

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 2-22-24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for four and currently has a census of four. The survey sample consisted of audits of three current clients.</p> <p>This Statement of Deficiencies was amended on 3/5/24 to update the completion of the annual and follow-up survey date which is 2/22/24 and not 2/21/24.</p>	V 000		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p><b>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</b></p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as</p>	V 296		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(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 296	<p>Continued From page 1</p> <p>follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews, and interviews the facility failed to ensure the minimum staffing ratio. The findings are:</p> <p>Observation of the facility on 2-13-24 at approximately 4:00 pm revealed: -Staff #1 and Clients #1, #2, and #4. -Approximately 4:15pm the Client #3 comes</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(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 296	<p>Continued From page 2</p> <p>into the facility. -Approximately 5:30 pm, Staff #5 arrives for his scheduled shift (5:30pm-11pm).</p> <p>Review on 2-16-24 of the Job Attendance and Call-in Procedure for staff revealed: -"Staff must call in personally to request short notice sick leave time. No text messages, or voicemail not accepted as verification of calling out of work." -"Failure to notify the appropriate supervisor when unscheduled absences occur ('No call/no show') is grounds for disciplinary action up to and including termination for cause..."</p> <p>Review on 2-14-24 of Client #1's record revealed: -Admitted 12-30-23. -16 years old. -Diagnoses include: Attention Deficit/Hyperactivity Disorder, Bipolar Disorder, Anxiety Disorder, Adjustment Disorder, Other Reactions To Severe Stress. -Admission Assessment dated 12-30-23 revealed: history of verbal aggression and threatening behavior...needs to respect authority figures.</p> <p>Review on 2-14-24 of Client #2's record revealed: -Admitted 9-19-23. -13 years old. -Diagnoses include: Disruptive Mood Dysregulation Disorder, Attention Deficit/Hyperactivity Disorder, and Other Specified Trauma and Stressor Related Disorder. -Admission Assessment dated 9-19-23 revealed: Multiple level III disruption due to aggression and elopements. -Comprehensive Clinical Assessment addendum dated 7-21-23 revealed: in hospital due to allegation of self harm...current level III</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(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 296	<p>Continued From page 3</p> <p>trying to discharge her due to aggression and erratic behavior (eating grass and raw eggs), screaming, throwing and breaking things...On 7-14-23 police called to the facility due to her threatening to kill everyone in the facility...threatened to kill everyone in the hospital with security's gun....</p> <p>Review on 2-16-24 of Client #3's record revealed: -Admitted 6-1-23. -14 years old. -Diagnoses include: Unspecified Trauma Spectrum Disorder, Major Depressive Disorder, and Generalized Anxiety Disorder. -Admission assessment dated 6-1-23 revealed: ...disrupted previous foster home with verbal and physical aggression. -Psychiatric evaluation dated 3-20-23 revealed: hospitalized for threatening to harm herself</p> <p>Interview on 2-13-24 with Client #1 at approximately 4:00pm revealed: -There were one or two staff at the facility per shift. -"There is one staff when we get home from school just one." -They get home from school at approximately 2:30pm.</p> <p>Interview on 2-13-24 with Client #2 at approximately 4:30pm revealed: -There was one staff at the facility when they wake up in the morning and one staff when they got home from school. -Another staff usually comes in after they get home. -Staff #5 would be coming in later today.</p> <p>Interview on 2-13-24 with Client #3 at</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(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 296	<p>Continued From page 4</p> <p>approximately 4:45 pm revealed:                      -"There is one staff in the morning, and when we come home from school, first there's one then two."                      -There was one staff when she wakes up in the morning, but another staff comes in shortly after she wakes up.</p> <p>Interview on 2-13-24 with Client #4 at approximately 4:30pm revealed:                      -"Sometimes one staff and sometimes two."                      -"There is one (staff) from night shift then someone (another staff) comes in in the morning."                      -There were usually two staff per shift at the facility.                      -There was one staff when they get home from school.</p> <p>Interview on 2-16-24 with Staff #1 revealed:                      -She came from a sister facility and had been working at this facility "maybe two months."                      -She had called Staff #2 to try to find out when she would be returning to the facility.                      -"I know she (Staff #2) was supposed to come back. She said she would be back before the girls got home."                      -Staff #1 leaves to pick up the clients from school approximately 1:30pm.                      -Staff #2 had left that day when Staff #1 left to pick up the clients.                      -"She (Staff #2) said she was trying to get back, 'the traffic got me', something like that."                      -"I usually call [Executive Director/Qualified Professional/Owner] if I feel all the girls (clients) are there."                      -"I say, [Executive Director/Qualified Professional/Owner] I'm here alone, and he will come right over."                      -She thought that he (Executive</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(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 296	<p>Continued From page 5</p> <p>Director/Qualified Professional/Owner) was working on 2-13-24 so she had not called him about working by herself.</p> <p>Interview on 2-16-24 with Staff #2 revealed:                      -On 2-13-24 her child was at a karate after school program.                      -"My baby was at karate so I had to run there. He was crying, I had to go make sure he is OK."                      -Her son gets out of school approximately 3:30.                      -"I was at the home (facility) but I had to leave, I told [Staff #1] I had to go."                      -"I think [Staff #1] is the manager."                      -Staff #2 knew she was supposed to call the Executive Director/Qualified Professional/Owner, "but he was at work."                      -"I tried calling him (Executive Director/Qualified Professional/Owner) but it went to his voicemail."                      -She was supposed to return to the facility but she had to take her son home because he didn't want to stay at the after school program that day.                      -She does not often work by herself but could not specify when she had last worked by herself.                      -Asked if she would be working her scheduled shift on 2-17-24 (Saturday afternoon/evening): "I don't know if I can do that. I'm prn (as needed) if I can make it I will let him know if I can't. If I can't do that. If I'm on the schedule if I can make it there, I'll make it there. Sometimes he puts me on and I will tell him ahead on time I can't make it. Sunday I will be there. I do most Sundays."</p> <p>Interview on 2-16-24 with Staff #3 revealed:                      -He works third shift.                      -He has never worked by himself. One staff does leave at 7:00am, but another staff comes in at 7:00am.</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(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 296	<p>Continued From page 6</p> <p>Interview on 2-14-24 with Staff #4 revealed:            -She works three days a week from 7:00am to 1:00pm.            -She had worked that morning (2-14-24).            -Staff #3 is new and he stays in the am.            -"The person who was with him (Staff #3) had just left, they saw my car and called an Uber."            -She could not identify what staff had been working with Staff #3 the morning of 2-14-24.</p> <p>Interview on 2-16-24 with the Executive Director/Qualified Professional/Owner revealed:            -He has had several meetings about staffing coverage.            -All staff know they are not supposed to leave the facility if there is only one staff remaining.            -Staff #2 had reported to him that she had something else to do when he asked her about her absence from the facility on 2-13-24.            -Staff #2 had not called him to let him know she was leaving.            -"[Staff #1] told me that she thought the surveyor would call me."            -"They (staff) were letting people leave. I would not be surprised if someone said 'it's 7 I'm leaving.'"            -He is having a very hard time getting staff to work at the facility.            -Staff will work one or two days and then not return.</p> <p>Review on 2-21-24 of the Facility Plan of Protection dated and signed on 2-21-24 by the Executive Director/Qualified Professional/ Owner revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Effective 02/21/24 Executive Director [Executive</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(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 296	Continued From page 7  Director/Qualified Professional/ Owner] will generate a memo in reference to staffing so that staff will understand that they cannot leave their shift until they have been properly relieved. This means that if one staff member shows up to relieve one staff member the other on duty staff shall remain on site until the second staff member for the current shift shows up. If the designated staff does not show up 15 minutes into the current shift Executive Director [Executive Director/Qualified Professional/ Owner] shall be called to provide immediate relief. Director [Executive Director/Qualified Professional/ Owner] will be available