

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-125</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/23/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINEWOOD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002 A &amp; B SHACKLEFORD ROAD KINSTON, NC 28502</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on September 23, 2024. Four complaints were substantiated (intake #'s NC00221267, NC00221238, NC00220199 and NC00220201) and two complaints were unsubstantiated (intakes #'s NC00220982 and NC00220152). 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 12 and has a current census of 9. The survey sample consisted of audits of 3 current clients and 6 former clients.</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	<p style="text-align: center;"><b>RECEIVED</b> <b>OCT 10 2024</b> <b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Monica Duen* 10/04/2024

TITLE

(X6) DATE

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V 315	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure at least 2 direct care staff were present with every 6 children or adolescents at all times and failed to ensure 24-hr onsite coverage by a Registered Nurse (RN). The findings are:</p> <p>Finding #1: Review on 09/05/24 of Former Client (FC) #13's record revealed: -16 year old male. -Admission date of 06/05/24. -Discharge date of 08/18/24. -Diagnoses of Mood Disorder, Bipolar Disorder, Posttraumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD) combined type, Generalized Anxiety Disorder.</p> <p>Review on 09/05/24 of FC #14's record revealed: -16 year old male. -Admission date of 12/05/22. -Discharge date of 08/19/24. -Diagnoses of ADHD and Disruptive Mood Dysregulation Disorder (DMDD).</p> <p>Review on 09/05/24 of FC #15's record revealed: -16 year old male. -Admission date of 06/27/24. -Discharged to sister facility on 08/02/24. -Diagnoses of ADHD combined type and ODD.</p> <p>Observation on 09/04/24 at approximately 9:30am of the facility grounds revealed:</p>	V 315		

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V 315	<p>Continued From page 2</p> <p>-Approximately a 5 foot tall chain link fence surrounding the entire premises of the facility.</p> <p>Review on 09/04/24 of the North Carolina Incident Response Improvement System reports dated 07/13/24 revealed:</p> <p>-"1:40pm-After playing outside, [FC #14] and two other consumers, threw a ball over the fence then jumped the fence to get it and kept on going. [Sheriff's Department] was called and [FC #14] was bought back on campus at 2:10pm."</p> <p>-During outside time the consumer (FC #15) along with 2 other peers (FC #13 and FC #14) threw a ball towards the fence. Once the consumer (FC #15) arrived at the fence he and peers jumped the fence and took off. Staff was not able to locate so the Sheriff's department was contacted. Consumer returned to [Licensee] on 7/14/24 around 12:30pm. It was also reported that the consumer was caught trying to steal from a local store when police were called to respond. Once law enforcement arrived the consumer attempted to resist and was apprehended. Consumer will have charges for assaulting an officer and theft.</p> <p>-On Saturday, July 13, around 1:40pm, the consumer (FC #13) was outside playing basketball with other peers when they intentionally allowed the basketball to roll towards the fence. Subsequently, they all proceeded to jump over the fence and run away from staff. The agency immediately contacted law enforcement to aid in the search for the consumer. Despite these efforts, the consumer was able to evade everyone searching and managed to find a way to [City approximately 35 miles away] where he (FC #13) contacted law enforcement and surrendered on Monday, July 15. The consumer was brought back to the campus by [Local] County DSS (Department of</p>	V 315		

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V 315	<p>Continued From page 3</p> <p>Social Services) at approximately 12:00pm on Monday, July 15th. Upon return, the consumer indicated that he (FC #13) was dealing with a recent loss and just wanted to get away from everything. The team will work with the consumer on processing his grief."</p> <p>Interview on 09/06/24 client #5 stated: -He was at the facility when FC #13, FC #14 and FC #15 ran from the facility. -Staff #1 was the only staff outside with him and 3 other clients playing basketball. -FC #14 threw the ball. -FC #13, FC #14 and FC #15 ran and jumped the fence. -Other staff came out after the clients eloped and went to look for clients in their cars. -Law Enforcement came to the facility after the clients eloped.</p> <p>Interview on 09/06/24 client #2 stated: -He had lived at the facility for 4 months. -He resided at the Pinewood Facility A. -3 clients eloped from Pinewood Facility B. -FC #13, FC #14 and FC #15 eloped. -They jumped the fence when they were outside playing basketball. -4 clients were outside but only 3 of them ran. -He saw them elope because he was on the back porch of his building. -Client #5 did not run. -Staff #1 was the only staff outside with FC #13, FC 14, and FC #15 when they eloped.</p> <p>Interview on 09/06/24 client #6 revealed: -He had lived at the facility for 3 months. -He witnessed the elopement. -3 "dudes (clients)" were playing basketball and football. -One threw the football to make the staff "think"</p>	V 315		

