STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
		MUI 054 425	B. WING		05/4	6/2024
		MHL054-125			05/1	6/2024
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
PINEWO	PINEWOOD FACILITY 2002 A 6 KINSTO			FORD ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	on May 16, 2024. T substantiated (intak Deficiencies were c	e #NC00216711). ited.				
		sed for the following service C 27G .1900 Psychiatric ent for Children and				
	census of 11. The s	sed for 12 and has a current survey sample consisted of clients and 2 former clients.				
V 315	27G .1902 Psych. F	Res. Tx. Facility - Staff	V 315			
	physician board-elig psychiatry or a gene experience in the tra adolescents with many of the portion of the properties of the portion of the properties of the propertie	all be under the direction a gible or certified in child eral psychiatrist with eatment of children and ental illness. east two direct care staff present with every six children ach residential unit. Hospital based, staff shall be d to this facility, with earate from those performed on hit or other residential units. Hospital based and the staff shall be described by the same of the staff shall be described by				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL054-125	B. WING		05/	16/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
PINEWO	OD FACILITY		B SHACKLEI	FORD ROAD		
1 1112110		KINSTON	, NC 28502			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 315	Continued From pa	ge 1	V 315			
	facility failed to main Rule 10A NCAC 27 compliance with proby a registered nurs. Review on 05/16/24 Regulation (DHSR) revealed: - No current approved 27G.1902 (e). - The last approved 27G.1902 (e) was verified with the previous facility and the previous facility to complete the previous facility to complete facility and complete facil	views and interviews, the ntain an approved waiver of G .1902 (e) to ensure oviding 24-hr onsite coverage se (RN). If of Division of Health Service records for the facility ral waiver of Rule 10A NCAC waiver for Rule 10A NCAC waiver sent lity program Director and ealed Request for Renewal of NCAC 27G.1902 Pinewood Facility, wer] Facility, MHL-054-159, resuant to your request exter dated March 9, 2022, I March 9, 2022 and after I have determined that the pe approved for licensure year I on delegation of authority ector], Director of the Division regulation, on April 23, 2018. G.1902(e) provides, "[t]he 24 hour on-site coverage by a Renewal of the waiver will continue to utilize one RN				
	on-site coverage fo	provide twenty-four hour r the three PRTF facilities that ity to each other. I hereby				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
MHL054-125		B. WING		05/16/2024		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
				FORD ROAD		
PINEWO	OD FACILITY		, NC 28502	I OND ROAD		
	OLIMAN DV OTA			DROWDEDIO DI ANI OF CORRECTIO		
(X4) ID PREFIX	_	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
V 315	Continued From pa	ge 2	V 315			
	-					
		est for renewal of waiver of				
		G.1902 (e) based on the				
		ations: The provider states, "				
		can effectively serve the ney are on the same site and				
		oximity to each other. From				
		office, located in Building C; it				
		s) and 50 seconds to the				
		s 240 feet (80 yards) and 41				
		ter] Facility, and it is 240 feet				
		econds to the [Sister] Facility."				
