FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING MHL060-739 07/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4901 ROSENA DRIVE COMMUNITY TREATMENT ALTERNATIVES II** CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on 7/3/18. **DHSR** - Mental Health The complaints were substantiated (Intake ID #NC00132953, Intake ID #NC00135350). AUG 06 2018 Deficiencies were cited. This facility is licensed for the following service Lic. & Cert. Section category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Adolescents or Children. The QP is on staff and understands the V 109 27G .0203 Privileging/Training Professionals V 109 responsibilities; CTA as also identified a backup QPI New training and competence testing will be 10A NCAC 27G .0203 COMPETENCIES OF performed along with new rules and guidelines. QUALIFIED PROFESSIONALS AND CTA will ensure that the appropriate professionals ASSOCIATE PROFESSIONALS (OP) are in place to supervice and train employees (2) There shall be no privileging requirements for qualified professionals or associate professionals. on professionalism and appropriate competencies. (b) Qualified professionals and associate Also to ensure each employee has the knowledge professionals shall demonstrate knowledge, skills and skills to provide appropriate care to all and abilities required by the population served. comsumers in our care. CTA owner will ensure QP (c) At such time as a competency-based complies with a weekly check in starting July 26, 2018. employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making: (5) interpersonal skills; (6) communication skills; and (7) cimicai skiiis. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.

Division of Health Service Regulation

(f) The governing body for each facility shall

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STATE FORM

(X3) DATE SURVEY

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	***	COMPLETED
		MHL060-739	B. WING		07/03/2018
A STATE OF THE STA	PROVIDER OR SUPPLIER	NATIVES II 4901 R	ADDRESS, CITY, STATE OSENA DRIVE OTTE, NC 28227	E, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 109	develop and impleme for the initiation of an plan upon hiring each (g) The associate pro	nt policies and procedures individualized supervision associate professional. fessional shall be ied professional with the the period of time as	V 109		
	failed to have a Qualification findings are: Review on 3/6/18 of failed a person and a person failed to have a Qualification fa	w and interview the facility ed Professional (QP). The cility records revealed: onnel file for a QP.			
	revealed:	e QP's supervision notes			
	-The QP had been out April 2017 and did not return and had not app				
		aied: ear, maybe last summer, ngs with the QP, "I don't ative and Therapeutic s in the facility every			

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(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	A. BUILDING:		LETED	
					-		
		MHL060-739	B. WING		07/	03/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	FATE, ZIP CODE			
CONMINATIN	IITY TREATMENT ALTER	NATIVES II 4901 ROS	ENA DRIVE				
COMMON	IIII IREAIWENI ALIER	CHARLOT	TE, NC 2822	7			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 109	provided individual the clients were referred address their sexualiz -"I do not provide clini have." -The facility could use more clinical support f-She had not heard clifacility as a conseque (enuresis) at school; -Home Manager's (Hiscould go from nurturin that, "her tone was low therapeutic." This deficiency is cross NCAC 27G, 1701 Sec.	erapy to client #1. The other put to specialized therapy to seed behaviors; call oversight to staffnever a more clinical oversight and for the program; lient #1 had to stand at the more after having accidents. If tone was a concern. HM g to the "bottom fell out" in ad and fussing not	V 109				
	(a) There shall be no paraprofessionals. (b) Paraprofessionals associate professional professional as specific Subchapter. (c) Paraprofessionals knowledge skills and a population served. (d) At such time as a contraction	COMPETENCIES AND DAPROFESSIONALS privileging requirements for shall be supervised by an or by a qualified ed in Rule .0104 of this shall demonstrate abilities required by the competency-based established by rulemaking, onals and associate monstrate competence.	V 110	CTA will offer ongoing training to paraprofessionals knowledge, ski consumers. The QP will have dire paraprofessionals to ensure CTA of population served monthly. The immediate supervision facilitated have supervision with house man professionalism. The QP will also manager is retrained on all paraprompetencies as of July 26, 2018	Ils, and ect supe staff is by QP. ager to ensure rofessio	rvision of knowledable co an The QP will address that house	