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V 315	<p>Continued From page 4</p> <p>they were going to get the ball and they "look off." -One staff was with them. -He could not remember the staff's name. -FC #13, FC #14 and FC #15 were the clients that ran. -The police were called and one client (FC #15) was found the next day and one client (FC #13) was found 2 days later. -The weekends was when the facility was "short staffed."</p> <p>Interview on 09/06/24 FC #15 stated: -He recalled the 07/13/24 elopement. -He and 3 other clients were outside with only staff #1. -Client #5 did not run with them. -The elopement was a "planned thing." -He "jumped the fence." -He returned to the facility the next day. -The police "got him." -He "robbed" a gas station and another store. -He thought he and FC #13 were charged with larceny, assault and resisting arrest. -The police did not catch FC #13 the same time he was caught. -He could not run anymore because he had a cramp in his leg. -He was discharged and admitted to the sister facility.</p> <p>Attempted interview on 09/06/24 and 09/09/24 with FC #13 was unsuccessful after unreturned calls from the Department of Social Services guardian.</p> <p>Attempted interview on 09/06/24 and 09/09/24 with FC #14 was unsuccessful after unreturned calls from the mother which was his guardian.</p> <p>Interview on 09/06/24 FC #15's guardian stated:</p>	V 315		

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V 315	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-She worked for a local Department of Social Services.</li> <li>-She was aware FC #15 eloped from the facility.</li> <li>-FC #15 was initially charged with larceny and resisting arrest.</li> <li>-The charges were dropped.</li> <li>-She never had any paperwork on FC #15's arrest and subsequent charges.</li> </ul> <p>Interview on 09/05/24 staff #1 stated:</p> <ul style="list-style-type: none"> <li>-He started working at the facility in June 2024.</li> <li>-He worked at the Pinewood Facility B.</li> <li>-He worked B rotation from 5:30am to 5:30pm.</li> <li>-He worked with other staff at times.</li> <li>-If there are 3 clients he would be the only staff.</li> <li>-The nurse's office was in another building on the campus.</li> <li>-He recalled the incident on 07/13/24 when FC #13, FC #14 and FC #15 eloped from the facility.</li> <li>-He was outside with client #5, FC #13, FC #14 and FC #15 when they were playing basketball.</li> <li>-The ball was rolled toward the fence and FC #13, FC #14 and FC #15 went over the fence.</li> <li>-There were no other staff outside with him and the 4 clients.</li> <li>-He did not go after the 3 clients because client #5 would have been left alone.</li> <li>-He contacted his supervisor while he monitored client #5.</li> <li>-One client was returned that day and 2 other clients came back a "couple" of days later.</li> <li>-There had been no indication the clients were going to elope, "I was kind of new working there."</li> <li>-He had no additional training on staffing or supervision after this elopement incident.</li> </ul> <p>Interview on 09/05/24 the Residential Services Supervisor (RSS) #1 stated:</p> <ul style="list-style-type: none"> <li>-She started working at the facility on 06/24/24 as a RSS.</li> </ul>	V 315		

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V 315	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-There could be 1 staff with 3 clients.</li> <li>-She recalled the incident on 07/13/24.</li> <li>-3 clients eloped from the facility.</li> <li>-Staff #1 was a "newer staff."</li> <li>-She was not sure if there had been another staff with him since there were 4 clients in the facility.</li> </ul> <p>Interview on 09/05/24 the RSS #2 stated:</p> <ul style="list-style-type: none"> <li>-She started working at the facility in February 2024.</li> <li>-She recalled the 07/13/24 elopement.</li> <li>-She contacted the Residential Services Manager and 911.</li> <li>-The staffing ratio was 1 staff to 3 clients.</li> </ul> <p>Interview on 09/06/24 Therapist #1 stated:</p> <ul style="list-style-type: none"> <li>-He was the therapist for FC #15.</li> <li>-FC #15 had virtual court proceedings after the elopement incident.</li> <li>-He thought FC #15 was charged with resisting an officer.</li> <li>-He never had any paperwork on FC #15's arrest.</li> </ul> <p>Interview on 09/09/24 Therapist #2 stated:</p> <ul style="list-style-type: none"> <li>-He was unsure of the charges against FC #13 and FC #15.</li> <li>-He understood they had been hiding out and went to a convenience store and took snacks.</li> <li>-FC #15 had a confrontation with law enforcement.</li> <li>-FC #13 made it to "[city approximately 35 miles away]."</li> <li>-He did not know exactly how he got to that city but "possibly hitchhiked."</li> <li>-FC #13 turned himself into the law enforcement and was brought back to the facility.</li> <li>-He was unaware if FC #13 and FC #15 received any charges from the police.</li> </ul> <p>Finding #2:</p>	V 315		

