Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING MHL060-648 07/11/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9709 BATTEN COURT **TURN AROUND** MINT HILL, NC 28227 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS 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 Residential Tx. Child/Adol - Min. V 296 please see attacked Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (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 (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: two direct care staff shall be present for one, two, three or four children or adolescents; three direct care staff shall be present for five, six, seven or eight children or adolescents; and four direct care staff shall be present for RECEIVED nine, ten, eleven or twelve children or adolescents. AUG 0 9 2024 (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: **DHSR-MH Licensure Sect** two direct care staff shall be present (1) and one shall be awake for one through four Division of Health Service Regulation LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING MHL060-648 07/11/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9709 BATTEN COURT TURN AROUND MINT HILL, NC 28227 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 1 V 296 V 296 Dleave see attached children or adolescents: two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and 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 (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. (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. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the 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 #2. -Did not observe another staff outside at the facility.

PRINTED: 07/24/2024 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING MHL060-648 07/11/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9709 BATTEN COURT TURN AROUND MINT HILL, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 296 Continued From page 2 V 296 see attached 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 on 6/11/24 with Client #2 but she declined interview Interview on 6/18/24 with Former Client (FC) #3 revealed: -"It was one (staff), two (staff) every now and then." Interview on 6/21/24 with Staff #1 revealed: -There was always two staff on every shift. -Shifts are 7:00am-3:00pm, 3:00pm-11:00pm and 11:00pm-7:00am. -Licensee 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 out. -Licensee was responsible for staffing. -On 6/11/24 Staff #4 was outside at the facility. Interview on 6/27/24 with Staff #3 revealed: -"There is always two people when I work." -Worked second shift 3:00pm-11:00pm. Attempted interview on 6/27/24 with Staff #4 revealed: -Answered "Huh?", "What?" or "What do you

mean?" to questions, and never answered questions about the facility or staffing.

Staff #4) there (facility on 6/11/24)." -There was always two staff on each shift.

-He was responsible for staffing.

Interview on 6/28/24 with the Licensee revealed: -"It was supposed to be two staff (Staff #2 and

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING MHL060-648 07/11/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9709 BATTEN COURT TURN AROUND MINT HILL, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 296 Continued From page 3 V 296 -Would make sure there was two staff at the facility on each shift. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe, clean, attractive

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cover.

and orderly manner. The findings are:

Observation on 6/11/24 of the facility at approximately 1:30 pm revealed:

walking from the kitchen; a patched hole. unpainted, on the same wall approximately 3 inches round; the bottom of the wall and

the shape of a heart on the same wall.

-Hall bathroom: the door frame had dark substances around it; the cabinet was missing one drawer; one cabinet door was missing a

baseboard had a white, dried drip approximately 2 inches long; more medium size black smudges towards the bottom of the wall; a black mark in

-The light switch in bedroom #1 did not have a

-Living Room: one bent air vent on the floor: three large, brown, dried spots (approximately 1 inch. round) and four dried small dark brown/black smudges on the left wall leading 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 brown/black spots and smudges on the right wall

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:				(X3) DATE SURVEY COMPLETED	
MHL060-648			B. WING				R-C 07/11/2024	
NAME OF	PROVIDER OR SUPPLIER	9709 BA	DDRESS, CITY, S TTEN COURT LL, NC 28227					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOWN TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)			ACTION SHOULD B TO THE APPROPRI		(X5) COMPLETE DATE
V 736	Continued From pa	ge 4	V 736	please	see	attache		
	3 inches beside the missing both of the wall next to the side inches. -Back bathroom: the track was filled with been removed); gro area behind toilet has substances on the fa white substance on the fa white substance on the right wall; several several "spongy", local track was white, which rest of the bathroom on the right wall; several several "spongy", local track was white, which rest of the bathroom on the right wall; several sev	loor and wall; the cabinet had unning down the front; d paint; a large area over the ch was not the color of the it; an unpainted patched hole veral small brown/black ls; the back of the bathroom ark streaks about 4-5 inches are smudges; the paper towel ff; there was a gap between a door approximately 2 feet by d hole, painted, but rough by 1 foot. 2 broken boards, leaving 2 nately 6 inches by 1 foot, the d wobbly, and the deck had ose boards.						
		with Client #2 revealed: ook "as bad as it used to, but			ar o Pok stří			
	revealed: -"That place (facility)	with Former Client (FC) #3 was nasty." (facility) was falling apart."		oh ma sense w oh ma sense w	ok merk Bijana Kit have Bark			
		with Staff #2 revealed: een working on the repairs		V	/			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C MHL060-648 07/11/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9709 BATTEN COURT TURN AROUND MINT HILL, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 736 Continued From page 5 V 736 otage see afficience -"He is doing what he can to get it (repairs) done." Interview on 6/28/24 with the Licensee revealed: -"It's taking time to complete the repairs because I am having to do them myself due to cost." -"I'm working on repairs while managing the operations of the home (facility)." -"I've completed some of the repairs, but there is still a lot to do." -He would continuously work on the repairs and oversee the faciliy's operations. The facility has been cited 7 times over the past 36 months for these ongoing issues. This facility continues to have issues with a lack of cleanliness, damages that were not repaired or minimally repaired, and safety hazards. This deficiency constitutes a Continuing Type B rule violation which is detrimental to the health. safety and welfare of the clients for failure to correct within 45 days. V 738 27G .0303(d) Pest Control V 738 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: Based on observation and interviews, the facility was not kept free from insects. The findings are:

