STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, NC 28227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on August 8, 2023. The complaint was substantiated (intake #NC00204485). Deficiencies were cited. The facility is licensed for the following service category 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents. The facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (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. (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: (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	please see attached DHSR - Mental Health SEP 14 2023 Lic. & Cert. Section	

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V 107	Continued From page 1 neglect listed on the North Carolina Health Care Personnel Registry. (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. (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. (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. 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: Review on 7/21/23 of the facility's record revealed: -There was no personnel file for Staff #4. 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	V 107	please see attached 	

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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	Continued From page 3 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. 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: 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. 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. Interview on 7/19/23 with the Qualified Professional (QP)/ Licensee revealed: -He was the human resource staff.	V 108	please see attached 	

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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	please see attached	
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	please see attached	

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V 109	Continued From page 5 supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. 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: 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). 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). 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.	V 109	Please see attached 	

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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	please see attached 	
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	please see attached 	

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V 536	Continued From page 7 (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (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. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (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. (g) Staff shall demonstrate competence in the following core areas: (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	please see attached 	

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V 536	Continued From page 8 (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (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) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee	V 536	please see attached	

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V 536	Continued From page 9 performance; and (D) documentation procedures. (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. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) 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. (l) Documentation shall be the same preparation as for trainers.	V 536	please see attached 	

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V 536	Continued From page 10 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: 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. 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. 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. This deficiency is cross referenced into 10A NCAC 27G .0203 (V109).	V 536	please see attached	
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN	V 537	please see attached	

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V 537	Continued From page 11 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (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. (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. (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. (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. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (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. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to	V 537	please see attached	

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V 537	Continued From page 12 the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (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); (4) strategies for the safe implementation of restrictive interventions; (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; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (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) Instructor Qualification and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint	V 537	Please see attached 	

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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 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 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. (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 teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain	V 537	Please see attached 	

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V 537	Continued From page 14 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. (l) 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 isolation time out. Interview on 7/21/23 with Staff #4 revealed: -First day of work was 7/18/23.	V 537	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-648	A. BUILDING: _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, NC 28227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 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	please see attached	
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	please see attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURN AROUND	9709 BATTEN COURT MINT HILL, NC 28227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 16 -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. Interview on 7/18/23 with Client #1 revealed: -The rod to her window covering had broke "a few weeks ago." Interview on 7/18/23 with Client #2 revealed: -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. Interview on 7/18/23 with Client #3 revealed: -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. Interview on 7/18/23 with Client #4 revealed: -She did not know what happened to the window coverings in her shared bedroom with Client #2. Interview on 7/18/23 with Staff #1 revealed: -The Qualified Professional (QP)/ Licensee is responsible for the facility's repairs. -If there was a maintenance issue she would	V 736	Please See attached	