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V 315	<p>Continued From page 7</p> <p>Review on 09/04/24 of the current census sheet revealed: -9 clients at the facility. -Pinewood Facility A had approximately 1-5 clients the months of July 2024-September 2024. -Pinewood Facility B had approximately 1-4 clients the months of July 2024-September 2024.</p> <p>The facility operated with 2 shifts. First shift was 5:30am to 5:30pm and 2nd shift was 5:30pm-5:30am</p> <p>Review on 09/09/24 and 09/10/24 of the facility staffing sheets from July 1, 2024 thru September 8, 2024 revealed: July 2024 -07/04/24-1 staff Pinewood Facility A and 1 staff Pinewood Facility B during 2nd shift (5:30pm to 5:30am). -07/05/24-1 staff Pinewood Facility B during 1st shift (5:30am to 5:30pm). -07/05/24-1 staff Pinewood Facility A and 1 staff Pinewood Facility B during 2nd shift. -07/06/24-1 staff Pinewood Facility A and 1 staff Pinewood Facility B during 2nd shift. -07/07/24-1 staff Pinewood Facility A and 1 staff Pinewood Facility B during 1st shift and 2nd shift. -07/09/24-1 staff Pinewood Facility B during 2nd shift. -07/10/24-1 staff Pinewood Facility A during 1st shift. -07/10/24-1 staff Pinewood Facility B during 2nd shift. -07/11/24-1 staff Pinewood Facility A and Pinewood Facility B during 1st and 2nd shift. -07/13/24-1 staff Pinewood Facility B during 2nd shift. -07/14/24-1 staff Pinewood Facility B during 1st shift. -07/15/24-1 staff Pinewood Facility B during 1st</p>	V 315		



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V 315	<p>Continued From page 8</p> <p>shift.</p> <p>-07/15/24-1 staff Pinewood Facility A and Pinewood Facility B during 2nd shift.</p> <p>-07/16/24-1 staff Pinewood Facility B during 2nd shift.</p> <p>-07/18/24-1 staff Pinewood Facility B during 2nd shift.</p> <p>-07/19/24 1 staff Pinewood Facility B during 1st shift.</p> <p>-07/19/24-1 staff Pinewood Facility A and Pinewood Facility B during 2nd shift.</p> <p>-07/20/24-1 staff Pinewood Facility B during 1st shift and 1 staff Pinewood Facility B during 2nd shift.</p> <p>-07/21/24-1 staff Pinewood Facility A and Pinewood Facility B during 2nd shift.</p> <p>-07/23/24-1 staff Pinewood Facility A and Pinewood Facility B during 1st shift.</p> <p>-07/24/24-No staff listed Pinewood Facility A and 1 staff Pinewood Facility B during 1st shift.</p> <p>-07/24/24 1 staff Pinewood Facility B during 2nd shift.</p> <p>-07/25/24-1 staff Pinewood Facility A and Pinewood Facility B during 1st shift.</p> <p>-07/25/24-1 staff Pinewood Facility B during 2nd shift.</p> <p>-07/26/24-1 staff Pinewood Facility B during 1st shift.</p> <p>-07/27/24-1 staff Pinewood Facility B during 2nd shift.</p> <p>-07/28/24-1 staff Pinewood Facility A and Pinewood Facility B during 1st shift.</p> <p>-07/28/24-1 staff Pinewood Facility B during 2nd shift.</p> <p>-07/29/24-1 staff Pinewood Facility A and Pinewood Facility B during 1st shift.</p> <p>-07/29/24-1 staff Pinewood Facility B during 2nd shift.</p> <p>-07/30/24-1 staff Pinewood Facility A and Pinewood Facility B during 1st shift.</p>	V 315		

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V 315	Continued From page 9 -07/30/24-1 staff Pinewood Facility B during 2nd shift. -07/31/24-1 staff Pinewood Facility B during 1st shift and 2nd shift. August 2024 -08/01/24-1 staff Pinewood Facility B during 1st shift. -08/04/24-1 staff Pinewood Facility B during 1st shift. -08/12/24-1 staff Pinewood Facility B during 1st shift and 2nd shift. -08/18/24-1 staff Pinewood Facility B during 2nd shift. -08/22/24-1 staff Pinewood Facility B during 1st shift and 2nd shift. -08/24/24-1 staff Pinewood Facility B during 1st shift. -08/27/24-1 staff Pinewood Facility B during 1st shift. -08/28/24-1 staff Pinewood Facility B during 1st shift. -08/29/24-1 staff Pinewood Facility B during 1st shift. -08/30/24-1 staff Pinewood Facility B during 1st shift and 2nd shift. -08/31/24-1 staff Pinewood Facility B during 2nd shift. September 2024 -09/01/24-1 staff Pinewood Facility B during 1st shift and 2nd shift. -09/02/24-1 staff Pinewood Facility B during 1st shift and 2nd shift. -09/03/24-1 staff Pinewood Facility B during 1st shift. -09/04/24-1 staff Pinewood Facility B during 1st shift. -09/05/24-1 staff Pinewood Facility B during 1st shift. -09/06/24-1 staff Pinewood Facility B during 2nd shift.	V 315		

