


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/23/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TURN AROUND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9709 BATTEN COURT MINT HILL, NC 28227</b>
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(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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 8/23/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Adolescents or Children.</p>	V 000	<p><b>DHSR - Mental Health</b></p> <p><b>SEP 17 2018</b></p> <p><b>Lic. &amp; Cert. Section</b></p> <p><i>Please see attached</i></p> 	
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</p>	V 118		

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



TITLE

*Executive Director*


(X6) DATE

*9/10/2018*

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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were administered/discontinued per physicians' orders and MARS were kept current with medications administered recorded immediately after administration affecting 2 of 3 clients (#2, #3). The findings are:</p> <p>Finding #1: Review on 8/22/18 and 8/23/18 of client #2's record revealed: -admission date of 12/27/17 with diagnosis of Attention Deficit Hyperactivity Disorder(ADHD), Post Traumatic Stress Disorder (PTSD), Reactive Attachment Disorder (RAD) and Oppositional Defiant Disorder (ODD); -physician's order dated 5/16/18 for Polyethylene Glycol 3350 once daily.</p> <p>Observation on 8/23/18 at 9:09am of client #2's medications on site revealed Polyethylene Glycol 3350 once daily dispensed 5/16/18.</p> <p>Review on 8/22/18 and 8/23/18 of client #2's MARS from 6/1/18-8/22/18 revealed the dosing date of 8/10 at 7pm blank with no explanation on the back of the form.</p> <p>Interview on 8/22/18 with client #2 revealed she got her medications every day.</p> <p>Finding #2: Review on 8/22/18 and 8/23/18 of client #3's</p>	V 118	<p>please see attached</p> 	

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V 118	<p>Continued From page 2</p> <p>record revealed: -admission date of 1/26/18 with diagnosis of ADHD, Disruptive Mood Dysregulation Disorder (DMDD) and ODD; -physicians' orders dated 1/25/18 for the following medications; Zoloft 25mg one tablet daily and Vitamin D3 50,000 units one tablet once a week; -no discontinue physician's order for Vitamin D3 50,000 units one tablet once a week present in the record.</p> <p>Observation on 8/23/18 at 9:12am of client #3's medications on site revealed: -Zoloft 25mg one tablet daily dispensed 8/4/18; -Vitamin D3 50,000 units one tablet once a week not on site.</p> <p>Review on 8/22/18 and 8/23/18 of client #3's MARS from 6/1/18-8/22/18 revealed: -the dosing date of 6/3 at 7am blank with no explanation on the back of the form for Zoloft 50mg; -the dosing date of 7/6 at 7am blank with no explanation on the back of the form for Zoloft 50mg; -no documentation of administration of Vitamin D3 for the month of 8/2018.</p> <p>Interview on 8/22/18 with client #3 revealed she got her medications every am and pm from staff.</p> <p>Interview on 8/23/18 with the Group Home Manager Supervisor revealed: -doctor said client #3 was finished with her Vitamin D3 and the medication was completed; -no longer giving client #3 the Vitamin D3; -does not have a discontinue order for Vitamin D3.</p>	V 118	<p><i>please see attached</i></p> 	
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V 296	Continued From page 3	V 296	<i>Please see attached</i>	
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p>	V 296		

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V 296	<p>Continued From page 4</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on records review, interviews and observations, the facility failed to ensure the required staff to client ratio affecting 3 of 3 clients (#1, #2 and #3). The findings are:</p> <p>Review on 8/22/18 of clients #1, #2 and #3's record revealed: - no documentation of approved one to one staff/client ratio in the community in the treatment plan dated 5/14/18 for client #1; -no documentation of approved one to one staff/client ratio in the community in the treatment plan dated 3/11/18 for client #2; -no documentation of approved one to one staff/client ratio in the community in the treatment plan dated 1/11/18 for client #3.</p> <p>Observation on 8/22/18 at 9:25am revealed the Qualified Professional (QP) arriving at the office with clients #2 and #3.</p> <p>Interview on 8/22/18 with the QP revealed: -had to drop client #1 off at day treatment; -have to head to another city to pick up a fourth client who is on therapeutic leave.</p> <p>Interview on 8/22/18 with client #1 revealed:</p>	V 296	<p><i>please see attached</i></p> 	

