STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 3-13-23. The complaints were substaniated (intake# NC 00198511, NC 00198352). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client.	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 132	Continued From page 1 e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that the Healthcare Personnel Registry (HCPR) was notified of all allegations of abuse against healthcare personnel affecting 1 of 3 audited staff (staff #2) The findings are: Review on 2-15-23 of the facility's incident reports for the period December 2022 through February 2023 revealed: -No internal incident report documented for abuse allegation regarding client #1. -No documentation of an internal investigation that staff #2 verbally abused client #1 on 2-2-23 after she (client #1) missed the school bus and	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 132	Continued From page 2 staff #2 had to pick her up from the school. Review on 2-17-23 of staff #2's record revealed: -Date of Hire: 9-2-21. -Title: Residential Counselor. Interviews on 2-15-23, and 3-13-23 with the Director of Operations revealed: -On 2-8-23 she was made aware by the local Department of Social Services staff of the incident regarding staff #2 verbally abusing client #1 on 2-2-23. -"She (Department of Social Services staff) was saying [Client #2] got hit with a hanger and saying something about [client #1] and school..." -Level two and three incident reports are completed by the Executive Director within 72 hours of the incident. -She thought the Executive Director had completed the IRIS (Incident Response Improvement System) report on the 2-3-23 incident involving client #1, and staff #2 and was not sure why it was not done.	V 132		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (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. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	Continued From page 3 for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (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. (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. (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	Continued From page 4	V 296		

facility failed to ensure the minimum staffing ratio of two staff for up to four adolescents. The findings are:

Review on 2-15-23 of client #1's record revealed:
-Date of admission: 1-19-23.
-Age: 12.
-Diagnoses: Unspecified trauma and stressor related disorder, unspecified Attention Deficit Disorder, Major Depressive Disorder, Severe, Recurrent.

Review on 2-15-23 of client #2's record revealed:
-Date of admission: 3-25-20.
-Age: 12.
-Diagnoses: Disruptive Mood Dysregulation, Post Traumatic Stress Disorder.

Review on 2-15-23 of client #3's record revealed:
-Date of admission: 12-12-22.
-Age: 15
-Diagnoses: Adjustment Disorder with Mixed Disturbances of Emotions and Conduct, Attention Deficit Hyperactivity Disorder, predominately Hyperactive Type, Disappearance and death of a family member, Oppositional Disorder.

Review on 2-15-23 of client #4's record revealed:
-Date of admission: 1-31-23.
-Age: 17
-Diagnoses: Conduct Disorder and Oppositional Defiant Disorder, Spina Bifida, Psychogenic Non-Epileptic Seizures, Post Traumatic Stress Disorder, Major Depressive Disorder.

Interview on 2-14-23 with client #1 revealed:
-Lived in the facility for "27 days."
-"Usually one staff on shift."
-"Sometimes at night it's two (staff) but most of the time it's one."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	Continued From page 5	V 296		

-"Staff sleep in the living room on the couch at night."
-"I wake them (staff) up if I need something."
-"If it's something small (a need) we don't wake them up we let them sleep and wait until the morning."

Interview on 2-14-23 with client #2 revealed:
-Lived at the facility for "4 months."
-"One staff works most of the time....sometimes two but usually just one."
-"One or two (staff)... shift. Mostly just one."
-"They (staff) sleep on the couch."
-Would wake them (staff) up if she needed anything.

Interview on 2-14-23 with client #3 revealed:
-Lived at the facility "about a year."
-"Before this incident (staff #2 hit client #2 with a wire hanger), there was one staff per shift."
-Not sure if 3rd shift sleeps...."I think they (staff) sleep on the couch."
-"If I need something at night I would wait until the next morning."

Interview on 2-17-23 with client #4 revealed:
-One staff per shift.
-"More times when there are only one staff on shift than there are two staff on shift."
-Only one staff on 3rd shift.
-They (staff) sleep on the couch.
-She has never had to wake them (staff) up at night.

