STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMI	SURVEY PLETED
			A. BUILDING.			-C
		MHL060-648	B. WING		07/11/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TURN AF	ROUND		TEN COURT L, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	тѕ	V 000			
	A complaint and follow up to Type B survey was completed on July 11, 2024. The complaint was substantiated (intake #NC00217126). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.  This facility is licensed for 4 and has a current census 2. The survey sample consisted of audits of 2 current clients and 1 former client.					
V 296	27G .1704 Resider Staffing	ntial Tx. Child/Adol - Min.	V 296			
	REQUIREMENTS  (a) A qualified profitelephone or page. able to reach the fatimes.  (b) The minimum required when child present and awake (1) two directione, two, three or for five, six, seven adolescents; and (3) four directione, ten, eleven or adolescents.  (c) The minimum reduring child or adole follows:  (1) two directions are adolescents.	t care staff shall be present for our children or adolescents; ect care staff shall be present or eight children or et care staff shall be present for				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

DIVISION	Division of Health Service Regulation						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
					R-C		
		MHL060-648	B. WING			7/11/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
TURN AF	POLIND		TEN COURT				
TORNA		MINT HIL	L, NC 28227				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 296	Continued From pa	ge 1	V 296				
	and both shall be an children or adolesce (3) three dire of which two shall be asleep for nine, ten adolescents.  (d) In addition to the care staff set forth in Rule, more direct cathe facility based or individual needs as plan.  (e) Each facility shall supervision of child are away from the finding or adolescent.	care staff shall be present wake for five through eight					
	failed to ensure the	on and interviews the facility minimum number of direct					
	care staff was present. The findings are:  Observation on 6/11/24 at approximately 1:15 pm to 2:00pm revealed: -Staff #2 was alone at the facility with Client #1 and Client #2Did not observe another staff outside at the						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		
			B. WING		R-C	
		MHL060-648	B. WING		07/1	1/2024
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
TURN A	ROUND		TEN COURT L, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 296	Continued From pa	ge 2	V 296			
	Interview on 6/11/24 with Client #1 revealed: -"Sometimes it's two staff but usually just one." -"One staff during the day and sometimes two staff at night.					
	Attempted interview she declined intervi	on 6/11/24 with Client #2 but ew.				
	revealed:	4 with Former Client (FC) #3 two (staff) every now and				
	Interview on 6/21/24 with Staff #1 revealed: -There was always two staff on every shiftShifts are 7:00am-3:00pm, 3:00pm-11:00pm and 11:00pm-7:00amLicensee was responsible for staffing.					
	Interview on 6/27/24 with Staff #2 revealed: -"I'll be honest, 80% of the time it is two staff." -Sometimes one staff will call outLicensee was responsible for staffingOn 6/11/24 Staff #4 was outside at the facility.					
	-"There is always to	4 with Staff #3 revealed: vo people when I work." hift 3:00pm-11:00pm.				
	revealed: -Answered "Huh?",	on 6/27/24 with Staff #4 "What?" or "What do you s, and never answered e facility or staffing.				
	-"It was supposed t Staff #4) there (faci	two staff on each shift.				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-648	B. WING		R-	-C <b>1/2024</b>
NAME OF I	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 0771	1/2024
			TEN COURT	,		
TURN AF	ROUND	MINT HIL	L, NC 28227	,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 296	Continued From pa	ge 3	V 296			
	-Would make sure	there was two staff at the t.				
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
		on and interviews the facility in a safe, clean, attractive				
	approximately 1:30 -Living Room: one Is large, brown, dried round) and four dries smudges on the left room; ten dried white a patched hole appunpainted, and roug brown/black spots a walking from the kit unpainted, on the sinches round; the beaseboard had a wear 2 inches long; more towards the bottom the shape of a hear -The light switch in cover.	spots (approximately 1 inched small dark brown/black to wall leading into the living te spots on the brick fireplace; roximately 6 inches round, ghon the far wall; several dark and smudges on the right wall schen; a patched hole, ame wall approximately 3 ottom of the wall and hite, dried drip approximately e medium size black smudges of the wall; a black mark in ton the same wall.				
	-Hall bathroom: the substances around	door frame had dark it; the cabinet was missing binet door was missing a				

