Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		MHL060-648	B. WING		11/23/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	
TUDN AD	OLIND	9709 BAT	TTEN COURT		
TURN AR	JUND	MINT HIL	L, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	complaint was substa A deficiency was cited This facility is licensed	d for the following service 27G .1700 Residential			
V 364	G.S. 122C- 62 Additi Facilities	onal Rights in 24 Hour	V 364		
	122C-51 through G.S who is receiving treat 24-hour facility keeps (1) Send and receive access to writing mate assistance when need (2) Contact and consand at no cost to the physicians, and private developmental disability professionals of his construction (3) Contact and construction there is a client advoct The rights specified in restricted by the facility exercise these rights (b) Except as provided of this section, each attreatment or habilitation times keeps the right (1) Make and receive calls. All long distance	rights enumerated in G.S.  122C-61, each adult client ment or habilitation in a the right to: e sealed mail and have erial, postage, and staff essary; sult with, at his own expense facility, legal counsel, private te mental health, lities, or substance abuse hoice; and sult with a client advocate if cate. In this subsection may not be ty and each adult client may at all reasonable times. I ed in subsections (e) and (h) adult client who is receiving on in a 24-hour facility at all to: I e confidential telephone e calls shall be paid for by of making the call or made			

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

TITLE (X6) DATE

DIVISION	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
MHI 060 640		B. WING		44/22/2020		
		MHL060-648			11/23/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		9709 BA	TTEN COURT			
TURN AR	DUND	MINT HIL	L, NC 28227			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	( - /	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE	
				DEFICIENCY)		
V 364	Continued From page	e 1	V 364			
		between the hours of 8:00				
		or a period of at least six				
	•	s of which shall be after 6:00				
	•	g shall not take precedence				
	over therapies;					
	• •	nd meet under appropriate				
	•	riduals of his own choice				
	upon the consent of t					
	• •	de the custody of the facility				
	unless:					
	•	ceedings were initiated as				
		t's being charged with a				
	violent crime, including a crime involving an					
	assault with a deadly					
		d not guilty by reason of				
	insanity or incapable					
		oluntarily admitted or				
		lity while under order of				
	commitment to a corr					
		ection of the Department of				
	Public Safety; or	a bald to determine acception				
		ng held to determine capacity				
	to proceed pursuant t	pressly authorize visits				
	•	by the existence of the				
	conditions prescribed	•				
		daily and have access to				
		ent for physical exercise				
	several times a week					
		, ited by law, keep and use				
		l possessions, unless the				
		determine capacity to				
	proceed pursuant to					
	(7) Participate in reli	•				
		a reasonable sum of his				
	own money;	a reaconable call of the				
		license, unless otherwise				
		r 20 of the General Statutes;				
	and					
	and		1	1	1	