STATE FORCE

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL060-739	B. WING		07/0	3/2018
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	E, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES II	SENA DRIVE DTTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 110	exhibiting core skills in (1) technical knowled (2) cultural awarenes (3) analytical skills; (4) decision-making; (5) interpersonal skill (6) communication si (7) clinical skills. (i) The governing bod develop and implement for the initiation of the plan upon hiring each. This Rule is not met a Based on record revie paraprofessionals (Ho demonstrate the know required by the populare: Review on 3/6/18 of the Hire date of 9/17/07; Job description duties limited to direct care as supervisor to program consumer quality of ca health and safety and occurs.	dge; ss; ls; kills; and dy for each facility shall int policies and procedures individualized supervision paraprofessional. as evidenced by: w and interview 1 of 3 use Manager-HM) failed to redge, skills, and abilities ation served. The findings the HM's record revealed: s included but were not s needed, alerting concerns, keeping are a priority, checking the intervening before crisis ient #1's record revealed:	V 110	DEFICIENCY)		
	-Age 8; -Diagnoses of Opposit (ODD) and Post Traum (PTSD) per treatment	ional Defiant Disorder natic Stress Disorder				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING		COM	PLETED	
		MHL060-739	B. WNG	B. WING		/03/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE			
COMMUN	ITY TREATMENT ALTERI	NATIVES II	OSENA DRIVE OTTE, NC 2822	7			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
	enuresis, poor self ma emotions, inability to p objects in an aggressi boundaries, behaviors untruthfulness and ina	appropriate/disrespectful					
	conversations with peers and staff; -Goals included but not limited to reducing the frequency of mood fability to demonstrate improvement of her ODD and PTSD symptoms and refrain from demonstrating sexualized behaviors and maintain appropriate boundaries. Facility staff interventions included but not limited						
	team membersfacilit Family Team Meetings						
	(QP) supervision notes	ne Qualified Professional's s revealed: notes were documented					
	Review on 3/16/18 of client #1's treatment plan revealed no documentation regarding consequences to client #1's behaviors.						
	revealed: -Staff have had to bring her to change after had not had an accident in -The HM would yell at (client #1) had an accident	d 3/16/18 with client #1 g clothes to her school for ving an accident, but had a long time; her (client #1) after she dent at school and when do the right thing at the					
	Interview on 3/5/18 wit -The HM yelled at all th -The HM was an accus	ne clients in the facility;					

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Division of Health Service Regulation

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL060-739 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 ROSENA DRIVE	07/03/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 ROSENA DRIVE 4901 ROSENA DRIVE	07/03/2018
COMMUNITY TREATMENT ALTERNATIVES II 4901 ROSENA DRIVE	
COMMUNITY TREATMENT ALTERNATIVES II	
CHARLOTTE, NC 28227	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V110 Continued From page 5 Interview on 3/70/16 and 3/26/16 with clinical collateral #4 revealed: -She was concerned about the HM's communication and relationships with the clients in the facility. The HM was not always therapeutic in her interactions with the clients, in that, she seemed to fluctuate from the nurturing family type to the extreme other side of yelling. The HM also communicated in a demeaning manner, like "I'm big you're little," and carried out consequences like a "moody manna." - She was recently involved in an after hours phone conversation with the HM and a client, where she heard HM yelling back and forth with a client while the client cried after becoming so upset about the conversation because the HM was assuing the silent of a client at 10:00am on 3/23/18 at the facility. All the team members were present at the facility prior to 10:00am on 3/323/18 at the facility. All the team members were present at the facility prior to 10:00am however after arriving, staff #2 who was at the facility and unaware there was a CFT meeting, called the HM. The HM returned the call at approximately 11:30am and told staff #2 she had forgotten about the scheduled CFT meeting. Due to the unexpected time delay and team members various schedules and other obligations the meeting had to be rescheduled for 3/26/18; -The HM had no clinical oversight and support which made the task of assuring clients treatment difficult; -To her knowledge the Qualified Professional (QP) inad not been involved since iate June 2017, the HM "runs all of it." Interview on 3/16/18 with clinical collateral #5 revealed: -She visited the facility frequently at least once a	

