Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED 3404550 MHL054-125 B. WING 05/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002 A & B SHACKLEFORD ROAD PINEWOOD FACILITY KINSTON, NC 28502 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed on May 16, 2024. The complaint was substantiated (intake #NC00216711). 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 12 and has a current census of 11. The survey sample consisted of audits of 3 current clients and 2 former clients. V 315 27G .1902 Psych. Res. Tx. Facility - Staff V 315 10A NCAC 27G .1902 STAFF (a) Each facility shall be under the direction a RECEIVED physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness. (b) At all times, at least two direct care staff DHSR-MH Licensure Sect members shall be present with every six children or adolescents in each residential unit. (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. (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse. Division of Health Service Regulation

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

If continuation sheet

STATE FORM

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED 3404550 MHL054-125 B. WING 05/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002 A & B SHACKLEFORD ROAD PINEWOOD FACILITY KINSTON, NC 28502 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 315 | Continued From page 1 V 315 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). 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 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, Pinewood Facility, MHL-054-125, [Sister] Facility. MHL-054-126, [Sister] 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

RO6H11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES	
AND PLAN OF CORRECTION	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

3404550

MHL054-125

(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING: COMPLETED

B. WING \_\_

05/16/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## PINEWOOD FACILITY

## 2002 A & B SHACKLEFORD ROAD

. 1145440	KINSTO	N, 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
	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 Pinewood 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 [Sister] Facility. The provider also states that the RN is supported by other clinical staff both during the day and night. "During first shiftother clinical staffinclude 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 Servicesis 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 Pinewood 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 (LME/MCO) of the catchment area, supports approval of this waiver request. DHSR reported that there are no current sanctions against these facilities. In accordance with 10A			

Division of Health Service Regulation

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	N OF CORRECTION	IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		MHL054-125	B. WING		05/	16/2024
	PROVIDER OR SUPPLIER	2002 A &	DRESS, CITY, S B SHACKLE! , NC 28502	TATE, ZIP CODE 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 APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
	NCAC 27G .0813, tl 27G.1902 (e) canno of the 2022 license and, therefore shall consideration upon - Signed by the prev Licensure & Certificate Review on 05/16/24 Carolina Division of Services/DHSR date facility President/Chi - "To Whom It may Compared the service of NOVA, Inc. waiver from 10A NC. RN position per shift for facilities ([Sister Facility]) regarding R supports the request safety, and welfare of threatened."  - "Request for Waive 2 sister facilities.  - "3. Rule Number ar Sought 10A NCAC 2 shall provide 24-hour Registered Nurse.  - 4 a/b. (Reason for rof request): NOVA, Infrom Rule 10A NCAC (Sister facility] and [S (located on one site) Nurse per shift t prov this waiver request at the language of the rof RNs 'onsite' versus 4 c. (Confirmation that welfare of clients will	the waiver of Rule 10A NCAC of exceed the expiration date which is December 31, 2022; be subject to renewal the request of the licensee." ious Chief, Mental Health ation Section  of a letter sent to North Health and Human ed 11/03/23 and signed by the lef Executive officer revealed: Concern: The Governing authorizes the request for AC 27G .1902 (e) to use one to provide onsite coverage facility], Pinewood and [Sister IN staffing. The board and assures that the health, of the Consumers will not be ser for 1902 staff (e) The PRTF on-site coverage by a sequest & nature and extent inc. is requesting a waiver 27G .1902(e) for Pinewood, ister facility] facilities to share one registered ide 24-hour onsite coverage. Opears to be consistent with ule in terms of the provision is in each facility. In each facility or not be threatened): NOVA es that the health, safety,	V 315			

Division of Health Service Regulation

Division	of Health Service Re	egulation			FORM	MAPPROVED
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION		E SURVEY
1 7 1 2 1	VOI GONNEGIION	3404556	A. BUILDING:		COM	MPLETED
		MHL054-125	B. WING		0.5	14.0.1000.4
NAME OF	PROVIDER OR SUPPLIER		DDESS CITY S	TATE ZID CODE	05/	/16/2024
2000 1 2000 1			B SHACKLEI	TATE, ZIP CODE		
PINEWO	OOD FACILITY		, NC 28502	OND NOAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORREC	OULD BE	(X5) COMPLETE
IAG	THEODERICATION CAN	SO IDENTIFY THE INTORNATION)	TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	ROPRIATE	DATE
V 315	Continued From pa	ge 4	V 315			
	threatened should thas a waiver in effectively without compromise services as evidenchave not resulted in of one RN. We furth shift can effectively they are on the sam proximity to each oth office, located in Butyards) and 50 second is 240 feet (80 yards) [Sister] Facility, and 41 seconds to the Call at all times, as well at all times,	this request be granted. NOVA ct for many years, since 2010 of the provided nursing e by multiple surveys that sanctions regarding the use for believe that one RN perserve the facilities because e site and are in very close ther. From the central nursing filding C; it is 270 feet (90 and sto the Pinewood Facility; and 41 seconds to the it is 240 feet (80 yards) and sister] Facility. During first the RN is supported by the clinical staff to include a difference of Therapists and at least sionals. Additionally, NOVA or day per shift to assist the ies. Although we have a clinical staff after 7 p.m we do to assist the RN on duty. Ence of two Residential staff after 7 p.m we do to assist the RN on duty. Ence of two Residential staff after 3 p.m we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two Residential staff after 7 p.m. we do to assist the RN on duty. Ence of two RN o				

