STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		
		MHL060-648	B. WING		R 03/22/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
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V 000	00 INITIAL COMMENTS		V 000		
	A complaint and follow up survey was completed on 3-22-22. Two complaint were unsubstantiated (NC00185077, NC00185646), and one was substantiated (NC00186468). Deficiencies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G 1700. Residential treatment Staff Secure for Children and Adolescents.				
	This facility is licensed for four and currently has a census of three. The survey sample consisted of three current clients.				
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112		
	10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN				
	(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.				
	achieved by provision projected date of achi (2) strategies;	that are anticipated to be of the service and a evement;			
		view of the plan at least on with the client or legally			
	(5) basis for evaluatioutcome achievemen(6) written consent of	on or assessment of t; and r agreement by the client or			
		or agreement by the client or a written statement by the			

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

(X6) DATE TITLE

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74101 1244			A. BUILDING: _				
		MHL060-648	B. WING		03/22	2/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
TURN AROUND 9709 BATTEN COURT							
- TORRE		MINT HILL,	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 112	Continued From page	e 1	V 112				
	provider stating why such consent could not be obtained.						
	This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Person centered Plan met the needs of the clients effecting one of three audited clients (Client #1). The findings are:						
	Plan dated 8-10-21 a revealed: -"12-1-21 The tea can begin job seeking enhance her indepen financial responsibility have her cell phone to assure safety." -"3-3-22 This goa becoming more and representation to maintain her anger comply with any adult feels she is entitled to rights such as leaving wants to, to have acconclude contraband." -Goal includes; "and implement indeper	dent living skills and y. She will also be allowed to o coordinate scheduling, al will remain in place as it is more difficult for [Client #1] . She does not want to a authority figures as she o have over extended client y and returning when she ess to extra priviledges to [Client #1] will learn, develop, endent living skills as:					
	hours of unsupervise	employment, utilizing 2 d community integration, cell phone each day from					

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DIVISION	n Health Service Negu	iauon				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
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		MHL060-648	1		03/22	2/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		9709 BATT	EN COURT			
TURN AR	DUND					
		WIINT FILL	, NC 28227			
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			+			
V 112	Continued From page	2	V 112			
		*** *** * * * * * * * * * * * * * * * *				
		with Clinical Therapist				
	revealed:					
		part time job at a local pizza				
		2 hours in the community				
		ot a tattoo. She left March				
	the 6th around 5:30 s	he got someone in an SUV				
	to pick her up She ca	alled the house manager 3-				
	11-22. She told house manager she was coming					
	back."	-				
	Interview on 3-16-22	with Staff #1 revealed:				
	-Client 31 had go	one AWOL (absent without				
	leave) once.					
	,	ılled him from her job and				
	wanted to be picked u	-				
		"4-5- days a week",				
	sometimes until late a					
	Sometimes until late a	at riight.				
	Interview on 2 16 22	with the facility manager				
		with the facility manager				
	revealed:					
		o hours of unsupervised				
	time.	A)A/O1 (* 1				
	-	AWOL one time and was				
	gone for several days	5.				
		•				
		with Client #1's guardian				
	revealed:					
	•	t consider her work schedule				
	· · · · · · · · · · · · · · · · · · ·	urs of unsupervised time.				
		doing well at the facility				
	because of her behav	viors.				
	Interview on 3-21-22	with the Director revealed:				
	-"The team agree	ed to let her have a cell				
	phone and two hours	unsupervised. She will do				
		She is a sizable young lady				
		d them to use their best				
	judgement."					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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MHL060-648			B. WING		R 03/22/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
TURN AROUND 9709 BATTEN COURT						
		MINT HILL	., NC 28227			
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V 112	Continued From page	: 3	V 112			
	Client #1 refused to s	peak to surveyor.				
	Officer revealed: -Client #1 is emp of unsupervised time -They would rew Plan to reflect all of C away from the facility.	ord the Person Centered lients #1's time that she was				
V 293	27G .1701 Residentia	ıl Tx. Child/Adol - Scope	V 293			
	children or adolescen free-standing resident intensive, active there interventions within a shall not be the prima who is not a client of the first	ment staff secure facility for ts is one that is a stial facility that provides apeutic treatment and system of care approach. It ry residence of an individual the facility. In staff are required to be eep hours and supervision as set forth in Rule .1704 of erved shall be children or a a primary diagnosis of an individual cheromap in the facility. In staff are required to be eep hours and supervision as set forth in Rule .1704 of erved shall be children or ea a primary diagnosis of an including developmental ildren or adolescents shall apatient psychiatric services. Indolescents served shall the mome to a idential setting in order to				

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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	
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MHL060-648		B. WING		03/22/2022		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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		MINT HILL,	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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 293			V 293			
	failed to coordinate was agencies within the cl	as evidenced by: nd record review the facility ith other individuals and hild or adolescent's system of three clients (Client #1).				
	Review on 3-17-22 of Incident Response Improvement System report dated 3-14-22 revealed; -" On 3-6-22 the consumer work up early in the morning got dressed and left the facility					

