

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/12/2023
NAME OF PROVIDER OR SUPPLIER OAKWOOD FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD KINSTON, NC 28504		
(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>An annual and complaint survey was completed on October 12, 2023. Two complaints were unsubstantiated (NC00208155 and NC00207317) and one complaint was substantiated (NC00207216). 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 12. The survey sample consisted of audits of 4 current clients.</p>	V 000		
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>	V 315		

DHSR - Mental Health

OCT 31 2023

Lic. & Cert. Section

Division of Health Service Regulation

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

Kimberly Manning, R., Program Director

TITLE

(X6) DATE

10/24/23

STATE FORM

6800

XZ0E11

If continuation sheet 1 of 5

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:	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@novanc.org
Survey completed:	10/12/23			
Intake Number:	NC00208155, NC00207317, NC00207216			
Address:	2000-D/E Shackleford Road, Kinston, NC 28504		Provider #	MHL 054-126

Finding	Corrective Action Steps	Responsible Party	Timeline
V 315 27G .1902 Psych. Res. Tx. Facility - Staff 10A NCAC 27G.1902 STAFF	A revision will be made to the Personnel section of NOVA Treatment Administration Policy #15, "Residential Treatment Plan (Scope of Service) PRTF" The revision changes the staff to consumer ration from 1:3 to 2:6. NOVA will maintain a minimum staff to consumer ratio of two staff to six consumers.	Program Director	Implementation Date: 10/25/23 Projected Completion Date: 12/11/23

<p>V 736</p> <p>27G .0303 (C)</p> <p>Facility Grounds and Maintenance</p> <p>10A NCAC 27G .0303</p> <p>LOCATION AND EXTERIOR REQUIREMENTS</p>	<p>Maintenance Repair Requisitions will be completed to correct the following findings:</p> <p>Facility D</p> <ul style="list-style-type: none"> - A black mark on the ceiling of the living room area. - The left side bathroom had marks on the walls. - Bedroom D2 had a baseball sized unpainted white patched area. - The right-side bathroom had rust on the commode, a bent shower curtain rod and dark stains on the tile grout. - Bedroom D6 had smudge and scuff marks on the walls. <p>Facility E</p> <ul style="list-style-type: none"> - The inside of the front door had scuff marks on the bottom. - The left bathroom had a rusty electrical plate cover and the shower had dark grout on the tiles. - The right-side bathroom had paint peeling off the wall, a rusty electric plate cover and dark grout on the shower tiles. - The front right bedroom had a white substance and scuff marks on the walls. <p>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 ensure the a safe, clean, attractive and well-kept facility / grounds.</p>	<p>Program Director/ Maintenance Manager / Facility Services Coordinator</p> <p>Implementation Date:</p> <p>10/25/23</p> <p>Projected Completion Date:</p> <p>12/11/23</p>
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