Interview on 2-14-23 and 2-17-23 with the House Manager revealed:
-House manager for "5 or 6 years."
-The facility had 3 shifts (1st, 2nd and 3rd shift).
-Always two staff on shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	Continued From page 6 Interview on 2-15-23 with the Director of Operations (DO) revealed: -Two staff per shift. -There was never a time when there was just one staff on shift. -Two staff on 3rd shift. -3rd shift is an awake shift. After several requests (2-15-23, 2-17-23, 2-21-23) from the DO, time sheets were not provided. -2-15-23: "We will get them to you." -2-17-23: "The person that does that (payroll) is not here, Someone pulled the spreadsheet out of the folder, I can't get to that information." -2-21-23: "I'll get those for you."	V 296		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 7 set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed;	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 8 (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 9	V 366		

This Rule is not met as evidenced by:
Based on record review and interviews the facility failed to implement written policies governing their response to level lll incidents affecting 1 of 4 clients (client #1). The findings are:

Review on 2-15-23 of the facility's incident reports for the period of December 2022 through February 2023 revealed:
-There were no incident reports for staff #2 verbally abusing client #1 on 2-2-23 when she (client #1) missed the school bus and staff #2 had to pick her up from school.
-No risk/cause/analysis or documentation to support submission of the written preliminary findings of fact to the Local Management Enity/Managed Care Organization (LME/MCO) within 5 working days for staff #2 verbally abusing client #1 when client #1 missed the bus on 2-2-23.

Interview on 2-15-23 and 2-21-23 with the Director of Operations revealed:
-She was made aware of the allegations of suspected verbal abuse regarding staff #2 towards client #1 on 2-8-23 by the local department of social services staff.
-Client #1 had not reported any allegations to staff that she was aware of.
-There was no incident report for the verbal abuse of staff #2 toward client #1 on 2-2-23.
-The Executive Director is responsible for entering reports into the Incident Reporting Improvement System (IRIS).

Interview on 2-21-23 with the Clinical Director revealed:
-When an incident or accident occurs, staff will

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 10 call the supervisor to discuss if a report needs to be completed. -Level one incidents or accidents are documented in the home by the staff. -Level two or three incident or accident reports are completed by the Executive Director.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 11	V 367		

