


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>11/29/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TURN AROUND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9709 BATTEN COURT MINT HILL, NC 28227</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A limited follow up and complaint survey was completed on 11-29-23. This was a limited follow up survey, only 10A NCAC 27G .0304 Facility Design and Equipment was reviewed for compliance. The complaints were substantiated (#NC00206363, and #NC00207001). 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 three. The survey sample consisted of audits of two current clients and one former client.</p>	V 000	<p><b>RECEIVED</b></p> <p><b>DHSR-MH Licensure Sect</b></p>	
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</p>	V 296	<p>please see attached</p> 	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Handwritten Signature]* Executive Director

TITLE


(X6) DATE

12/26/2023

Division of Health Service Regulation

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V 296	<p>Continued From page 1</p> <p>during child or adolescent sleep hours is as 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 minimum staffing ratio. The findings are:</p> <p>Finding A. Observation on 9-18-23 at approximately 3:00 pm revealed:</p>	V 296	<p><i>Please see attached</i></p> 	

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V 296	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-One staff (Facility Manager) and two clients (Clients #1, and #2) were present at the facility.</li> <li>-3:15 pm Staff #3 arrived for his shift.</li> </ul> <p>Interview on 9-18-23 with the Facility Manager at approximately 3:00pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff #3 was scheduled to work at 3:00 pm and would be at the facility soon.</li> </ul> <p>Interview on 9-18-23 with Staff #3 at approximately 3:15 pm revealed:</p> <ul style="list-style-type: none"> <li>-He was just running a few minutes late.</li> </ul> <p>Finding B.</p> <p>Review on 9-20-23 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>-Admitted 5-30-23.</li> <li>-17 years old.</li> <li>-Diagnoses include: Attention Deficit/Hyperactivity Disorder, Post Traumatic Stress Disorder, and Oppositional Defiance Disorder.</li> <li>-Admission assessment dated 5-30-23 placement was due to runaways and aggressive behavior. Comprehensive Clinical Assessment dated 5-5-23 revealed: physical aggression, client has had 13 different placements, often has peer conflict.</li> </ul> <p>Review on 9-20-23 of Incident Response Improvement System (IRIS) report dated 8-20-23 for the incident on 8-20-23 and completed by the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 left the facility and went to a local recreation venue where she called several people, including a relative and her social worker. Client #1 decided to return to the facility on her own. At this point a missing persons report had been filed with the local police. When the Client #1 returned to the facility the police were present</li> </ul>	V 296	<p>please see attached</p> 	

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V 296	<p>Continued From page 3</p> <p>and talked to the consumer. She made self-harm statements and allegations that she had ran away because Staff #1 had punched her in the eye. There were no visible signs of her being punched in the eye.</p> <p>Client #1 refused to be interviewed.</p> <p>Interview on 9-27-23 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-She had gone to pick up her daughter (Staff #2) after her daughter's shift had ended at the facility on 8-20-23.</li> <li>-She was going to work that evening at the facility, the Executive Director sent her home later.</li> <li>-She was working alone.</li> <li>-"You are supposed to have two (staff) but we didn't have that."</li> <li>-She needed to take the clients with her, because both Staff #1 and Staff #2 were working by themselves.</li> </ul> <p>Interview on 10-21-23 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-She works by herself at the facility.</li> <li>-Her mother (Staff #1) was going to come to the facility, pick her and the clients up and take her home, then return to the facility with the clients.</li> <li>-She didn't know that her mother was working at the facility that day.</li> </ul> <p>Interview on 9-18-23 with the Facility Manager revealed:</p> <ul style="list-style-type: none"> <li>-She thinks Client #1 ran away later that night.</li> <li>-Client #1 went to a local recreation spot nearby.</li> <li>-When Client #1 ran away that evening she was notified by the facility.</li> <li>-She then got in her car and went looking for</li> </ul>	V 296	<p><i>please see attached</i></p> 	
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V 296	<p>Continued From page 4</p> <p>Client #1. -She thinks it was Staff #3 working that night. -The police were called, but Client #1 returned on her own.</p> <p>Interview on 9-21-23 with Client #1's Social Worker revealed: -She called that night (8-20-23) after Client #1 had returned and Staff #1 was the only staff working.</p> <p>Finding C:</p> <p>Review on 10-31-23 of Client #2's record revealed: -Admitted 12-12-22. -13 years old. -Diagnoses include: Adjustment Disorder, Attention Deficit/Hyperactivity Disorder, predominantly hyper, Disappearance and death of family member. -Admission Assessment dated 12-12-22 revealed: Physical and verbal aggression.</p> <p>Review on 9-20-23 of police report dated 8-28-23 revealed: -Welfare check at 8:10 pm. -Police officer responded to a local gas station after a call by a third party advising that a group of females had run into the business and the employees had closed the store. -"Upon arrival [police officer] entered the gas station retail store and heard screaming coming from the back cooler area. [Police officer] observed a black female juvenile subject wearing a blue dress lying face down on the floor and an older back female sitting on her back telling her to calm down." -The Facility Manager identified herself as the manager at the facility and the younger female</p>	V 296	<p><i>please see attached</i></p> 	