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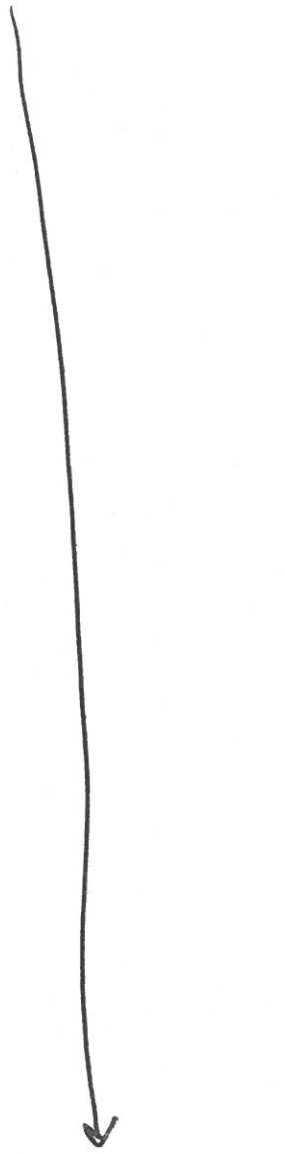
V 736	Continued From page 17 report it to the QP/ Licensee. -The QP/ Licensee boarded up Client #3's bedroom window after a previous client broke it. -She did not know how long the window had been boarded up. -Clients #1, #2 and #4 did not have window covering because they pulled the window coverings 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. Interview on 7/21/23 with Staff #2 revealed: -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. Interview on 7/19/23 with the QP/ Licensee revealed: -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	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 736	Continued From page 18 clogged for 3 weeks. -Acknowledged he was made aware of the strong odor and black stains in the dishwasher 3 weeks prior. 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." The facility served Client #3 who had diagnoses of Major Depressive Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder	V 736	please see Attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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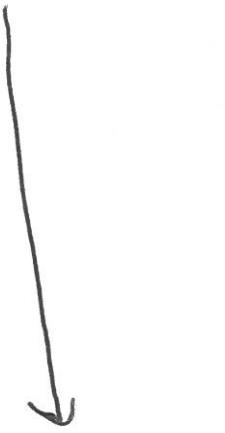
V 736	Continued From page 19 and Generalized Anxiety Disorder. On 7/18/23 it was discovered that the only window in Client #3's bedroom was boarded shut. Client #3 said the window was boarded up when she was admitted to the facility. The QP boarded the window up after a previous client broke it out, 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	please see attached 	
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	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 738	Continued From page 20 -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. Interview on 7/18/23 with Client #2 revealed: -Saw bugs and mice at the facility. -Saw lizards in the facility. -Has not seen pest control come out to the facility. Interview on 7/18/23 with Client #3 revealed: -Saw dead bugs and roaches in the facility. -Saw mice in the facility. Interview on 7/18/23 with Client #4 revealed: -Saw roaches, water bugs and mice in the facility. -There were maggots in the dishwasher. Interview on 7/18/23 with Staff #1 revealed: -"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. Interview on 7/21/23 with Staff #2 revealed: -Saw mice at the facility in the past. Interview on 7/19/23 with the QP/Licensee revealed: -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	please see attached 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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	please see attached ↓	

Plan of Correction

Turnaround MHL-060-648

V 107 27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS

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)

As of 9/01/2023 Executive Director James Hunt will be responsible for interviewing prospective employees for New Place, Inc. the employee shall be considered for employment upon providing verification of education for position applying for employment. The monitoring of this will be ongoing and will be reviewed semi-annually at Quality Assurance/Quality Improvement Committee meetings.

V 108 8 27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS

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).

As of 09/01/2023 Executive Director James Hunt will be responsible for hiring all prospective employees and assuring that all new employees have training in Client Rights. Confidentiality, and Blood Bourne Pathogens within the first thirty days of hiring. The new employee will be allowed to work a shift as long as they are paired to work with a staff who has the aforementioned trainings of Client Rights, Confidentiality, and Blood Boure Pathogens. The monitoring of this will be ongoing and will be reviewed semi-annually at Quality Assurance/Quality Improvement Committee meetings.

V 109 27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS

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.

As of 09/01/2023 Executive Director will be responsible for assuring that all para professionals hired will have a personnel file to include received trainings in Client Rights, Confidentiality, Blood Bourne Pathogens, initial and annual trainings in Alternative to Restrictive Interventions and Training in Seclusion, Physical Restraint and Isolation Time-Out. All trainings shall be completed within the first thirty days of employment. The new hire will be allowed to work shifts as long as they are paired with a staff that has all of the aforementioned trainings of Client Rights, Confidentiality, Blood Bourne Pathogens, and current Alternative to Restrictive Interventions and Training in Seclusion, Physical Restraint and Isolation Time-Out. The monitoring of this will be ongoing and will be reviewed semi-annually at Quality Assurance/Quality Improvement Committee meetings.

V 536 27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS

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 .

As of 09/01/2023 Executive Director will be responsible for assuring that all para professionals hired will have a personnel file to include initial and annual trainings in Alternative to Restrictive Interventions. All trainings shall be completed within the first thirty days of employment. The new hire will be allowed to work shifts as long as they are paired with a staff that has all of the aforementioned trainings of Alternative to Restrictive Interventions. The monitoring of this will be ongoing and will be reviewed semi-annually at Quality Assurance/Quality Improvement Committee meetings.

V 537 27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT

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.

As of 09/01/2023 Executive Director will be responsible for assuring that all para professionals hired will have a personnel file to include initial and annual trainings in Seclusion, Physical Restraint, and Isolation Time-Out. All trainings shall be completed within the first thirty days of employment. The new hire will be allowed to work shifts as long as they are paired with a staff that has all of the aforementioned trainings of Seclusion, Physical Restraint, and Isolation Time-Out. The monitoring of this will be ongoing and will be reviewed semi-annually at Quality Assurance/Quality Improvement Committee meetings.

