STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _			
		MHL060-648	B. WING		C 08/08/2023	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
TURN AF	ROUND		TTEN COURT L, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	rs	V 000			
	2023. The complair	was completed on August 8, nt was substantiated (intake ficiencies were cited.				
	category 10A NCAC	ed for the following service C 27G .1700 Residential cure for Children and				
		ed for 4 and currently has a rvey sample consisted of clients.				
V 107	27G .0202 (A-E) Pe	ersonnel Requirements	V 107			
	which:					
	competency, work equalifications for the	experience and other				
	(3) is signed by supervisor; and	y the staff member and the in the staff member's file.				
	each staff member	Il ensure that the director, or any other person who rvices to clients on behalf of 8 years of age:				
	(2) is able to re follow directions;	ninimum level of education,				
	competency, work equalifications for the	experience, skills and other				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	DRRECTION		CONSTRUCTION	СОМ	E SURVEY PLETED C
	MHL060-648	B. WING		08/	08/2023
NAME OF PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
IURN AROUND		TTEN COURT LL, NC 28227			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 107 Continued From pa	age 1	V 107			
applicants for empl conviction. The im decision regarding upon the offense in which the applicant (d) Staff of a facilit currently licensed, accordance with ap services provided. (e) A file shall be n employed indicatin other qualifications	services shall require that all loyment disclose any criminal pact of this information on a employment shall be based in relationship to the job for t is applying. y or a service shall be registered or certified in oplicable state laws for the naintained for each individual g the training, experience and for the position, including sure, registration or				
Based on record re failed to maintain a	et as evidenced by: eview and interview, the facility personnel file with required 1 of 3 audited paraprofessiona findings are:				
revealed:	of the facility's record sonnel file for Staff #4.				
-Hire date 6/19/23 -Position: Resident	of Staff #4's record revealed: ial Counselor. entified high school diploma				