(X3) DATE SURVEY

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MHL060-739	B. WING		07/03/2018
	PROVIDER OR SUPPLIER	NATIVES II 4901 RO	DDRESS, CITY, STATE SENA DRIVE OTTE, NC 28227	E, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 110	-She and the HM had agencies) since 2013 changing because the knowledgeable in her should be, "something seem to understand h duties. The HM requir guidance, over and ownite is what you do." wadministrative and tree-She was unsure about had had no contact wi "maybe last summer." Licensee, the HM had everything, including a should not have been pear semmunisation of should not have been pear semmunisation of the same a clients information of the same and the some a clients information of the same and the same and shared with more thinking she was going home, more thought the discharged abruptly are because she was read She felt the HM encouside with her and "gandwas not fair. The HM's mother and share infor support was very inapper the HM was aware clied accidents a day in school HM numerous times at the HM num	worked together (separate however felt something was a HM was not as role as she had been and a seems off," she doesn't ow to carry out her job ed constant step by step yer, "this is what you say, with getting the same at the status of the QP and the the QP in a long time, She had never met the always been in charge of dinical services, which she left in charge of due to her not look of clinical skills; as around the HM's exasion a clients mother ed the HM was going to get at the mother and shared attion that should not have in. The client became upset to get put out of the group is client would have to be ad go to a homeless shelter by to give up on her child. It is graped the clients mother to g up" on the client, which decision to call the clients mation with no facts to propriate.	V 110		

(X2) MULTIPLE CONSTRUCTION

PRINTED: 07/19/2016 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: __ B. WING MHL060-739 07/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 ROSENA DRIVE COMMUNITY TREATMENT ALTERNATIVES II CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRFFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 110 | Continued From page 7 V 110 sometimes they would send in clothes and sometimes they would not and sometimes they would send in dirty clothes from the day before and they "smelled like pee." On one occasion client #1's dirty clothes saturated with urine were left in her bookbag and sent back to school the next; -On 1/12/18 the HM told her she did not want the school to keep calling for dothes; -If client #1 had an accident around 11:00am, the facility staff would check her out of school as opposed to bringing clothes for client #1 to change in. In addition she would miss class time because school dismissal was at 2:45pm; -On one occasion she went to Goodwill and bought client #1 clothes to keep in her classroom effor facility staff would not sand clother for changing and also to avoid client #1 having to leave school early and miss class time; Interview on 3/16/18 with school collateral #3 revealed: -Client #1 would not always have clothes to change in after having an accident at school; -The school could not always rely on the HM to make sure client #1 had a change of clothes at school after having an accident; -On one occasion client #1 asked for a new bookbag because her bookbag was "smelly like

Professional (LP) revealed: -She had not heard client #1 had to stand at the

Interview on 5/29/18 with the Licensed

- facility as a consequence after having accidents (enuresis) at school;
- -The facility could use more clinical oversight and more clinical support for the program;
- -Home Manager's (HM) tone was a concern. HM could go from nurturing to the "bottom fell out" in

Division of Health Service Regulation

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PRINTED 07/19/2018 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: B. WING MHL060-739 07/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4901 ROSENA DRIVE COMMUNITY TREATMENT ALTERNATIVES II** CHARLOTTE, 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 110 Continued From page 8 V 110 that, "ner tone was loud and fussing not therapeutic." Interview and Observation on 3/5/18 with the HM revealed: -She had a loud tone when speaking: -She had been the HM for the facility since 2010; -Duties as a HM included but were not limited to making sure the girls needs were met, get them to therapy, doctors appointment and attend treatment team meetings and school meetings. -Client #1 had been in the facility one year with little progress; -Client continued to lie, assault staff, exhibit seeking attention behaviors, urinate on herself in cycles and make allegations against staff, i.e. reporting and then retracting stoff keeping her un all night and making her stand: -The allegations made by client #1 that staff made her (client #1) stay up all night and made her stand up as a consequences were not true The facility staff used incentives, took away privileges with client #1 and consequences were rare. -Client #1 had been in the system a long time and was aware of what she was saying, "no remorse and spiteful." Interview on 3/6/18 with the Licensee revealed: -The QP had been out on personal leave since April 2017 and did not know when she would return and had not appointed another QP or considered hiring another QP to fill the required

days.

position.