		tates that the RN is supported				
	•	ff both during the day and				
		shiftother clinical staff				
		or who is an RN, the Nursing				
	Director, two Licens	sed Therapists and at least				
	five Qualified Profe	ssionals. Additionally, NOVA				
		icensed Practical Nurse) per				
		ne RNs with related duties." At				
		Residential Services				
		rector of PRTF Servicesis				
		the facility. The Director of				
		n call as well as a Qualified				
		A has a Psychiatrist and a MD				
		Ouring 2021 there were				
		w-up surveys at the Pinewood				
		s. The deficiencies were f governance policy and facility				
		of the deficiencies were				
		ng. Despite the proximity of the				
		aff notes 1 RN is required to				
		hich seems substantial. An				
		om the Board of Directors				
		ealth, safety and welfare of all				
		be threatened." [Previous], the				
		Entity - Managed Care				
		(MCO) of the catchment area,				
		of this waiver request. DHSR				
		are no current sanctions				
		ies. In accordance with 10A				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL054-125	B. WING		05/·	16/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
DINEWO	OD FACILITY	2002 A &	B SHACKLEI	FORD ROAD		
PINEWO	OD FACILITY	KINSTON	, NC 28502			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
	27G.1902 (e) cannot of the 2022 license and, therefore shall consideration upon - Signed by the previous & Certific Review on 05/16/24 Carolina Division of	of a letter sent to North Health and Human				
	Carolina Division of Health and Human Services/DHSR dated 11/03/23 and signed by the facility President/Chief Executive officer revealed: - "To Whom It may Concern: The Governing Board of NOVA, Inc. authorizes the request for waiver from 10A NCAC 27G .1902 (e) to use one RN position per shift to provide onsite coverage for facilities ([Sister Facility], Pinewood and [Sister Facility]) regarding RN staffing. The board supports the request and assures that the health, safety, and welfare of the Consumers will not be threatened." - "Request for Waiver" for Pinewood Facility and 2 sister facilities. - "3. Rule Number and Title for Which Waiver is					
	shall provide 24-hor Registered Nurse 4 a/b. (Reason for of request): NOVA, from Rule 10A NCA [Sister facility] and [(located on one site Nurse per shift t prothis waiver request the language of the of RNs 'onsite' vers 4 c. (Confirmation the welfare of clients with unequivocally assured.	27G .1902 staff (e) The PRTF or on-site coverage by a request & nature and extent Inc is requesting a waiver of 27G .1902(e) for Pinewood, Sister facility] facilities to share one registered ovide 24-hour onsite coverage. appears to be consistent with rule in terms of the provision us 'in each facility'. That the health, safety or ill not be threatened): NOVA mes that the health, safety, onsumers will not be				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL054-125	B. WING		05/16/2024		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
PINEWOOD FACILITY		B SHACKLE NC 28502	FORD ROAD				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 315	has a waiver in effectively they are on the samproximity to each of office, located in Buyards) and 50 seconis 240 feet (80 yard [Sister] Facility, and 41 seconds to the [shift (7 a.m7 p.m.) presence of severa Nursing Director and both RNs, three Lice five Qualified Profective Qualified Profective Qualified Profective Supervisor Services Supervisor Services is an expection on call 24/7 to the call at all times, as a Professional. NOVA (Medical Doctor) or consumers retire for them choose to retingenerally calm and shift with little to be -5. NOVA, Inc. requirements of the call and for the 2020 for the call and for the c	his request be granted. NOVA ct for many years, since 2010 of the provided nursing the by multiple surveys that a sanctions regarding the use her believe that one RN per serve the facilities because he site and are in very close ther. From the central nursing hilding C; it is 270 feet (90 ands to the Pinewood Facility; s) and 41 seconds to the lit is 240 feet (80 yards) and Sister] Facility. During first higher the lities and at least seconds. Additionally, NOVA er day per shift to assist the hites. Although we have a clinical staff after 7 p.m we have a c	V 315				

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- She had worked at the facility since February

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL054-125		B. WING		05/1	6/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PINEWO	OD FACILITY		B SHACKLE , NC 28502	FORD ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 315	2021 She usually worke - She will occasiona which covers both F facility on the same Interview on the Ch - The facility had cro DHSR and the LME - They had not had submission.	ed at a sister facility. Ally work in the central building Pinewood Facility and a sister campus. All of the central building Pinewood Facility and a sister campus. All of the central building Pinewood Facility and a sister campus. All of the central building Pinewood Facility and a sister campus. All of the central building Pinewood Facility and a sister campus of the central building Pinewood Facility and a sister campus of the central building Pinewood Facility and a sister campus of the central building Pinewood Facility and a sister campus of the central building Pinewood Facility and a sister campus. All of the central building Pinewood Facility and a sister campus. All of the central building Pinewood Facility and a sister campus.	V 315			