WXCI11

If continuation sheet 2 of 22

			CONCEPTION			
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COM	PLETED	
	MHL060-648	B. WING	B. WING		C 08/08/2023	
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
	9709 BA	TTEN COURT				
	MINT HI	L, NC 28227				
		ID PREFIX			(X5) COMPLETE	
REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG			DATE	
Continued From pa	ge 2	V 107				
required. -No education crede	entials.					
Interview on 7/19/23 revealed:	3 with the QP/ Licensee					
-He hired Staff #4.						
27G .0202 (F-I) Per	sonnel Requirements	V 108				
	02 PERSONNEL					
(g) Employee traini provided and, at a r	ng programs shall be					
(1) general organiz(2) training on clier	nt rights and confidentiality as					
10A NCAC 26B;						
client as specified in plan; and	n the treatment/habilitation					
bloodborne pathoge	ens.					
.5602(b) of this Sub	ochapter, at least one staff					
member shall be tra	ained in basic first aid					
to provide cardioput trained in the Heiml	lmonary resuscitation and ich maneuver or other first aid					
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa required. -No education crede Interview on 7/19/23 revealed: -He was the human -He hired Staff #4. -Staff #4 started wo -He was responsible This deficiency is cr NCAC 27G .0203 (12 27G .0202 (F-I) Per 10A NCAC 27G .02 REQUIREMENTS (f) Continuing educ (g) Employee training provided and, at a r following: (1) general organiz (2) training on clier delineated in 10A N 10A NCAC 26B; (3) training to meed client as specified in plan; and (4) training in infec bloodborne pathoge (h) Except as permi .5602(b) of this Sub member shall be training including seizure m to provide cardiopul trained in the Heiml	AT OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648 9709 BA MINT HII PROVIDER OR SUPPLIER STREET A 9709 BA MINT HII SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 was the human resource staff. -He was responsible for creating staff files. This deficiency is cross referenced into 10A NCAC 27G .0203 (V109). 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 to 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 presen	IT OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: DENTIFICATION NUMBER: MHL060-648 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S' 9709 BATTENCOURT MINT HILL, NC 28227 ROUND SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 2 V 107 required. -No education credentials. V 107 Interview on 7/19/23 with the QP/ Licensee revealed: V 107 -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. V 108 10A NCAC 27G .0203 (V109). 27G .0202 (F-I) Personnel Requirements V 108 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: V 108 (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 28B; (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 mana	OF CORRECTION IDENTIFICATION NUMBER: A.BUILDING: MHL060-648 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES ID SUMMARY STATEMENT OF DEFICIENCIES ID REGULATORY OR LSC IDENTIFYING INFORMATION) DREPK Continued From page 2 V 107 Continued From page 2 V 107 Continued From page 3 V 107 Regulation credentials. Interview on 7/19/23 with the QP/ Licensee revealed: -He was the human resource staff. -He was the human resource staff. -He was the human resource staff. -He was responsible for creating staff files. This deficiency is cross referenced into 10A NCAC 27G .0203 (V109). 27G .0202 (F-I) Personnel Requirements V 108 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS REQUIREMENTS (1) continuing education shall be documented. (2) training no 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 to meet the mh/dd/sa needs of the client as specified in the facility at all times when a client is present. That staff member shall be trained in basic first aid incluing seizure management, currently trained to provide cardiopulmonary resuscitation and </td <td>IT OF DEPICIENCIES OF CORRECTION (X1) PROVIDERSUPPLIERCLA DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING: (X3) DATA A BUILDING: INING INING (X3) DATA A BUILDING: (X3) DATA A BUILDING: (X3) DATA A BUILDING: ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE (X3) DATA MINT HILL, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LISC DENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CARDSAREFERENCED TO THE APROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LISC DENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CARDSAREFERENCED TO THE APROPRIATE DEFICIENCY MUST PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APROPRIATE DEFICIENCY Continued From page 2 V 107 Continued From page 2. -No education oredentials. V 107 Interview on 7/19/23 with the QP/ Licensee revealed: V 107 -He was the human resource staff. -He was responsible for creating staff files. V 108 This deficiency is cross referenced into 10A NCAC 27G .0203 (V109). V 108 27G .0202 (F-I) Personnel Requirements V 108 IOA NCAC 27G .0202 PERSONNEL REQUIREMENTS V 108 (I) continuing ducation shall be documented. (I) continuing ducation shall be documented. (I) continuing on client rights and confidentiality as delineated in the Mh/dd/sa needs of the client</td>	IT OF DEPICIENCIES OF CORRECTION (X1) PROVIDERSUPPLIERCLA DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING: (X3) DATA A BUILDING: INING INING (X3) DATA A BUILDING: (X3) DATA A BUILDING: (X3) DATA A BUILDING: ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE (X3) DATA MINT HILL, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LISC DENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CARDSAREFERENCED TO THE APROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LISC DENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CARDSAREFERENCED TO THE APROPRIATE DEFICIENCY MUST PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APROPRIATE DEFICIENCY Continued From page 2 V 107 Continued From page 2. -No education oredentials. V 107 Interview on 7/19/23 with the QP/ Licensee revealed: V 107 -He was the human resource staff. -He was responsible for creating staff files. V 108 This deficiency is cross referenced into 10A NCAC 27G .0203 (V109). V 108 27G .0202 (F-I) Personnel Requirements V 108 IOA NCAC 27G .0202 PERSONNEL REQUIREMENTS V 108 (I) continuing ducation shall be documented. (I) continuing ducation shall be documented. (I) continuing on client rights and confidentiality as delineated in the Mh/dd/sa needs of the client	

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED	
		MHL060-648	B. WING			B/08/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
TURN AF	ROUND		ITEN COURT L, NC 28227				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 108	Continued From pa	ige 3	V 108				
	equivalence for relia (i) The governing b implement policies reporting, investiga	t Association or their eving airway obstruction. oody shall develop and and procedures for identifying, ting and controlling infectious diseases of personnel and					
	failed to ensure trai confidentiality, infec bloodborne pathoge needs of the clients	view and interview the facility ning in client rights and ctious diseases and ens and training to meet the					
	-Hire date 6/19/23. -Position: Residenti -No training in clien -No training in infect bloodborne pathoge	t rights and confidentiality. tious diseases and					
	-First day of work w -He had not comple licensee.	eted any trainings through the n he was scheduled to					
vision of H	Interview on 7/19/2 Professional (QP)/ -He was the humar ealth Service Regulation	Licensee revealed:					

