Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			71. 501251110.		l R-	.c
		MHL060-648	B. WING			1/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
TURN A	ROUND		TEN COURT L, NC 28227			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
{V 000}	INITIAL COMMENT	-s	{V 000}			
	A follow up survey v 2024. A deficiency v	vas completed on October 11, was cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.					
		ed for 4 and has a current ey sample consisted of audits				
{V 736}	27G .0303(c) Facilit	ty 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.					
	interviews the facilit	et as evidenced by: on, record review and y was not maintained in a ve and orderly manner. The				
	Service Regulation 4/30/24 revealed: -A safety citation that by the front door an working as intended -Facility and ground "Multiple holes in the walls throughout the -Multiple dressers a	ls maintenance citations for e wall and unpainted patched e facility.				

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

TITLE (X6) DATE

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.			_
		MHL060-648	B. WING		R- 10/1	1/2024
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
TURN A	ROUND		TEN COURT L, NC 28227			
(V4) ID	SI IMMA DV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	ION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{V 736}	Continued From pa	ge 1	{V 736}			
	secured to ceilingLiving room had a	on the left side of the facility				
	revealed: -The exterior light of was missing a glob -The light fixture was light bulb in the hall - The smoke detect and staff office was surveyThe smoke detector hanging loose by a the smoke detector Two white extension feet long. Both expoutlet. One extend connecting to a larm no shadeA brown extension long was plugged in extended across the to the televisionThere was a palm with duct tape in Cl foot of the bedThere was a palm right side of the entitationThe towel rack was and Client #2's shate.	as missing a globe to cover the way near the bedrooms. tor in the area of the front door a chirping during the entire or in Client #3's bedroom was peroximately 1 inch between and ceiling. On cords approximately three cosed and plugged into the ed across the living room floor ap with the bulb exposed and cord approximately 3 feet not the kitchen wall and e living room floor connected sized hole in the wall covered ient #3's bedroom near the sized hole in the wall on the rance to the living room.				
	-The vanity in Clien	t #1 and Client #2's shared venly painted, missing 2 of wood.				

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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	
				R-C		
MHL060-648		B. WING		10/11	1/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TURN AF	ROUND		TEN COURT			
	018444574074		L, NC 28227		011	
(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 2	{V 736}			
	-There was a 10 inch beige spot on the wall that was not painted white like the rest of the wall at the entrance to the living room. -1 tile missing in 3 separate places on the kitchen floor. Interview on 9/30/24 with Client #2 revealed: -The Licensee/Qualified Professional (QP)/Executive Director (ED) had been making repairs around the facility"It's (facility) getting better, there's just a few things to fix." -She had not noticed the smoke detector chirping.					
	Client #3 revealed:	on 9/30/24 and 10/8/24 with adom sentences that were ons asked.				
	-Been employed at	4 with Staff #1 revealed: the facility for 2 weeks. to [Licensee/QP/ED] about and repairs."				
	revealed: -All of the repairs hawas "nothing else to - "I've done everyth smoke detector chia -"You all (North Car Service Regulation) done everything I wangled the had been "work the facility"I don't agree that to done." -"I'm not putting known	ing" (when asked about the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			X3) DATE SURVEY COMPLETED	
					R-		
		MHL060-648	B. WING		10/1	1/2024	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
TURN A	ROUND		TEN COURT				
()(4) ID	STIMMA DV STA	TEMENT OF DEFICIENCIES	_, NC 28227	PROVIDER'S PLAN OF CORRECTION		(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
{V 736}	Continued From pa	ge 3	{V 736}				
	wav it is."						
	Review on 10/10/24 of the Plan of Protection dated 10/9/24 and signed by the Executive Director revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? New Place, Inc. (Licensee) will have an electrician to assess the facility electrical sockets and get them working to minimize and eliminate the use of extension cords. New Place, Inc. will determine what is causing the paint to smear on the wall right of the exit. New Place, Inc. will replace to wall hole plate to replace the cracked one. New Place, Inc. will fully repair or replace individual broken tiles throughout the foyer and kitchen. New Place Inc. will complete painting of sink cabinets in bathroom 2 (Client #1 and #2's shared bathroom) and apply knobs where, required any holes in any bedrooms will be patched, sanded and painted. Each consumer (client) bedroom will be supplied with ample storage to include operable dressers and /or night stands to prevent cluttering of closet space. All light fixture globes shall be installed.						
	scheduled for vario maintenance comp	ee, Inc. has currently us separate handyman anies and two separate e to the facility to assess					
	repairs and provide required repairs for (North Carolina Div Regulation) standal will occur 10/10/24 10/11/24 at 8:30 an estimates are recei	an estimate to complete the the facility to meet NC DSHR ision of Health Service rds. The scheduled estimates at 12 noon and 3pm and on a and 12 noon. Once the ved New Place, Inc. will have completed no later than					

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-648	B. WING		l l	-C 11/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
{V 736}	Continued From pa	ge 4	{V 736}				
	3/13/23, 8/8/23, 11/27/11/24. This facility served of Moderate Intellectual Post Traumatic Street Defiance Disorder.	cited 7 times on 3/22/22, 29/23, 2/22/24, 4/22/24, and clients with diagnoses of al Developmental Disability, ess Disorder, and Oppositional The facility has been cited sues with the building and					
	grounds without der resolution of issues DHSR Mental Healt section surveys with months, the DHSR identified issues durate not yet been fout was not limited during the entire sur hanging loose from cords extending acr walkways of floors. repair and maintain constitutes a Contire	monstrating timely or complete identified. In addition to the 7 th Licensure and Certification in citations within the past 36 Construction section had also ring their 4/30/24 survey that for a smoke detector chirping rivey, another smoke detector the ceiling, and extension ross a doorway and in the Due to the chronic failure to the facility, this deficiency buing Type B rule violation I to the health, safety, and					

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