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V 293	Continued From page 5		V 293		
	despite staff encouraging her to remain. A missing person report was filed. She returned around 8pm."				
	revealed:	police report dated 3-6-22			
	Review on 3-6-22 of email dated 3-6-22 from a local police officer revealed: -"We had yet another runaway this morning from this location. This one is the juvenile who they say they don't know how old she is"				
	Review on 3-20-22 of email dated 2-20-22 from local police officer revealed: -"just wanted to let you know one of the runaways got picked up by the staff and they never bothered to notify us that she had been foundOn march 12, 2022 at 712 hours [Local Police officer] responded to [facility address] in reference to [Client #1] returning back to the group home. [Local police officer] made contact with employee [facility manager] who advised when she got to the group home this morning her manager advised her to he picked up [Client 31] from workand brought her back. [Local police officer] advised [facility manager] to tell her manager when he returns that once he locates one of the runaways in the future he needs to call the police then"				
	revealed: -Often when they run away, there is nol go there to take a rep -When they try to phone, no one answe	call the facility managers			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE S A. BUILDING: COMPL		SURVEY PLETED	
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Continued From page	e 6	V 293			
revealed:	, ,				
-Their policy is to call the police if the client gets out of their sight, and then notify the police when the client returns. Interview on 3-16-22 with Staff #1 revealed: -He had picked Client #1 up from her job after she had called him to come get her. -He brought her back to the facility.					
Dispatcher revealed: -Client #1 returne but no one from the fa	ed to the facility on 3-11-22 acility had let them know				
Officer revealed: -They would ens	ure that the police were				
27G .0303(c) Facility	and Grounds Maintenance	V 736			
EXTERIOR REQUIRI (c) Each facility and it maintained in a safe,	EMENTS is grounds shall be clean, attractive and orderly				
	SUMMARY ST. (EACH DEFICIENC' REGULATORY OR I. Continued From page but no one answers the one at the facility to tue Interview on 3-16-22 revealed: -Their policy is to gets out of their sight, when the client return. Interview on 3-16-22 -He had picked Coafter she had called he -He brought her led to the company of t	MHL060-648 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 but no one answers the phone and three is no one at the facility to turn the client over to. Interview on 3-16-22 with the facility manager revealed: -Their policy is to call the police if the client gets out of their sight, and then notify the police when the client returns. Interview on 3-16-22 with Staff #1 revealed: -He had picked Client #1 up from her job after she had called him to come get her. -He brought her back to the facility. Interview on 3-21-22 with the Local Police Dispatcher revealed: -Client #1 returned to the facility on 3-11-22 but no one from the facility had let them know until the following morning. Interview on 3-22-22 with the Chief Operating Officer revealed: -They would ensure that the police were notified immediately when a client returned to the facility. 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	MHL060-648 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STAT 9709 BATTEN COURT MINT HILL, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 but no one answers the phone and three is no one at the facility to turn the client over to. Interview on 3-16-22 with the facility manager revealed: -Their policy is to call the police if the client gets out of their sight, and then notify the police when the client returns. Interview on 3-16-22 with Staff #1 revealed: -He had picked Client #1 up from her job after she had called him to come get herHe brought her back to the facility. Interview on 3-21-22 with the Local Police Dispatcher revealed: -Client #1 returned to the facility on 3-11-22 but no one from the facility had let them know until the following morning. Interview on 3-22-22 with the Chief Operating Officer revealed: -They would ensure that the police were notified immediately when a client returned to the facility. 27G .0303(c) Facility and Grounds Maintenance V 736 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	MHL060-648 MHL060-648 STREET ADDRESS, CITY, STATE, ZIP CODE 9709 BATTEN COURT MINT HILL, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 6 but no one answers the phone and three is no one at the facility to turn the client over to. Interview on 3-16-22 with the facility manager revealed: -Their policy is to call the police if the client gets out of their sight, and then notify the police when the client returns. Interview on 3-16-22 with Staff #1 revealed: -He had picked Client #1 up from her job after she had called him to come get her. -He brought her back to the facility. Interview on 3-21-22 with the Local Police Dispatcher revealed: -Client #1 returned to the facility on 3-11-22 but no one from the facility had let them know until the following morning. Interview on 3-22-22 with the Chief Operating Officer revealed: -They would ensure that the police were notified immediately when a client returned to the facility. 27G .0303(c) Facility and Grounds Maintenance V 736 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	A BUILDING: NHL060-648 B. WING

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V 736	Continued From page	e 7	V 736		
	This Rule is not met as evidenced by: Based on observation the facility failed to be maintained in a clean, pleasant manner. The findings are:				
	revealed: -Torn linoleum ar -Dirty and stained -Mold in the show	22 at approximately 5:00pm round the washer and dryer. d carpet in clients bedroom. wer track of clients bathroom. ghout the facility.			
	Interview on 3-22-22 with the Chief Operating Officer revealed: -They would ensure that the facility was cleaned and any needed repairs would completed.				
	This deficiency consti and must be correcte	itutes a recited deficiency d within 30 days.			

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