


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/22/2024
--	---	--	--

NAME OF PROVIDER OR SUPPLIER TURN AROUND	STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INITIAL COMMENTS</p> <p>A follow up and complaint survey was completed on 4-22-24. One complaint was substantiated (Intake #NC00215128) and one was unsubstantiated (Intake #NC00215321). 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 two. The survey sample consisted of audits of two current clients and one former client.</p>	V 000	<p style="text-align: right; color: blue;">DHSR-MH Licensure Sect</p> <p style="text-align: center; color: red;">APR 21 2024</p> <p style="text-align: center; color: blue; font-size: 2em;">RECEIVED</p>	
V 539	<p>27F .0102 Client Rights - Living Environment</p> <p>10A NCAC 27F .0102 LIVING ENVIRONMENT</p> <p>(a) Each client shall be provided:</p> <p>(1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and</p> <p>(2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team.</p> <p>(b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.</p>	V 539	<p>please see attached</p> <div style="text-align: center;">  </div>	

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

[Handwritten Signature]
STATE FORM

TITLE

Interim Director

(X6) DATE

5/13/2024

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TURN AROUND	STREET ADDRESS, CITY, STATE, ZIP CODE 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 539 Continued From page 1

V 539

please see attached

This Rule is not met as evidenced by:
Based on observation, record review and interviews, that facility failed to ensure areas for personal privacy were accessible effecting one of four clients (Client #1). The findings are:

Observation of the facility on 4-16-24 at approximately 1:30pm revealed:
-Bedroom #3 did not have a door.

Review on 4-1-24 of Incident Response Improvement System (IRIS) revealed:
-3-17-24 Former Client #3 "tore up room" and " kept throwing rocks until she broke a window."

-3-7-24 Former Client #3 tried to burn the house down and was kicking wall.
-3-7-24 Client #1 set the garbage on fire and was kicking the walls.
-3-6-24 Client #1 was damaging property and threatening staff.

Interview on 4-15-24 with Staff #1 revealed:
-Client #1 had ripped the door off a few weeks ago when she was have a bad behavior episode.
-She could not remember exactly when Client #1 had ripped the door off.
-The facility Executive Director/Qualified Professional was aware that there was no door on bedroom #3.
-The girls did have a bathroom in the room to dress in.

Interview on 4-15-24 with Client #1 revealed:
-It had been Former Client #3 that had ripped the door off, not her.
-They could dress in the bathroom.
-She didn't remember when the door was

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TURN AROUND	STREET ADDRESS, CITY, STATE, ZIP CODE 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 539 Continued From page 2
ripped off.

Interview on 4-19-24 with the Executive Director/Qualified Professional revealed:
 -Client #1 had been upset when she was asked if she had ripped the door off.
 -Both Client #1 and Former Client #3 had caused a lot of destruction to the home.
 -They just documented that there had been damage to the facility and did not detail the damage in the incident reports.
 -They were in the process of making multiple repairs to the facility.
 -He could not remember exactly when the door was ripped off.

V 539

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 interviews, record reviews, and observation, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:

Observation of the facility on 4-16-24 at approximately 1:30pm revealed:
 -Kitchen: left door frame was chipped with dark substances along the edges; the light switch had paint on it; the area over light switch was patched and painted but still rough; the countertops were chipped and had one worn spot approximately 3 inches by 2 inches; the floor had

