



New Place, Inc.

6612 E WT Harris Blvd. Ste D
Charlotte, NC 28215

New Place, Inc. PLAN OF CORRECTION

Facility Name: Turn Around

License #: MHL-060-648

Survey Date: February 28, 2025

Submitted To: DHSR

Date: March 28, 2025

I. Agency Findings & Cross-Referenced Corrective Actions

(Deficiencies cited per Statement of Deficiencies dated 2/28/25)

1. 10A NCAC 27G .0202 Personnel (V107)

Finding: This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to complete personnel records affecting 2 of 13 staff (House Manager (HM) and Associate Professional (AP)).

Corrective Actions:

- On 3/25/25 the Executive Director conducted an employee chart review to identify required missing items from employee charts as of 04/01/2025 all employee charts have been updated to include all required documentation and training more specifically job descriptions. A new House Manager, and Associate Professional have been identified and briefed of their duties to coincide with signed job description/: Drafted/signed job descriptions for HM and AP. The monitoring will be ongoing and employee charts will be reviewed on a periodic basis in preparation for annual reviews for Accreditation, surveys, and internal auditing. The review will be initially completed by the Executive Director at hiring and 60 days after hiring and three month increments thereafter.

2. 10A NCAC 27G .0202 Personnel Requirements (V108)

Finding: Based on record reviews and interviews, the facility failed to ensure the Clinical Director/Qualified Professional (CD/QP) and 8 of 13 staff (Staff #1, #2, #6, #7, #8, #9, #10, #11) had current first aid/cardiopulmonary resuscitation (CPR) training.



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- **Corrective Actions:** Although this licensee disputes this citation as all employees had current First Aid /CPR/AED training with Epinephrine Auto Injector, and Asthma Inhaler Training, which is a more comprehensive training than the typical First Aid/CPR training (Course syllabus attached). The Rule States: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. On 3/25/25 the Executive Director conducted an employee chart review to identify required missing items from employee charts as of 04/01/2025 all employee charts have been updated to include all required documentation and training more specifically First Aid/CPR training. The Executive Director will schedule First Aid and CPR training for all new employees within 30 days of hiring. The licensee Certified American Red Cross Trainer will use the American Red Cross trainer tracker that automatically alerts them prior to the expiration of any trained course. The monitoring will be ongoing and employee charts will be reviewed on a periodic basis in preparation for annual reviews for Accreditation, surveys, and internal auditing. The review will be initially completed by the Executive Director at hiring and 60 days after hiring and three month increments thereafter.

3. 10A NCAC 27G .0203 Competencies (V109)

Finding: This Rule is not met as evidenced by: Based on interview, observation, and record review, 1 of 2 qualified professionals (Licensee/Qualified Professional (QP)) failed to demonstrate the knowledge, skills, and abilities required by the population served.

Corrective Actions: Effective 03/26/2025 the licensee identified the Qualified Professional, had a signed description completed, and completed 16 hours of QP training to demonstrate the knowledge, skills, and abilities required by the population served. Effective 04/01/2025 the licensee has hired a Human Resource Coordinator



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responsible for compiling and maintain employee charts to assure they are completed in their entirety to include all pre-hiring requirements and all required trainings. The Human Resource Coordinator will work directly with the Executive Director and trainers to assure no lapse in annual and/or bi-annual training, on-boarding and periodic Healthcare Registry Checks and Criminal Background checks. As of 04/01/2025 the licensee has contracted with a Registered Nurse to provide all medication administration training to all licensee staff and to provide monthly review and consultation of all consumers MAR's, medications, and physicians orders. Along with the RN consultation she will make recommendations for compliance, errors, refresher training, and disciplinary action. The licensee will assure that all new admissions they are admitted to the facility with medications will have a physician's order for each medication or admission will not happen until all medication physicians' orders have been received to accompany the medication. The licensee has secured consent for public transportation to include Charlotte Mecklenburg Schools bus, rideshare transportation, and included in each consumers Person Centered Plan that all consumers can be transported in public with on staff member. Effective 04/01/2025 all staff received refresher communication of Incident reporting to include review of Level I, Level II, and Level III incidents and the documentation of each level. Effective 04/01/2025 according to the program scheduling the consumers will be provided adaptive functioning in social and recreational skills as in house social games and groups are scheduled and each Thursday of each week the QP takes a vote from the consumers to determine weekly social integration activities and refusal of participation will be documented. Effective 04/01/2025 the pet rabbit within the facility belonging to a consumer has been treated by Queen City Hospital and cleared of having rabies, had initial veterinary and scheduled ongoing treatment.