Division of Health Service Regulation

STATE FORM 6899 KN3W11 If continuation sheet 2 of 7

Division of	of Health Service Regu	lation	_		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MHL060-648	B. WING		11/23/2020
		WILLUOU-046			1 11/23/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE	
TURN AR	OLIND	9709 BAT	TEN COURT		
IURNAR	COND	MINT HIL	L, NC 28227		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE
			+		
V 364	Continued From page	e 2	V 364		
	(10) Have access to i	ndividual storage space for			
	his private use.				
	•	rights enumerated in G.S.			
	122C-51 through G.S				
	_	5. 122C-61, each minor client			
	_	ment or habilitation in a			
		e right to have access to			
	proper adult supervision and guidance. In recognition of the minor's status as a developing				
	individual, the minor shall be provided				
	opportunities to enable him to mature physically,				
	emotionally, intellectu				
	_	of the physical, emotional,			
		turity of the minor, the			
	24-hour facility shall p				
		and control consistent with			
		minor pursuant to this Part.			
		, where practical, make			
	•	ensure that each minor			
	client receives treatm	ent apart and separate from			
		ne treatment needs of the			
	minor client dictate ot	herwise.			
	Each minor client who	o is receiving treatment or			
		-hour facility has the right to:			
		nd consult with his parents or			
		cy or individual having legal			
	custody of him;				
	(2) Contact and cons	sult with, at his own expense			
	or that of his legally re	esponsible person and at no			
	cost to the facility, leg				
	physicians, private m	ental health, developmental			
	disabilities, or substa	nce abuse professionals, of			
		onsible person's choice; and			
	(3) Contact and cons	sult with a client advocate, if			
	there is a client advoc	cate.			
	The rights specified in	n this subsection may not be			
	restricted by the facili	ty and each minor client			
	may exercise these ri	ghts at all reasonable times.			
	(d) Except as provid	ed in subsections (e) and (h)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
	MHL060-648	B. WING		11/23/2020
NAME OF PROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STA	TE, ZIP CODE	
TURN AROUND	9709 BAT	TTEN COURT		
	MINT HIL	L, NC 28227		
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 364 Continued From page	3	V 364		
of this section, each in treatment or habilitation the right to:  (1) Make and received distance calls shall be time of making the careceiving party;  (2) Send and received writing materials, post when necessary;  (3) Under appropriativisitors between the high p.m. for a period of at hours of which shall be visiting shall not take therapies;  (4) Receive special estraining in accordance (5) Be out of doors directed in accordance (6) Except as prohibitive personal clothing and appropriate supervision held to determine cape G.S. 15A-1002;  (7) Participate in religing the safekeeping of personal clothing and appropriate supervision held to determine cape G.S. 15A-1002;  (7) Participate in religing the safekeeping of personal clothing and appropriate supervision held to determine cape G.S. 15A-1002;  (8) Have access to in the safekeeping of personal clothing and appropriate in religing the safekeeping of personal clothing and appropriate in religing the safekeeping of personal clothing and appropriate in religing the safekeeping of personal clothing and appropriate in religing the safekeeping of personal clothing and appropriate supervision held to determine cape G.S. 15A-1002;  (7) Participate in religing the safekeeping of personal clothing and appropriate supervision held to determine cape G.S. 15A-1002;  (8) Have access to in the safekeeping of personal clothing and appropriate supervision held to determine cape G.S. 15A-1002;  (9) Have access to in the safekeeping of personal clothing and appropriate supervision held to determine cape G.S. 15A-1002;  (10) Retain a driver's prohibited by Chapter (e) No right enumeration of the clief	ninor client who is receiving on in a 24-hour facility has be telephone calls. All long a paid for by the client at the all or made collect to the lill or made collect to the email and have access to tage, and staff assistance as supervision, receive acurs of 8:00 a.m. and 9:00 aleast six hours daily, two be after 6:00 p.m.; however precedence over school or education and vocational as with federal and State law; taily and participate in play, cal exercise on a regular with his needs; atted by law, keep and use possessions under on, unless the client is being facity to proceed pursuant to gious worship; andividual storage space for resonal belongings; and spend a reasonable sum	V 304		

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Division of	of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-648	B. WING		11/23/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
TURN AROUND 9709 BATTE MINT HILL,		TEN COURT ., NC 28227			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 364	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		V 364		
	facility failed to ensurand receive telephonoclients(#1, #2, #3, #4	iew and interviews, the e clients were able to make e calls affecting 4 of 4 ). The findings are:  with client #1 revealed: r over a year;			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION		
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		MHL060-648	B. WING		11/23/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
TURN AR	OUND		TTEN COURT		
			.L, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETE
V 364	Continued From page	e 5	V 364		
	-depends on what sta -have approved phon	•			
	Interview on 11/4/20	with client #3 revealed:			
	-can make phone cal	ls at certain times;			
	-if good, can make ph				
	-if on restriction, no p				
	-can receive phone c	alls no matter what.			
	Interview on 11/4/20	with client #4 revealed:			
-when on restriction, cannot make any outgoing					
	calls;	, с с			
	-phone calls can com	e in.			
	Interview on 11/6/20 with the Associate				
	Professional(AP) reve				
	-phone calls can be n				
	-clients can call peop	le on their approved phone			
	log;				
	restriction.	any outgoing calls while on			
	Interview on 11/6/20	with staff #1 revealed:			
		nade in intervals 15-20			
	minutes on 2nd shift;				
	-clients can call if the	person is on their approved			
	contact list;				
		triction, able to receive calls			
	but not able to make	any outgoing calls.			
	   Review on 11/4/20 of	clients #1, #2 and #3's			
		documentation of approved			
	restriction of outgoing				
	treatment plans.				
	Interview on 11/23/20	) with the Director of			
	Operations revealed:				
	· •	o make outgoing calls to			
		even when on restriction;			
		one calls for their legal			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	E SURVEY PLETED	
		MHL060-648	B. WING		11	/23/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
TURN AR	OUND		TTEN COURT LL, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 364	guardian at all times; -will clarify with staff r -will ensure all staff a		V 364			

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