V 503	- The facilities have operated the same for several years. 27D .0103 Client Rights - Search And Seizure Policy 10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY (a) Each client shall be free from unwarranted invasion of privacy. (b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client. (c) Every search or seizure shall be documented. Documentation shall include: (1) scope of search; (2) reason for search; (3) procedures followed in the search; (4) a description of any property seized; and (5) an account of the disposition of seized property.		V 503			
	This Rule is not me	et as evidenced by:				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL054-125	B. WING		05/1	05/16/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
PINEWOOD FACILITY			B SHACKLE , NC 28502	FORD ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 503	failed to implement policy affecting 3 of #9, and #11) and 10 Client (FC) #13). The Review on 05/14/24 Seizure of Consum procedure revealed - Effective date: 09/- "Purpose: To com regarding consume - Policy: It is the polynometria conditions econsumer and/or of - Procedure: 1. A consumer and/or of - Procedure: 1. A consumer and/or of - Procedure: 1. If staff be create a risk to the necessitate an invaprivacy, the Qualified (Administrator on Consumer's professional or AOC contact the Guardia justification" Review on 05/15/24 incident reports for - 03/07/24 at 2:32 pinotification per policing - 03/07/24 at 2:55 pidocumented notification per policing - 03/07/24 at 2:00 pidocumented notification - 03/07/24 at 2:00 pidocumented notification - 03/07/24 at 2:00 p	view and interview, the facility their search and seizure 4 current audited clients (#6, of 1 former client (Former ne findings are: 4 of the facility "Search and er Property" policy and it: 701/95 and revised 01/01/14. ply with 10A NCAC 27D .0103 or search and seizure. Ricy of NOVA to prohibit of consumer privacy unless exist that creates a risk to the exist that creates a risk to the thers. Ronsumer shall not undergo of property without unwarranted lieves that conditions exist that Consumer and/or others that sion of the consumer's exist of Professional or AOC call) will be contacted for aduct a search. 3. Authorized but not limited to the through conal and a thorough checking person5. Qualified C shall be notified and shall an of the action taken and 4 and 05/16/24 of facility level I search and seizure revealed: m - Client #6 - no documented cy. m - Client #9 - no documented cy. m - Client #9 - no documented cy. m - Client #11 - no	V 503				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL054-125		B. WING		05/16/2024	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/1	0/2024
PINEWOOD FACILITY 2002 A &				FORD ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 503	Director stated: - The guardian sho search and seizure - He was not able to	24 the Acting Program uld be notified of a client to locate documentation of the uardians in the above	V 503			
V 736	6 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.		V 736			
	was not maintained orderly manner. The orderly manner. The Observation on 05/11:35am revealed: A Building - The living room at an approximately 1 area The dining room be patched area The front living are various places of the A15 - Walls with se fixture was pulled a sheetrock was pulled.	ion and interview, the facility in a clean, attractive and e findings are: 14/24 at approximately rea had a basketball sized and 2 inch by 6 inch white patched had a softball sized white ea ceiling had substance in				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL054-125		B. WING		05/16/2024	
NAME OF	PROVIDER OR SUPPLIER		ORESS CITY S	STATE, ZIP CODE	1 00/1	0.2024
	PINEWOOD FACILITY 2002 A & KINSTON			FORD ROAD		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 736	- A13 - An approxin sheetrock had beer approximate 14 inc been pushed in nea - The right side batt on the tub tiles A18 - unpainted p by 2 feet at the hea B Building: - The furniture in the of surface peeled a - A19 2 areas of shewall A24 approximately plywood on the low - The bathroom tile tub faucet which ex - The right hallway on the walls and are from the surface A22 had an approunpainted plywood sheetrock pulled av Interview on 05/14/2 Director stated: - Maintenance work facility The clients at B he repeatedly He would report is maintenance staff.	nate basketball sized area of a pulled away from the wall. An h by 14 inch area of wall had ar the electrical receptacle. Aroom had dark grout areas alywood approximately 2 feet d of the bed. The living room had the top layer way in various places. The electrock pulled away from the section of the wall. The had been torn away under the posed a hole. The had smudge and scuff marks the eas of sheetrock peeled away aximately 2 foot by 2 foot of on the wall. 2 baseball sized way from the wall. 24 the Acting Program ared daily to repair items at the puse had damaged the facility assues of safety to the stitutes a re-cited deficiency	V 736			

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