This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23

(X3) DATE SURVEY

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPL	ETED	
		MHL060-739	B. WING		07/0	3/2018
	ROVIDER OR SUPPLIER	NATIVES II 4901 RO	DDRESS, CITY, ST SENA DRIVE TTE, NC 2822			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 112	Continued From page	9	V 112			
V 112	PLAN (c) The plan shall be assessment, and in paiegaily responsible per of admission for client receive services beyond) The plan shall incl (1) client outcome(s) achieved by provision projected date of achie (2) strategies; (3) staff responsible, (4) a schedule for revannually in consultation responsible person or (5) basis for evaluation outcome achievement (6) written consent or responsible party, or as	developed based on the artnership with the client or rison or both, within 30 days is who are expected to and 30 days. Inde: I that are anticipated to be of the service and a everent; View of the plan at least on with the client or legally both; on or assessment of	V 112	CTA will ensure all treatment pla consent/signatures by responsib guardians. QP will be present for planning and will check for signa be the effective date for double of signatures.	le party/l all treat tures. Ju	egal ment ly 26th will
	failed to have a written responsible party/legal	s evidenced by: w and interview the facility consent/signature by the guardian for the treatment ents (#2). The findings				

(X2) MULTIPLE CONSTRUCTION

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Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILDING.			
		MHL060-739	B. WING		07/03/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES II	ENA DRIVE TTE, NC 28227	7		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 112	Continued From page	e 10	V 112			
	- Admission date of 2/2 - Diagnoses of Post 7 Major Depressive Dis Disruption Impulsive (Disorder per treatmer - 13 year old female; - Residential treatmer however the plan had consent/signature by to guardian. Interview on 3/6/18 wi revealed:	Traumatic Stress Disorder, order and Unspecified Control and Conduct nt plan dated 2/21/18; It plan dated 2/21/18 no written the responsible party/legal				
	-She had a loud tone work - Client #1's mether work - The name and signat residential treatment p guardian "it was an ow	ture on client #2's blan was not the legal				
	Interview with the Qua was unsuccessful due personal leave since 4	Committee of the commit				
	-The QP had been out April 2017 and did not return and had not app	th the Licensee revealed: t on personal leave since know when she would pointed another QP or ther QP to fill the required				
V 293	10A NCAC 27G .1701	ment staff secure facility for s is one that is a ial facility that provides	V 293	CTA will provide intervention, active treatment and intervention within approach which includes cordinate and agencies within the clients synthere willne an immediate supervoto train staff and ensure knowledge interventions, utilizing the least reto address consumers' behavior of the staff and ensure to address consumers' behavior of the staff and ensure the staff and ensure the staff and ensure knowledge interventions.	a system of care ting with individuals vstem of care. vision with all staff ge on appropriate estrictive alternative	

Division of Health Service Regulation

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: B. WING MHL060-739 07/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 ROSENA DRIVE COMMUNITY TREATMENT ALTERNATIVES II CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 293 Continued From page 11 V 293 interventions within a system of care approach. it shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule 1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: ramoval from home to a community-based residential setting in order to facilitate treatment: and (2)treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2)minimize the occurrence of behaviors related to functional deficits: ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;

of care.

intensive treatment setting.

assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and support the child or adolescent in gaining the skills needed to step-down to a less

