RECEIVED
By Pamela S. Pridgen at 6:16 pm, Feb 06, 2024

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-264	A. BUILDING: ______ B. WING ______	R 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURNING POINT	325 HALL AVENUE BURLINGTON, NC 27217

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on 1/24/24. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 1/23/24 of the facility at approximately 11:30 am revealed: -Dining room area-The blinds had food debris on them. One of the dining room table chairs leg was loose and had tape towards top of it. A 2nd dining room table chair seat was loose. The walls had scuff marks. -Clients #1 and #6's bedroom-The walls had grease stains and tape debris on them. -Client #3's bedrooms-walls had grease stains and tape debris on them. -Clients #2 and #5's bedroom-walls had grease stains. -Client #4's bedroom-walls had tape debris on	V 736	The Program Director cleaned the blinds in the dinning room on Jan 23 during the review. The blinds were cleaned with cleaning wipes. All the stains were removed. The Program Director, Executive Director and Qualified Professional talked with the staff about frequent cleaning routine. Once a week the facility will be inspected for cleanliness by the QP. Once a month the Progam Director will conduct a deep clean of the facility. Any findings will be corrected on that day. The Executive Director replaced the two dinning room chairs with new matcing chairs on Jan 23, 2024. The two dinning room chairs that were loose were removed from the property on January 24th. All the walls in the client bedrooms were washed on January 34th and painted on January 25, 2024 by staff. The client walls will be inspected by the Qualified Professional and Executive Director each month. The wall in the client bedroom will be	01/31/2024 01/31/2024

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] President/Executive Director — TITLE — (X6) DATE 1-30-24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ______ B. WING ______	(X3) DATE SURVEY COMPLETED R 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURNING POINT	325 HALL AVENUE BURLINGTON, NC 27217

(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 1 them. Interview on 1/23/24 with the Qualified Professional revealed: -He acknowledged all of the above issues with the facility. -Staff had not said anything to him about the maintenance issues with the facility. Interviews on 1/23/24 and 1/24/24 with the Executive Director revealed: -Staff had said anything about the chairs needing to be replaced in dining room area. -The grease spots were on the walls in clients bedrooms because the clients are "consistently" touching the walls. -He had to paint the walls in clients bedrooms about every 6 months. -He acknowledged all of the above issues with the facility.	V 736	painted every 6 months. Staff will continue to report any issues each day to the Qualified Professional.	

RECEIVED
By Pamela S. Pridgen at 6:15 pm, Feb 06, 2024