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V 315	<p>Continued From page 10</p> <p>-09/07/24-1 staff Pinewood Facility B during 1st shift.</p> <p>-09/08/24-1 staff Pinewood Facility B during 1st shift and 2nd shift.</p> <p>In summary from 07/04/24 through 09/08/24 there were approximately 30 days for first shift and 29 days on second shift when the facility was out of staffing ratio.</p> <p>Interview on 09/05/24 staff #1 stated: -He started working at the facility in June 2024. -He worked at the Pinewood Facility B. -He worked B rotation from 5:30am to 5:30pm. -He worked with other staff at times. -If there are 3 clients he would be the only staff.</p> <p>Interview on 09/05/24 staff #2 stated: -She worked at the facility for approximately 1 month. -She worked 5:30am to 5:30pm -She worked in Pinewood Facility B. -There were 4 clients at present in the facility. -She is the only staff for 4 clients today. -There would be more staff if there were more clients.</p> <p>Interview on 09/09/24 staff #7 stated: -He had worked at the facility for approximately 3 months. -He worked in Pinewood Facility B. He normally worked with 3 clients at the facility. -The staff to client ratio was 1 staff to 3 clients. -He had a new staff working with him now to make it 2 staff to 3 clients.</p> <p>Interview on 09/06/24 the Residential Service Manager (RSM) stated: -The ratio was 1 staff to 3 clients. -They usually have 2 staff in each facility.</p>	V 315		

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NAME OF PROVIDER OR SUPPLIER  <b>PINEWOOD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002 A &amp; B SHACKLEFORD ROAD KINSTON, NC 28502</b>
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V 315	<p>Continued From page 11</p> <p>-If a client is placed on a 1:1 (protocol) then a staff is pulled from another facility. -The 2nd staff that is in the facility with 3 consumers would be pulled to the facility with 5 consumers if a client was on 1:1 so 2 staff would be in that facility.</p> <p>Interview on 09/06/24 the Director of Nursing (DON) stated: -2 to 6 staff was the ratio. -Her understanding was they were having staffing needs for the paraprofessional staff. -One staff was needed only if it was 3 consumers.</p> <p>Finding #3: Review on 09/04/24 of the Division of Health Service Regulation (DHSR) records for the facility revealed: -No current approval waiver of Rule 10A NCAC 27G.1902 (e). -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</p>	V 315		

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V 315	<p>Continued From page 12</p> <p>on-site coverage for the three PRTF facilities that are in close proximity to each other. I hereby 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 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 LPN's (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. [Licensee] 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</p>	V 315		

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V 315	<p>Continued From page 13</p> <p>reported that there are no current sanctions against these facilities. In accordance 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." Signed by the previous Chief, Mental Health Licensure &amp; Certification Section -The last approved waiver for Rule 10A NCAC 27G.1902 (e) was valid until December 31, 2022.</p> <p>Review on 09/04/24 of a Plan of Correction completed by the Chief Operating Officer (COO) for a complaint and follow up survey completed on 05/16/24 with an implementation date of 06/15/24 revealed: -"[Licensee] 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 [Licensee] to staff all three facilities on [Licensee] 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."</p> <p>Review on 09/04/24 of a letter written by the COO addressed to the LME/Managed Care Organization (MCO) and dated 06/12/24 revealed: -"To Whom it May Concern, [Licensee] Behavioral Health operates three licensed facilities (Pinewood Facility, [sister facility], and [sister facility]) on our PRTF (Psychiatric Residential</p>	V 315		

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V 315	<p>Continued From page 14</p> <p>Treatment Facility) site. DHSR recently 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 [Licensee] 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. [Licensee] 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 [Licensee] is 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 waive the requirement and allow [Licensee] PRTF to always maintain at least one registered nurse on campus, if we obtain a letter of support from [LME/MCO]. Therefore, we are seeking support from [LME/MCO] to share one Registered Nurse per shift to provide 24-hour onsite coverage on our PRTF campus. [Licensee] unequivocally assumes that the health, safety, and welfare of all consumers will not be threatened should this request be granted. [Licensee] has had a waiver in effect since 2010 without compromise of the provided nursing services as evidenced by multiple surveys that have not resulted in sanctions regarding the use of one registered nurse. We further believe that one 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 yd's (yards)) and 50 seconds to the [sister] Facility; it is 240 feet (80</p>	V 315		

