

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
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NAME OF PROVIDER OR SUPPLIER TURNING POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 325 HALL AVENUE BURLINGTON, NC 27217
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow-up survey was completed on May 16, 2023. The complaint (intake #NC00200645) was substantiated.and complaint (intake #NC00176186) was unsubstantiated. Deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities</p> <p>The facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or 	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop and implement goals and strategies to address one of three audited client's (#1) behaviors without the use of physical and chemical restraints. The findings are:</p> <p>Review on 5/16/23 of Client #1's record revealed: -Admission Date of 11/22/21. -Diagnoses of Traumatic Brain Injury, Seizure Disorder, Hypothyroidism, Hypertriglyceridemia, Sinus Tachycardia, Vitamin D Insufficiency. -Assessment dated 8/30/21 revealed: "This is a 36-year-old-male with a history of severe traumatic brain injury and 10 prior state hospitalizations who appears to have had some degree of decompensation this year in 2021. [Client #1] has admitted under involuntary commitment for a severely aggressive assault on his group home worker. Records indicate that [FC#1] hit the back of their head multiple times and attempted to strangle them, stating that he was going to kill them. [Client #1] was taken to the emergency room under petition and admitted to the hospital where [Client #1] continued to exhibit intermittent severe aggressive behavior and sometimes threatened suicide... Records</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>indicate that [Client #1] did not have any state psychiatric hospitalization from 2013 until this year. Prior to [Client #1's] initial hospitalization here this year on April 21st [Client #1] had at least 4 or 5 different community hospitalizations."</p> <p>-Behavioral support plan by the psychologist dated 11/21/21 included the following:</p> <p>-"[Client #1] has a level 4 restraint plan that utilizes physical and chemical restraints when needed. At prior placement [Client #1] responds negatively when [Client #1] is yelled at or forced to do something... Physical restraints such as arm and leg restraints have proven to be ineffective in the past with restraining [Client #1]... Chemical restraints have also shown effectiveness in the past."</p> <p>-The assessment did not recommend chemical or physical restraints as a form of treatment.</p> <p>Interview on 5/16/23 with the Qualified Professional revealed:</p> <p>-Client #1 was verbal and physically aggressive towards staff and other clients.</p> <p>-Client #1 faked seizures.</p> <p>-Client #1 was flagged at the hospital and they won't take him anymore.</p> <p>-Client #1 did not do well with personal boundaries with staff.</p> <p>-The person-centered plan was discussed with the team and guardian.</p> <p>-Behavioral completed by the psychologist annually.</p> <p>-He met with the Local Management Entity/Managed Care Organization representative.</p> <p>-LME audit started 3/9/23 through 5/11/23.</p> <p>-LME/MCO had a problem with the terminology used in the behavioral support plan regarding chemical and physical restraints.</p> <p>-LME/MCO reported chemical restraints were</p>	V 112		

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V 112	Continued From page 3 controlling the person by injections. -LME/MCO informed him that chemical and physical restraints were an incorrect use of term and should be revised. -Client #1 received as needed medication for behaviors, no injections. -Staff used evidence-based protective interventions (EBPI) training only to restrain clients. -The psychologist had not been available to revise the language in the behavioral support plan since meeting with LME/MCO.	V 112		