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V 296	<p>Continued From page 5</p> <p>was Client #2. Officer placed Client #2 in handcuffs due to her erratic behavior.</p> <ul style="list-style-type: none"> <li>-Officer attempted to reason with Client #2 who calmed down and the handcuffs were removed.</li> <li>-Client #2 and the Facility Manager were exiting the store when Client #2 again began to damage food items.</li> <li>-"[Facility Manager] took [Client #2] to the ground and attempted to calm her down again."</li> <li>-Police officer then put the handcuffs back on Client #2 and escorted her back to the facility.</li> </ul> <p>Interview on 9-21-23 with the responding police officer revealed:</p> <ul style="list-style-type: none"> <li>-"I heard both client (Client #2) and staff (Facility Manager) screaming."</li> <li>-"They had gotten a welfare check that somebody was having a medical episode or under the influence."</li> <li>-Client #2 and Facility Manager were in the back of the store.</li> <li>-"[Client #2] was slamming her head on the floor. [Facility Manager] was sitting on her thigh area, saying she would let her up as soon as she calmed down."</li> </ul> <p>Interview on 10-20-23 with the Facility Manager revealed:</p> <ul style="list-style-type: none"> <li>-She was working with Staff #3 on 8-28-23 when Client #2 ran away from the facility to the local convenience store.</li> <li>-Staff #3 didn't go with her to try to find Client #2 because he had to stay behind and complete the paperwork involved in a client running away.</li> <li>-"There is no need for two to go."</li> </ul> <p>Interview on 10-21-23 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-He had heard about the incident with Client #2 on 8-28-23, but he had not been working that</li> </ul>	V 296	<p><i>please see attached</i></p> 	

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V 296	<p>Continued From page 6 evening.</p> <p>Interview on 10-31-23 with the Executive Director revealed: -Staff #3 had stayed behind because not everyone could fit into the car to go look for Client #2.</p> <p>Review on 11-29-23 of the Plan of Protection dated 11-29-23 and signed by the Executive Director revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in you care?</p> <p>As of November 30th Executive Director [Executive Director] will create and distribute an on call list for all employees in case of call outs or no shows to assure no staff is left without assistance\ double staffing. This list will include the telephone numbers to contact in case of call outs and no shows. Executive Director [Executive Director] will be responsible for completing weekly schedules to assure that all shifts will be double staffed to meet the staff to client ratio 24 hours seven days a week for 365 days a year. In case of emergencies to include call outs, no shows, termination of employment, or inability to perform job duties Executive Director [Executive Director] will clear his schedule to be available to cover those shifts for individuals who do not show up to work, emergency termination, or a person decides to quit unannounced. If both staff for shift calls out House Manager [Facility Manager] will be able to assist Executive Director [Executive Director] in double staffing. As of December 6, 2023 Executive Director [Executive Director] will conduct the monthly supervision/staff to address staffing ratios explaining that staff must not leave</p>	V 296	<p><i>please see attached</i></p> 	

