certain amount of time. - She would re-offer the medication. - The client would receive a write up and the refusal would be reported in morning rounds. - She did not call a physician or pharmacist when a client refused medications. <p>Interview on 10/12/23 the Program Director stated:</p> <ul style="list-style-type: none"> - Nursing staff should contact the doctor for medication refusals. - She would follow up on the notification of the 	V 123		

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V 123	Continued From page 3 physician for medication refusals.	V 123		
V 315	<p>27G .1902 Psych. Res. Tx. Facility - Staff</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> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to ensure at least 2 direct care staff were present with every 6 children or adolescents at all times. The findings are:</p> <p>Review on 10/12/23 of the facility "Residential Treatment Plan (Scope of Service) Psychiatric Residential Treatment Facility (PRTF)" policy and</p>	V 315		

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V 315	<p>Continued From page 4</p> <p>procedure effective 01/01/16 revealed:</p> <ul style="list-style-type: none"> - "Purpose: To comply with Section 10A NCAC 27G .1900, of the Rules for MH (Mental Health)/DD (Developmental Disability)/SA (Substance Abuse) Facilities and Services Clinical Policy No. 8D-1 of the Division of Medical Assistance, and applicable national accreditation standards." - "Personnel...A compliment of well-trained Paraprofessional Staff, provide direct supervision and services for Consumers, consistent with Person Centered Plans and the [Program] evidence-based model. All Paraprofessional Staff are trained in First Aid, CPR (Cardiopulmonary Resuscitation), emergency equipment use, North Carolina Interventions and CPI (Crisis Prevention Institute). NOVA maintains a minimum Staff to Consumer ratio of 1:3." <p>Finding #1: Review on 10/12/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 17 year old male. - Admission date of 03/11/19. - Diagnoses of Bipolar Disorder, unspecified, Impulse Disorder Unspecified, Autistic Disorder, Parental Biological Child Conflict, Mild Intellectual Developmental Disability and Attention Deficit Hyperactivity Disorder (ADHD), Combined Type. <p>Review on 10/12/23 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of hire: 04/26/23. - Paraprofessional. <p>Observation on 10/12/23 at approximately 10:05am revealed:</p> <ul style="list-style-type: none"> - Client #2 and staff #1 were in the living room area of facility B. - No additional staff were present with client #2 	V 315		

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V 315	<p>Continued From page 5 and staff #1.</p> <p>Interview on 10/12/23 client #2 stated: - He resided in Pinewood A. - He was not sure who the staff was with him today. - He had been up all night and did not want to talk.</p> <p>Interview on 10/12/23 staff #1 stated: - He had worked at the facility since April 2023. - He was working 1:1 with client #2 today. - There were usually 2 staff at the facility.</p> <p>Finding #2: Review on 10/11/23 of client #4's record revealed: - 14 year old male. - Admission date of 08/14/23. - Diagnoses of ADHD and Conduct Disorder.</p> <p>Review on 10/11/23 of client #5's record revealed: - 17 year old male. - Admission date of 02/3/23. - Diagnoses of ADHD -Combined Type, Reactive Attachment Disorder, Diabetes and Fetal Alcohol Syndrome.</p> <p>Review on 10/11/23 of client #9's record revealed: - 14 year old male. - Admission date of 12/19/22. - Diagnoses of Reactive Attachment Disorder, ADHD and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 10/11/23 of a facility level I incident reports completed by Registered Nurse (RN) #1 revealed: 08/12/23 at 7:30pm - Client #9 refused a medication. - "1. Description/Cause of Incident: Consumer</p>	V 315		

