

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-284</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/22/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TURNING POINT WOMEN'S FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>222 GUTHRIE STREET GRAHAM, NC 27253</b>
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(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on October 22, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 114	<p>Continued From page 1</p> <p>Review on 10/22/25 of the facility's fire and disaster drill log from November 2024-September 2025 revealed:</p> <ul style="list-style-type: none"> <li>-There were no fire drills completed by day shift for the 3rd quarter (July, August, September) of 2025.</li> <li>-There were no fire drills completed by evening for the 2nd quarter (April, May, June) of 2025.</li> <li>-There were no disaster drills completed by evening for the 2nd quarter (April, May, June) of 2025.</li> </ul> <p>Interview on 10/22/25 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>-She did not answer questions she was asked.</li> <li>-She kept taking about other issues.</li> </ul> <p>Attempted interview on 10/22/25 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>-She could not be interviewed due to her cognitive level of functioning.</li> </ul> <p>Interview on 10/22/25 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>-The facility had two separate staff shifts.</li> <li>-She thought the fire and disaster drills were being done.</li> <li>-The Former QP was supposed to check the drills.</li> <li>-She thought some of the documented drills were possibly missing.</li> <li>-She confirmed the facility failed to ensure fire and disaster drills were conducted quarterly on each shift</li> </ul>	V 114		