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V 296	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-when woke up this morning, only one staff (#3) at the facility;</li> <li>-the Associate Professional (AP) worked by herself this weekend.</li> </ul> <p>Interview on 8/22/18 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>-the QP brought her and client #3 to the office;</li> <li>-staff #3 dropped her, client #1 and client #3 off at a sister facility and the QP picked them up;</li> <li>-the QP took client #1 to her day treatment then brought her and client #3 to the office;</li> <li>-usually has 2 staff at the facility but this morning staff #3 was working;</li> <li>-this past weekend, the AP worked by herself.</li> </ul> <p>Interview on 8/22/18 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>-usually 2 staff when wake up but only staff #3 worked this morning;</li> <li>-when go to bed at night, sometimes only one staff.</li> </ul> <p>Interview on 8/22/18 with staff #1 revealed;</p> <ul style="list-style-type: none"> <li>-she worked with staff #2 on second shift the day before(8/21/18);</li> <li>-they were relieved at the beginning of third shift by staff #3 and staff #4 at 11pm on 8/21/18.</li> </ul> <p>Interview on 8/23/18 with the AP revealed:</p> <ul style="list-style-type: none"> <li>-works on the weekends at the facility, works day and night shifts;</li> <li>-always has another staff working with her;</li> <li>-can't remember the name of the staff who worked with her this past weekend;</li> <li>-sometimes she will take clients out in the community on outings and the other staff stays behind at the facility;</li> <li>-did not work alone at the facility this past weekend;</li> <li>-a staff did run late, another staff was in training this past weekend.</li> </ul>	V 296	<p><i>please see attached</i></p> 	

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V 296	Continued From page 6  Interview on 8/23/18 with the Executive Director revealed: -have some new staff hired recently; -aware of some staff leaving early and have addressed this with staff to ensure adequate staffing; -will also review staff/client ratio for treatment plans.	V 296	Please see attached  	

Plan of Correction

Turnaround 9709 Batten Court Mint Hill, NC 28227

MHL-060-648

For Annual and Follow up Survey

V118 10A NCAC 27G .0209 (C) MEDICATION REQUIREMENTS

This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were administered/discontinued per physicians' orders and MARS were kept current with medications administered recorded immediately after administration affecting 2 of 3 clients (#2, #3).

As of 09/05/2018 Executive Director James Hunt has reviewed all consumers MARS for errors and to determine which staff worked on the date where errors were noted. Each staff member was called that worked and a review of medication administration was reviewed with each of those staff. On 09/10/2018 Executive Director James Hunt held a house meeting to review medication administration. Beginning 09/11/2018 it will be the responsibility of the House Manager [REDACTED] to check the MARS for accuracy each day she is on shift. If she notices any errors she will notify Executive Director James Hunt who will contact the responsible person for any error to have that error corrected within 24 hours. Furthermore Clinical Director [REDACTED] will conduct a weekly review of MARS to provide a second check for accuracy. If any errors are noted he will address the issue with House Manager [REDACTED] immediately, and notify Executive Director James Hunt of the error. Monitoring of this will be ongoing as Executive Director James Hunt will review the MARS on the last day of each month.

V296 10A NCAC 27G 27G .1704 Residential Tx. Child/Adol - MINIMUM STAFFING REQUIREMENTS

This Rule is not met as evidenced by: Based on records review, interviews and observations, the facility failed to ensure the required staff to client ratio affecting 3 of 3 clients (#1, #2 and #3).

As of 09/05/2018 Executive Director James Hunt has met with Director of Operations [REDACTED] to assure that each schedule created will meet minimum staffing requirements on each shift each day. As of 09/06/2018 Executive Director James Hunt circulated a memo for Turnaround facility requiring each staff member to work their entire shift and if they have to leave for emergency only that they must contact Director of Operation [REDACTED] for approval to leave early and that they must remain at the facility until a designated relief staff arrives. The monitoring of this will be ongoing as random unannounced visits to the facility will be made by administration (Executive Director, Director of Operations, and/or Clinical Director) to assure that scheduled staff are present.

A handwritten signature in black ink, appearing to be 'J. Hunt', is located at the bottom right of the page.





NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 24, 2018

Hawa Hunt, Director of Operations
New Place, Inc.
6612 East WT Harris Blvd Suite D
Charlotte, NC 28215

DHSR - Mental Health
SEP 17 2018
Lic. & Cert. Section

Re: Annual and Follow up Survey completed August 23, 2018
Turnaround, 9709 Batten Court, Mint Hill, NC 28227
MHL # 060-648
Email: hawa1908@aol.com

Dear Ms. Hunt:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed August 23, 2018. Deficiencies were cited.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiency was cited;
A standard level deficiency was cited.

Time Frames for Compliance

- Re-cited standard level deficiencies must be corrected within 30 days from the exit of the survey, which is September 23, 2018.
Standard level deficiencies must be corrected within 60 days from the exit of the survey, which is October 22, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
Indicate what measures will be put in place to prevent the problem from occurring again.
Indicate who will monitor the situation to ensure it will not occur again.
Indicate how often the monitoring will take place.
Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

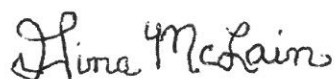
August 24, 2018  
Hawa Hunt  
New Place, Inc.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 704-596-4072

Sincerely,



Gina McLain  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: Trey Suttan, Director, Cardinal Innovations LME/MCO  
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO  
W. Rhett Melton, Director, Partners Behavioral Healthcare LME/MCO  
Selenna Moss, Quality Management Director, Partners Behavioral Healthcare LME/MCO  
Brian Ingraham, Director, Vaya Health LME/MCO  
Patty Wilson, Quality Management Director, Vaya Health LME/MCO  
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