

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 05/16/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502
---	---

(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, follow up and complaint survey was completed on May 16, 2024. The complaint was unsubstantiated (intake #NC00216707). 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 18 and has a current census of 15. The survey sample consisted of audits of 3 current clients and 1 former client.</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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 05/16/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502
---	---

(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 315	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain an approved waiver of Rule 10A NCAC 27G .1902 (e) to ensure compliance with providing 24-hr onsite coverage by a registered nurse (RN).</p> <p>Review on 05/16/24 of Division of Health Service Regulation (DHSR) records for the facility revealed: - No current approval waiver of Rule 10A NCAC 27G.1902 (e). - The last approved waiver for Rule 10A NCAC 27G.1902 (e) was valid until December 31, 2022</p> <p>Review on 05/16/24 of an approval of waiver sent to the previous facility program Director and dated 03/25/22 revealed - "RE: Approval of Request for Renewal of Waiver of Rule 10A NCAC 27G.1902 (e) for NOVA, Inc, [Sister] Facility, MHL-054-125, [Sister] Facility, MHL-054-126, Maple Facility, MHL-054-159, [Local] County...Pursuant to your request contained in your letter dated March 9, 2022, which was received March 9, 2022 and after review by our staff, I have determined that the request for waiver be approved for licensure year 2022. This is based on delegation of authority given to me by [Director], Director of the Division of Health Service Regulation, on April 23, 2018. Rule 10A NCAC 27G.1902(e) provides, "[t]he PRTF shall provide 24 hour on-site coverage by a registered nurse." Renewal of the waiver will allow the facility to continue to utilize one RN position per shift to provide twenty-four hour on-site coverage for the three PRTF facilities that are in close proximity to each other. I hereby</p>	V 315		

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 05/16/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502
---	---

(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 315	Continued From page 2 approve your request for renewal of waiver of Rule 10A NCAC 27G.1902 (e) based on the following representations: The provider states, " ... one RN per shift can effectively serve the facilities because they are on the same site and are in very close proximity to each other. From the central nursing office, located in Building C; it is 270 feet (90 yards) and 50 seconds to the [Sister] Facility; is 240 feet (80 yards) and 41 seconds to the [Sister] Facility, and it is 240 feet (80 yards) and 41 seconds to the Maplewood Facility." The provider also states that the RN is supported by other clinical staff both during the day and night. "During first shift ...other clinical staff ...include the Director who is an RN, the Nursing Director, two Licensed Therapists and at least five Qualified Professionals. Additionally, NOVA utilizes two LPNs (Licensed Practical Nurse) per day shift to assist the RNs with related duties." At night there are two Residential Services Supervisors, the Director of PRTF Services ...is also on call 24/7 to the facility. The Director of Nursing is always on call as well as a Qualified Professional. NOVA has a Psychiatrist and a MD on call 24/7 also." During 2021 there were complaint and follow-up surveys at the [Sister] and [Sister] facilities. The deficiencies were related to client self governance policy and facility maintenance. None of the deficiencies were related to RN staffing. Despite the proximity of the facilities Division staff notes 1 RN is required to monitor 42 beds, which seems substantial. An authorizing letter from the Board of Directors "ensures that the health, safety and welfare of all consumers will not be threatened." [Previous], the Local Management Entity - Managed Care Organization (LMEMCO) of the catchment area, supports approval of this waiver request. DHSR reported that there are no current sanctions against these facilities. In accordance	V 315		

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 05/16/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502
---	---

(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 315	<p>Continued From page 3</p> <p>with 10A NCAC 27G .0813, the waiver of Rule 10A NCAC 27G.1902 (e) cannot exceed the expiration date of the 2022 license which is December 31, 2022; and, therefore shall be subject to renewal consideration upon the request of the licensee."</p> <p>- Signed by the previous Chief, Mental Health Licensure & Certification Section</p> <p>Review on 05/16/24 of a letter sent to North Carolina Division of Health and Human Services/DHSR dated 11/03/23 and signed by the facility President/Chief Executive officer revealed:</p> <p>- "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], [Sister facility] and Maplewood) regarding RN staffing. The board supports the request and assures that the health, safety, and welfare of the Consumers will not be threatened."</p> <p>- "Request for Waiver" for Maplewood Facility and 2 sister facilities.</p> <p>- "3. Rule Number and Title for Which Waiver is Sought 10A NCAC 27G .1902 staff (e) The PRTF shall provide 24-hour on-site coverage by a Registered Nurse.</p> <p>- 4 a/b. (Reason for request & nature and extent of request): NOVA, Inc.. is requesting a waiver from Rule 10A NCAC 27G .1902(e) for [Sister facility], [Sister facility] and Maplewood facilities (located on one site) to share one registered Nurse per shift t provide 24-hour onsite coverage. this waiver request appears to be consistent with the language of the rule in terms of the provision of RNs 'onsite' versus 'in each facility'.</p> <p>4 c. (Confirmation that the health, safety or welfare of clients will not be threatened): NOVA unequivocally assumes that the health, safety,</p>	V 315		