(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		MHL060-739	B. WING		07/03/2018
11-100/21 G-A1-15-0-11 (C-27-50A) - MC	ROVIDER OR SUPPLIER	NATIVES II 4901 RO	DDRESS, CITY, STATE SENA DRIVE DTTE, NC 28227	E, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
	This Rule is not met a Based on record revie failed to provide intens treatment and interver approach; failed to sup skills needed to step-ditreatment setting; faile individuals and agenci of care affecting 1 of 4 are: Cross Reference: 10A COMPETENCIES OF PROFESSIONALS (Vreview and interview the Qualified Professional Cross Reference: 10A COMPETENCIES OF PROFESSIONALS AN PROFESSIONALS (Vreview and interview 1 paraprofessionals (Houdemonstrate the knowin required by the population Cross Reference: 10A REQUIREMENT FOR A PROFESSIONAL (V29)	as evidenced by: w and interview the facility sive, active therapeutic ation within a system of care apport clients in gaining the lown to a less intensive d to coordinate with other as within the clients system clients (#1). The findings NCAC 27G .0203 QUALIFIED D ASSOCIATE 109). Based on record as facility failed to have a (QP). NCAC 27G .0204 QUALIFIED D ASSOCIATE 10). Based on record of 2 audited ase Manager-HM) failed to ledge, skills, and abilities alon served. NCAC 27G .1703	V 293		

Division of Health Service Regulation

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Division	of Health Service Regu	lation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE	SURVEY
ANDILAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMF	PLETED
		MHL060-739	B. WING		07	/03/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	710 0005		100/2010
		4904 DO		E. ZIP CODE		
COMMUN	NITY TREATMENT ALTER	NATIVES II	SENA DRIVE OTTE, NC 28227			
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PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A		DATE
				DEFICIENCY)		
V 293	Continued From page	13	V 293			
	care Associate Profes	sional staff (AP) who	}			1
		required by the AP position				1
	related the responsibil	lities of managing the day to				
	day operations of the	facility, providing				
		ofessionals and participating				
	in service planning.	,a				
	Cross Reference: 10A					
		. Based on record review				
		ty failed to coordinate with				
		gency to ensure the child's				
		re met as identified in the				
	education plan and tre	atment plan.				
	Cross Reference: 10A	NCAC 27E .0101 LEAST				
		NATIVE (V513). Based on				
	interview and record re	wich the facility failed to				
	assure that services/su		Ì			
	restrictive and most ap	propriate methods to				
	reduce client behaviors					
		he Plan of Protection dated				
		he Program Manager from				
	a sister facility revealed					
1		n will the facility take to				
	ensure the safety of the	consumers in your care:				
	Community Treatment	Alternatives will ensure				
	that the appropriate pro	otessionals (QP) are in				
	place to supervise and	rain employees on				
		propriate competencies.				
	and skills to provide ap	nployee has the knowledge				
	consumers in our care	Community Treatment				
	Alternatives will ensure	the safety of the				
	consumers placed in ou				ĺ	
		is to address consumer				
	behavior by utilizing the	least restrictive				
	alternative. Describe vo	our plans to make sure the				
	above happens: There	will be an immediate				

supervision facilitated by QP. The QP will have

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PRINTED: 07/19/2018 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: B. WING MHL060-739 07/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 ROSENA DRIVE **COMMUNITY TREATMENT ALTERNATIVES II** CHARLOTTE, NC 28227 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 293 V 293 Continued From page 14 supervision with staff #1 to address professionalism. The QP will also ensure that staff #1 is retrained on all paraprofessional competencies. There will be an immediate supervision with all staff within the next 48 hours to train staff and ensure knowledge on appropriate interventions, utilizing the least restrictive alternative to address consumers' beilavior." Review on 7/2/18 of the Plan of Protection dated 7/2/18 completed by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Community Treatment Alternatives will ensure the safety of all consumers placed in our care by ensuring that the Associate Professional (AD) is providing required services to all consumers in our care. Describe your plans to make sure the above happens? There will be an immediate supervision facilitated by (Licensee) with AP to address all AP responsibilities and expectations. (Licensee) will ensure that the AP has all trainings required to facilitate her role and is proficient in providing all services to consumers in our care." Client #1, age 8 had a history which included but was not limited to behaviors of Enuresis. Between November 2017 and February 2018, when client #1 had 3-4 accidents at school per

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day, the Home Manager (HM) was not reliable in providing changes of clothing to the school despite multiple requests and ensuring the clients back pack was free from urine stained clothing upon the client returning to school. There had been no Qualifed Professional (QP) oversight of the facility since April 2017, therefore the HM and Associate Professional (AP) had not received any direct clinical supervision to manage the facility.

