PRINTED: 11/25/2020 **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: MHL060-648 B. WING 11/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9709 BATTEN COURT **TURN AROUND** MINT HILL, NC 28227 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 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 **DHSR-Mental Health** A complaint survey was completed 11/23/20. The complaint was substantiated (Intake #NC 161911). A deficiency was cited. DEF 1 2020 This facility is licensed for the following service Lic. & Cert. Section category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents please see attacked V 364 G.S. 122C- 62 Additional Rights in 24 Hour V 364 **Facilities** § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health. developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by

ivision of Health Service Regulation ABORATORY DIRECTOR'S OR PROVI ER REPRESENTATIVE'S SIGNATURE

collect to the receiving party;

the client at the time of making the call or made

(X6) DATE

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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 MHL060-648 11/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9709 BATTEN COURT **TURN AROUND** MINT HILL, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 364 please see attached Continued From page 1 V 364 (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies: (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals: (4) Make visits outside the custody of the facility unless: Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety: or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002: (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and

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 MHL060-648 11/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9709 BATTEN COURT **TURN AROUND** MINT HILL, NC 28227 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRFFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 364 Continued From page 2 V 364 please see attachel (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the 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, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h)

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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: _ MHL060-648 11/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9709 BATTEN COURT TURN AROUND MINT HILL, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 364 Continued From page 4 V 364 please see attached for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure clients were able to make and receive telephone calls affecting 4 of 4 clients(#1, #2, #3, #4). The findings are: Interview on 11/4/20 with client #1 revealed: -been at the facility for over a year;

-can make telephone calls sometimes;

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 MHL060-648 11/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9709 BATTEN COURT TURN AROUND MINT HILL, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRFFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) place see affected V 364 Continued From page 5 V 364 -depends on what staff says; -have approved phone list. Interview on 11/4/20 with client #3 revealed: -can make phone calls at certain times; -if good, can make phone calls out: -if on restriction, no phone calls out; -can receive phone calls no matter what. Interview on 11/4/20 with client #4 revealed: -when on restriction, cannot make any outgoing -phone calls can come in. Interview on 11/6/20 with the Associate Professional(AP) revealed: -phone calls can be made from 5pm-8pm; -clients can call people on their approved phone -clients cannot make any outgoing calls while on restriction. Interview on 11/6/20 with staff #1 revealed: -phone calls can be made in intervals 15-20 minutes on 2nd shift: -clients can call if the person is on their approved contact list; -if a client was on restriction, able to receive calls but not able to make any outgoing calls. Review on 11/4/20 of clients #1, #2 and #3's records revealed no documentation of approved restriction of outgoing phone calls in the treatment plans.

Operations revealed:

Interview on 11/23/20 with the Director of

-clients are allowed to make outgoing calls to their legal guardians even when on restriction: -they can receive phone calls for their legal

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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		11/2	11/23/2020		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STATE, ZIP CODE				
TURN AR			MINT HILL	EN 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 CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	BE COMPLETE	
V 364	Continued From page 6 guardian at all times; -will clarify with staff regarding client phone calls; -will ensure all staff are aware of the rights of clients to make and receive phone calls per rule.			V 364	please see attache	r ć		
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Plan of Correction

Turnaround 9709 Batten Court Mint Hill, NC 28227

MHL-060-648

Complaint Survey

V364 G.S. 122C- 62 Additional Rights in 24 Hour Facilities

This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure clients were able to make and receive telephone calls affecting 4 of 4 clients (#1, #2, #3, #4).

As of 11/27/2020 Director of Operations Hawa Hunt circulated an Interagency memo to detail each consumer Client Rights and Additional Rights in 24-hour facilities to highlight: The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long-distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party. On 12/15/2020 and 12/16/2020 Executive Director James Hunt will conduct a monthly staffing/training on Client Rights: Additional Rights in 24-hour facilities. The monitoring of this will be ongoing and conducted by the Quality Assurance/Quality Improvement committee annually.



ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 30, 2020

Hawa Hunt, Director of Operations New Place, Inc. 6612 East Harris Blvd, Suite D Charlotte, NC 28125

Re:

Complaint Survey completed 11/23/20

Turnaround, 9709 Batten Court, Mint Hill, NC 28227

MHL # 060-648

E-mail Address: hawa1908@aol.com

Intakes: #NC161911

Dear Ms. Hunt:

Thank you for the cooperation and courtesy extended during the complaint survey completed November 23, 2020. The complaint was substantiated. A deficiency was 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

A standard level deficiency was cited.

Time Frames for Compliance

• Standard level deficiencies must be *corrected* within 60 days from the exit date of the survey, which is January 22, 2021.

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.

Send the <u>original</u> 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

Hima McLain

Mental Health Licensure & Certification Section

Enclosures

CC:

qmemail@cardinalinnovations.org

dhhs@vayahealth.com

File