

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/17/2023
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NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502
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(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
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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on August 17, 2023. The complaint was substantiated (intake #NC00205534). 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 18 and currently has a census of 18. 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;	V 105		

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

TITLE

(X6) DATE

Kimberly Manning, RN

Program Director

8/31/23

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@dhhs.nc.gov

Provider Name:	Maplewood 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:	8/17/23		
Intake Number:	#NC00205534		
Address:	2000-G Shackleford Road, Kinston, NC 28504	Provider #	MHL 054-159

Finding	Corrective Action Steps	Responsible Party	Timeline
V 105 27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES	1. Regarding Serious Occurrence Reports: NOVA's corporate team will initiate dialog with DHSR officials to discuss the basis of this deficiency; as there are no rules, regulations, letters or bulletins that define <u>allegations</u> of abuse/neglect/exploitation as qualifiers for Serious Occurrence Reports. NOVA will continue to operate in accordance to regulations & information received in a letter from NC DHHS, Deputy Secretary [REDACTED] dated 6/20/23 reminding PRTFs of required actions to attest to the conditions of participation regarding seclusion and restraint, attestation letter requirements, and reporting requirements. The letter outlines reporting requirements and reiterates how serious occurrences are defined in §483.352. [REDACTED] included guidelines that the DHSR staff will	Program Director/ CEO	Implementation Date: 8/29/23 Projected Completion Date: 9/16/23

	<p>be using during survey process. Nothing in [REDACTED] letter explains that allegations are serious occurrences.</p> <p>In the event of a resident's death, suicide attempt or serious injury (if a medical provider deems that a significant impairment of the physical condition of a resident) has occurred, be it related to an allegation of abuse, neglect, exploitation, or otherwise, NOVA will ensure that a serious occurrence report is completed.</p> <p>2. Regarding requirements that prohibit the use of Restrictive Interventions as planned interventions: The Assistant Clinical Director will review Treatment Administration Policy #13 with persons responsible for the development and implementation of the PCP/Crisis Plan. The plan for Consumer #17 will be corrected. Additionally, the clinical department will review consumer records to ensure that the planned use of restrictive interventions is not included in any plans.</p>	Assistant Clinical Director	
<p>V 512 27D .0304 Client Rights-Harm, Abuse, Neglect 10A NCAC 27D .304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p>	<p>Staff #1 will be required to retake NCI Plus training. All Maplewood Paraprofessionals will receive a coaching log to reinforce the importance of only utilizing approved intervention techniques and shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by policy. The Program Director will continue to review all ESI to ensure policy compliance.</p>	<ul style="list-style-type: none"> • Program Director • Personnel Manager / NCI Plus Instructor 	<p>Implementation Date: 8/29/23 Projected Completion Date: 10/16/23</p>
<p>V 736 27G .0303(c) Facility Grounds & Maintenance 10A NCAC 27G .0303</p>	<p>NOVA's Maintenance team will correct / repair the following findings from the survey:</p> <p>Unit 1 Pod A: - broken ceiling light fixtures in the day room - Damage to the sheetrock in the bedroom hallway by the bathroom door.</p> <p>Unit 1 Pod B: - Dried, brown liquid drip marks on the wall in bedroom #2.</p> <p>Unit 2 Pod A:</p>	<ul style="list-style-type: none"> • Program Director • Maintenance Manager • Facility Support Coordinator 	<p>Implementation Date: 8/17/23 Projected Completion Date: 9/16/23</p>

<p>LOCATIONS AND EXTERIOR REQUIREMENTS</p>	<ul style="list-style-type: none"> - Unfinished patches to the sheetrock in bedroom #1 - 2 pieces of plywood screwed into the sheetrock as a temporary repair; the scuffed wall paint; and will remove broken crayons on the floor in bedroom #3. <p>Unit 2 Pod B:</p> <ul style="list-style-type: none"> - will remove the gallon jug of red liquid on the day room floor. <p>Unit 3 Pod A:</p> <ul style="list-style-type: none"> - broken light fixtures in the day room; an unfinished patch to the sheetrock near an electrical outlet. <p>Unit 3 Pod B:</p> <ul style="list-style-type: none"> - A piece of plywood screwed into the sheetrock as a temporary repair to a hole in the wall in bedroom #1. - An unfinished repair to the sheetrock in the bedroom hall. - A piece of plywood screwed into the sheetrock as a temporary repair to a hole in the the wall in bedroom #3. - Broken light fixtures throughout the unit. <p>NOVA's Facility Support Coordinator will monitor the facility's appearance weekly to ensure that timely repairs occur as needed.</p>		
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