The HM then took the lead over the AP

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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: _ B. WNG MHL060-739 07/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 ROSENA DRIVE **COMMUNITY TREATMENT ALTERNATIVES II** CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 293 | Continued From page 15 V 293 responsibilities and the coordination of educational services, however failed to consistently attend and/or participate in scheduled Child Family Team (CFT) meetings related to client #1's education from September 2017 to March 2018. This deficiency constitutes serious neglect to client #1. This deficiency constitutes a Type A1 rule violation and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. V 295 27G .1703 Residential Tx. Child/Adol - Req. for A CTA will ensure that QP monitor and train AP to V 295 Sustain functional, techniqual and organizational proficency. AP has reviewed and understands AP 10A NCAC 27G .1703 REQUIREMENTS FOR responsibilities as of July 26, 2018 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 accepiate professional as set forth in 19A 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: supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and participation in service planning

meetings.

PRINTED: 07/19/2018 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: _ B. WING MHL060-739 07/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 ROSENA DRIVE **COMMUNITY TREATMENT ALTERNATIVES II** CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 295 V 295 Continued From page 16 This Rule is not met as evidenced by: Based on interview and record review the facility failed to have at least one full-time direct care Associate Professional staff (AP) who performed the duties required by the AP position related to the responsibilities of managing the day to day operations of the facility, providing supervision to paraprofessionals and participating in service planning affecting 1 of 1 AP. The findings are: Interview on 5/29/18 with the AP revealed: She was the full time AD for the facility: -Her Direct Supervisor was the Home Manager (HM) and the Qualified Professional (QP); -While the QP was out on personal leave, the HM was her direct supervisor -She worked five days a week and every other weekend. Weekday hours 3:30pm-9:30pm and weekend hours 9:00am-9:00pm; -She was not responsible for the day to day operations of the facility, supervision of paraprofessionals regarding responsibilities related to the implementation of client treatment plans, participation in service planning meetings and the coordination of all doctor appointments; -The Home Manager (HM) was responsible for the day to day operations of the facility,

personal leave;

supervision of paraprofessionals regarding responsibilities related to the implementation of client treatment plans, participation in service planning meetings and the coordination of all doctor appointments. The HM attended all of the clients school and treatment team meetings and supervised all the staff when the QP was out on

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PRINTED 07/19/2018 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: __ B. WING MHL060-739 07/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 ROSENA DRIVE **COMMUNITY TREATMENT ALTERNATIVES II** CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 295 Continued From page 17 V 295 -She had not heard any staff yelling at the clients or instructing any of the clients to stand as a consequence or observed any clients standing as a consequence. Staff may give consequences of an early bedtime or an activity taken away: -The Licensed Professional (LP) had group therapy every Tuesday with the LP and one on one therapy sessions at different times and days with the LP. After therapy sessions, the LP would debrief with facility staff about some of the clients interactions based on the therapy sessions and make suggestions on how staff could try different or new approaches to clients treatment. Review on 3/16/18 of client #1's treatment plan revealed no documentation regarding consequences to client #1's behaviore This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days. CTA will coordinate with the local educational agency V 298 27G .1706 Residential Tx. Child/Adol -V 298 to ansura aducational needs are met as identified in Operations the education plan and treatment plans. AP/QP will 10A NCAC 27G .1706 **OPERATIONS** be involved in all eduactional planning and meetings (a) Each facility shall serve no more than a total as of July 26, 2018. of 12 children and adolescents. (b) Family members or other legally responsible persons shall be involved in development of plans

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restrictive setting

in order to assure a smooth transition to a less

(c) The residential treatment staff secure facility shall coordinate with the local education agency to ensure that the child's educational needs are met as identified in the child's education plan and the treatment plan. Most of the children will be able to attend school; for others, the facility will