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V 315	<p>Continued From page 15</p> <p>yd's) and 41 seconds to the Pinewood Facility, and it is 240 feet (80 yd's) and 41 seconds to the Pinewood 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 nurses 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 Professional. [Licensee] has a Psychiatrist and a 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. In sum, [Licensee] PRTF requests a waiver from 10A NCAC 27G 1902 (c). We seek to 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</p>	V 315		



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V 315	<p>Continued From page 16</p> <p>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."</p> <p>Review on 09/04/24 of an email from the LME/MCO Provider Relations and Engagement Manager to the facility COO dated 07/10/24 revealed: -"[LME/MCO]'s Executive team has reviewed the [Licensee] request, and it has been disapproved."</p> <p>Review on 09/04/24 of the facility staff's census form revealed: -9 RNs. -7 RNs on call. -2 Licensed Practical Nurses (LPN). -1 LPN on call.</p> <p>Interview on 08/21/24 the DON stated: -She had worked at the facility for one year. -She was a RN. -There were usually 2 nurses on each shift. -One nurse provided medications to a sister facility and the other nurse would provide medications to Pinewood 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.</p> <p>Review on 09/11/24 of the Plan of Protection dated 09/11/24 and completed by the Program Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? To address the citation for inadequate staffing, we are implementing immediate action to ensure the</p>	V 315		

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V 315	<p>Continued From page 17</p> <p>safety of the consumers in our care. Firstly, we will ensure the updated Staffing Compliance Procedure is provided to RSS staff. Secondly, Residential Services Managers and Residential Services Supervisors will be notified of 10A North Carolina Administrative Code 27G .1902 stating, '(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit' to ensure that adequate staffing is provided.</p> <p>Describe your plans to make sure the above happens? The Program Director will ensure that the Plan of Correction and Staffing Compliance Procedure is communicated on 9/11/24. The Residential Service Managers will review the staff assignment sheet each business day to ensure that adequate staffing and supervision are provided at all times to ensure ongoing compliance.</p> <p>Staffing Compliance Procedure ***RSS Team Members are responsible for initiating this procedure until compliance is achieved.**</p> <p>1. Outgoing RSS(s) will remain on campus until oncoming RSS(s) can provide adequate staffing by 1) transitioning him or herself to a Paraprofessional assignment or 2) utilizing staff list, including on-call and FT staff, to provide adequate staffing.</p> <p>2. Outgoing RSS(s) will notify Nurse(s) on Duty and one on-call staff member as identified in step 2 a if staffing compliance is not achieved. Upon notification, the Nurse on Duty will assess staffing to ensure consumer safety, respond accordingly, and collaborate with the on-call staff member to determine staffing needs and respond as outlined in steps 3 through 6 to provide adequate staffing</p>	V 315		

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V 315	<p>Continued From page 18</p> <p>to relieve the outgoing RSS(s) as soon as possible. RSS notification to one on-call staff member will occur in the order indicated in step 2 a.</p> <p>2 a. The designated RSM or DORA (unknown), AOC (Administrator on Call), and Program Director will remain on-call 24-7 to assist with staffing compliance in the event the procedure indicated below must be followed.</p> <p>2 b. Upon notification, the Nurse on Duty and one on-call staff member, the bed configuration will be reviewed to determine if temporarily relocation of consumers would achieve staffing compliance.</p> <p>3. Residential Behavior Interventionist (RBI) will transition to a Paraprofessional assignment if on campus (hours are 9am to 9pm) to provide adequate staffing.</p> <p>4. On-call RSM will report to campus if necessary and advise the following team members to report to campus to provide adequate staffing if necessary. Notification to report to campus will include in this order: Administrator-on-call, off duty RSM's, Director of Residential, Director of Nursing, Assistant Program Director, and Program Director."</p> <p>Review on 09/23/24 of the amended Plan of Protection dated 09/23/24 and completed by the Program Director revealed: "-What immediate action will the facility take to ensure the safety of the consumers in your care? To address the citation for 10A North Carolina Administrative Code 27G. 1902 STAFF stating, '(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit', we are implementing immediate action to ensure the safety of Pinewood consumers. Firstly, we will</p>	V 315		