WXCI11

If continuation sheet 4 of 22

Division	of Health Service Re	egulation			FORM APPROVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL060-648	B. WING		C 08/08/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	
TURN A	ROUND		TTEN COURT		
	1		L, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE COMPLETE DE APPROPRIATE DATE
V 108	Continued From pa	ge 4	V 108		
	-Staff #4 started wo -Staff #4 was scheo	ork on 7/18/23. duled for trainings on 7/22/23.			
	This deficiency is cr NCAC 27G .0203 (^v	ross referenced into 10A V109).			
V 109	27G .0203 Privilegii	ng/Training Professionals	V 109		
	QUALIFIED PROFI ASSOCIATE PROF (a) There shall be a qualified profession (b) Qualified profession (b) Qualified professionals shall and abilities require (c) At such time as employment system then qualified profe professionals shall (d) Competence sh exhibiting core skills (1) technical knowl (2) cultural awaren (3) analytical skills; (4) decision-makin (5) interpersonal skills; (4) decision-makin (5) interpersonal skills; (6) communication (7) clinical skills. (e) Qualified profess NCAC 27G .0104 (1) met the requirement employment system MH/DD/SAS. (f) The governing b develop and implent for the initiation of a plan upon hiring ear	ESSIONALS no privileging requirements for lals or associate professionals ssionals and associate demonstrate knowledge, skills ed by the population served. a competency-based n is established by rulemaking ssionals and associate demonstrate competence. hall be demonstrated by s including: ledge; ess; ; g; kills;			

	of Health Service Re					
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL060-648	B. WING			C 08/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
TURN A	ROUND		TTEN COURT L, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
V 109	Continued From pa	ige 5	V 109			
	population served f	alified professional with the or the period of time as 104 of this Subchapter.				
	facility failed to ens Professional (QP)/ knowledge, skills, a population served.	eviews and interviews, the ure 1 of 1 Qualified Licensee demonstrated the and abilities required by the The findings are:				
	Personnel Requirer Based on record re failed to maintain a	OA NCAC 27G .0202 ments (V107). view and interview, the facility personnel file with required 1 of 3 audited paraprofessiona	1			
	Personnel Requirer Based on record re failed to ensure trai confidentiality, infect bloodborne pathoge	OA NCAC 27G .0202 ments (V108). view and interview the facility ining in client rights and ctious diseases and ens to meet the needs of the dited paraprofessional staff				
	on Alternatives to R (V536). Based on record re failed to ensure 1 o	OA NCAC 27E .0107 Training Restrictive Interventions view and interview, the facility f 3 audited paraprofessional pleted initial training in ictive interventions.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	COM	E SURVEY PLETED
	MHL060-648	B. WING		C 08/08/2023	
NAME OF PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
TURN AROUND		L, NC 28227			
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 109 Continued From page	le 6	V 109			
 in Seclusion, Physic Time-Out (V537). Based on observation interviews, the facility audited paraprofess completed initial trainestraint, and isolation. Interview on 7/19/23 Professional (QP)/Li - He was the human - Staff #4 started word - Staff #4 was sched - Staff #4 did not hav - Responsible for sch - There was a chang - New to directly over staff. V 536 27E .0107 Client Rig Int. 10A NCAC 27E .0100 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall in practices that emphator to restrictive interver (b) Prior to providing disabilities, staff inclemployees, students demonstrate compecompleting training i other strategies for completing training i completing training i	hing in seclusion, physical on time out. with the Qualified censee revealed: resource staff. k on 7/18/23. uled for trainings on 7/22/23. e a personnel file. heduling staff training. e in management. seeing paraprofessional thts - Training on Alt to Rest. TRAINING ON RESTRICTIVE hplement policies and asize the use of alternatives ntions. g services to people with uding service providers,	V 536			

ווטופועום	of Health Service Re	gulation	1			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COM	E SURVEY PLETED
		MHL060-648	B. WING			C 08/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
TURN AI	ROUND		TEN COURT			
IONITA		MINT HIL	L, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 7	V 536			
	based on state com compliance and der gathered. (d) The training sha include measurable measurable testing behavior) on those methods to determi course. (e) Formal refreshe by each service pro annually). (f) Content of the tr provider wishes to e the Division of MH/I Paragraph (g) of thi (g) Staff shall demo following core areas (1) knowledge people being served (2) recognizin behavior; (3) recognizin external stressors the disabilities; (4) strategies relationships with pe (5) recognizin assisting in the pers decisions about the (7) skills in as escalating behavior (8) communic	onstrate competence in the s: e and understanding of the d; ng and interpreting human ng the effect of internal and hat may affect people with for building positive ersons with disabilities; ng cultural, environmental and rs that may affect people with ng the importance of and son's involvement in making ir life; ssessing individual risk for				