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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: ___ B. WING MHL060-739 07/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4901 ROSENA DRIVE COMMUNITY TREATMENT ALTERNATIVES II** CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 298 V 298 Continued From page 18 coordinate services across settings such as alternative learning programs, day treatment, or a job placement. (d) Psychiatric consultation shall be available as needed for each child or adolescent. (e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer. (f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment (g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year. This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with the local educational agency to ensure the child's educational needs were met as identified in the education plan and treatment plan affecting 1 of 4 clients (#1). The findings are: Review on 3/6/18 of client #1's record revealed: -Admission to the facility in 2016; -Diagnoses of Oppositional Defiant Disorder (ODD) and Post Traumatic Stress Disorder (PTSD) per treatment plan dated 3/1/18; -History included but not limited to behaviors of enuresis, poor self management in handling her emotions, inability to problem solve, throwing

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objects in an aggressive manner, inappropriate boundaries, behaviors using manipulation,

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STATEMENT OF DEFICIENCIES (X1) PR

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	:	COME	PLETED	
		MHL060-739	B. WING		07	/03/2018	
NAME OF F	PROVIDER OR SUPPLIER		DDESS OF C		1 07	103/2016	
INAME OF F	ROVIDER OR SUPPLIER		ODRESS, CITY, ST SENA DRIVE	IATE, ZIP CODE			
COMMUN	IITY TREATMENT ALTERI	NATIVES II	TTE, NC 2822	7			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES			CORRECTION		
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 298	Continued From page	19	V 298				
			,	ļ			
		appropriate/disrespectful					
	conversations with pe						
		ot limited to reducing the					
	frequency of mood lab						
		DD and PTSD symptoms					
	and refrain from demo	in appropriate boundaries.					
		ons included but not limited					
		coordinating services with	}				
		ating monthly Child and	1				
	Family Team Meetings						
	Interview on 3/5/18 &	3/16/18 with client #1					
	revealed:	1100					
		HM) would yell at her when					
	she did not do the righ	it thing at the facility.					
	Interview on 3/6/18 an collateral #4 revealed:						
	-She was concerned a						
		lationships with the clients					
	in the facility. The HM						
		actions with the clients, in					
		ctuate from the nurturing					
		me other side of yelling.					
	The HM also communi	cated in a demeaning				1	
		ou're little, " and carried out					
	consequences like a "r						
	- She was recently invo						
	phone conversation with						
		elling back and forth with a					
	client while the client co						
		sation because the HM	ļ				
	was accusing the client					1	
	-There was a Child and				II		
	meeting scheduled for						
	3/23/18 at the facility.						
	were present at the fac						
	-	staff #2 who was at the					
	racility and unaware the	ere was a CFT meeting,				- 1	

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PRINTED: 07/19/2016 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: _ MHL060-739 07/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 ROSENA DRIVE **COMMUNITY TREATMENT ALTERNATIVES II** CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 298 V 298 Continued From page 20 called the Hivi. The Hivi returned the call at approximately 11:30am and told staff #2 she had forgotten about the scheduled CFT meeting. Due to the unexpected time delay and team members various schedules and other obligations the meeting had to rescheduled for 3/26/18: -The HM had no clinical oversight and support which made the task of assuring clients treatment difficult: -To her knowledge the Qualified Professional (QP) had not been involved since late June 2017, the HM "runs all of it." Interview on 3/16/18 with clinical collateral #5 revealed: -She visited the facility frequently at least once a -She and the HM had worked together (separate agencies) since 2013 however felt something was changing because the HM was not as knowledgeable in her role as she had been and should be, "something seems off," she doesn't seem to understand how to carry out her job duties. The HM required constant step by step guidance, over and over, "this is what you say, this is what you do." with getting the same administrative and treatment duties completed; -She was unsure about the status of the QP and had had no contact with the QP in a long time, "maybe last summer." She had never met the Licensee, the HM had always been in charge of

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everything, including clinical services, which she should not have been left in charge of due to her poor communication and lack of clinical skills; She also had concerns around the HM's boundaries. On one occasion a clients mother told her she was worried the HM was going to get fired after the HM called the mother and shared client information that should not have been shared with mom. The client became upset