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V 315	<p>Continued From page 19</p> <p>ensure the updated Staffing Compliance Procedure is provided to RSS staff. Secondly, Residential Services Managers and Residential Services Supervisors will be notified of 10A North Carolina Administrative Code 27G. 1902 STAFF stating, '(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>To address the citation for 10A North Carolina Administrative Code 27G. 1902 STAFF stating, 'The PRTF shall provide 24 hour on-site coverage by a registered nurse', Pinewood will be assigned a Registered Nurse to provide 24 hour on-site coverage on [Licensee] premises. [Licensee] will also continue efforts to secure a waiver to the nursing requirement by collaborating with DHSR and [LME/MCO].</p> <p>Describe your plans to make sure the above happens? The Program Director will ensure that the Plan of Correction and Staffing Compliance Procedure is communicated on 9/11/24. The Residential Service Managers will review the staff assignment sheet each business day to ensure that adequate staffing and supervision are provided at all times to ensure ongoing compliance. [COO], COO will communicate with [LME/MCO] to request a waiver that will allow [Licensee] to staff our site with 1 RN, minimally. [LME/MCO] has had correspondence with [Licensee] regarding the waiver as recently as 9/20/24.</p> <p>Staffing Compliance Procedure **RSS Team Members are responsible for initiating this procedure until compliance is achieved.** 1. Outgoing RSS(s) will remain on campus until</p>	V 315		

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V 315	<p>Continued From page 20</p> <p>oncoming RSS(s) can provide adequate staffing by 1) transitioning him or herself to a Paraprofessional assignment or 2) utilizing staff lists, including on-call and FT staff, to provide adequate staffing.</p> <p>2. Outgoing RSS(s) will notify Nurse(s) on Duty and one on-call staff member as identified in step 2 a if staffing compliance is not achieved. Upon notification, the Nurse on Duty will assess staffing to ensure consumer safety, respond accordingly, and collaborate with the on-call staff member to determine staffing needs and respond as outlined in steps 3 through 6 to provide adequate staffing to relieve the outgoing RSS(s) as soon as possible. RSS notification to one on-call staff member will occur in the order indicated in step 2 a.</p> <p>Revised 9/23/2024</p> <p>2 a. The designated RSM or DORA, AOC, and Program Director will remain on-call 24/7 to assist with staffing compliance in the event the procedure indicated below must be followed.</p> <p>2 b. Upon notification, the Nurse on Duty and one on-call staff member will review the bed configuration to determine if temporarily relocation of consumers would achieve staffing compliance.</p> <p>3. Residential Behavior Interventionist (RBI) will transition to a Paraprofessional assignment if on campus (hours are 9am to 9pm) to provide adequate staffing.</p> <p>4. On-call RSM will report to campus if necessary and advise the following team members to report to campus to provide adequate staffing if necessary. Notification to report to campus will include in this order: Administrator-on-call, off duty RSM's, Director of Residential, Director of Nursing, Assistant Program Director, and</p>	V 315		

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V 315	Continued From page 21 Program Director."  This deficiency has been cited 3 times since the original cite on 10/12/23.  The facility served clients whose diagnoses included: Disruptive Mood Dysregulation Disorder, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Depressive Disorder and Generalized Anxiety Disorder. The clients' ages ranged between 14 to 16 years old. The facility was out of compliance with providing 24-hr onsite coverage by a RN and did not have a current approval waiver of Rule 10A NCAC 27G.1902 (e) which had expired December 1, 2022. The DON revealed each facility did not have a RN stationed in each facility. The facility failed to maintain the required 2 staff to 6 clients staff ratio. From 07/04/24 through 09/08/24 there were 30 days for first shift and 29 days on second shift when the facility was out of staffing ratio. On 07/13/24 staff #1 was the only staff supervising 4 clients during an outside activity. FC #13, FC #14 and FC #15 jumped the fence and eloped from the facility. FC #14 returned to the facility the same day. FC #15 came back a day later and FC #13 returned two days later after traveling approximately 35 miles to a neighboring city. FC #13 and FC #15 were initially charged with larceny at a store and subsequently charged with resisting arrest. The lack of required staffing and supervision of 2 staff to 6 clients resulted in serious neglect. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 315		
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736		