report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 12 (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to report all level III incidents in the Incident Reporting Improvement System (IRIS) and notify the Local Management Enity (LME)/Managed Care Organization (MCO) responsible for the catchment area were services were provided within 72 hours of becoming aware of the incident affecting 1 of 4 clients (client #1) The findings are: Review on 2-15-23 of the facility's incident reports for the period December 2022 through February 2023 revealed: -No incident report documenting the incident regarding staff #2 verbally abusing client #1 on 2-2-23 after client #1 missed her school bus and staff #2 picked her up from school. -No documentation of notification to the LME/MCO. Review on 2-15 and 2-20-23 of the IRIS system	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 13 for the period of December 2022 through February 2023 revealed: -No level lll IRIS report submitted for incident on 2-2-23 for staff #2 verbally abusing client #1. Interviews on 2-15-23, 2-21-22 and 3-13-23 with the Director of Operations revealed: -She was made aware of the allegations of suspected verbal abuse regarding staff #2 towards client #1 on 2-8-23 by the local Department of Social Services staff. -Level two and three incident reports are completed by the Executive Director within 72 hour of the incident. -She thought the executive director had completed the IRIS report on the incident involving client #1, was "not sure why it was not done."	V 367		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 14 of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on record reviews and interviews 1 of 3 audited staff (staff #2) abused 2 of 4 audited clients (#1 and #2). The findings are: Finding 1: Review on 2-15-23 of client #1's record revealed: -Date of admission: 1-19-23. -Age: 12 -Diagnoses: Unspecified trauma and stressor related disorder, unspecified Attention Deficit Disorder, Major Depressive Disorder, Severe, Recurrent. Interview on 2-21-23 with a teacher from the local middle school revealed: -She was not client #1's teacher but had seen her around school and in the cafeteria on a few occasions. -On the afternoon of 2-2-23 she was outside of the office waiting with one of her students who had missed their bus when client #1 came from the office area, realized she had missed the bus and began "hysterically crying" -"I went over to her (client #1) and tried to calm her down. She told me she had missed the bus and kept repeating 'they are going to be so mad.' I asked her who and she told me the group home staff. I asked if she missed the bus on purpose,	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 15 She said it wasn't her fault, her teacher let her out late. I told her everything was alright, no one was going to be upset it was an accident and accidents happen. [Client #1] said she had missed the bus the day (2-1-23) before and they (group home staff) were mad. She was crying almost to the point of 'hyperventilation.' There was no reason for her to be that upset just for missing her bus. I kept telling her to calm down it was going to be ok and she said You don't understand ...'kids get beat with wire hangers over there, kids are yelled at and cussed at.' -Staff arrived (at the school) and as she (client #1) was walking to the van, I heard the staff scream at her "[Client #1] Get the f**k in the van." "[Client #1], what the f**k [client #1], you did this on f*****g purpose." -The van window was rolled down and she could hear staff continue to yell as she was driving out of the circle. -Client #1 did not return to school the next day (2-3-23). -She reported the incident to the social worker the next morning. Attempted interview with client #1 on 2-21-23, 2-27-23 and 2-28-23 unsuccessful due to client being in crisis and hospitalized. Finding 2: Review on 2-15-23 of client #2's record revealed: -Date of admission: 3-25-20. -Age: 12 -Diagnoses: Disruptive Mood Dysregulation, Post Traumatic Stress Disorder. Interview and observation on 2-14-23 at approximately 3:30pm with client #2 revealed: -Had a behavior but did not remember the date.	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 16 -She and client #1 did not get along. -She did not want to talk about the behavior. -"I don't want to get anyone in trouble." -"She (staff#2) hit me on the hand with it (wire hanger)." -"She (staff #2) was helping me put my clothes back in the closet and I said something to her and she grabbed the hanger and hit me on the hand with it." -Had a dark round spot on her left hand, approximately the size of a pin head, that was made by the hit. -She had never been hit by staff before or since that incident. -Had not seen anyone else get hit. -Staff #2 cursed at them (clients). -None of the other staff cursed at them. -"Said the "F" word and the "D" word." -She did not tell other staff that staff #2 hit her. Interview on 2-14-23 with client #1 revealed: -She witnessed staff #2 hit client #2 with a wire hanger. -She and client #1 had gotten into a verbal altercation which lead to client #2 doing property damage. -Staff #2 was picking up the clothes from the floor and handing them to client #2 and telling her to hang them up. -"She (client #2) was being disrespectful (cursing) to her (staff #2)." -"She (staff #2) grabbed the hanger and whacked her (client #2) across the hand." -Only hit client #2 once. -She (client #1) had never been hit by staff. -Never seen anyone else get hit -Heard staff curse at clients. -"Can't remember exact words." -Did not report to anyone. -"I don't want anyone getting mad at me."	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 17	V 512		

-"I don't want to get into trouble"
-Did not feel "safe" in the facility.
-Did not know why she does not feel safe.
-"I don't think I'm safe here."

-Interview on 2-14-23 with client #3 revealed:
-lived at the facility over a year.
-Denied ever being hit by staff.
-Denied ever seeing any other client getting hit.
-"She (client #2) gets restrained but not hit."
-Denied staff ever used profanity at clients.
-"They yell to get us to do our stuff (chores) but not cuss."
-Does not feel "safe" in the facility.
-"This is not my home....so if this is not a home how can I be safe in it?"

Interview on 2-17-23 with client #4 revealed:
-She does not like living in the home.
-"Too much mess."
-"Kids getting hit by staff."
-"[Client #2] having a behavior, [staff #2] told her to go to her room, [client #2] refused. [Staff #2] pulled her (client #2) off the couch and started beating the h**l out of her with a coat hanger."
-"That's the reason why I ran away.....that was a trigger for me."
-Does not feel "safe" at the facility.
-Feels staff are "too bossy."
-"Two of the staff have nasty attitudes."
-Too many triggers (the way the clients are treated) for her in the facility.
-"That's why they gave me a one on one."

Interview on 2-17-23 with the House Manager (HM) revealed:
-Worked at the facility for 10 years, been the house manager for 5 or 6 years.
-Never witnessed any staff yell, hit, or curse at any client since she has worked there.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 18	V 512		

-The clients seemed to "love" staff #2. "She had a great relationship with them all. I think because she was closer to their age."
-Staff #2 would take them to her church and do special things for them....braid client #2's hair.
-Clients never complained or said anything negative about her (staff #2).
-"I think it could have been an accident. She could have accidentally hit her (client #2) as she was trying to help her or something. I do not think (staff #2) would do anything intentionally to hurt any of them."

