

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/08/2023
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NAME OF PROVIDER OR SUPPLIER TURN AROUND	STREET ADDRESS, CITY, STATE, ZIP CODE 9709 BATTEN COURT MINT HILL, NC 28227
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on August 8, 2023. The complaint was substantiated (intake #NC00204485). Deficiencies were cited.</p> <p>The facility is licensed for the following service category 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>The facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or 	V 107		

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

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V 107	<p>Continued From page 1</p> <p>neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a personnel file with required documentation for 1 of 3 audited paraprofessional staff (Staff #4) The findings are:</p> <p>Review on 7/21/23 of the facility's record revealed: -There was no personnel file for Staff #4.</p> <p>Review on 7/25/23 of Staff #4's record revealed: -Hire date 6/19/23 -Position: Residential Counselor. -Job description identified high school diploma</p>	V 107		

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V 107	Continued From page 2 required. -No education credentials. Interview on 7/19/23 with the QP/ Licensee revealed: -He was the human resource staff. -He hired Staff #4. -Staff #4 started work on 7/18/23. -He was responsible for creating staff files. This deficiency is cross referenced into 10A NCAC 27G .0203 (V109).	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,	V 108		

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V 108	<p>Continued From page 3</p> <p>the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure training in client rights and confidentiality, infectious diseases and bloodborne pathogens and training to meet the needs of the clients for 1 of 3 audited paraprofessional staff (Staff #4). The findings are:</p> <p>Review on 7/25/23 of Staff #4's record revealed: -Hire date 6/19/23. -Position: Residential Counselor. -No training in client rights and confidentiality. -No training in infectious diseases and bloodborne pathogens. -No client specifics training to meet the needs of the clients.</p> <p>Interview on 7/21/23 with Staff #4 revealed: -First day of work was 7/18/23. -He had not completed any trainings through the licensee. -Did not know when he was scheduled to complete trainings.</p> <p>Interview on 7/19/23 with the Qualified Professional (QP)/ Licensee revealed: -He was the human resource staff.</p>	V 108		

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V 108	Continued From page 4 -Staff #4 started work on 7/18/23. -Staff #4 was scheduled for trainings on 7/22/23. This deficiency is cross referenced into 10A NCAC 27G .0203 (V109).	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be	V 109		

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V 109	<p>Continued From page 5</p> <p>supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to ensure 1 of 1 Qualified Professional (QP)/ Licensee demonstrated the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V107). Based on record review and interview, the facility failed to maintain a personnel file with required documentation for 1 of 3 audited paraprofessional staff (Staff #4).</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108). Based on record review and interview the facility failed to ensure training in client rights and confidentiality, infectious diseases and bloodborne pathogens to meet the needs of the clients for 1 of 3 audited paraprofessional staff (Staff #4).</p> <p>Cross Reference: 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536). Based on record review and interview, the facility failed to ensure 1 of 3 audited paraprofessional staff (Staff #4) completed initial training in alternatives to restrictive interventions.</p>	V 109		

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V 109	Continued From page 6 Cross Reference: 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time-Out (V537). Based on observation, record reviews and interviews, the facility failed to ensure 1 of 3 audited paraprofessional staff (Staff #4) completed initial training in seclusion, physical restraint, and isolation time out. Interview on 7/19/23 with the Qualified Professional (QP)/Licensee revealed: -He was the human resource staff. -Staff #4 started work on 7/18/23. -Staff #4 was scheduled for trainings on 7/22/23. -Staff #4 did not have a personnel file. -Responsible for scheduling staff training. -There was a change in management. -New to directly overseeing paraprofessional staff.	V 109		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.	V 536		

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V 536	<p>Continued From page 7</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and 	V 536		

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V 536	<p>Continued From page 8</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee</p>	V 536		

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V 536	<p>Continued From page 9</p> <p>performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

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V 536	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited paraprofessional staff (Staff #4) completed initial training in alternatives to restrictive interventions . The findings are:</p> <p>Review on 7/25/23 of Staff #4's record revealed: -Hire date 6/19/23. -Position: Residential Counselor. -No training in alternatives to restrictive interventions.</p> <p>Interview on 7/21/23 with Staff #4 revealed: -First day of work was 7/18/23. -He had not completed any trainings through the licensee. -Did not know when he was scheduled to complete trainings.</p> <p>Interview on 7/19/23 with the Qualified Professional (QP)/ Licensee revealed: -He was the human resource staff. -Staff #4 started work on 7/18/23. -Staff #4 was scheduled for trainings on 7/22/23. -The facility used restrictive interventions. -The facility used Evidenced Based Protective Interventions.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0203 (V109).</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN</p>	V 537		