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V 736	<p>Continued From page 22</p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (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 interviews, the facility was not maintained in a clean and attractive manner. The findings are:</p> <p>Observation on 09/04/24 at approximately 2:00pm revealed: A House -Room #16 small bits of paper debris was scattered throughout the floor. -Room #18 had an approximate 12 inch by 12 inch section of unpainted plywood on the wall. -The ceiling on the right side of the facility had a dark substance splattered on the surface with various sizes. -Room #13 had a cracked area along the edge of the electrical receptacle approximately 5 inches. -Room #14 had small bits of white plaster and sheetrock debris scattered on the entire bedroom floor. The corner edges near the closet area had been torn away from the sheetrock about 12 inches.</p> <p>B House -Room #22 had the door frame separated from the wall along the entire handle side of the door. -The bathroom on the right side of the facility revealed several slats missing from the ceiling vent. There scattered were black scuff marks on the lower half of the walls. -The lower half of the door to the medication room had dark scuff marks on the surface. -Room #19 had the paint peeled away from the</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-125</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINEWOOD FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2002 A &amp; B SHACKLEFORD ROAD KINSTON, NC 28502</b>		
(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 23</p> <p>entire window sill.</p> <p>-Room #21 an approximately 12 inch by 12 inch area of unpainted plywood was screwed to the wall.</p> <p>-The lower half of the inside of the front door had black scuff marks on the surface.</p> <p>-The living room furniture cushions had the top layer of the surface peeled away and appeared extremely worn. The top layer had been picked away and exposed the inside discolored fabric.</p> <p>Interview on 09/04/24 the Maintenance Assistant stated:</p> <p>-Room #21 in Pinewood B had a piece of plywood on the wall due to recent client damage.</p> <p>-He was scheduled to fix the area.</p> <p>Interview on 09/06/24 the Maintenance Supervisor stated the facility had been replacing cushions for the furniture.</p> <p>This deficiency has been cited 6 times since the original cite on 4/19/21 and must be corrected within 30 days.</p>	V 736		



### Appendix 1-B: Plan of Correction Form

<b>Plan of Correction</b>
<p>Please complete <u>all</u> requested information and email completed Plan of Correction form to:</p> <p style="margin-top: 10px;">Plans.Of.Correction@dhhs.nc.gov</p>

<b>Provider Name:</b>	<b>NOVA Behavioral Health</b>	<b>Phone:</b>	<b>252-233-0491 ext. 1201</b>
<b>Provider Contact: Person for follow-up:</b>	<div style="background-color: black; width: 80px; height: 20px; display: inline-block;"></div> <b>Program Director Program Director</b>	<b>Email:</b>	<b>mqueen@novanc.org</b>
<b>Address:</b>	<b>2002 A &amp; B Shackleford Road Kinston, NC 28504</b>		<b>Provider # MHL054-125</b>

Finding	Corrective Action Steps	Responsible Party	Timeline
<p>V315</p> <p>27G .1902 Psych. Res. Tx. Facility - Staff</p> <p>10A NCAC 27G .1902 STAFF</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>Indicate what measures will be put in place to <b>correct</b> the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).</p> <ul style="list-style-type: none"> <li>● Residential Services Managers (RSM) and Residential Services Supervisors (RSS) were notified of 10A North Carolina Administrative Code 27G. 1902 STAFF stating, "(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit."</li> <li>● A Staffing Compliance Procedure was implemented.</li> </ul> <p>Indicate what measures will be put in place to <b>prevent</b> the problem from occurring again.</p> <ul style="list-style-type: none"> <li>● An auditing tool will be implemented to provide additional monitoring and ensure compliance with 10A North Carolina Administrative Code 27G. 1902 STAFF.</li> <li>● An in-service will be held with Paraprofessional staff members to notify them of their role in the Staffing Compliance Procedure and of 10A North Carolina Administrative Code 27G. 1902 STAFF stating, "(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit."</li> </ul> <p>Indicate <b>who will monitor</b> the situation to ensure it will not occur again.</p> <ul style="list-style-type: none"> <li>● RSSs are responsible for initiating the Staffing Compliance Procedure for 24/7 monitoring.</li> <li>● A RSM will be responsible for monitoring staffing and reporting any gaps in coverage to the Director of Residential Operations and the Director-on-call, for immediate action.</li> </ul> <p>Indicate <b>how often</b> the monitoring will take place.</p> <ul style="list-style-type: none"> <li>● RSSs are responsible for 24/7 monitoring to ensure compliance with 10A North Carolina Administrative Code 27G. 1902 STAFF.</li> <li>● A RSM will complete an auditing tool for monitoring a minimum of 14 times weekly until 30 days of continuous compliance is achieved. Once continuous compliance is achieved, a RSM will continue to monitor on a regular and continuous basis to sustain compliance.</li> </ul>	<p>██████████ PhD, Chief Operating Officer (COO)</p> <p>██████████ Program Director</p> <p>██████████ Director of Residential Operations</p> <p>██████████ Pinewood Residential Services Manager</p>	<p><b>Implementation Date:</b> October 8, 2024</p> <hr/> <p><b>Projected Completion Date:</b> October 16, 2024</p>