Interview on 2-17-23 and 2-28-23 with staff #2 revealed:
-Always had a good relationship with client #2.
-Not sure where all this is coming from (allegations of physical and verbal abuse).
-Denied she ever hit or got physical with anyone.
-"That did not happen (never hit or cursed client #2)."
-"I never hit her with a hanger. She was having behavior issues. When she is having behavior issues she throws stuff and her hangers were all over the floor. I told her let's go get the hangers off the floor. I don't know where that came from that I hit her, I never hit her."
-Denied using profanity. " No, not really. I don't curse at them or call them out of their name. I will try to calm them down."

Interview on 2-15-23 and 2-21-23 with the Director of Operations (DO) revealed:
-She was made aware of the allegation on 2-8-23 by staff of the local department of social services.
-The allegations were never reported by any of the clients.
-She "immediately began an internal investigation" (of the physical abuse).
-Clients #1 and client #2 both denied anything

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 19 happened, denied being hit or seeing anybody get hit. -Client #2 told her (the DO) she (client #2) did not want to get anyone in trouble and showed her a small mark on her hand. -"It (the abuse allegation) wasn't anything that was documented or reported cause it wasn't anything the girls reported." -"When you start asking questions you start going down these rabbit holes." -"These girls will say anything." Review on 3-13-23 of the Plan of Protection dated 3-13-23 and written by the Clinical Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 1. Terminate [HB] from employment with New Place, Inc (Incorporated) (Licensee). 3-1-23 2. Ensure that no metal hangers are on site at the group home and accessible to consumers. 3. Ensure that 2 employees are working on site during each shift at the group home. 4. Facilitate a Supervisory Training session (within 10 days) with support staff on cultural sensitivity which highlights the damaging effects of verbal abuse (initiated by support staff) thereby causing mental /emotional damage, undue stress and duress for consumers. Certificates of completion (of the training) will be documented and placed in their personnel file. 5. Make anonymous grievance forms available for consumers to complete when they believe they have been harmed, abused, neglected or exploited. Completed grievance forms will be placed in a grievance form box (at the group home) and a house manger will check the box weekly for completed forms and delivers them to N.P. (New Place) Clinical Director for review and response.	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 20 Describe you plans to make sure the above happens: 6. N. P. Clinical Director will continue to initiate weekly individual therapy with consumers in order to ascertain whether a consumer believes she has been recently harmed, abused, neglected or exploited. 7. N.P. Clinical Director will review N.P. consumer rights handbook with all consumers (or individually if required) on a bi-weekly basis to endure that they understand their legal rights and know how to complete (report) a grievance form." The facility served clients ranging in ages from 12 to 17 with diagnoses including Unspecified trauma and stressor related disorder, Attention Deficit Disorder, Major Depressive Disorder, Disruptive Mood Dysregulation, Post Traumatic Stress Disorder. Conduct Disorder and Oppositional Defiant Disorder. A teacher from Client #1's school observed her being verbally abused by staff #2 when she picked her up from school because she had missed the school bus. As client #1 was walking to the van, staff #2 was observed cursing and screaming at Client #1. The van window was rolled down and she could hear staff #2 continue to yell as they where driving out of the circle. Staff #2 physically abused client #2 when she was helping client #2 put her clothes in the closet. When client #2 said something to staff #2, she hit her on the hand with a wire clothes hanger. Client #2 had a dark round spot on her left hand made by the hit. This deficiency constitutes a Type A1 rule violation for abuse, and must be corrected within 23 days. An administrative penalty of $5,000.00 is imposed. If the violation is not corrected within 23 days an additional administrative penalty of $500.00 per day will be imposed for each day the facility id out of compliance beyond the 23rd day.	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	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. This Rule is not met as evidenced by: Based on observation and interviews the facility and grounds were not maintained in a clean, attractive and orderly manner. The findings are: Finding #1: Observation of the facility on 2-14-23 at approximately 2:15pm revealed: -A broken window screen in the front yard. -Multiple fast food wrappers, cups, and a sock in the yard. -Broken desk chair by the side entrance door. -Two white wooden doors against the brick retaining wall in the back of the facility. -Wooden fence with approximately 10 wooden slats broken or loose. -Wooden door frame discarded on the side yard. -The drain pipe on the back left side of the facility had an approximately 5 to 6 inch wide hole. -Leaves and debris cluttered the gutter