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V 296	<p>Continued From page 7</p> <p>to go to lunch, go to the store, or run any errand. Staff will also be trained in the expectation that they must remain on duty until there is two staff on duty. If there is a late show of more than 15 minutes the on duty staff will contact Executive Director [Executive Director] with the expectations of relief of duties within a minimum of 30 minutes.</p> <p>Describe your plans to make sure the above happens Executive Director/QP (Qualified Professional) [Executive Director] will be available 24 hours a day seven days a week 365 days a year to cover all shifts in support of double staffing until adequate staffing in the facilities can be made."</p> <p>This deficiency has been cited three times since the original cite on 3-13-23</p> <p>The facility had clients with behaviors including aggression and AWOL (absent without leave). The facility failed to ensure that two staff were working at the facility at all times when clients were present. Clients have gone AWOL, including Client #1 who had a history of physical aggression and AWOL behavior. Client #1 went AWOL to a local recreation center and later returned on her own to the facility. Client #2 went to a local gas station where she preceded to damage store items, causing one staff to try to restrain her. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 296	<p><i>Please see attached</i></p> 	



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V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to</p>	V 537	<p><i>Please see attached</i></p> 	

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V 537	<p>Continued From page 9</p> <p>Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> <li>(1) refresher information on alternatives to the use of restrictive interventions;</li> <li>(2) guidelines on when to intervene (understanding imminent danger to self and others);</li> <li>(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);</li> <li>(4) strategies for the safe implementation of restrictive interventions;</li> <li>(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;</li> <li>(6) prohibited procedures;</li> <li>(7) debriefing strategies, including their importance and purpose; and</li> <li>(8) documentation methods/procedures.</li> </ol> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> <li>(1) Documentation shall include: <ol style="list-style-type: none"> <li>(A) who participated in the training and the outcomes (pass/fail);</li> <li>(B) when and where they attended; and</li> <li>(C) instructor's name.</li> </ol> </li> <li>(2) The Division of MH/DD/SAS may review/request this documentation at any time. <ol style="list-style-type: none"> <li>(i) Instructor Qualification and Training Requirements: <ol style="list-style-type: none"> <li>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the</li> </ol> </li> </ol> </li> </ol>	V 537	<p><i>please see attached</i></p> 	

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V 537	<p>Continued From page 10</p> <p>need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once</p>	V 537	<p><i>please see attached</i></p> 	
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V 537	<p>Continued From page 11</p> <p>annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure that staff demonstrated competency in restrictive interventions for one of six audited staff (the Facility Manager). The findings are:</p> <p> </p> <p>Review on 10-31-23 of Client #2's record revealed: -Admitted 12-12-22. -13 years old.</p>	V 537	<p><i>plax see attached</i></p> 	

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>11/29/2023</b>
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V 537	<p>Continued From page 12</p> <ul style="list-style-type: none"> <li>-Diagnoses include: Adjustment Disorder, Attention Deficit/Hyperactivity Disorder, predominantly hyper, disappearance and death of family member.</li> <li>-Admission Assessment dated 12-12-22 revealed: physical and verbal aggression.</li> </ul> <p>Review on 10-31-23 of the Facility Manager's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Hire date of 6-28-23.</li> <li>-Trainings include: Evidence Based Protective Interventions (EBPI) base plus 5-8-23.</li> </ul> <p>Review on 10-31-23 of the Executive Director's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Hire date 2-2-02.</li> <li>-EBPI trainer 1-3-23.</li> <li>-Training Certificate dated 1-3-23 revealed: "Has fulfilled all the requirements for competency and is qualified to teach the approved restrictive intervention curriculum EBPI interventions base plus 1-3-23."</li> </ul> <p>Review on 9-20-23 of North Carolina Incident Response Improvement System (IRIS) report dated 8-29-23 for the incident dated 8-27-23 completed by the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-"Most of the shift the consumer (Client #2) alleged that her peers were picking at her when it did not appear so. During that same time the location of the facility experienced a power outage due to a severe thunderstorm. After the storm the consumer asked to go for a walk and despite staff (Facility Manager) telling her no she left the facility. As staff gathered the other consumers during the power outage in an attempt to get the consumer to return to the facility. The consumer refused and walked to a local gas station where she proceeds to throw items from the store's shelves. [Facility Manager] utilized an</li> </ul>	V 537	<p><i>Please see attached</i></p> 	