V 736 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS

This Rule is not met as evidenced by: V 736 Based on observations, record review and interviews, the facility was not maintained in a safe, clean, attractive, and orderly manner.

The House Manager will be responsible for conducting weekly checks of the facility to include interior and exterior. If there are any damages identified within or outside of the facility the House manager will report the identified damages to Executive Director James Hunt who will identify appropriate personnel (electrician, handyman, pest exterminator, plumber, etc.) to assess the damage, provide a written estimate. Once the estimate is received the work order for repairs shall be fulfilled within 7 calendar days. The monitoring of this will be ongoing and will be reviewed semi-annually at Quality Assurance/Quality Improvement Committee meetings.

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: V 738 Based on interviews, the facility staff failed to keep the facility free from insects and rodents.

Effective immediately all staff members shall report to House Manager if they see any pest within the facility. If there are any reports of pest the House Manager will report it to Executive Director James Hunt who in turn will immediately request pest control services for the identified pest. Once the treatments have been completed an invoice shall be provided as verification of established treatment Thi0s shall be completed at the earliest convenience not to exceed 7 calendar days. The monitoring of this will be ongoing and will be reviewed semi-annually at Quality Assurance/Quality Improvement Committee meetings.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 29, 2023

James Hunt
New Place, Inc.
6612 E. Harris Blvd. Ste. D
Charlotte, NC 28215

Re: Complaint Survey completed August 8, 2023
Turn Around, 9709 Batten Court, Mint Hill, NC, 28227
MHL # 060-648
E-mail Address: Hjames7559@aol.com
Intake #NC00204485

Dear Mr. Hunt:

Thank you for the cooperation and courtesy extended during the complaint survey completed August 8, 2023. The complaint was substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violation(s) is cited for 10A NCAC 27G .0303 Location and Exterior Requirements (V736).
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type A1 violations must be corrected within 23 days from the exit date of the survey, which is August 31, 2023. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation(s) by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of $500.00 (Five Hundred) against New Place, Inc. for each day the deficiency remains out of compliance.
- Standard level deficiencies must be corrected within 60 days from the exit of the survey, which is October 8, 2023.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at (336) 247-1723.

Sincerely,

Daneice Cheek, MS

Daneice Cheek, MS
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
dhhs@vayahealth.com
John Eller, Director, Mecklenburg County DSS
Pam Pridgen, Administrative Supervisor

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA CERTIFIED MAIL

August 29, 2023

James Hunt
New Place, Inc.
6612 E. Harris Blvd. Ste. D
Charlotte, North Carolina 28215

Re: Type A1 Administrative Penalty
Turn Around, 9709 Batten Court, Mint Hill, NC, 28227
MHL # 060-648
E-mail Address: Hjames7559@aol.com

Dear Mr. Hunt:

Based on the findings of this agency from a survey completed on 8-8-23, we find that New Place, Inc. has operated Turn Around in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services. After a review of the findings, this agency is taking the following action:

Administrative Penalty – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A1 administrative penalty of $2,000.00 against New Place, Inc. for violation of 10A NCAC 27G .0303 Location and Exterior Requirements (V736). Payment of the penalty is to be made to the Division of Health Service Regulation and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalty is not paid within sixty (60) days of this notification, a 10% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

8-29-2023
Turn Around
New Place, Inc.

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Julie Cronin, General Counsel. This person may receive service of process by mail at the following address:

Ms. Julie Cronin, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 336-247-5469 within thirty (30) days from the date of this letter. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Clarice Rising, Western Branch Manager at 336-247-5469.

Sincerely,

Robin Sulfridge, Chief
Mental Health Licensure & Certification Section

Cc: dhsrreports@dhhs.nc.gov, DMH/DD/SAS
Medicaid.dhsr.notice@dhhs.nc.gov, NC Medicaid
accreditationNotifications@nctracks.com, NC Medicaid Fiscal Agent
QM@partnersbhm.org
dhhs@vayahealth.com
John Eller, Director, Mecklenburg County DSS
Candice W. Moore, NCDPS
Pam Pridgen, Administrative Supervisor