STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL054-126	B. WING		08/21/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
OAKWO	OD FACILITY		E SHACKLE NC 28504	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)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	completed on Augu were substantiated NC00220181 and N complaints were un	nt and follow up survey was st 21, 2024. Three complaints (intake #NC00220258, IC00220176) and two substantiated (intake NC00220189). A deficiency				
	This facility is licensed for the following service category: 10A NCAC .1900 Psychiatric Residential Treatment for Children and Adolescents.					
	This facility is licensed for 12 and has a current census of 8. The survey sample consisted of audits of 4 current clients and 5 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. Tospital based, staff shall be do to this facility, with erate from those performed on hit or other residential units. In other residentia				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ((X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL054-126	B. WING		08/21/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	, , , , , ,	
OAKWO	OD FACILITY		E SHACKLE , NC 28504	FORD ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 315	Continued From pa	age 1	V 315			
	Based on record refacility failed to mai Rule 10A NCAC 27 compliance with proby a registered number of the proby a revealed: - No current approved 27G.1902 (e). - The last approved 27G.1902 (e) was well as the proby the Completed by the Complemented on 06. - "NOVA always take PRTF has adequate the health and safe [COO Name], COO (Local Managemer waiver to 10A NCA successful in receive [COO Name], COO and request a waive all three facilities on 1 RN, minimally. O [Director of Nursing will ensure that PR on-site coverage by the proby	4 of Division of Health Service records for the facility val waiver of Rule 10A NCAC d waiver for Rule 10A NCAC valid until December 31, 2022. 4 of a Plan of Correction Chief Operating Officer (COO)				

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ווטופועום	of Health Service Re	guiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
MHL054-126		B. WING		08/21/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE		
TO WILL OF	THO VIDEN ON GOT TELEN			FORD ROAD		
OAKWO	OD FACILITY			FORD ROAD		
	T		NC 28504			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETE
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		DATE
		,	.,	DEFICIENCY)		
V 315	Continued From pa	go 2	V 315			
V 313			V 313			
	addressed to the Lo					
		re Organization (LME/MCO)				
	and dated 06/12/24					
		Concern, NOVA Behavioral				
	•	ee licensed facilities ([sister				
		and [sister facility]) on our				
	, ,	Residential Treatment Facility)				
		cited our facilities for a failure				
	to maintain adequate nursing coverage as					
	required by 10A NCAC 27G 1902 (c). This					
	regulation requires that "The PRTF shall provide 24 hour on-site coverage by a registered nurse.					
	"DHSR interprets this standard to mean that					
	NOVA's PRTF should always maintain a					
	minimum of three registered nurses on site (or					
	one per unit), despite the fact that the standard					
	makes no mention of the number of nurses					
		sed facility. NOVA considers				
		one facility because we share				
		ate on the same physical site.				
	Therefore, we inter	oret the standard to mean that				
	NOVA is required to	always have one registered				
		site, a requirement that we				
		l circumstances. Although we				
		R's interpretation of this rule,				
		waive the requirement and				
		to always maintain at least				
		e on campus, if we obtain a				
		m Trillium. Therefore, we are				
		m Trillium to share one				
		er shift to provide 24-hour				
		our PRTF campus. NOVA mes that the health, safety,				
		onsumers will not be				
		his request be granted. NOVA				
		effect since 2010 without				
		provided nursing services as				
		provided fluising services as ble surveys that have not				
		s regarding the use of one				
		e further believe that one				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING:			
MHL054-126						
		B. WING		08/2	21/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AN	DRESS CITY S	STATE, ZIP CODE		
TV TVIL OT	THO VIDEN ON OOT FEIEN			FORD ROAD		
OAKWO	OD FACILITY		NC 28504	FORD ROAD		
	OLIMANA DV. OTA			DDOWDEDIO DI ANI OF CODDECTI		T
(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		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 315	Continued From pa	ge 3	V 315			
	_					
		er shift can effectively serve the				
		ney are on the same site and				
		oximity to each other. From				
		office, located in Building C; it				
		(yards).) and 50 seconds to				
		it is 240 feet (80 yds) and 41				
		twood Facility, and it is 240				
		1 seconds to the [sister]				
		nursing support can be				
	present and available anywhere on site in less					
	than one minute. Furthermore, there are many					
	layers of support on campus throughout the day.					
	Although we are seeking a waiver to have a					
	minimum of one registered nurse on campus at					
	all times, we typically maintain two to four nursed on campus. Additionally, during the first shift (7					
		gistered nurses are further				
		esence of several other				
		upport consists of a Nursing				
		RN), a Program Director,				
		erapists and at least five				
		nals in addition to many other				
		Although, we have a reduced				
		staff after 7 p.m., we have				
		assist nurses on duty. Aside				
		of two to three Residential				
		rs, the Director of PRTF				
		erienced residential healthcare				
		all 24/7 to the facility. I am the				
		ficer and Licensed Clinical				
		m also available 24/7 to assist				
		The PRFT also maintains				
		On-Call, who is a Qualified				
		A has a Psychiatrist and a MD				
		lost of our consumers retire for				
		many of them choose to retire				
		s is generally calm and quiet				
		ond shift with little to be done				
		Nova's PRTF requests a				
waiver from 10A NCAC 27G 1902 (c). We seek to						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL054-126	B. WING		08/21/2024	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
OAKWOOD FACILITY	2002 D & I	E SHACKLE	FORD ROAD		
OARWOOD FACILITY	KINSTON,	NC 28504			
PREFIX (EACH DEFICIENCY I	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
use one RN position provide twenty-four-hPRTF, located on on registered nurse on a PRTF program has a nursing and other de health and safety of consider continued sus know if your have about our request." Review on 08/21/24 Provider Relations a the facility COO date - "[LME]'s Executive Nova's request, and Interview on 08/21/2 - She had worked at - She was a RN There are usually 2 - One nurse provider facility and the other medications to Oakw sister facility There is not a nurs facility All nurses help each needs of clients are Interview on 08/20/2 stated: - The nursing staff for facility are shared The nursing staff for facility are shared.	MHL054-126 F PROVIDER OR SUPPLIER STREET ADDRE 2002 D & E S KINSTON, NC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 use one RN position per shift at a minimum, to provide twenty-four-hour onsite coverage for our PRTF, located on one site. Even with one registered nurse on campus at all times, the PRTF program has ample supports in place, from nursing and other departments, to ensure the health and safety of the children we serve. Please consider continued support of this waiver and let us know if your have any questions or concerns about our request." Review on 08/21/24 of an email from the LME Provider Relations and Engagement Manager to the facility COO dated 07/10/24 revealed: - "[LME]'s Executive team has reviewed the Nova's request, and it has been disapproved." Interview on 08/21/24 the DON stated: - She had worked at the facility for one year. - She was a RN. - There are usually 2 nurses on each shift. - One nurse provided medications to a sister facility and the other nurse would provide medications to Oakwood facility and another sister facility. - There is not a nurse currently stationed at each facility. - All nurses help each other out to ensure the needs of clients are met. Interview on 08/20/24 the Program Manager stated: - The nursing staff for Oakwood and a sister				

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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	
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V 315	Continued From pa	ge 5	V 315			
	with the LME related to the waiver and securing the waiver for nursing coverage. - There is no waiver in place currently.					
	This deficiency con and must be correct	stitutes a re-cited deficiency sted within 30 days.				

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