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V 537	<p>Continued From page 13</p> <p>EBPI approves restraint to prevent the consumer from doing excessive property damage and potential harm from broken items. During this time a citizen of the community contacted the local police due to consumers behavior who arrived to the scene to assist [Facility Manager]. The consumer continued her physical aggression by kicking police officers requiring them to handcuff the consumer to prevent physical aggression. During this time [Facility Manager] apprised [Executive Director] of the situation and [Executive Director] agreed to come to the location to assist. At this point the police officers decided to transport the consumer to the facility to prevent further community disturbance..."</p> <p>Review on 9-20-23 of a police report dated 8-28-23 revealed:</p> <ul style="list-style-type: none"> <li>-Welfare check at 8:10 pm.</li> <li>-Police officer responded to local gas station after a call by a third party advising that a group of females had run into the business and the employees had closed the store.</li> <li>-"Upon arrival [police officer] entered the gas station retail store and heard screaming coming from the back cooler area. [Police Officer] observed a black female juvenile subject wearing a blue dress lying face down on the floor and an older black female sitting on her back telling her to calm down."</li> <li>-The older female identified herself as a staff (Facility Manager) at the facility and the younger female was Client #2. Officer placed Client #2 in handcuffs due to her erratic behavior.</li> <li>-Officer attempted to reason with Client #2 who calmed down and the handcuffs were removed.</li> <li>-Client #2 and Facility Manager were exiting the store when Client #2 again began to damage food items.</li> </ul>	V 537	<p><i>please see attached</i></p> 	

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V 537	<p>Continued From page 14</p> <p>-"[Facility Manager] took [Client #2] to the ground and attempted to calm her down again." -Police officer than put the handcuffs back on Client #2 and escorted her back to the facility.</p> <p>Interview on 9-21-23 with the responding police officer revealed: -"I heard both client and staff screaming." -The police officer could not understand what they were saying, he just heard screaming. -Client #2 and Facility Manager were in the back of the store. -"[Client #2] was slamming her head on the floor. [Facility Manager] was sitting on her (Client #2) thigh area, saying she would let her up as soon as she calmed down."</p> <p>Interview on 9-18-23 with Client #2 revealed: -Client #2 could not give details on her restraints but did say she had been restrained "many times" by the Facility Manager.</p> <p>Interview on 9-26-23 with Former Client #4 revealed: -Client #2 had left the facility and the Facility Manager had taken the rest of the clients, including herself, to go find her. -They saw Client #2 run across the street and run into a gas station. -When they got into the gas station Client #2 was there. -"She (Client #2) was destroying it (gas station). We all restrained her.." -[Client #2] was lying on her stomach and [Facility Manager] was sitting on her back. I was holding her arms and other girls (Client #1 and Client #3) were holding her legs."</p> <p>Attempted interviews on 9-18-23 and 9-20-23 with Client #1 were unsuccessful due to Client #1</p>	V 537	<p><i>please see attached</i></p> 	

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V 537	<p>Continued From page 15</p> <p>refusing.</p> <p>Interview on 10-20-23 with the Facility Manager revealed:</p> <ul style="list-style-type: none"> <li>-She and the other clients at the facility went to get Client #2, who had left the facility.</li> <li>-She followed Client #2 into the store and explained to the cashier who she was.</li> <li>-"I had to bring her (Client #2) down. When I restrained her I had to put her on her stomach."</li> <li>-The Facility Manager said that Client #2 will reach out and get things from the store shelves.</li> <li>-"The kids (clients) will grab her legs if she is kicking."</li> <li>-She acknowledged that placing a client on their stomach was not an approved EBPI restraint.</li> <li>-"When we are restraining the kids, you can't always use that tactic because they are not predicable. You have to try to keep from getting hurt."</li> <li>-"I sat on her back, I did not use all my weight, I don't have to."</li> <li>-"I let her know I have to restrain her and they (other clients) help me as well."</li> </ul> <p>Interview on 10-31-23 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-He was the EBPI trainer for the facility.</li> <li>-The Facility Manager was trying to ensure the safety of everyone involved.</li> <li>-A face down restraint was not an approved restraint.</li> </ul> <p>Review on 11-29-23 of the Plan of Protection dated 11-29-23 and signed by the Executive Director revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p>	V 537	<p><i>please see attached</i></p> 	