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V 315	<p>Continued From page 6</p> <p>(client #9) came in med (medication) room to take meds - acted like he was going to take meds and ran out of med room - staff not at door due to only 1 staff in building-Nursing did not feel comfortable with door shut and no staff present in that unit..."</p> <p>- "3. Corrective actions, timeframes and responsible person(s): (actions): More staff needed in each house so policies can be followed..."</p> <p>08/13/23 at 7:26pm</p> <p>- Client #9 refused medication.</p> <p>- "1. Description/Cause of Incident:...Consumer (client #9) had 2 other consumers - 1 at door and 1 in hallway - to get meds when he was stopped from getting out the med room. 1 pill spilled and was stepped on the other 2 fell to the floor-staff responded to the nurse - only 1 staff in the house at med pass again."</p> <p>- "3. Corrective actions, timeframes and responsible person(s): (actions): Nurse attempted to stop consumer from exiting med room with medications. Staff responded to med room to assist nurse - Only 1 staff in unit..."</p> <p>- "4. Preventative actions, timeframes and responsible person(s): (actions): More staff needed in the units!..."</p> <p>Interview on 10/10/23 client #4 stated:</p> <p>- He had lived at the facility for more than one month.</p> <p>- There was supposed to be 2 staff at the facility.</p> <p>- Sometimes there may be one staff.</p> <p>- He did not recall the last time there was one staff.</p> <p>Interview on 10/10/23 client #5 stated:</p> <p>- He was admitted in February 2023.</p> <p>- There are 2 staff with 6 clients.</p>	V 315		

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V 315	<p>Continued From page 7</p> <ul style="list-style-type: none"> - There may be 1 staff at the facility if a staff called out. - He could not recall the frequency or duration when 1 staff was at the facility with 6 clients <p>Interview 10/10/23 client #9 stated:</p> <ul style="list-style-type: none"> - He was admitted in December 2022. - There are usually 2 or 3 staff at the facility. - There may be 1 staff at the facility if another staff called out. - He could not recall the last time there was 1 staff at the facility with the clients. <p>Interview on 10/11/23 staff #2 stated:</p> <ul style="list-style-type: none"> - He had worked at the facility for 9 months. - There could be 3 clients to 1 staff. - There is always more than 3 clients at the facility so there are 2 staff. <p>Interview on 10/11/23 Licensed Practical Nurse (LPN) #1 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility for 8 years. - The staff to client ratio was 1 staff to 3 clients. <p>Interview on 10/11/23 RN #1 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility approximately 2 years. - She worked the night shift. - At times there may be 1 staff in one house and 2 staff in another house. - There are staff call outs and or staff may come in late. When that occurred there may be 1 staff in the facility. - She could not recall a specific date or time there was one staff in the facility with clients. <p>Interview on 10/11/23 the Residential Service Supervisor #1 stated:</p> <ul style="list-style-type: none"> - She had worked at the facility for 5 years. - She was a supervisor for Pinewood Facility and 	V 315		

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V 315	Continued From page 8 a sister facility. - Staff to client ratio was 1 staff to 3 clients. Interview on 10/12/23 the Director of Services stated: -The rule did not specify 2 staff to 1 client. -She did not understand the interpretation of the rule. -The rule states 2 staff to 6 clients.	V 315		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean and orderly manner. The findings are: Observation on 10/12/23 at approximately 9:38am revealed: Facility A - The inside bottom of the front door had dark scuff marks. - The door entering the right side hallway had painted peeled off the surface on the left side. - The left side bathroom had a soccer ball sized white unpainted patched area. - Room A3 had a soccer ball sized white unpainted patched area above the light switch plate and a softball sized white patched area above the door. - The right side bathroom had a rusty electric	V 736		

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V 736	Continued From page 9 socket plate and rust stain on the commode. The tub/shower had dark grout stains around the tiles. Facility B - The left and right side bathroom showers/tubs had dark and soiled grout around the tiles. - The commode was rusty in the right side bathroom. Interview on 10/12/23 the Maintenance Staff stated he repaired items at the facility. Interview on 10/12/23 the Program Director had no questions regarding the facility items discussed at exit. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to maintain water temperatures between 100 and 116 degrees Fahrenheit in areas where clients are exposed to hot water. The findings are:	V 752		

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V 752	<p>Continued From page 10</p> <p>Observation on 10/12/23 at approximately 9:38am revealed the water temperature in the facility (A) was 122 degrees Fahrenheit.</p> <p>Interview on 10/12/23 the Maintenance Staff stated:</p> <ul style="list-style-type: none"> - There was one water heater per unit. - The facility supervisor notified him if the water temperature needed to adjusted. - He would follow up on the water temperature at the facility. <p>Interview on 10/12/23 the Program Director indicated she was aware the water temperature was required to be between 100-116 degrees Fahrenheit.</p>	V 752		