Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL013-226	A. BUILDING: _____ B. WING _____	R 02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION POINT	519 UNION STREET SOUTH CONCORD, NC 28025

(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	INITIAL COMMENTS An annual, follow up and complaint survey was completed on 2-14-25. The complaint was unsubstantiated (#NC00226906). 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 6 and currently has a census of 5. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000	RECEIVED MAR 10 2025 DHSR-MH Licensure Sect	
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings.	V 295	10A NCAC 27G .1703- Turning Point Union house does have a Associate professional on staff, however; he has the experience of a QP. When initially asked about the AP role the Program Director and QM director thought the reviewer meant in experience. Turning Point will modify our current associate professionals job description to say Associate professional -house manager. Verses just saying House Manager. This will be more clear who serves that in this role going forward.	3/7/2025

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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V 295	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to have at least one full time direct care staff who meets or exceeds the requirements of an associate professional. The findings are: Review on 2-11-25 of an email sent by the Quality Management Director revealed: -"We do not have any associate professionals currently on staff." Interview on 2-12-25 with the Qualified Professional revealed: -He is the Qualified Professional. -His job duties include supervising the clients and staff, Interview on 2-14-25 with the Quality Management Director revealed: -The current Qualified Professional does all the duties of an associate professional.	V 295		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME	V 367	10A NCAC 27G .0604- Turning Point Homes QM Director and Program Director will re train staff on incident reports and submitting into the IRIS system. This will include a focus on completing the full IRIS report including the supervisor section.	3/14/2025

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V 367	Continued From page 2 responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of	V 367		

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V 367	Continued From page 3 becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on interviews and record reviews the	V 367		

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V 367	Continued From page 4 facility failed to ensure that all level II incidents were reported to the Local Management Entity within 72 hours of learning of the incident. The findings are: Review on 2-6-25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No reports from the facility had been submitted within the last 4 months. Review on 2-10-25 of facility Level II incident reports revealed: -Incident on 2-5-25 with Former Client #1 getting upset at the park and going to the hospital. -Incident on 1-6-25 with Client #2 wrapping a Christmas bow around his neck and trying to choke himself. Client #2 was taken to the local emergency room. -Incident on 1-27-25 with Client #3 falling while playing and his knee would not stop bleeding. Client was taken to the emergency room. -Incident on 1-27-25 with Client #3 refusing to go to school and kicking the van. Police had to be called and Client #3 was escorted to the hosptial for a psychological evaluation. Interview on 2-6-25 with the Qualified Professional revealed: -They have had a couple of Level II incidents, the most recent being Former Client #1. Interview on 2-12-24 with the IRIS administrator revealed: -There were a total of 6 reports that had been created but not submitted. -Former Client #1, Client #2, Client #3 and Client #5 all had incidents that had not been submitted.	V 367		

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V 367	Continued From page 5 -Former Client #1 had one for 2-5-25, Client #2 had one for 1-6-25 and one for 11-6-24, and Client #3 had two for 1-27-25. -Some of the incidents were from several months ago. Interview on 2-14-25 with the Quality Management Director revealed: -They had IRIS numbers for the incident reports, so they thought that meant they had been submitted. -They would retrain staff to make sure that they understood that if they did not get a thumbs up sign, the report was not submitted.	V 367		