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 05/16/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502
---	---

(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 315	<p>Continued From page 4</p> <p>and welfare of all consumers will not be threatened should this request be granted. NOVA has a waiver in effect for many years, since 2010 without compromise of the provided nursing services as evidence by multiple surveys that have not resulted in sanctions regarding the use of one RN. We further believe that one RN per shift can effectively serve the facilities because they are on the same site and are in very close proximity to each other. From the central nursing office, located in Building C; it is 270 feet (90 yards) and 50 seconds to the [Sister] Facility; is 240 feet (80 yards) and 41 seconds to the [Sister] Facility, and it is 240 feet (80 yards) and 41 seconds to the Maplewood Facility. During first shift (7 a.m.-7 p.m.), the RN is supported by the presence of several clinical staff to include a Nursing Director and Program Director who are both RNs, three Licensed Therapists and at least five Qualified Professionals. Additionally, NOVA utilizes two LPNs per day per shift to assist the RNs with related duties. Although we have a reduced number of clinical staff after 7 p.m.. we have supports in place to assist the RN on duty. Aside from the presence of two Residential Services Supervisors, the Director of PRTF Services is an experienced mental health RN and is on call 24/7 to the facility. A second RN is on call at all times, as well as a Qualified Professional. NOVA has a Psychiatrist and MD (Medical Doctor) on call 24/7 also. Most of our consumers retire for bed by 9 p.m. and many of them choose to retire earlier. Our campus is generally calm and quiet throughout the second shift with little to be done by an RN.</p> <p>- 5. NOVA, Inc. requests that this waiver be granted for the 2024 calendar year."</p> <p>Interview on 05/16/24 the Licensed Practical Nurse stated:</p>	V 315		

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 05/16/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502
---	---

(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 315	<p>Continued From page 5</p> <ul style="list-style-type: none"> - She had worked at the facility since February 2021. - She usually worked at Maplewood facility. - She will occasionally work in the central building which covers 2 other sister facilities on the same campus. <p>Interview on the Chief Operating Officer stated:</p> <ul style="list-style-type: none"> - The facility had created and sent in waivers to DHR and the LME/MCO. - They had not had a response from the waiver submission. - The facilities have operated the same for several years. 	V 315		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observations on 05/16/24 at the facility revealed: 12:00pm Unit 1 Pod A</p> <ul style="list-style-type: none"> - Furniture in the day room had various sized tears in the fabric; blue wall in the day area had approximately 3 inch by 6 inch area with chipped paint on the wall beside the tv. <p>Unit 1 Pod B</p> <ul style="list-style-type: none"> - Room #28 had a hole approximately 2 inches 	V 736		

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 05/16/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502
---	---

(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 736	<p>Continued From page 6</p> <p>by 2 foot in the wall left of the bed. The wall board was exposed.</p> <ul style="list-style-type: none"> - Room #29 had a 3 foot rectangular shape hole that was exposed to the studs and wiring on the right wall and paint was chipping away under the window. - Bathroom had brown stains between the tiles of the shower and shower floor. - Dayroom furniture had torn fabric in various sizes on the cushions of the single sofa chair and the double sofa and had 1 cushion was missing from the chair. <p>Unit 2</p> <ul style="list-style-type: none"> - 2 - approximately 2 foot by 2 foot white patched areas in the hallway. - The right seclusion room had an approximately 4 foot by 8 foot section of plastered area. - The right side pod bathroom had a white substance on the walls. The shower curtain was pink at the bottom and the grout in the tub area was dark. The living room area had dark scuff and smudge marks on the walls. - The door to Room #26 was covered in sticker residue. - The left side pod bathroom had brown residue in the shower. - Room #34 had 4 small white plastered areas approximately 3 inches on the right wall and 3 white plastered areas approximately 3 inches on the left wall. <p>Unit 3</p> <ul style="list-style-type: none"> - Room #40 had writing on the walls. - The client bathroom had trash on the floor and the waste basket was overflowing. - The seclusion room had the ceiling vent pushed upwards; writing on the walls; a 2 inch hole in the wall on the right side of the door. 	V 736		

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 05/16/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLEWOOD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2002-G SHACKLEFORD ROAD KINSTON, NC 28502
---	---

(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 736	<p>Continued From page 7</p> <ul style="list-style-type: none"> - Room #38 had an approximately 12 inch area of the wall exposed to wall studs with plastered area of wall chipping away. - Room #39 had a white plastered area beside the window about 1 foot wide. - There was a dent in the hygiene door approximately 6 inches long. <p>Interview on 05/16/24 the Maintenance Supervisor stated:</p> <ul style="list-style-type: none"> - The right seclusion room had been repaired that morning due to a client's damage. - The client used a hair brush to expose the wall in room #38. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		