

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-125</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/12/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PINEWOOD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002 A &amp; B SHACKLEFORD ROAD KINSTON, NC 28502</b>
--	---

(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><b>INITIAL COMMENTS</b></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><b>27G .0209 (H) Medication Requirements</b></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		

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*

TITLE

*Program Director*

(X6) DATE

*10/24/23*

**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@dhs.nc.gov

<b>Provider Name:</b>	Pinewood Facility	<b>Phone:</b>	252-233-0491 ext. 1201
<b>Provider Contact</b>	Kimberly Manning, RN	<b>Fax:</b>	252-233-0495
<b>Person for follow-up:</b>	Director of PRTF Services	<b>Email:</b>	kmanning@novanc.org
<b>Survey completed:</b>	10/12/23		
<b>Intake Number:</b>	#NCC00207318		
<b>Address:</b>	2000-A/B Shackleford Road, Kinston, NC 28504		
		<b>Provider #</b>	MHL 054-125

<b>Finding</b>	<b>Corrective Action Steps</b>	<b>Responsible Party</b>	<b>Timeline</b>
<b>V123</b> 27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS	The Nursing Director will provide an in-service to all nurses that reiterates the requirement to notify the physician when a consumer refuses his/her medications. It will also be reiterated to the nurses that he/she must document medication refusals as well as the notification of the physician in the medical record. The nursing director will monitor Medication Administration Records & Nursing progress notes to ensure that medication refusals are properly documented and reported.	Director of Nursing	<b>Implementation Date:</b> 10/25/23 <b>Completion Date:</b> 12/11/23

Finding	Corrective Action Steps	Responsible Party	Timeline
<p><b>V 315</b> 27G .1902 Psych. Res. Tx. Facility - Staff 10A NCAC 27G .1902 STAFF</p>	<p>A revision will be made to the Personnel section of NOVA Treatment Administration Policy #15, "Residential Treatment Plan (Scope of Service) PRTF" The revision will change the staff to consumer ration from 1:3 to 2:6.</p> <p>NOVA will maintain a minimum staff to consumer ratio of two staff to six consumers.</p> <p>The Residential Service Manager will ensure that the Residential Service Supervisors schedule adequate staffing based on the census.</p>	<p>Program Director</p>	<p><b>Implementation Date:</b> 10/25/23</p> <p><b>Completion Date:</b> 12/11/23</p>
<p><b>V 736</b> 27G .0303(c) Facility Grounds &amp; Maintenance 10A NCAC 27G .0303 LOCATIONS AND EXTERIOR REQUIREMENTS</p>	<p>Maintenance Repair Requisitions will be completed to correct the following findings:</p> <p><b>Facility A</b></p> <ul style="list-style-type: none"> <li>- The inside bottom of the front door had dark scuff marks.</li> <li>- The door entering the right-side hallway had painted peeled off the surface on the left side.</li> <li>- The left side bathroom had a soccer ball sized white unpainted patched area.</li> <li>- 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.</li> <li>- The right-side bathroom had a rusty electric socket plate and rust stain on the commode. The tub/shower had dark grout stains around the tiles.</li> </ul> <p><b>Facility B</b></p> <ul style="list-style-type: none"> <li>- The left and right-side bathroom showers/tubs had dark and soiled grout around the tiles.</li> <li>- The commode was rusty in the right side bathroom.</li> </ul> <p>Facility inspections will continue to occur on a weekly basis by the maintenance staff and the Facility Support Coordinator. Repair needs</p>	<p>Maintenance Manager &amp; Facility Support Coordinator</p>	<p><b>Implementation Date:</b> 10/25/23</p> <p><b>Completion Date:</b> 11/11/23</p>

	<p>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><b>V752</b>  27G .0304(b)(4) Hot  Water Temperatures  10A NCAC 27G .0304  FACILITY DESIGN AND  EQUIPMENT</p>	<p>The hot water temperature in facility A will be adjusted and monitored to ensure that a temperature is maintained between 100-116 degrees Fahrenheit.</p> <p>Once a week, the Facility Services Coordinator will measure water temperatures from all faucets within the home. The temperatures will be recorded. If any temperature reading is outside of set required parameters, the Maintenance Manager will be notified to adjust the temperature setting accordingly. Maintenance Request forms will demonstrate any repairs / adjustments.</p> <p>The Program Director will monitor the work of the Facility Support Coordinator and Maintenance Manager.</p>	<p>Maintenance Manager  &amp; Facility Support  Coordinator</p>	<p><b>Implementation Date:</b>  10/25/23</p> <p><b>Completion Date:</b>  12/11/23</p>