Division	of Health Service Re	equiation			FORM	APPROVED
STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		PLETED
		MHL060-648	B. WING		C 08/08/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
TURN AI	ROUND		TEN COURT L, NC 28227			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	ΓΙΟΝ	(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETE DATE
V 536	Continued From pa	ge 8	V 536			
	means for people w activities which dire behaviors which are (h) Service provide documentation of in at least three years. (1) Documen (A) who partic outcomes (pass/fail (B) when and (C) instructor (2) The Divisi review/request this (i) Instructor Qualif Requirements: (1) Trainers s by scoring 100% on aimed at preventing need for restrictive (2) Trainers s by scoring a passing instructor training per (3) The trainin competency-based, objectives, measura observation of behave measurable method failing the course. (4) The conte service provider pla approved by the Div to Subparagraph (i) (5) Acceptabl shall include but are (A) understan (B) methods course;	ers shall maintain nitial and refresher training for tation shall include: sipated in the training and the l); I where they attended; and 's name; ion of MH/DD/SAS may documentation at any time. ications and Training shall demonstrate competence testing in a training program g, reducing and eliminating the interventions. shall demonstrate competence g grade on testing in an rogram. ng shall be , include measurable learning able testing (written and by avior) on those objectives and ds to determine passing or ent of the instructor training the ins to employ shall be vision of MH/DD/SAS pursuant				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING.			С
		MHL060-648	B. WING		08/08/2023	
IAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		
URN AF	ROUND		L, NC 28227			
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 536	Continued From pa	ige 9	V 536			
	performance; and					
		tation procedures.				
		shall have coached experience				
		program aimed at preventing, nating the need for restrictive				
		st one time, with positive				
	review by the coact					
		shall teach a training program				
		g, reducing and eliminating the				
		interventions at least once				
	annually.	hall a succession and the second				
		shall complete a refresher t least every two years.				
	(j) Service provide					
		nitial and refresher instructor				
	training for at least					
	()	mentation shall include:				
		cipated in the training and the				
	outcomes (pass/fai					
	(B) when and (C) instructor	d where attended; and				
		ion of MH/DD/SAS may				
		this documentation any time.				
	(k) Qualifications of					
		shall meet all preparation				
	requirements as a					
	\	shall teach at least three times				
	the course which is (3) Coaches	shall demonstrate				
		npletion of coaching or				
	train-the-trainer ins					
	(I) Documentation	shall be the same preparation				
	as for trainers.					

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL D PLAN OF CORRECTION IDENTIFICATION NUMBER			CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		MHL060-648	B. WING			C 08/2023
IAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE		
URN AF	ROUND		TTEN COURT			
			LL, NC 28227			()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 536	Continued From pa	ge 10	V 536			
	failed to ensure 1 or staff (Staff #4) com	et as evidenced by: view and interview, the facility f 3 audited paraprofessional pleted initial training in ictive interventions . The	,			
	-Hire date 6/19/23. -Position: Residenti	of Staff #4's record revealed: al Counselor. natives to restrictive				
	-First day of work w -He had not comple licensee.	3 with Staff #4 revealed: as 7/18/23. eted any trainings through the he was scheduled to				
	-The facility used re	Licensee revealed: resource staff.				
	This deficiency is cr NCAC 27G .0203 (^v	oss referenced into 10A /109).				
V 537	27E .0108 Client Ri ITO	ghts - Training in Sec Rest &	V 537			
	10A NCAC 27E .01	08 TRAINING IN				

Division	of Health Service Re	gulation	•			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		СОМ	E SURVEY PLETED
		MHL060-648	B. WING		C 08/08/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
TURN AI	ROUND		L, NC 28227			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE
V 537	Continued From pa	ge 11	V 537			
	time-out may be em been trained and ha competence in the to these procedures staff authorized to e procedures are retr competence at leas (b) Prior to providing disabilities whose tr includes restrictive service providers, e volunteers shall cor seclusion, physical and shall not use th	sical restraint and isolation poloyed only by staff who have ave demonstrated proper use of and alternatives s. Facilities shall ensure that employ and terminate these ained and have demonstrated				
	 (c) A pre-requisite t demonstrating com training in preventin the need for restrict (d) The training sha include measurable measurable testing behavior) on those methods to determi course. 	Il be competency-based, learning objectives, (written and by observation of objectives and measurable ne passing or failing the				
	by each service pro annually). (f) Content of the tr provider plans to er the Division of MH/I Paragraph (g) of thi (g) Acceptable train but are not limited to	ning programs shall include,				

Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION					
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COMF	E SURVEY PLETED
	MHL060-648	B. WING			C)8/2023
NAME OF PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
TURN AROUND		TEN COURT L, NC 28227			
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR(DEFICIENCY)	LD BE	(X5) COMPLETE DATE
 (understanding immothers); (3) emphasiss rights and dignity of concepts of least reincremental steps in (4) strategiess of restrictive intervet (5) the use of interventions which assessment and m psychological well-tuse of restraint through restrictive interventions (6) prohibited (7) debriefing importance and pur (8) documentation of in at least three years (1) Document (A) who partice outcomes (pass/fail (B) when and (C) instructor (2) The Diviss review/request this (i) Instructor Qualiff Requirements: (1) Trainers s by scoring 100% or aimed at preventing need for restrictive (2) Trainers s 	e interventions; s on when to intervene ninent danger to self and a on safety and respect for the f all persons involved (using estrictive interventions and n an intervention); a for the safe implementation entions; f emergency safety include continuous onitoring of the physical and being of the client and the safe bughout the duration of the ion; d procedures; g strategies, including their rpose; and tation methods/procedures. rs shall maintain nitial and refresher training for tation shall include: cipated in the training and the l); d where they attended; and 's name. ion of MH/DD/SAS may documentation at any time. ication and Training shall demonstrate competence n testing in a training program g, reducing and eliminating the		DEFICIENCY)		

EXPLOSE (M) PROVEMENT PERCENT (D2) MILTIPLE CONSTRUCTION (M2) DATE SURVEY A DUDING	Division	of Health Service Re	aulation			FORM	APPROVED
MHL060-648 P.WNG OB/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE 9709 BATTEN COURT 9709 BATTEN COURT 9709 BATTEN COURT 000000000000000000000000000000000000	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
TITER NOTE MIT HILL, DE 2822 CMUID PREFIX TAC SUMMARY STATEMENT OF DEFICIENCES (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE FROULD TORY OR LSC DENTIFYING INFORMATION) PREFIX TAC PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (09) V 537 Continued From page 13 V 537 and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. V 537 (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives approved by the Division of MHDD/SAS pursuant to Subparagraph ()(6) of this Rule. (6) (5) The content of the instructor training the service provider plans to employ shall be qapproved by the Division of MHDD/SAS pursuant to Subparagraph ()(6) of this Rule. (6) (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (7) (7) Trainers shall be currently trained in CPR. (9) Trainers shall be currently trained in CPR. (9) Trainers shall be currently trained in CPR. (10) Trainers shall be currently trained in CPR. (10) Trainers shall be correntint and isolation time-out, as specified in Paragraph (o) of thi			MHL060-648	B. WING			
TURK AROUND MINT HILL, NC 28227 (M) ID PREEX TAG SUMMARY STATEMENT OF DEFICIENCES (EXCH CORRECTION AUST GE PRECEDED SY FLIL (FROM DEFICIENCY MUST GE PRECEDED SY FLIL (FROM DEFICIENCY MUST GE PRECEDED SY FLIL (FROM DEFICIENCY AUST GE PRECEDED SY FLIL (FROM DEFICIENCY) PROVIDENS PLAN OF CORRECTION (FROM DEFICIENCY) Common Construction (CONSTRUCTION OF U.S. DEFICIENCY) Common Construction (CONSTRUCTION (NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MINT HILL, NC 2227 OWID PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MAIS BE PRECEDED BY FULL TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) (20) V 537 Continued From page 13 V 537 V 537 Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. V 537 (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. (6) (6) 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. (6) (7) Trainers shall be retrained at least annually and demonstrate competence in teaching the adult learner; (8) methods for teaching content of the source; (9) Trainers shall be currently trained in CPR. Trainers shall be currently trained in CPR. (9) Trainers shall be competence in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) (11) Trainers shall bac on plate a refresher instructor training at least every two years. (11)			9709 BAT	TEN COURT			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSCIDENTEYING INFORMATION) PREFIX TAG (EACH CORRECIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) Converted and the appropriate Converted and the appropriate DEFICIENCY V 537 Continued From page 13 and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (5) The content of the instructor training programs shall include, but not be limited to, presentation of. (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) odcumentation procedures. (7) Trainers shall be currently trained in CPR. (9) Trainers shall be currently trained in CPR. (9) (9) Trainers shall be currently trained in CPR. (10) Trainers shall be currently trained in CPR. (10) (10) Trainers shall be currently trained in CPR. (10) Trainers shall be currently trained in CPR. (11) (12) Trainers shall be currently trained in coach. (11) Trainers shall becompetence in theasthou times with a		COND	MINT HIL	L, NC 28227			
 and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of. (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be currently trained in time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall be currently trained in CPR. (9) Trainers shall be currently trained in CPR. (10) Trainers shall be currently trained in cach. (11) Trainers shall complete a refresher instructor training at least very two years. 	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETE
 (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (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 ()(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the service provider plans to employ shall be course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be currently trained at least annually and demonstrate competence in the use of sectusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule. (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall exet a program on the use of restrictive interventions at least nonce annually. (11) Trainers shall complete a refresher instructor training the set very two years. 	V 537	Continued From pa	ge 13	V 537			
		 (3) Trainers s by scoring a passing instructor training performance of the training objectives, measurable method failing the course. (5) The content service provider plat approved by the Divit to Subparagraph (j) (6) Acceptable shall include, but not of: (A) understand (B) methods course; (C) evaluation (D) document (7) Trainers s annually and demore of seclusion, physic time-out, as specified Rule. (8) Trainers s (9) Trainers s in teaching the use least two times with coach. (10) Trainers s instructor training at a second second	hall demonstrate competence g grade on testing in an rogram. Ing shall be include measurable learning able testing (written and by avior) on those objectives and ds to determine passing or ent of the instructor training the ns to employ shall be <i>v</i> ision of MH/DD/SAS pursuant (6) of this Rule. e instructor training programs of be limited to, presentation ding the adult learner; for teaching content of the n of trainee performance; and ation procedures. shall be retrained at least nstrate competence in the use al restraint and isolation ed in Paragraph (a) of this shall be currently trained in shall be currently trained in shall have coached experience of restrictive interventions at a positive review by the shall teach a program on the erventions at least once hall complete a refresher t least every two years.				

	STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION		E SURVEY
MHL060-648 B. WING OB/08/20 VAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE_IP CODE 9709 BATTEN COUNT 9709 BATTEN COUNT (M1)D SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR USC IDENTIFYING INFORMATION ID PREFIX REGULATORY OR USC IDENTIFYING INFORMATION PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WASTE DE RECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE CC V537 Continued From page 14 V 537 V 537 CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) CC V537 Continued From page 14 V 537 V 537 V 537 V 537 (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); V 537 V 537 (B) when and where they attended; and (C) instructor's name. (2) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall deach at least three times, the course which is being coached. (3) Coaches shall denonstrate competence by completion of coaching or train-the-trainer instruction. 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 secl	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, GTY, STATE, ZIP CODE 9709 BATTER COURT MINT HILL, NC 28227 (PA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH OPERCENTY AUST BE PRECEDED BY FULL (EACH OPERCENTY AUST BE PRECEDED BY FULL (EACH OPERCENTY AUST BE PRECEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION (EACH OPERCENTY AUST ADDRESS), CITY, STATE, ZIP CODE V 537 Continued From page 14 V 537 documentation of initial and refresher instructor training for at least three years. V 537 (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. V 537 (2) The Division of MI/IDD/SAS may review/request this documentation at any time. (0) Qualifications of Coaches: (1) (1) Coaches shall meet all preparation requirements as a trainer. (2) (2) Coaches shall meet all preparation requirements as a trainer. (3) Coaches shall deen taleast three times, the course which is being coached. (3) Coaches shall deen tales three times, the course which is being coached. (4) 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: Review on 77/25/23 of Staff #4's record revealed: +Hire date 6/19/23. -Position: Residential Connelor. -No trainin			MHL060-648	B. WING			
UNIX HILL, NC 28227 (X4) ID TAG SUMMARY STATEMENT OF DEFICENCIES (EACH DEFICENCY MUST BE PROCEEDED BY FULL (EACH DEFICENCY WISTE BERECEDED BY FULL (EACH OORRECTIVE ACTION SHOULD DE (EACH OORRECTIVE ACTION SHOULD DE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Co V 537 Continued From page 14 V 537 documentation of initial and refresher instructor training for at least three years. V 537 (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. V 537 (2) The Division of MH/DD/SAS may review/request this documentation at any time. (I) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. Coaches shall be the same preparation as for trainers. 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: 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 seclusion, physical restraint, and	NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
WINT HILL, NC 28227 OWAID PREEX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUATORY OR LSC IDENTIFYING INFORMATION) IP PREEX TAG PROVIDER'S PLAN OF CORRECTION BOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Co V 537 Continued From page 14 V 537 Continued From page 14 V 537 documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall leach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. 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: Review on 7/25/23 of Staff #4's record revealed: -Hire date 6/19/23. -Position: Residential Courselor. -No training in seclusion, physical restraint, and isolation time out.			9709 BA	TTEN COURT			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) cc V 537 Continued From page 14 V 537 documentation of initial and refresher instructor training for at least three years. V 537 (1) Documentation shall include: V 40 up participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (I) (1) Coaches shall meet all preparation requirements as a trainer. (2) (2) Coaches shall monstrate competence by completion of coaching or train-the-trainer instruction. (m) (m) Documentation shall be the same preparation as for trainers. of 3 audited paraprofessional staff (Staff #4) completed initial training in seclusion, physical restraint, and isolation time out. The findings are: Review on 7/25/23 of Staff #4's record revealed: -Hire date (5/19/23. -Position: Residential Counselor. -No training in seclusion, physical restraint, and			MINT HI	L, NC 28227			
documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (U) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. 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: 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 -No training in seclusion, physical restraint, and solation time out.	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
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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: 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		training for at least (1) Document (A) who partic outcome (pass/fail) (B) when and (C) instructor (2) The Divis review/request this (I) Qualifications of (1) Coaches requirements as a t (2) Coaches times, the course w (3) Coaches competence by cor train-the-trainer ins (m) Documentation	three years. tation shall include: cipated in the training and the ; d where they attended; and r's name. ion of MH/DD/SAS may documentation at any time. f Coaches: shall meet all preparation trainer. shall teach at least three vhich is being coached. shall demonstrate mpletion of coaching or truction. n shall be the same				
Interview on 7/21/23 with Staff #4 revealed:		Based on observati interviews, the facil audited paraprofess completed initial tra restraint, and isolat Review on 7/25/23 -Hire date 6/19/23. -Position: Resident -No training in sector isolation time out.	ion, record reviews and ity failed to ensure 1 of 3 sional staff (Staff #4) aining in seclusion, physical ion time out. The findings are: of Staff #4's record revealed: ial Counselor. usion, physical restraint, and				
-First day of work was 7/18/23.	vision of H	-First day of work w					