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DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MHL060-648	B. WING		R-	.C <b>1/2024</b>
					07/1	1/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
TURN AROUND		TEN COURT _, NC 28227				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 4	V 736			
	handleBedroom #3: a pat 3 inches beside the missing both of the wall next to the side inchesBack bathroom: the track was filled with been removed); grarea behind toilet his substances on the rad white substance of drawers with chippersink was white, whise rest of the bathroom on the right wall; see smudges on the wall door had multiple door had multiple door had multiple door had multiple door had broken of the right wall and the 1/2 inchOffice area: patcher approximately 1 for the back deck had holes each approx	ched hole approximately 3 by closet; one nightstand was drawers; a patched hole on window approximately 6 by 3 e inside of the shower door a dark a substance (door had but was dark and cracked; ad brown and black floor and wall; the cabinet had running down the front; and paint; a large area over the ch was not the color of the n; an unpainted patched hole veral small brown/black sills; the back of the bathroom ark streaks about 4-5 inches ize smudges; the paper towel off; there was a gap between the door approximately 2 feet by ed hole, painted, but rough of by 1 foot. If 2 broken boards, leaving 2 mately 6 inches by 1 foot, the not wobbly, and the deck had bose boards.  4 with Client #2 revealed: look "as bad as it used to, but 4 with Former Client (FC) #3				

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-The Licensee had been working on the repairs

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R-C	
		MHL060-648	B. WING			1/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
TURN AF	ROUND		TEN COURT ., NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Interview on 6/28/2-"It's taking time to I am having to do the "I'm working on repoperations of the horizon of the horizon of the horizon of the horizon oversee the facility's.  The facility has been 36 months for these continues to have is cleanliness, damage minimally repaired,  This deficiency control of the second of t	he can to get it (repairs) done."  4 with the Licensee revealed: complete the repairs because nem myself due to cost." pairs while managing the pame (facility)." me of the repairs, but there is usly work on the repairs and coperations.  en cited 7 times over the past e ongoing issues. This facility assues with a lack of es that were not repaired or and safety hazards.  stitutes a Continuing Type B is detrimental to the health, of the clients for failure to	V 736			
V 738	EXTERIOR REQUI	03 LOCATION AND	V 738			
		et as evidenced by: on and interviews, the facility om insects. The findings are:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					R-C	
		MHL060-648	B. WING		07/1	1/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TURN A	ROUND		TEN COURT _, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 738	Continued From pa	ge 6	V 738			
	revealed:	1/24 at approximately 1:30 pm				
	Interview on 6/11/24 with Client #1 revealed: -Saw live roaches at the facility oftenDid not know if pest control came to the facility.					
	Attempted interview she declined intervi	on 6/11/24 with Client #2 but ew.				
	Interview on 6/18/24 with Former Client (FC) #3 revealed: -"That place (facility) was nasty." -Saw live roaches at the facilityThe facility was "dirty and old." -"Everything in there (facility) was falling apart." -Did not see pest control at the facility.					
	Social Services Soc -"The conditions at good."	4 with FC #3's Department of cial Worker revealed: the home (facility) weren't ches at the facility during her 24).				
	-"Yes, I've seen the the last few months	4 with Staff #1 revealed: m (roaches) before, but not in ." st control came to the facility.				
	-Saw live roaches in -"I haven't seen the (months)." -"I haven't seen pes he was going to sta	4 with Staff #2 revealed: In the facility. In (roaches) in awhile It control but [Licensee] said It having them (pest control) It starting next month (July				

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STATEMENT OF DEFICIENCIES (X' AND PLAN OF CORRECTION	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				R-	c
	MHL060-648	B. WING			1/2024
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
TURN AROUND		TEN COURT ., NC 28227			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 738 Continued From page	7	V 738			
Interview on 6/28/24 w -"I repaired the leak ur that was drawing the r -"I sprayed (roach repe	with the Licensee revealed: Inder the kitchen sink. I think Toaches." I ellant) and I'm going to Indon's I'm control come out every				

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