Finding	Corrective Action Steps	Responsible Party	
<p>V315</p> <p>27G .1902 Psych. Res. Tx. Facility - Staff</p> <p>10A NCAC 27G .1902 STAFF</p> <p>(e) The PRIF shall provide 24 hour on-site coverage by a registered nurse.</p>	<p>Indicate what measures will be put in place to <b>correct</b> the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).</p> <ul style="list-style-type: none"> <li>● COO received a letter of support from Trillium on September 25, 2024 in response to NOVA's waiver request for 10A NCAC 27G .1902 (e).</li> <li>● The letter of support outlines NOVA's waiver request to use one RN position per shift, to provide twenty-four-hour onsite coverage for its facilities, located on one site.</li> <li>● NOVA submitted the waiver request and Trillium's letter of support to NC DHSR on September 30, 2024 to obtain approval for the waiver for the condition period of September 25, 2024 through December 31, 2024.</li> </ul> <p>Indicate what measures will be put in place to <b>prevent</b> the problem from occurring again.</p> <ul style="list-style-type: none"> <li>● Upon NC DHSR's approval of the waiver request, NOVA will ensure we continue to meet the conditions set forth in the letter of support including: <ul style="list-style-type: none"> <li>○ Preventing a concerning increase in the rise of incidents.</li> <li>○ Informing new admissions of this arrangement so that they may make an informed decision regarding said admission.</li> <li>○ Provide Trillium with a copy of the waiver approved by NC DHSR.</li> <li>○ Requesting approval of this waiver each calendar year from Trillium and NC DHSR beyond the conditional period set to end on December 31, 2024, to prevent a lapse in compliance.</li> </ul> </li> </ul> <p>Indicate <b>who will monitor</b> the situation to ensure it will not occur again.</p> <ul style="list-style-type: none"> <li>● DON will be responsible for ensuring that Pinewood is staffed with 1 RN on site, minimally. An RN will be assigned to oversee the care of consumers on-site, to include consumers in Pinewood.</li> </ul> <p>Indicate <b>how often</b> the monitoring will take place.</p> <ul style="list-style-type: none"> <li>● DON will monitor staffing schedules on a regular and continuous basis, and report any gaps in coverage to the Program Director, for immediate action.</li> </ul>	<p>██████████ PhD, Chief Operating Officer (COO)</p> <p>██████████ Program Director</p> <p>██████████ RN, Director of Nursing (DON)</p>	<p><b>Implementation Date:</b> September 30, 2024</p> <p><b>Projected Completion Date:</b> October 16, 2024</p>

### 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

<b>Provider Name:</b>	NOVA Behavioral Health	<b>Phone:</b>	252-233-0491 ext. 1201
<b>Provider Contact: Person for follow-up:</b>	 Program Director Program Director	<b>Email:</b>	mqueen@novanc.org
<b>Address:</b>	2002 A & B Shackleford Road Kinston, NC 28504		<b>Provider #</b> MHL054-125

Finding	Corrective Action Steps	Responsible Party	Timeline
<p>V736 27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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>Indicate what measures will be put in place to <b>correct</b> the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).</p> <ul style="list-style-type: none"> <li>Residential Services Managers (RSM) were notified of, "V736 27G .0303(c) Facility and Grounds Maintenance 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."</li> <li>Maintenance work order requests were placed to respond to the findings noted in the Statement of Deficiencies for V736 27G .0303(c) Facility and Grounds Maintenance.</li> </ul> <p>Indicate what measures will be put in place to <b>prevent</b> the problem from occurring again.</p> <ul style="list-style-type: none"> <li>An auditing tool will be implemented to provide additional monitoring of V736 facilities and grounds maintenance compliance.</li> <li>An additional maintenance staff member was hired on 8/5/24.</li> </ul> <p>Indicate <b>who will monitor</b> the situation to ensure it will not occur again.</p> <ul style="list-style-type: none"> <li>RSSs are responsible for 24/7 monitoring of V736 27G .0303(c) Facility and Grounds Maintenance to ensure safety.</li> <li>A RSM will be responsible for monitoring V736 27G .0303(c) Facility and Grounds Maintenance. A maintenance staff member remains on-call 24/7 to ensure safety.</li> </ul> <p>Indicate <b>how often</b> the monitoring will take place.</p> <ul style="list-style-type: none"> <li>RSSs are responsible for 24/7 monitoring of V736 27G .0303(c) Facility and Grounds Maintenance to ensure safety.</li> <li>A RSM will complete an auditing tool for monitoring a minimum of 14 times weekly until 30 days of continuous compliance is achieved. Once continuous compliance is achieved, a RSM will continue to monitor on a regular and continuous basis to sustain compliance.</li> </ul>	<p>██████████ PhD, Chief Operating Officer (COO)</p> <p>██████████ Program Director</p> <p>██████████ Chief Facilities Officer</p> <p>██████████ Maintenance Manager</p> <p>██████████ Facility Support Coordinator</p> <p>██████████ Pinewood Residential Services Manager</p>	<p><b>Implementation Date:</b> October 15, 2024</p> <p><b>Projected Completion Date:</b> October 23, 2024</p>