V 736

please see attached




Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/22/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TURN AROUND	STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 3</p> <p>four completely cracked tiles and 1/4 of one tile missing; the pantry door had dark smears around the doorknob and at the bottom of the door; pantry door frame had dark smears approximately 1 foot long; the refrigerator door handle was a light brown; the side outside door had two cracks in it each approximately 6 inches long, letting in the air and the bottom of the door had a patched area that had not been painted; the inside of the side outside door frame was chipped and rough (but painted). The top of pantry door frame was dented and hanging loose; the wall beside the kitchen table had a brown stringy substance and dark spots that had dripped and dried, two dark streaks approximately 3 inches long, and more dark matter over the chair rail; the window curtain had dried, dark substances on it; and the baseboard and wall leading to the living room had dark, ground in substances on it.</p> <p>-Living Room: one bent air vent on the floor; three large, dried spots (approximately 1 inch round) and four dried small dark smudges on the left wall walking into the living room; ten dried white spots on the brick fireplace; a patched hole approximately 6 inches round, unpainted, and rough on the far wall; several dark spots and smudges on the right wall walking from the kitchen; a patched hole, unpainted, on the same wall approximately 3 inches round; the bottom of the wall and baseboard had a white, dried drip approximately 2 inches long; more black smudges towards the bottom of the wall; black markings in the shape of a heart on the same wall; a patched, unpainted hole approximately 6 inches by 3 inches on the wall leading to the foyer; the door frame was missing patch of paint approximately 2 feet by 2 inches.</p> <p>-The Foyer: approximately 1/3 of one of the floor tiles missing; dark streaks were on the front</p>	V 736	<p><i>please see attached</i></p> 	
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/22/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TURN AROUND	STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 4</p> <p>door frame approximately 1 inch long; long dark streak approximately 3 inches long on the wall; cracked and peeling paint on the door frame leading to the office; missing ceiling molding approximately 2 inches long.</p> <p>-Hallway: on the right side a large patched area approximately 1 foot by 2 feet, painted but rough; writing on the wall with clients names; large dark smudge approximately 3 inches long; area patched and painted but rough were on right side approximately 6 inches by 3 inches; thermostat was hanging off the wall; left side had a repaired patch approximately 2 feet by one foot that was coming loose; more dark streaks; both door frames leading to back bedrooms had dark substances smeared on the frames; the back hallway had black markings on the wall; multiple patched areas both large and small.</p> <p>-Bedroom #1: a small, unpainted, patched area on the right wall; a patched area on the left wall approximately 3 by 2 inches; two patched areas next to that one, one approximately 3 by 3 inches, one approximately 1 foot by 3 inches; large patched and painted, but rough, area on left wall approximately 2 feet by one foot, with scratches through it; two patches, not painted, one approximately 2 by 2 inches, and one approximately 1 by 1 inch; patched area on wall with the window approximately 3 by 3 inches, with a small hole in it; windowsill had dark, ground in substances and was broken; purple substance in the shape of a rectangle approximately 2 feet by 1 foot; decorative painting in the shapes of hearts on the wall over the bed; area patched and painted but rough approximately 4 by 4 inches next to the bed; area patched, painted but rough behind the bed approximately 6 by 6 inches.</p> <p>-Bedroom #2: on the right, a large patch of paint peeled off the wall in the closet approximately 2 feet by 1 foot; patched and</p>	V 736	<p><i>Please see attached</i></p> 	
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TURN AROUND	STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 5</p> <p>Painted, but rough area on wall next to closet approximately 1 foot by 6 inches.</p> <p>-Hall bathroom: the door frame had dark substances round into it; the cabinet was missing one drawer; one cabinet door was missing a handle; the toilet seat was loose; the wall had dark smudges on the wall next to the sink; there was a dark substance on the shower curtain.</p> <p>-Bedroom #3: a large blue substance with dried drips on the wall next to the left of doorway with the drips going to the floor; a hole in one closet approximately 6 by 3 inches; more blue substance streaked along wall next to the closet; a patched hole approximately 3 by 3 inches beside the closet; dried drips of light colored substance next to and over the patch; more blue substance on the left wall; one window has opaque substance smeared over it, with a partial curtain hanging by one curtain holder, the other curtain holder is missing; wall behind the 1st bed has several purple, blue, and black markings on it; one nightstand is missing both of the drawers; one curtain is hanging sideways and partially covering second window; window over side yard has crack in the outer window, which was not accessible to clients inside; a patched hole on wall next to the side window approximately 6 by 3 inches; a tear in the paint approximately 3 inches long by the bathroom door; dark spots and stains on the wall next to the bathroom.</p> <p>-Back bathroom: the shower curtain had a black substance on it; the inside of the shower door track was filled with a dark substance (door had been removed); grout was dark and cracked; area behind toilet had brown and black substances on the floor and wall; the sink had streaks of a blue and white substances, was cracked and had hair wrapped around the stopper; the cabinet had white streaks running down the front; chipped drawers; a large area</p>	V 736	<p><i>please see attached</i></p> 	
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/22/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TURN AROUND	STREET ADDRESS, CITY, STATE, ZIP CODE 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 6

V 736

please see attached

over the sink was white, which was not the color of the rest of the bathroom; a patched hole on the right wall; several small smudges on the walls; the back of the door had multiple dark streaks and smudges; the paper towel holder had broken off; there was a gap between the right wall and the door approximately 2 feet by 1/2 inch.

-Office area: patched hole, painted, but rough approximately 1 foot by 1 foot.

-Outside: the outside back window had an orange substance covering the top of the window; there was writing on the wall stating "I (heart) princess"; the back deck had 2 broken boards, leaving 2 holes each approximately 6 inches by 1 foot, the railing was loose and wobbly, and the deck had several "spongy" boards.

Interview on 4-15-24 with Client #1 revealed:

-She thought the house was "OK" and didn't have any problems.

Interview on 4-16-24 with Client #2 revealed:

-The holes at the facility were all getting patched up.

Interview on 4-15-24 with Client #4 revealed:

-She kept her room clean.
-There are no holes in the wall in her room.

Interview on 4-15-24 with Staff #1 revealed:

-The Executive Director/Qualified Professional had recently finished fixing all the windows.

-The clients had chores to keep things clean.

Interview on 4-15-24 with Staff #2 revealed:

-"What you see is in plain site." (referring to the condition of the facility).