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V 537	<p>Continued From page 11</p> <p>SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to</p>	V 537		

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V 537	<p>Continued From page 12</p> <p>the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint</p>	V 537		

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V 537	<p>Continued From page 13</p> <p>and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain</p>	V 537		

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V 537	<p>Continued From page 14</p> <p>documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure 1 of 3 audited paraprofessional staff (Staff #4) completed initial training in seclusion, physical restraint, and isolation time out. The findings are:</p> <p>Review on 7/25/23 of Staff #4's record revealed: -Hire date 6/19/23. -Position: Residential Counselor. -No training in seclusion, physical restraint, and isolation time out.</p> <p>Interview on 7/21/23 with Staff #4 revealed: -First day of work was 7/18/23.</p>	V 537		

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V 537	Continued From page 15 -He had not completed any trainings through the licensee. -Did not know when he was scheduled to complete trainings. Interview on 7/19/23 with the Qualified Professional/Licensee revealed: -He was the human resource staff. -Staff #4 started work on 7/18/23. -Staff #4 was scheduled for trainings on 7/22/23. This deficiency is cross referenced into 10A NCAC 27G .0203 (V109).	V 537		
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 observations, record review and interviews, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are: Observations on 7/18/23 at 11:08 am of the facility revealed: -The only window in Client #3's bedroom was nailed shut with plywood. -Kitchen sink was clogged with standing water and old food. -The dishwasher had a strong foul odor and build up of small black specks throughout the inside. -Tile on the floor in front of the kitchen sink was cracked and had 2 pieces missing.	V 736		

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V 736	<p>Continued From page 16</p> <ul style="list-style-type: none"> -Client #1 did not have window coverings in her bedroom. -Client #2 and Client #4's shared bedroom did not have window coverings. -Client #4's mattress had 3 brown stains the size of a sheet of paper. -The toilet seat was broken horizontally across the top where it connects to the lid in Clients #2, #3 and #4's shared bathroom. -The laminate flooring in the laundry room was peeling around the edges in 5 places and had 2-3 inch tears in 2 places. -There was a hole the size of a golf ball in the wall adjacent to the laundry room area. <p>Interview on 7/18/23 with Client #1 revealed:</p> <ul style="list-style-type: none"> -The rod to her window covering had broke "a few weeks ago." <p>Interview on 7/18/23 with Client #2 revealed:</p> <ul style="list-style-type: none"> -The window coverings in her shared bedroom with Client #4 had been gone for a "few days". -She did not know what happened to the window coverings. <p>Interview on 7/18/23 with Client #3 revealed:</p> <ul style="list-style-type: none"> -She did not know how long the window had been boarded up. -The window was boarded up when she was admitted on 7/3/23. -She did not know who boarded up the window. <p>Interview on 7/18/23 with Client #4 revealed:</p> <ul style="list-style-type: none"> -She did not know what happened to the window coverings in her shared bedroom with Client #2. <p>Interview on 7/18/23 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -The Qualified Professional (QP)/ Licensee is responsible for the facility's repairs. -If there was a maintenance issue she would 	V 736		

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V 736	<p>Continued From page 17</p> <p>report it to the QP/ Licensee.</p> <ul style="list-style-type: none"> -The QP/ Licensee boarded up Client #3's bedroom window after a previous client broke it. -She did not know how long the window had been boarded up. -Clients #1, #2 and #4 did not have window covering because they pulled the window coverings off. -The windows had been without coverings for 2 weeks. -Acknowledged the toilet seat in Clients #2, #3 and #4's shared bathroom was broken. -She did not know the status of the facility's repairs. <p>Interview on 7/21/23 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -She did not know what happened to the window coverings in the clients' rooms. -QP/ Licensee was going to make repairs to the facility. -She did not know what happened to the window in Client #3's bedroom. <p>Interview on 7/19/23 with the QP/ Licensee revealed:</p> <ul style="list-style-type: none"> -Acting QP for the last 2 months. -He was responsible for the facility's repairs. -He went to the facility "...4-5 times a week". -All client mattresses were disinfected and cleaned before they moved in. -He was not aware the toilet seat in Clients #2, #3 and #4's shared bathroom was broken. -Acknowledged he boarded up Client #3's bedroom window 2 weeks ago until he could get it repaired. -The window was broken out by a previous client. -He had put window coverings up in Clients #1, #2 and #4's rooms, but they pull the coverings down. -Acknowledged the kitchen sink had been 	V 736		