to provide coverage within 30 minutes of the call to relieve prior shift staff for all shifts to remain in staffing compliance. Effective 02/22/24 Executive Director [Executive Director/Qualified Professional/ Owner] will also be responsible for completing weekly schedules and be responsible for assuring an overlap 15 minutes per shift by staff i.e., if a schedule begins at 3:00pm, the prior end shift shall be scheduled until 3:15 pm to allow ample time 2nd shift staff to arrive so that appropriate coverage is being provided for staffing ratio. Maintaining this pattern will allow double staffing to assure consumers behaviors to be appropriately managed. Also, on March 6 during New Place, Inc. (Licensee) monthly staffing Executive Director [Executive Director/Qualified Professional/ Owner] will again address staffing ratio so that all employees are aware of DHSR (Division of Health Service Regulation) licensing requirements of staffing ratio. The agenda for this will also focus on call out for work protocol and expressed that the only person authorized to give a staff member permission to leave work at any time is Executive Director [Executive Director/Qualified Professional/ Owner].	V 296		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(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 296	<p>Continued From page 8</p> <p>Describe your plans to make sure the above happens. Effective February 26, 2024, Executive Director [Executive Director/Qualified Professional/ Owner] will prioritize working Monday through Friday arriving at the site no later than 6:45 am to ensure staffing ratio is met, as this is the shift that staffing ratio is most effected. This will allow ED [Executive Director/Qualified Professional/ Owner] to assure third shift workers are not leaving first shift by themselves before the second staff member arrives. As of February 26, 2024, New Place, Inc. will invest in a ring doorbell camera to allow monitoring by Executive Director [Executive Director/Qualified Professional/ Owner] to determine the departure times and arrival times of each employee for each shift. If there is a pattern of staff arriving late or leaving early this will result in disciplinary action up to termination."</p> <p>Observation on 2-13-24 at approximately 4:00pm revealed one staff with three clients, with a fourth client arriving at approximately 4:15pm. A second staff arrived approximately 1 1/2 hours later for his scheduled shift resulting that Clients #1, #2, #3, and #4 were with one staff (Staff #1) for approximately 1 1/2 hours.. The facility served clients with the following diagnoses; Attention Deficit Disorders, Anxiety Disorder, Disruptive Mood Dysregulation Disorder. Client have behaviors including physical and verbal aggression, elopement, and threats of harm to self and others. Clients report that there is often only one staff in the facility when they wake up in the morning and when they get home from school. Staff #1 and #2 revealed that Staff #2 had left the facility to respond to a personal matter and had not let her supervisor (the Executive Director/Qualified Professional/Owner) know.</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(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 296	Continued From page 9  This deficiency constitutes a Continuing Type B Rule Violation which is detrimental to the health, safety, and welfare of the clients for failure to to correct within 45 days.  This deficiency was previously cited on 11-29-23.	V 296		
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 failed to be kept in a clean, attractive and orderly manner. The findings are:  Observation on 2-13-24 at approximately 5:30 pm revealed: -Back bathroom: hole in wall next to the shower approximately 3 inches x 3 inches, multiple bottles of shampoo, and lotions in shower, clothes on the floor, trash in the cabinet under the sink, light switch dirty. -Back bedroom (bedroom #3) : Large hole in the wall nest to one of the beds, approximately 6 inches x 6 inches, repaired hole that had been broken again with a hole approximately 2 inches x 2 inches. -Hallway: section approximately 6 inches by 2 inches coming loose, section approximately 2 feet x 1 foot repaired and painted, but not sanded to match the wall, other sections repaired, but not sanded. -Hallway bathroom: dirty sink, face missing	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(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	<p>Continued From page 10</p> <p>from one drawer.</p> <ul style="list-style-type: none"> <li>-Bedroom #2: Section of wall approximately feet x 2 feet coming loose from the wall.</li> <li>-Bedroom #1: large hole behind the door approximately 3 inches x 3 inches, section of the wall repaired but not painted, 2 small holes in the wall approximately 1 inch x 1 inch, uncovered electric outlet, portion of the wall patched and painted, but not sanded,</li> <li>-Kitchen: one floor tile broken in half, one floor tile cracked, window curtain next to the table has food articles on it, refrigerator door handle dirty, bottom of the refrigerator has red substance on the bottom shelf approximately 1 foot x 6 inches, doorknob to the back door was loose, door jam was dirty.