which ran along the front of the facility. -Twigs growing out of the gutter. -A black pair of girls/ladies underwear in the yard area to the right of the facility. -Brick retaining wall cracked with several bricks	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 22 missing. -Decorative lattice around the back patio cracked and broken with a small tree growing through it. -Power box on the back patio was missing a panel and the wooden frame encasing the box had separated from the box causing the box to pull away from the casing and wall. -Large piece of plywood laid on the patio. -Broken basketball goal laid on the patio. -A torn, stained twin size mattress on the back patio. -The hinges on 3 of the bottom kitchen cabinet doors were broken causing the doors to not close properly. -Paint on 3 kitchen cabinet doors and 3 cabinet drawers were peeling. -Stained, soiled carpeting throughout the facility. -A missing cabinet drawer in bathroom #1. -Broken towel rack in bathroom #1. -Torn, peeling linoleum in the laundry area. -No toilet paper, paper towels or hand soap in bath #1. -4 to 5 inch hole in the wall above the electrical receptacle in the common area. -An approximately 5 to 6 inch crack in the wall beside the electrical receptacle in the common area. -A crack approximately 12 inches long in one of the walls in the common area. -2 missing closet doors and the door to bathroom #2. -A bedsheet was tacked over the entrance to bathroom #2. -A small hole approximately 2 inches in the wall beside window in bedroom #3. Finding #2: Observation on 2-14-23 at approximately 3:00pm of the windows in bedroom #3 revealed:	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 23 - 3 fully or partially inoperative windows. - Window 1 was nailed shut and could not be opened. - Window 2 contained a bottom window and a top window. The bottom window was disabled by two 1 to 1 1-1/2 inch plastic stoppers which prevented the bottom window from opening no further than 2 to 3 inches. -The top window of window 2 would not open at all. -Window 3 also had a top and bottom window. The bottom window was disabled from opening by a 8 to 10 inch wooden block that was nailed to the side of the window preventing the bottom window from opening. -The top of window 3 was unobstructed and did open however neither client that occupied the room could reach the top of the window without using some type of step aid. -Clients #1 and #2 both shared bedroom #3. Interview with client #1 on 2-14-23 revealed: -She never opened the window because the bottom window would not open and she was not tall enough to open the top window. -Window #1 had not been opened since she had been at the facility. -She thought it was nailed shut because people were leaving through that window. Interview on 2-14-23 with client #2 revealed: -She never tried to open her window. -She was not aware the window would not open. Interview on 2-14-23 with the house manager revealed: -Window #1 was nailed shut several years ago, due to easy access to the patio through that particular window. -Clients in the facility at that time would leave	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 24 through that window. -She was not aware that the top window of window #1 would not open. -"We had a fire inspection a few weeks ago and it opened then." -Was not aware of the stoppers placed on windows #2 and #3 but thought they were put there to prevent the clients from going out of the windows. Interview on 3-13-23 with the Director of Operations revealed: -Window #1 had been disabled several years due to "these girls sneaking out of the window and sneaking people in that window." -Was not aware that windows #2 and #3 were obstructed. -She would have the "maintenance man" correct the issue as soon as possible. Review on 3-13-23 of the Plan of Protection dated 3-13-23 written by the Director of Operations revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? NPI (New Place, Incorporated) (Licensee) will ensure that at least two windows are able to properly achieve the requirements of a egress window to serve as a fire exit, no later than 3-23-2023. NPI will ensure that all consumers and staff are aware of the egress window that is designated for the fire drill and exit. Describe your plans to make sure the above happens: NPI admin staff (New Place Incorporated administrative staff) will ensure that all consumers and staff are aware of egress windows and participate in routine fire drills	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	R-C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 25 utilizing the assigned windows. 3-23-23" This facility served clients ranging in ages from 12 to 17 with diagnoses of Unspecified trauma and stressor related disorder, Attention Deficit Disorder, Major Depressive Disorder, Disruptive Mood Dysregulation, Post Traumatic Stress Disorder. Conduct Disorder and Oppositional Defiant Disorder. 2 of the windows located in the bedroom of client#1 and client #2 were intentionally nailed shut hindering egress. The 3rd window could partially open from the top, however due to the height of the window the occupants would require the use of a step aid to use the window as a means of egress. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of $500.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 736		