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V 736	<p>Continued From page 18</p> <p>clogged for 3 weeks. -Acknowledged he was made aware of the strong odor and black stains in the dishwasher 3 weeks prior.</p> <p>Review on 7/27/23 of the Plan of Protection dated 7/27/23 written by QP/ Licensee revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Effective immediately, New Place Inc. will assure all bedrooms have an egress for all emergencies to include fires. This includes have an access to an opening in each bedroom. if a bedroom window is broken New Place, Inc. will remove all broken glass and provide an accessible covering (plastic or cardboard) which is accessible by the consumer occupying that bedroom in case there is an emergency. Describe your plans to make sure the above happens. On July 12, 2023 Executive Director of New Place, Inc contacted [contractor] of [contractor's name of business] to give an estimate of repairs needed at Turnaround facility located at 9709 Batten Court Mint Hill, NC 28227. On 7/13 [contractor] completed an estimate for all repairs needed and started said repairs on 7/15/23 to include removal of the broken window to have it sized for order. As of 7/25/23 the glass had not been received by the glass company. Effective 7/26/23 New Place Inc. has removed the plywood from the bedroom window and put up cardboard with tape. There were holes put in the cardboard to make it breathable. As soon as the glass arrives it will be replaced in the bedroom window and installed."</p> <p>The facility served Client #3 who had diagnoses of Major Depressive Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder</p>	V 736		

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V 736	Continued From page 19 and Generalized Anxiety Disorder. On 7/18/23 it was discovered that the only window in Client #3's bedroom was boarded shut. Client #3 said the window was boarded up when she was admitted to the facility. The QP boarded the window up after a previous client broke it out, making it impossible for the client to get out in case of a fire. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected with in 23 days. An administrative penalty of \$2,000 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		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on interviews, the facility staff failed to keep the facility free from insects and rodents. The findings are: Observation on 7/18/23 of the facility at 11:05 pm revealed: -A mouse trap in the corner of the kitchen by the back door Interview on 7/18/23 with Client #1 revealed: -The facility is "infested" with bugs.	V 738		

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V 738	<p>Continued From page 20</p> <ul style="list-style-type: none"> -Saw dead cockroaches in the dishwasher and sink. -Saw mice and mouse traps in the facility. -She has seen live bugs in the facility. -She was not aware of pest control coming out to the facility. <p>Interview on 7/18/23 with Client #2 revealed:</p> <ul style="list-style-type: none"> -Saw bugs and mice at the facility. -Saw lizards in the facility. -Has not seen pest control come out to the facility. <p>Interview on 7/18/23 with Client #3 revealed:</p> <ul style="list-style-type: none"> -Saw dead bugs and roaches in the facility. -Saw mice in the facility. <p>Interview on 7/18/23 with Client #4 revealed:</p> <ul style="list-style-type: none"> -Saw roaches, water bugs and mice in the facility. -There were maggots in the dishwasher. <p>Interview on 7/18/23 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -"Occasionally" saw bugs in the facility. -Pest control comes out to the facility quarterly. -The Qualified Professional (QP)/Licensee is responsible for scheduling pest control. <p>Interview on 7/21/23 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -Saw mice at the facility in the past. <p>Interview on 7/19/23 with the QP/Licensee revealed:</p> <ul style="list-style-type: none"> -He has seen mice in the facility. -Clients left the back door open and mice came in. -He put mouse traps down. -Saw bugs in the facility. -Pest control came once a year unless there was a complaint. -"...I had pest control come out on the 12th or 	V 738		

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V 738	Continued From page 21 13th of July." -He could provide an invoice for pest control. -As of the survey exit date the invoice for pest control had not been received.	V 738		