V 000 INITIAL (A compla on Septe substanti #NC0022 This facil category:	ILITY UMMARY STATEMENT OF DEFICIENCIES I DEFICIENCY MUST BE PRECEDED BY FU ATORY OR LSC IDENTIFYING INFORMAT	non) TAG V 000 mpleted were	STATE, ZIP CODE	09/10/2024
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(X4) ID PREFIX TAGSI (EACH REGULV 000INITIAL (A compla on Septe substanti #NC0022This facil category Resident	ILITY UMMARY STATEMENT OF DEFICIENCIES I DEFICIENCY MUST BE PRECEDED BY FI ATORY OR LSC IDENTIFYING INFORMATI COMMENTS ated follow up survey was cor mber 10, 2024. The complaints v ated (intake #NC00221255 and 21249). A deficiency was cited. ity is licensed for the following set 10A NCAC 27G .1900 Psychiati	KINSTON, NC 28502 ULL ION) ID PREFIX TAG V 000 mpleted were V	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	COMPLET
V 000 INITIAL (A compla on Septe substanti #NC0022 This facil category: Resident	UMMARY STATEMENT OF DEFICIENCIES I DEFICIENCY MUST BE PRECEDED BY FI ATORY OR LSC IDENTIFYING INFORMATION COMMENTS ant and follow up survey was corr mber 10, 2024. The complaints wated (intake #NC00221255 and 21249). A deficiency was cited. ity is licensed for the following set 10A NCAC 27G .1900 Psychiation 100 Psych	ULL ION) ID PREFIX TAG V 000 mpleted were	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	COMPLET
A compla on Septe substanti #NC0022 This facil category: Resident	int and follow up survey was cor mber 10, 2024. The complaints v ated (intake #NC00221255 and 21249). A deficiency was cited. ity is licensed for the following se 10A NCAC 27G .1900 Psychiat	npleted were		
on Septe substanti #NC0022 This facil category Resident	mber 10, 2024. The complaints v ated (intake #NC00221255 and 21249). A deficiency was cited. ity is licensed for the following se 10A NCAC 27G .1900 Psychiate	were		
census o		ric urrent		
V 315 27G .190	2 Psych. Res. Tx. Facility - Staff	V 315		
 (a) Each physician psychiatr experience adolesce (b) At all members or adoles (c) If the specifica responsil an acute (d) A psy consultat or adoles (e) The I 	C 27G .1902 STAFF facility shall be under the directi board-eligible or certified in chile y or a general psychiatrist with ce in the treatment of children and nts with mental illness. times, at least two direct care st s shall be present with every six of cents in each residential unit. PRTF is hospital based, staff sh lly assigned to this facility, with boilities separate from those perfor medical unit or other residential ychiatrist shall provide weekly ion to review medications with each cent admitted to the facility. PRTF shall provide 24 hour on-site by a registered nurse.	d ad aff children all be ormed on units. ach child		

	IT OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL054-159	B. WING		09/	10/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
MAPLEV	VOOD FACILITY		SHACKLEFORI N, NC 28502	DROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 315	Continued From pa	ige 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).					
	Regulation (DHSR) revealed: -No current approve 27G.1902 (e). -The last approved	4 of Division of Health Service records for the facility al waiver of Rule 10A NCAC waiver for Rule 10A NCAC valid until December 31, 2022.				
	completed by the C for a complaint and on 05/16/24 with ar 06/15/24 revealed: -"NOVA always take PRTF has adequat the health and safe [COO Name], COC	4 of a Plan of Correction chief Operating Officer (COO) follow up survey completed n implementation date of es steps to ensure that the e nursing staffing to maintain ty of the children we serve. b, will contact our home LME it Entity) [LME] to request a				
	waiver to 10Å NCA successful in receiv [COO Name], COO and request a waiv all three facilities or RN, minimally. Onc [Director of Nursing will ensure that PR	C 27G .1902. We have been ving this waiver in past years. will communicate with [LME], er that will allow NOVA to staff n NOVA's PRTF campus with the the waiver is in place, (DON), Director of Nursing TF shall provide 24 hour y a registered nurse."				
	addressed to the Lo	4 of a letter by the COO ocal Management re Organization (LME/MCO)				

If continuation sheet 2 of 6

Division	of Health Service Re	egulation			_	APPROVE	
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL054-159	L054-159 B. WING		09/ [,]	09/10/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE ZIP CODE			
MAPLEV			I, NC 28502				
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF C		(X5) COMPLETE	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	DATE	
V 315	Continued From pa	ge 2	V 315				
	and dated 06/12/24	revealed:					
	-"To Whom it May (Concern, NOVA Behavioral					
	Health operates thr	ee licensed facilities ([sister					
		lity], and Maplewood) on our					
	PRTF (Psychiatric I	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						
	necessary per licensed facility. NOVA considers						
		one facility because we share					
		ate on the same physical site.					
		pret the standard to mean that					
	-	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 [LME/MCO]. Therefore, we					
	are seeking suppor	t from [LME/MCO] to share					
		se per 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					
		ble surveys that have not					
		s regarding the use of one					
		e further believe that one					
		er shift can effectively serve the					
	ealth Service Regulation	ney are on the same site and					

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		
		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL054-159	B. WING		09/	10/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
		2002-G S	HACKLEFORI	D ROAD		
MAPLEV	VOOD FACILITY	KINSTON	, NC 28502			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 315	Continued From pa	ge 3	V 315			
	are in verv close pro	oximity to each other. From				
		office, located in Building C; it				
		(yards). and 50 seconds to the				
		240 feet (80 yds) and 41				
	seconds to the [sister] Facility, and it is 240 feet					
	(80 yds) and 41 seconds to the Maplewood					
	Facility. Therefore, 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,				
		rapists and at least five				
		nals in addition to many other Although, we have a reduced				
		taff after 7 p.m., we have				
		assist nurses on duty. Aside				
		of two to three Residential				
		rs, the Director of PRTF				
	Services is an expe	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				
		and shift with little to be done				
		Nova's PRTF requests a				
		CAC 27G 1902 (c). We seek to				
		n per shift at a minimum, to				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-159			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		09/	10/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, ST	ATE, ZIP CODE		
MAPLEV	VOOD FACILITY		HACKLEFORI I, NC 28502	D ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 315	Continued From pa	ge 4	V 315			
	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 09/04/24 of an email from the LME Provider Relations and Engagement Manager to the facility COO dated 07/10/24 revealed: -"[LME/MCO]'s Executive team has reviewed the Nova's request, and it has been disapproved." Interview on 09/06/24 the Licensed Practical Nurse (LPN) stated: -She had worked at the facility since 2022 as a LPN. -She worked in various areas of the facility. -She was nurse covering the facility today. -She had all relevant training to meet the clients' needs.					
	-She was a RN. -There are usually 2 -One nurse provide Facility and the other medications to a sis facility. -There is a nurse start -The LPN was the r -All nurses help eacon needs of clients are	t the facility for one year. 2 nurses on each shift. d medications to Maplewood er nurse would provide ster facility and another sister tationed at the facility. nurse for the facility today. ch other out to ensure the				

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLI IDENTIFICATION NU MHL054-159		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 09/10/2024	
		MHI 054-159				
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		03/	10/2024
			SHACKLEFOR			
APLEV		KINSTO	N, 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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETI DATE
V 315	Continued From pa	ge 5	V 315			
	onsite coverage for	the facilities.				

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