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		MHL060-648	B. WING			C 08/2023
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
	ROUND		L, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 537	-He had not complet licensee. -Did not know wher complete trainings. Interview on 7/19/23 Professional/Licens -He was the human -Staff #4 started wo -Staff #4 was scheo	ated any trainings through the the was scheduled to 3 with the Qualified see revealed: the resource staff. ark on 7/18/23. duled for trainings on 7/22/23.	V 537			
V 736	27G .0303(c) Facili 10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance	V 736			
	interviews, the facili safe, clean, attractiv findings are: Observations on 7/- facility revealed: -The only window ir nailed shut with plyv -Kitchen sink was c and old food. -The dishwasher has up of small black sp	ons, record review and ity was not maintained in a ve, and orderly manner. The 18/23 at 11:08 am of the n Client #3's bedroom was wood. logged with standing water ad a strong foul odor and build becks throughout the inside. front of the kitchen sink was				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
						С
		MHL060-648	B. WING			08/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
TURN AF	ROUND		TEN COURT L, NC 28227			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 736	Continued From pa	ge 16	V 736			
	-Client #1 did not ha	ave window coverings in her				
		nt #4's shared bedroom did not				
	have window cover					
	of a sheet of paper.	s had 3 brown stains the size				
		broken horizontally across				
		nects to the lid in Clients #2,				
	#3 and #4's shared	bathroom. ng in the laundry room was				
		edges in 5 places and had 2-3				
	inch tears in 2 place	es.				
	-There was a hole t adjacent to the laur	he size of a golf ball in the wall dry room area.				
		3 with Client #1 revealed: dow covering had broke "a few	,			
	-The window coveri with Client #4 had b	3 with Client #2 revealed: ings in her shared bedroom been gone for a "few days". what happened to the window				
		3 with Client #3 revealed: now long the window had been				
		oarded up when she was				
	-She did not know v	who boarded up the window.				
		3 with Client #4 revealed:				
		what happened to the window ared bedroom with Client #2.				
		3 with Staff #1 revealed: essional (QP)/ Licensee is facility's repairs.				
		ntenance issue she would				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648		CONSTRUCTION	Сом	E SURVEY PLETED C 08/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
TURN A	ROUND		TTEN COURT L, NC 28227			
	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLET DATE
V 736	Continued From pa	ge 17	V 736			
	bedroom window af -She did not know h boarded up. -Clients #1, #2 and covering because th coverings off. -The windows had h weeks. -Acknowledged the and #4's shared bat -She did not know t repairs.	boarded up Client #3's fter a previous client broke it. now long the window had been #4 did not have window ney pulled the window been without coverings for 2 toilet seat in Clients #2, #3 throom was broken. he status of the facility's				
	-She did not know v coverings in the clie -QP/ Licensee was facility.	going to make repairs to the vhat happened to the window				
	revealed: -Acting QP for the la -He was responsible -He went to the faci -All client mattresse cleaned before they -He was not aware and #4's shared bat -Acknowledged he bedroom window 2 repaired. -The window was b -He had put window	e for the facility's repairs. lity "4-5 times a week". es were disinfected and or moved in. the toilet seat in Clients #2, #3 throom was broken. boarded up Client #3's weeks ago until he could get i roken out by a previous client. or coverings up in Clients #1, but they pull the coverings	t			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED C
		MHL060-648	B. WING			08/2023
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		
FURN AF	ROUND		TEN COURT L, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	ge 18	V 736			
		s. was made aware of the strong ns in the dishwasher 3 weeks				
	7/27/23 written by C revealed: -"What immediate a ensure the safety o Effective immediate all bedrooms have to include fires. This an opening in each window is broken N broken glass and p (plastic or cardboar consumer occupyin is an emergency. Describe your plans happens. On July 1 New Place, Inc con [contractor's name estimate of repairs located at 9709 Bat On 7/13 [contractor repairs needed and 7/15/23 to include r to have it sized for o had not been receiv Effective 7/26/23 N the plywood from th cardboard to make glass arrives it will f window and installe	action will the facility take to f the consumers in your care? ely, New Place Inc. will assure an egress for all emergencies s includes have an access to bedroom. if a bedroom lew Place, Inc. will remove all rovide an accessible covering d) which is accessible by the g that bedroom in case there s to make sure the above 2, 2023 Executive Director of tacted [contractor] of of business] to give an needed at Turnaround facility ten Court Mint Hill, NC 28227.] completed an estimate for all started said repairs on emoval of the broken window order. As of 7/25/23 the glass ved by the glass company. ew Place Inc. has removed the bedroom window and put up a. There were holes put in the it breathable. As soon as the pe replaced in the bedroom vd."				
	of Major Depressive	Client #3 who had diagnoses e Disorder, Oppositional ost Traumatic Stress Disorder				