4. 10A NCAC 27G .0205 Treatment Plans (V112)

Finding: This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have a current treatment plan with written consent or agreement by the client or responsible party affecting 1 of 4 clients (#3).

Corrective Actions:

- As of 03/28/2025 the Executive Director audited all client files and updated all Person-Centered Plan signature pages. Effective 04/01/2025 the licensee has updated its protocol to include Person Center Plan service order and 30-day plan



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update/revision signature pages in the consumers chart within 7 days of each consumers Child and Family Team meeting. If a signature page can be signed at the CFT due virtual meetings the licensee will document this and provide a copy of the email of fax transmittal of when the signature page was sent to legal guardian for signature. The Qualified Professional will present each PCP signature page at each CFT and will be responsible for inclusion in to the consumer chart and will conduct a monthly review of all charts for signature pages. The monitoring of this will be semi-annual and be completed by the Executive Director.

5. 10A NCAC 27G .0209 Medication Requirements (V117, V118)

Findings: This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that medications were labeled as required for 1 of 4 clients (#4).

Corrective Actions: Effective 03/29/2025 Randolph Pharmacy relabeled all medications. The Executive Director met with the pharmacist with Randolph Medical Pharmacy and completed a signed agreement to provide pre=populated MARs on the first of each month and to refill meds according to refills left. Executive Director removed all empty medication packs or bottles, and/or all unlabeled or undocumented medications. As of 04/01/2025 the licensee helps a mandatory RN-led staff training with all current staff. Registered Nurse to provide all medication administration training to all licensee staff and to provide monthly review and consultation of all consumers MAR's, medications, and physicians orders. Along with the RN consultation she will make recommendations for compliance, errors, refresher training, and disciplinary action. The review of RN consultation notes will be reviewed monthly with RN and shared with QP for monitoring on a monthly basis.

6. 10A NCAC 27G .0209 Medication Requirements (Drug Regimen Reviews) (V121)

Finding: This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to ensure clients had a drug regimen review at least every six months for 3 of 4 Clients (#2, #3 and #4) who received psychotropic drugs.

Corrective Actions:



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Effective 03/28/2025 the Executive Director completed reviews for Clients #2, #3, #4 and established communication with the prescribing psychiatrist to provide the accurate phone number and email for the contact person for the licensee. The designee will coordinate schedule dates for medication management not to exceed three months per visit. The licensee will also have a semi-annual review of all consumers and medication to identify any changes, trends, and or/necessary action needed per consumer. The monitoring of this will be conducted by the Clinical Director on a semi-annual basis.

7. 10A NCAC 27G .0209 Medication Requirements (Medication Errors) (V123)

Finding: This Rule is not met as evidenced by: V 123 Based on record reviews, observation, and interviews, the facility failed to ensure all medication administration errors were reported immediately to a pharmacist or physician affecting 4 of 4 clients (#1, #2, #3, #4).

Corrective Actions: Effective 04/01/2025 all staff received a refresher course in incident reporting and documentation medication errors to identify anytime there is an adverse reaction that threatens health or safety due to wrong dose administered, wrong medication administered, wrong time, missed dose, medication given to wrong consumer, and refusal code. The Qualified professional will conduct a weekly MAR review in conjunction with the RM monthly review and provide supervision to staff for blanks in the MAR or any missed or incorrect dosage. The monitoring will be ongoing and conducted anywhere between a weekly and monthly basis. The RN will provide monthly consultation notes with recommendations.