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V 537	<p>Continued From page 16</p> <p>As of 11-6-23 Executive Director [Executive Director] will circulate a hard copy and digital memo to instruct no staff is to implement any physical restraint without first contacting Executive Director [Executive Director] to determine if physical restraint is warranted. If the Executive Director is not available within 5 minutes of the initial call the staff shall call the local police for assistance. Furthermore, no physical restraint will be implemented without prior approval and determination by the Executive Director of New Place, Inc. (Licensee). As of December 6, 2023 all staff of new place Inc will have a refresher/annual EBPI training and preventative measures and EBPI approved physical restraint. As of 11/7/23 Executive Director [Executive Director] will arrange for house manager [Facility Manager] to have her EBPI training to be conducted by an outside entity with all annual training to be fulfilled at New Place, Inc. by Executive Director [Executive Director]. Until this EBPI training is done by an outside entity Executive Director [Executive Director] will provide a refresher training as of 11/25/23. This memo shall include to all staff that whenever a consumers are transported into the community for whatever reason that if all parties to include staff and consumers cannot fit into one vehicle for whatever reason the two staff will take separate vehicles so that both staff will always be present with all consumers. Executive Director [Executive Director] will be responsible for scheduling and assure that two staff members will be scheduled for each shift each day.</p> <p>Describe you plans to make sure the above happens.</p> <p>As of 11-6-23 a hard copy and digital memo will</p>	V 537	<p><i>please see attached</i></p> 	
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V 537	<p>Continued From page 17</p> <p>be circulated to all staff of new place Inc to advise them that no physical restraint of any kind shall be implemented without prior consent of Executive Director [Executive Director]."</p> <p>Client #2 had a history physical and verbal aggression. On 8-27-23 Client #2 left the facility and entered a local gas station where she proceeded to throw objects on the floor, breaking glass jars, and tearing open bags. The Facility Manager restrained Client #2 in a face down position on her stomach, while the Facility Manager sat on her back. The other clients helped the Facility Manager by holding Client #2's arms and legs. Due to the Client #2 being restrained on her stomach, with the Facility Manager sitting on her back and other clients helping hold Client #2, this deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$1,000.00 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.</p>	V 537	<p><i>Please see attached</i></p> 	
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews, and interviews the facility was not maintained in a</p>	V 736	<p><i>please see attached</i></p> 	


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V 736	Continued From page 18 safe, clean manner. The findings are:  Observation on 9-18-23 at approximately 4:00 pm revealed: -First bedroom was unoccupied. It had a small window air-conditioner sitting in the room's only window. The air conditioner was not secured in the window, but sitting on the sill, with cardboard blocking the rest of the window. -Kitchen cupboards were damaged with two doors hanging open, unable to stay closed. One cupboard was missing a face. -Kitchen floor had three cracked tiles. -Bathroom cupboard was missing a drawer face panel.  Review on 9-19-23 of an email dated 9-19-23 from the Division of Health Service Regulation construction section from staff revealed: -"Even though the window unit may be easily removed, it is still considered an impediment to egress or a hinderance or obstruction by code and isn't allowed; however if the bedroom has multiple windows the window with the AC unit is allowed, Code only requires one operable window in each bedroom for emergency egress..."  Review on 9-20-23 of text messages dated 9-7-23 to the company hired for maintenance from the facility director revealed: -"Can you please send me a receipt about the plumbing done over the weekend as well as the estimate invoice for the cabinets one with painting and one without painting. I want to try to go ahead and get that knocked out."  Interview on 9-20-23 and 11-6-23 with the Executive Director revealed: -They had made several improvements in the facility.	V 736	<i>please see attached</i> 	