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: R-C B. WING MHL060-648 07/11/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9709 BATTEN COURT **TURN AROUND** MINT HILL, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) see apachec V 738 Continued From page 6 V 738 stease Observation on 6/11/24 at approximately 1:30 pm revealed: -2 live roaches crawling up the wall by the living room entrance. Interview on 6/11/24 with Client #1 revealed: -Saw live roaches at the facility often. -Did not know if pest control came to the facility. Attempted interview on 6/11/24 with Client #2 but she declined interview. Interview on 6/18/24 with Former Client (FC) #3 revealed: -"That place (facility) was nasty." -Saw live roaches at the facility. -The facility was "dirty and old." -"Everything in there (facility) was falling apart." -Did not see pest control at the facility. Interview on 6/18/24 with FC #3's Department of Social Services Social Worker revealed: -"The conditions at the home (facility) weren't good." -Witnessed live roaches at the facility during her last visit in May (2024). Interview on 6/21/24 with Staff #1 revealed: -"Yes, I've seen them (roaches) before, but not in the last few months." -Did not know if pest control came to the facility.

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(months)."

Interview on 6/27/24 with Staff #2 revealed:

-"I haven't seen them (roaches) in awhile

-"I haven't seen pest control but [Licensee] said he was going to start having them (pest control) come every 3 months starting next month (July

-Saw live roaches in the facility.

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New Place, Inc. Turnaround MHL-060-648 Plan of correction

V296 27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS

This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the minimum number of direct care staff was present.

Executive Director is responsible for completing weekly schedules and commits to scheduling two people for each shift. Effective 08/01/2024all staff will be responsible for calling and texting upon arrival to shift and verify staffing ratio. New Place, Inc. requires a 24-hour call ahead call out for their shift. If this is not honored the staff will receive a verbal warning on the first occasion, a written warning to include a 30-day probationary period, and removal from the schedule for a third occurrence. In the event that a staff has an emergency call out prior to 24 hours Executive Director.

V736 27G .0305(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 observation and interviews the facility was not maintained in a safe, clean, attractive and orderly manner.

Observation on 6/11/24 of the facility at approximately 1:30 pm revealed: -Living Room: one bent air vent on the floor; three large, brown, dried spots (approximately 1 inch round) and four dried small dark brown/black smudges on the left wall leading 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 brown/black 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 medium size black smudges towards the bottom of the wall; a black mark in the shape of a heart on the same wall. -The light switch in bedroom #1 did not

have a cover. -Hall bathroom: the door frame had dark substances around it; the cabinet was missing one drawer; one cabinet door was missing a handle. -Bedroom #3: a patched hole approximately 3 by 3 inches beside the closet; one nightstand was missing both of the drawers; a patched hole on wall next to the side window approximately 6 by 3 inches. -Back bathroom: the inside of the shower door track was filled with a dark a substance (door had been removed); grout was dark and cracked; area behind toilet had brown and black substances on the floor and wall; the cabinet had a white substance running down the front; drawers with chipped paint; a large area over the sink was white, which was not the color of the rest of the bathroom; an unpainted patched hole on the right wall; several small brown/black smudges on the walls; the back of the bathroom door had multiple dark streaks about 4-5 inches long and medium size 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. -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", loose boards.

As of 08/06/2024 all holes within the facility have been patched and painted, all previously patch holes have been sanded and painted, and all spots and smudges have been removed by wiping and spot painting. The living room floor vent has been corrected. The light switch in bedroom has been replaced. The hallway bathroom cabinet missing door has been replaced and the drawer with missing handle has had handle replaced. All patched in bedroom 3 have been patched and painted. The back bathroom shower door has been cleaned to remove black substance. All substance behind toilet, on wall, on cabinet have been wiped clean and the bathroom has been painted. The office area wall has been resurfaced, sanded and painted. Executive will make weekly visit to the home to assess any damage and determine necessary repairs. If any repairs are identified ED will have the repairs made within 72 hours. The monitoring of this will be ongoing and conducted by ED Hunt.

V738 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 observation and interviews, the facility was not kept free from insects. Since 07/01/2024 Executive Director been completing self-spraying of the facility every 4-5 days and will have the home "insect bombed" on 08/10/2024 to follow up with weekly spraying to include continued quarterly spraying and assessing for pest and insects by pest control agent the facility is pest free for 6 consecutive months. The monitoring of this will be ongoing and conducted by Executive Director