- She had worked at the facility since February

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Nurse stated:

Interview on 05/16/24 the Licensed Practical

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF CORRECTION	IDENTIFICATION NUMBER:	The same of the sa	LE CONSTRUCTION		E SURVEY PLETED
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		MHL054-125	B. WING		05/	16/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
PINEWO	OOD 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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
	2021 She usually worke - She will occasional which covers both P facility on the same  Interview on the Chit - The facility had cred to DHSR and the LME They had not had a submission The facilities have several years.  27D .0103 Client Rig Policy  10A NCAC 27D .010 SEIZURE POLICY (a) Each client shall invasion of privacy. (b) The governing be implement policy that under which searched area may occur, and for seizure of the client in the possession of (c) Every search or seizure of the client that possession of (c) Every search or seizure of the client that possession for seizure of the client that possession of (c) Every search or seizure of the client that possession for seizure of the client that possession for seizure of the client that possession of se	d at a sister facility.  Illy work in the central building inewood Facility and a sister campus.  ef Operating Officer stated: sated and sent in waivers to MCO.  a response from the waiver operated the same for  ghts - Search And Seizure  3 SEARCH AND  be free from unwarranted ody shall develop and to specifies the conditions is of the client or his living if permitted, the procedures in the client.  Seizure shall be documented include: sarch; search; followed in the search; followed in the search; of the disposition of seized	V 315			
	This Rule is not met	as evidenced by:				

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STATEMENT OF DEFICIENCIES (X1) PROV

		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3404550	Mo-11-Management in Country	E CONSTRUCTION		E SURVEY MPLETED	_
-			MHL054-125	B. WING		05/	/16/2024	
	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			_
	PINEWO	OD FACILITY	KINSTON	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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
		failed to implement in policy affecting 3 of #9, and #11) and 10 Client (FC) #13). The Review on 05/14/24 Seizure of Consumer procedure revealed: - Effective date: 09/0-"Purpose: To compregarding consumer - Policy: It is the policy unwanted invasion of certain conditions exponsive and/or other procedure: 1. A consearch or seizure of cause. 1. If staff belied create a risk to the Consumer and/or other procedure: 1. A consearch or seizure of cause. 1. If staff belied create a risk to the Consumer and/or other procedure: 1. A consearch will include but the consumer's perform of the consumer's perform of the consumer's perform of the consumer's perform of the consumer's performant the Guardian fustification"  Review on 05/15/24 at 2:00pm notification per policy: 03/07/24 at 2:32pm notification per policy: 03/07/24 at 2:55pm notification per policy: 03/07/24 at 2:55pm notification per policy: 03/07/24 at 2:55pm	view and interview, the facility their search and seizure 4 current audited clients (#6, if 1 former client (Former e findings are:  of the facility "Search and er Property" policy and  of 1/95 and revised 01/01/14.  oly with 10A NCAC 27D .0103 search and seizure.  cy of NOVA to prohibit of consumer privacy unless sist that creates a risk to the ners.  Insumer shall not undergo property without unwarranted eves that conditions exist that consumer and/or others that ion of the consumer's devested for luct a search. 3. Authorized out not limited to the through nal and a thorough checking erson5. Qualified shall be notified and shall of the action taken and  and 05/16/24 of facility level I earch and seizure revealed:  - Client #9 - no documented  - Client #9 - no documented  - Client #11 - no	V 503				
		documented notificati · 03/07/24 at 2:20pm	- FC #13 - no documented					