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V 736	<p>Continued From page 19</p> <ul style="list-style-type: none"> <li>-The next improvement was going to be replacing the cupboards in the kitchen.</li> <li>-The air conditioner in the house worked, but it was not designed to keep the house cool during the extreme heat that North Carolina had this summer.</li> <li>-He would take the window unit out of the first bedroom.</li> </ul> <p>Review on 11-6-23 of the Plan of Protection dated 11-6-23 and signed by the Executive Director revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? New Place, Inc. (Licensee) will immediately as of 11-7-23 remove the window unit air conditioning unit from the bedroom window to allow egress. Beginning 11/7/2023 if any bedroom has only one window no object shall obstruct that window to prevent safe egress.</p> <p>Describe your plans to make sure the above happens? Executive Director [Executive Director] will contact [maintenance man] (the individual who installed the window air conditioner unit) and have the window air conditioner unit removed as of 11/7/2023."</p> <p>The first bedroom in the facility had a window air conditioning unit sitting in the only window in the room. The air conditioner sitting in the window prevented egress and was a safety hazard in the event of the need for rapid escape. This deficiency constitutes a Failure to Correct the Type A1 rule violation cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.</p>	V 736	<p><i>Please see attached</i></p> 	

of initial training date. The monitoring of this will be ongoing and conducted at semi-annual Quality Assurance/Quality Improvement meetings.

V 736 27G .0303(c) Facility and Grounds Maintenance

This Rule is not met as evidenced by: Based on observation, record reviews, and interviews the facility was not maintained in a safe, clean manner.

As of 11/807/2023 the window air conditioning unit was removed from bedroom #1 and moving forward no obstruction shall be placed in the window to prevent any egress in the case of emergency. The monitoring of this will be ongoing and conducted at semi-annual Quality Assurance/Quality Improvement meetings.

*[Handwritten signature]*  
*MS AP 12/26/2023*

New Place, Inc.

Plan of Correction

MHL-060-648

V 296 27G .1704 Residential Tx. Child/Adol - Min. Staffing

This Rule is not met as evidenced by: Based on observation, record reviews and interviews the facility failed to ensure minimum staffing ratio.

Effective November 30th, 2023, Executive Director James Hunt will create and distribute an on-call list for all employees in case of call outs or no shows to work to assure no staff is left without assistance\ double staffing. This list will include the telephone numbers to contact in case of call outs and no shows. Executive Director James Hunt will be responsible for completing weekly schedules to assure that all shifts will be double staffed to meet staff to client ratio 24 hours seven days a week for 365 days a year. In case of emergencies to include call outs, no shows, termination of employment, or inability to perform job duties Executive Director James Hunt will be available to cover those shifts for individuals who do not show up to work, emergency termination, or a person decides to quit unannounced. As of December 6, 2023 Executive Director James Hunt will conduct the monthly supervision/staff to address staffing ratios explaining that staff must not leave their assigned shift without appropriate coverage or relief coverage. This includes not leaving to go to lunch, go to the store, or run any errand. Staff will also be trained in the expectation that they must remain on duty until there are two staff on duty. If there is a late show of more than 15 minutes the on-duty staff will contact Executive Director James Hunt with expectations of relief of duties within a minimum of 30 minutes. The monitoring of this will be ongoing and conducted at semi-annual Quality Assurance/Quality Improvement meetings.

V 537 27E .0108 Client Rights - Training in Sec Rest & ITO

This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure that staff demonstrated competency in restrictive interventions for one of six audited staff (the Facility Manager).

Effective 11/6/2023 Executive Director James Hunt circulated a hard copy and digital memo to instruct staff to implement any physical restraint without first contacting Executive Director James Hunt to determine if physical restraint is warranted. If the Executive Director is not available within 5 minutes of the initial call the staff shall call the local police for assistance. Furthermore, no physical restraint will be implemented without prior approval and determination by the Executive Director of New Place, Inc. January 10, 2024, all staff of new place Inc will have a refresher\ annual EBPI training and preventive measures and EBPI approved physical restraint. As of 11/7/2023 Executive Director James Hunt will arrange for house manager Priscilla Hunter to have her EBPI training to be conducted by an outside entity with all annual training to be fulfilled at New Place, Inc. by Executive Director James Hunt. Until this EBPI training is done with an outside entity. Each New Employee will have EBPI training completed within 30 days of their training and will be required to attend the annual EBPI training within the month of January of each year as a refresher regardless