8. G.S. 122C-80 Criminal Checks (V133)

Finding: This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request a criminal history record check within five business days of making the conditional offer of employment for 5 of 13 staff (Staff #2 #4, #7, #9 and #10).

Corrective Actions:

- As of 03/15/2025 the Executive Director assured all background checks had been completed on all current employees. Effective as of 07/01/2025 all new



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employees of licensee will have a request for a background check submitted to qualified vendor. The Human Resource Coordinator will review employee charts upon onboarding and at minimum annually. Monitoring of this will be conducted semi-annually.

9. 10A NCAC 27G .1701 Scope (V293)

Finding: This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to ensure services to assist 4 of 4 clients (#1, #2, #3, #4) in the acquisition of social and recreational skills and failed to coordinate care within the client's system of care for 1 of 4 clients (#2)

Corrective Actions: Effective 03/15/2025 the licensee will provide a monthly activity schedule for the consumers to include 2 in house weekly activities and 1 weekly social outing at a minimum. Although there will be a monthly posted schedule. The consumers cannot be forced to participate. If anyone consumer refuses to participate another activity will be offered only with a majority agreement. If consumers refuse to participate prohibiting the activity from being fulfilled this will be documented on the implemented weekly activity schedule. Monitoring of activities will be completed weekly by house manager and monthly by the QP.

10. 10A NCAC 27G .1703 AP Requirements (V295)

Finding: This Rule is not met as evidenced by: V 295 Based on record review and interviews, the facility failed to ensure at least one full time direct care staff met the requirements of an Associate Professional (AP).

Corrective Actions: Effective 03/15/2025 the licensee met with the AP to review and sign the AP job description and discussed expectations. The AP will fulfill the duties of an AP as outlined in the standard and licensee job description. Monitoring and Supervision of the AP will be facilitated by the Clinical Director on a monthly basis.

11. 10A NCAC 27G .1704 Staffing Ratios (V296)

Finding: This Rule is not met as evidenced by: Based on record reviews, interviews and observations, the facility failed to ensure the minimum staff ratio of 2 staff for up to 4



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children or adolescents.

Corrective Actions:

- Effective 03/20/2025 The licensee has explored the intent to lease company vehicle. Until a 7 or passenger vehicle can be secured the licensee has obtained consent for consumers to be transported by public transportation such as Medicaid transportation, local school bus, and/or rideshare as typical for education and medical appointments. Each consumer's Person-Centered Plan has been updated to include transportation within the community can be completed by one staff. Monitoring of this will be completed by the QP on a bi-weekly basis.

12. 10A NCAC 27G .0603 Incident Reporting (V366)

Finding: This Rule is not met as evidenced by based on observation, record review and interviews, the facility failed to implement a policy governing their response to Level I incidents as required.

Corrective Actions: Effective 04/01/2025 all licensee staff received a refresher on Incident report and educated on the levels of incidents, timeframes for submission, and documentation of incidents. Monitoring of filing of incident reports will be monitored monthly by the QP and by the Executive Director semi-annual.

13. 10A NCAC 27G .0303 Facility Safety (V736)

Finding: This Rule is not met as evidenced by: V 736 Based on observation and interview the facility was not maintained in a safe manner.

Corrective Actions: Effective 04/01/2025 the pet rabbit has had a vet appointment and receive all vaccinations. Any approved pet to be admitted with any consumer must produce vet paper for approval and not be a potential hazard. Monitoring of this will be completed by the Executive Director.

II. Systemic Improvements

1. **RN Oversight:** Full-time RN hired 3/24/25 to supervise medication management.



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2. **Pharmacy Partnership:** Randolph Pharmacy to provide pre-populated MARs by 4/15/25.
 3. **New Role Policy:** New pre-hire checklist and background check protocol.
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