	of Health Service R	egulation			TON	VIAITROVE
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY
	. o. ooraleonon	3404550	A. BUILDING:		CON	MPLETED
		MHL054-125	B. WING			
NAME OF	DD0/4DED 00 0/100/150				05	/16/2024
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
PINEWO	OOD FACILITY		B SHACKLE N, NC 28502	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 CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 503	Continued From pa	ige 7	V 503	· · · · · · · · · · · · · · · · · · ·		
	notification per police	CV.				
	Interview on 05/16/2	24 the Acting Program				
		uld be notified of a client				
	search and seizure.	·				
		locate documentation of the uardians in the above				
	referenced incident					
V /36	27G .0303(c) Facilit	y and Grounds Maintenance	V 736			
	10A NCAC 27G .03					
	EXTERIOR REQUI					
	maintained in a safe	its grounds shall be e, clean, attractive and orderly				
		e kept free from offensive				
	This Rule is not me	t as evidenced by:				
	Based on observation	on and interview, the facility				1
	was not maintained orderly manner. The	in a clean, attractive and				
	orderly manner. The	inidings are.				
	Observation on 05/1	4/24 at approximately				
	11:35am revealed: A Building					
	- The living room are	ea had a basketball sized and				
	an approximately 12	inch by 6 inch white patched				
	area.  - The dining room ha	ad a softball sized white				
	patched area.					
	- The front living area	a ceiling had substance in				
	various places of the - A15 - Walls with sm	nears and scuffs. The light				
	fixture was pulled aw	ay from the ceiling. The				1
	sheetrock was pulled	away from the corner of the				

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wall.

room. The light switch area was cracked on the

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROV

	MENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3404550	A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL054-125	B. WING		05/	16/2024
	OF PROVIDER OR SUPPLIER  WOOD FACILITY	2002 A &		STATE, ZIP CODE FORD ROAD		
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V 7	- A13 - An approxim sheetrock had been approximate 14 incheen pushed in nea - The right side bath on the tub tiles A18 - unpainted plyby 2 feet at the head B Building: - The furniture in the of surface peeled avecay - A19 2 areas of she wall A24 approximately plywood on the lower - The bathroom tile head tub faucet which experiments and area from the surface A22 had an approximated plywood on sheetrock pulled away and an approximated plywood on the surface A22 had an approximated plywood on sheetrock pulled away and an approximated plywood on the surface A22 had an approximately plywood on the surface	nate basketball sized area of pulled away from the wall. An he by 14 inch area of wall had referenced receptacle. Income had dark grout areas ywood approximately 2 feet dof the bed.  It is living room had the top layer way in various places. Petrock pulled away from the section of the wall. In had been torn away under the bosed a hole. In additional section of the wall. In had been torn away under the bosed a hole. In additional section of the wall way in the wall. It is a possible to the wall of the wall of the wall of the wall. It is a program and daily to repair items at the lase had damaged the facility was of safety to the litutes a re-cited deficiency.	V 736			

## PAppendix 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: Provider Contact	NOVA Behavioral Health , Chief Operating Officer	Phone:	919-920-7391
Person for follow-up:		Email:	cford@novanc.org
Address:	2002 Shackleford RD Kinston, NC 28504	Provide	# 3404550

Finding	Corrective Action Steps	Responsible Party	Time II
V315 27G .1902 Psych. Res. Tx. Facility - Staff	NOVA always takes steps to ensure that the PRTF has adequate nursing staffing to maintain the health and safety of the children we serve.  COO, will contact our home LME Trillium to request a waiver to 10A NCAC 27G .1902. We have been successful	PhD,Chief Operating Officer RN, Director	Implementation Date: 6/15/24
V 736	in receiving this waiver in past years.  COO will communicate with Trillium and request a waiver that will allow NOVA to staff all three facilities on NOVA's PRTF campus with 1 RN, minimally. Once the waiver is in place.  Director of Nursing will ensure that PRTF shall provide 24 hour on-site coverage by a registered nurse.	of Nursing	Projected Completion Date: 7/15/2024
27G .0303(c) Facility and Grounds Maintenance	Chief Operating Officer, will organize a list of repairs to be made in the facility and submit them to Chief Facilities Officer. will work with the maintenance crew to address all issues listed in the statement of deficiencies. will also document the completion of each maintenance project.	PhD, Chief Operating Officer  Chief Facilities Officer	Implementation Date: 6/3/24  Projected Completion Date:
V503			6/15/24
27D .0103 Client Rights - Search And Seizure Policy	It is NOVA's policy and practice that a child's guardian is informed of a search and seizure.  COO will conduct an in-service training for all staff who serve as Administrator-On-Call (AOC) and all Consumer Affairs Coordinators that will review the policies and procedures related to search and seizures, emphasizing	PhD, Chief Operating Officer PhD, Chief	Implementation Date: 6/3/24
	the requirement to inform guardians when a search and seizure is conducted.  CEO, will monitor these activities to ensure completion.	Executive Officer  RECEIV	Projected Completion Date:7/15/24  D