If continuation sheet 19 of 22

	IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or contraction	DENTIFICATION NOMBER.	A. BUILDING: _			
		MHL060-648	B. WING			C 08/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
FURN AF	ROUND		L, NC 28227			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 736	Continued From pa	ge 19	V 736			
	was discovered tha #3's bedroom was be admitted to the faci window up after a p making it impossibl case of a fire. This A1 rule violation for corrected with in 23 penalty of \$2,000 is corrected within 23 administrative pena	lty of \$500.00 per day will be ay the facility is out of	t			
V 738	27G .0303(d) Pest	Control	V 738			
	EXTERIOR REQUI	03 LOCATION AND REMENTS be kept free from insects and				
		et as evidenced by: s, the facility staff failed to e from insects and rodents.				
	revealed:	8/23 of the facility at 11:05 pm e corner of the kitchen by the				
	Interview on 7/18/2 -The facility is "infe	3 with Client #1 revealed: sted" with bugs.				

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	COM	E SURVEY PLETED
		MHL060-648	B. WING			C 08/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
TURN A	ROUND		TTEN COURT LL, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 738	Continued From pa	ge 20	V 738			
	sink. -Saw mice and mou- She has seen live -She was not aware the facility. Interview on 7/18/2: -Saw bugs and mic -Saw lizards in the fa- -Has not seen pest facility. Interview on 7/18/2: -Saw dead bugs an -Saw mice in the fa- Interview on 7/18/2: -Saw roaches, wate -There were maggod Interview on 7/18/2: -Saw mice at the fa- Interview on 7/21/2: -Saw mice at the fa- Interview on 7/19/2: revealed: -He has seen mice -Clients left the baco in. -He put mouse trap -Saw bugs in the fa-	 a of pest control coming out to 3 with Client #2 revealed: a at the facility. facility. control come out to the 3 with Client #3 revealed: d roaches in the facility. cility. 3 with Client #4 revealed: ar bugs and mice in the facility. a with Staff #1 revealed: y bugs in the facility. s out to the facility quarterly. essional (QP)/Licensee is eduling pest control. 3 with Staff #2 revealed: cility in the past. 3 with the QP/Licensee in the facility. k door open and mice came is down. 				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
			A. BUILDING:			
		MHL060-648	B. WING			C 08/2023
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
URN AF	ROUND		TTEN COURT LL, NC 28227			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 738	Continued From pa	age 21	V 738			
		an invoice for pest control. xit date the invoice for pest en received.				