</li> </ul> <p>Interview on 2-16-24 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-She works first shift.</li> <li>-"I can't do too much speaking on that house. We don't have a supervisor in that house. At [Sister facility] I could see who is responsible. But it is supposed to be the second and third shift to do that (keep the facility clean)."</li> </ul> <p>Interview on 2-16-24 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-He is not sure whose job it is to keep the facility clean.</li> <li>-They had been told to clean something if they see that it's dirty.</li> <li>-"So I guess it is everybody's job."</li> </ul> <p>Interview on 2-14-24 with Staff #4 revealed:</p> <ul style="list-style-type: none"> <li>-She only works a few days a week from 7am to 1pm.</li> <li>-When she is working, she makes sure the facility is cleaned.</li> <li>-The clients do help her, and she has no problem with getting them to help clean.</li> </ul>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(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	<p>Continued From page 11</p> <p>Interview on 2-16-24 with the Director/Qualified Professional/Owner revealed:</p> <ul style="list-style-type: none"> <li>-They have put a lot of money into the facility.</li> <li>-New cabinets and flooring is just a couple of the things they have done.</li> <li>-It is everyones responsibility to keep the facility clean.</li> <li>-He has addressed the issues several times.</li> <li>-They used to have a chore list, but people just would sign off without actually doing the chore.</li> <li>-If there is something wrong with the facility, the staff is supposed to call him.</li> <li>-They do not have a house manager at the moment.</li> </ul> <p>This deficiency has been cited 3 times since the original cite on 8-8-23 and must be corrected within 30 days.</p>	V 736		
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to be kept free from insects. The findings are:</p> <p>Review on 12-14-24 of pest control company revealed:</p>	V 738		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(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 738	<p>Continued From page 12</p> <ul style="list-style-type: none"> <li>-Facility of been serviced by pest control on July 12, 2023 and November 12, 2023, per invoice.</li> </ul> <p>Observation on 2-13-24 at approximately 4:30pm revealed:</p> <ul style="list-style-type: none"> <li>-One roach walking up the kitchen wall.</li> <li>-Multiple roaches in the cabinet under the kitchen sink.</li> </ul> <p>Interview on 2-13-24 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-There are a lot of roaches in the facility.</li> <li>-She has found roaches in her room.</li> <li>-She cleans her room, but she thinks the roaches are coming from the master bedroom.</li> </ul> <p>Interview on 2013024 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-The roaches are now just in the kitchen.</li> <li>-She has put the roach jell down in her room to keep the roaches away.</li> </ul> <p>Interview on 2-13-24 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>-She keeps her room clean so she doesn't have roaches in her room.</li> </ul> <p>Interview on 2-13-24 with Client #4 revealed:</p> <ul style="list-style-type: none"> <li>-She has seen roaches in the facility.</li> <li>-Her room has roaches, "just a little bit."</li> </ul> <p>Interview on 2-16-24 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-She has seen roaches at the facility.</li> <li>-She knows that the executive Director has had the exterminator at the facility "more than once.</li> <li>-The Executive Director has also asked the clients not eat in their rooms.</li> </ul> <p>Interview on 2-16-24 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-He has seen roaches at the facility, in the kitchen living room and office.</li> </ul>	V 738		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/22/2024</b>
--	---	---	---

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

(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 738	<p>Continued From page 13</p> <p>Interview on 2-14-24 with Staff #4 revealed:</p> <ul style="list-style-type: none"> <li>-There are roaches in the facility.</li> <li>-The facility has had the exterminator come to the facility and treat for roaches.</li> <li>-The client eat in their rooms, even though they are not supposed to.</li> </ul> <p>Interview on 2-16-24 with the Director/Qualified professional/Owner revealed:</p> <ul style="list-style-type: none"> <li>-They had addressed the issues of roaches.</li> <li>-The clients eat in their rooms.</li> <li>-"They have candy wrappers, one time I found a pizza box."</li> <li>-The exterminator reported that the facility has to give the treatment time to work, and they would be back out in three months.</li> <li>-He had purchased over the counter remedies to see if that will help also.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 738		