-The clients all had chores to help keep the facility clean.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/22/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TURN AROUND	STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Some staff go over the facility after the clients do their chores to make sure it is clean. <p>Interview on 4-15-24 with Staff #3 revealed:</p> <ul style="list-style-type: none"> -The windows had just been replaced. <p>Interview on 4-15-24 with Staff #4 revealed:</p> <ul style="list-style-type: none"> -She had been working at the facility approximately 2 months. -All of the windows had been replaced since she has been there, but that is all she knows. -"The place is clean, overall." -The Executive Director/Qualified Professional had told her that he would be making more repairs, but didn't tell her the details. <p>Interview on 4-15-24 with a local police officer revealed:</p> <ul style="list-style-type: none"> -The facility had multiple issues such as holes in the walls. -"The house was dirty." <p>Interview on 4-15-24 with the Executive Director/Qualified Professional revealed:</p> <ul style="list-style-type: none"> -They were trying to fix the damage in the facility, and they had made multiple repairs. -The client that they discharged at the end of March 2024 had caused "a lot of damage." -The landlord will not help with repairs. -They stress cleanliness at all staff meetings and the fact that the clients need to be supervised doing their chores. <p>This deficiency has been cited four times since the original cite date of 3-22-22.</p> <p>Review on 4-19-24 of the Plan of Protection dated 4-19-24 and signed by the Executive Director/Qualified Professional revealed:</p>	V 736	<p><i>please see attached</i></p> 	
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/22/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER TURN AROUND	STREET ADDRESS, CITY, STATE, ZIP CODE 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 8 " What immediate action will the facility take to ensure the safety of the consumers in your care? New Place will contact [Handyman service] on 04/19/2024 to make necessary repairs and will tape off the back deck to prevent access until rotten and broken boards and rails can be replaced and secured. Describe your plans to make sure the above happens. Executive Director will be responsible for scheduling a deep cleaning to be completed on 4-21-24 to include scrubbing the walls and molding, refrigerator, counters and etc. Executive Director [Executive Director] will contact the routinely used handyman to address the holes in the wall to be sand and painted. Broken doors to be replaced within the next five calendar days." Review on 4-22-24 of the amended Plan of Protection emailed on 4-22-24 by the Executive Director/Qualified Professional revealed: " What immediate action will the facility take to ensure the safety of the consumers in your care? New Place will contact [Handyman service] on 04/19/2024 to make necessary repairs and will tape off the back deck to prevent access until rotten and broken boards and rails can be replaced and secured. The deck will be roped off no later than 04/22/2024. Describe your plans to make sure the above happens. Executive Director will be responsible for scheduling a deep cleaning to be completed on 04/21/2024 to include scrubbing the walls and molding, refrigerator, counters and etc. Executive Director [Executive Director/Qualified	V 736	<i>please see Attached</i>	
-------	---	-------	----------------------------	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/22/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TURN AROUND	STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 9</p> <p>Professional] will contact the routinely used handyman, [Handyman services] to address holes in the wall to be sand and painted. The holes will be sanded and painted over by 04/29/2024. The broken bedroom door is to be replaced by 04/26/2024. "</p> <p>The facility had been cited 5 times in a row and continued to have issues with a lack of cleanliness, damages that were not repaired or minimally repaired, and safety hazards that included trip hazards from broken and missing floor tiles and spongy and weak deck boards. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.</p>	V 736	<p><i>please see attached</i></p>	
-------	--	-------	-----------------------------------	--

Plan of Correction

Turnaround MHL-060-648

V 539 27F .0102 Client Rights - Living Environment 10A NCAC 27F .0102 LIVING ENVIRONMENT

This Rule is not met as evidenced by: Based on observation, record review and interviews, that facility failed to ensure areas for personal privacy were accessible effecting one of four clients.

On 05/09/2024 Executive Director [REDACTED] replaced bedroom number three-bedroom door to assure privacy of clients occupying the room. Moving forward, anytime a bedroom door has been aggressively removed or torn off the hinges of any consumer it will be replaced within 72 hours or as soon as the door can be located due to specifications, whichever is sooner. During the time the door is off of the bedroom clients will be afforded with privacy to change in a bathroom that has a functioning door. Repairs to all interior doors will be made within the specified time frame and 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.

Although all reported deficiencies can be considered to be opinionated, the Executive Director 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 Executive Director [REDACTED] will make the necessary repairs or 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 overall cleanliness of the facility is a team effort by clients and staff and shall be maintained accordingly. If clients fail to complete their chores it will be the responsibility of the staff to assure that the chore is completed, and it will be documented in the client's daily documentation. The monitoring of this will be ongoing and will be reviewed semi-annually at Quality Assurance/Quality Improvement Committee meetings. As of 05/10/2024 the interior of the home has been painted.

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 pests the House Manager will report it to Executive [REDACTED]

██████████ 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. ThiOs 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.