PRINTED: 08/26/2024 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING MHL054-126 08/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD OAKWOOD FACILITY KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual, complaint and follow up survey was completed on August 21, 2024. Three complaints were substantiated (intake #NC00220258, NC00220181 and NC00220176) and two complaints were unsubstantiated (intake #NC00220251 and NC00220189). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC .1900 Psychiatric RECEIVED Residential Treatment for Children and Adolescents. This facility is licensed for 12 and has a current DHSR-MH Licensure Sect census of 8. The survey sample consisted of audits of 4 current clients and 5 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 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 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

STATE FORM

Program Director 09/24/2024

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: __ B. WING 08/21/2024 MHL054-126 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD OAKWOOD FACILITY KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 315 V 315 Continued From page 1 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 08/21/24 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 08/20/24 of a Plan of Correction completed by the Chief Operating Officer (COO) implemented on 06/15/24 revealed: - "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 Name], COO, will contact our home LME (Local Management Entity) [LME] to request a waiver to 10A NCAC 27G .1902. We have been successful in receiving this waiver in past years. [COO Name], COO will communicate with [LME], 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 (DON), Director of Nursing will ensure that PRTF shall provide 24 hour on-site coverage by a registered nurse." Review on 08/21/24 of a letter by the COO

Division of Health Service Regulation

Division of Health Service Regulation

STATE-MENT OF CORRECTION MINUSCRIPTION BUNGER: MHL054-128 MHL054-128 STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD KINSTON, NC 28504 KINSTON, NC 28504 KINSTON, NC 28504 SEACH DEFICIENCY WISTS REPRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V315 Continued From page 2 addressed to the Local Management Entity/Managed Care Organization (LME/MCO) and dated 06/12/24 revealed: "TO Whom if May Concern, NOVA Behavioral Health operates three licensed facilities (sister facility), Oakwood, and (sister facility) on our PRTF (Psychiatric Residential Treatment Facility) site. DHSR recently ided our facilities for a failure to maintain adequate nursing coverage as required by 10 ANCAC 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 shoul 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 iconsed facility. NOVA considers our PRTF program one facility because we share resources and operate on the same physical site. Therefore, we interpret the standard to mean that NOVA's required to always have one registered nurse on our PRTF site, a requirement that we exceed under usual circumstances. Although we disagree with DHSR's interpretation of this rule, they have agreed to always have one registered nurse on compus, if we obtain a letter of support from Trillium to brain an electron of the rowners on the provide Almour on the coverage on our PRTF parts one registered nurse on compus, if we obtain a letter of support from Trillium to standard to the provide Almour on the provide Almour on the coverage on our PRTF capturement and allow NOVA's PRTF to laways maintain at least one registered nurse on compus, if we obtain a letter of support from Trillium to starte one Registered Nurse, We further believe that one registered nurse as evidenced by mu	т						
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Division of Health Service Regulation

PRINTED: 08/26/2024 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL054-126 08/21/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2002 D & E SHACKLEFORD ROAD OAKWOOD FACILITY KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 315 V 315 Continued From page 3 registered nurse 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 yds (yards).) and 50 seconds to the [sister] Facility; it is 240 feet (80 yds) and 41 seconds to the Oakwood Facility, and it is 240 feet (80 yds) and 41 seconds to the [sister] 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 a.m.-7 p.m.) the registered nurses are further supported by the presence of several other clinical staff. This support consists of a Nursing Director (who is an RN), a Program Director, three Licensed Therapists and at least five Qualified Professionals in addition to many other support positions. Although, we have a reduced number of clinical staff after 7 p.m., we have support in place to assist nurses on duty. Aside from the presence of two to three Residential Services Supervisors, the Director of PRTF Services is an experienced residential healthcare professional is on call 24/7 to the facility. I am the Chief Operating Officer and Licensed Clinical Psychologist and am also available 24/7 to assist the PRFT program. The PRFT also maintains and Administrator- On-Call, who is a Qualified

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Professional. NOVA has a Psychiatrist and a MD 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. In sum, Nova's PRTF requests a waiver from 10A NCAC 27G 1902 (c). We seek to

PRINTED: 08/26/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ MHL054-126 B. WING 08/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD OAKWOOD FACILITY KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 315 Continued From page 4 V 315 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 - All nurses help each other out to ensure the needs of clients are met. Interview on 08/20/24 the Program Manager stated:

- The facility owners have had correspondence Division of Health Service Regulation

facility are shared.

administrative building.

- The nursing staff for Oakwood and a sister

- There are 2 nurses on the campus at night one serves a sister facility and the other serves another sister facility and Oakwood Facility.

- The nursing staff have an office in the

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL054-126 08/21/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2002 D & E SHACKLEFORD ROAD **OAKWOOD FACILITY** KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 315 Continued From page 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 constitutes a re-cited deficiency and must be corrected within 30 days.

Division of Health Service Regulation

Appendix 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:	NOVA Behavioral Health	Phone:	252-233-0491
Provider Contact: Person for follow-up:	Program Director Program Director		mqueen@novanc.org
Address:	2002 Shackleford Road Kinston, NC 28504	Provide	r # 3404551

Finding	Corrective Action Steps		
Finding V315 10A North Carolina Administrative Code 27G. 1902 Staff (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.	To address the citation for 10A North Carolina Administrative Code 27G. 1902 Staff stating, "(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse", a Registered Nurse will provide 24 hour on-site coverage on NOVA's premises to meet the needs of all consumers in our care, including Oakwood. NOVA will also continue efforts to secure a waiver to align with the aforementioned requirement by collaborating with DHSR and Trillium. NOVA will take the corrective action steps indicated below. Steps 1 through 3 indicate how NOVA will correct the area of practice and prevent the citation again. Step 4 indicates who will monitor the plan of correction, and how often. 1. Contact with Local Management Entity/Managed Care Organization LME/MCO: a Action: COO has contacted Trillium, the LME/MCO, to address the disapproval of the waiver request made on 07/10/24. On 9/24/24. A Trillium representative indicated that they would write a letter of support for our waiver request. Meetings will be scheduled with NOVA's leadership team to discuss our current staffing needs and provide any necessary additional documentation or justification to support the approval of the waiver. a Rationale: Ensuring compliance with Rule 10A NCAC 27G. 1902(e) is critical. NOVA will work to secure approval of the waiver to align with the aforementioned requirement. 2. Staffing Strategy: Action: NOVA will ensure that the Oakwood Facility is staffed with 1 RN on site, minimally. Rationale: Rowa will resume that a RN is staffed on-site within NOVA's premises at all times to maintain the health, safety, and welfare of the consumers in our care. 3. Resubmission of Waiver Request: Rationale: Resubmission and approval of the waiver is necessary to align with DHSR's interpretation of the staffing practices, previous successful waivers, and rationale for the request. On 974/24, a Trillium representative indicated that they would write a letter of support for our waiver request. Rationale: Resubmission and approval of the waiver is nece	Responsible Party PhD, Chief Operating Officer (COO) Program Director RN, Director of Nursing (DON)	Timeline Implementation Date: September 20, 2024 Projected Completion Date: October 18, 2024