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meeting for client #1. The meeting participants waited for the HM to arrive, however she never showed up but instead called in after the meeting

-On 2/8/18 there was a scheduled IEP meeting for client #1. The meeting participants waited

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PRINTED: 07/19/2016 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: _ B. WING MHL060-739 07/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 ROSENA DRIVE COMMUNITY TREATMENT ALTERNATIVES II CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 298 Continued From page 22 V 298 again for the Hivi to arrive, however again she never showed up and eventually called in after the meeting started; -The HM had not been consistent in participation or communication around client #1's academic needs Interview on 3/16/18 with school collateral #3 revealed: -She observed HM's to be "odd conversations, no clarity in her conversations." HM would speak about client #1's "entire history" while standing in the school lobby in front of teachers and client #1. -The HM told her that client #1 lied a lot and "if she says someone tells you something you are to call me not anybody else, don't call DSS." -The HM's unprofessional attitude was werea than client #1's behaviors. Attempted interview with the QP was unsuccessful due to her (QP) being out on personal leave since 4/2017: Interview on 3/6/18 with the Licensee revealed: -The QP had been out on personal leave since April 2017 and did not know when she would return and had not appointed another QP or considered hiring another QP to fill the required position. This deficiency is cross referenced into 10A

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days.

Alternative

10A NCAC 27E .0101

NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23

LEAST RESTRICTIVE

V 513 27E .0101 Client Rights - Least Restictive

CTA will assure service/support using the least

the least restrictive alternative immediately.

restrictive and more appropriate methods to reduce client behaviors. LP/QP will offer training on least

restrictive methods. CTA will ensure the safety of the

consumer is place in our care by utilizing appropriate intercentions to address consumer behavior by utilizing

V 513

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FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ B. WING MHL060-739 07/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4901 ROSENA DRIVE COMMUNITY TREATMENT ALTERNATIVES II** CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 513 V 513 Continued From page 23 ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; promoting coping and engagement skills that are alternatives to injurious behavior to self or others; providing choices of activities meaningful to the clients served/supported; and sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to incure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2)employing the intervention by people trained in its use. This Rule is not met as evidenced by: Based on interview and record review the facility failed to assure that services/supports using the least restrictive and most appropriate methods to reduce client behaviors were utilized affecting 1 of 3 clients (#1). The findings are: Review on 3/6/18 of the Hivi's record revealed: -Hire date of 9/17/07; -Job description duties included but were not limited to direct care as needed, alerting supervisor to program concerns, keeping

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consumer quality of care a priority, checking the health and safety and intervening before crisis

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL060-739	B. WNG	B. WING		03/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		
COMMUN	IITY TREATMENT ALTER	NATIVES II	OSENA DRIVE OTTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 513	Review on 3/6/18 of co-Admission to the facili-Age 8; -Diagnoses of Opposi (ODD) and Post Traur (PTSD) per treatment History included but reflected in a periods of in an aggressi boundaries, behaviors untruthfulness and inaconversations with periods included but not frequency of model lab improvement of her Ol and refrain from demo behaviors and maintait Facility staff intervention communicating and team membersfacility Family Team Meetings Interview on 5/2/18 with Intervention (NCI) Instructional periods of time was no curriculum. Interview on 3/5/18 and revealed: -When she would have	lient #1's record revealed: lity in 2016; tional Defiant Disorder matic Stress Disorder plan dated 3/1/18; not limited to behaviors of magement in handling her problem solve, throwing we manner, inappropriate using manipulation, ppropriate/disrespectful ers and staff; of limited to reducing the littly to demonstrate DD and PTSD symptoms instrating sexualized in appropriate boundaries. In a similar services with atting monthly Child and when the North Carolina fructor revealed: in a corner for unlimited to a part of the NCI	V 513	DEFICIENCY)		
	early bed time, loss of also make her stand ou near the hallway bathro	orivileges. They would utside the room in a corner oom after she got home Opm for 5-10 minutes or				

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OTATE FORE

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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
		MHL060-739	B. WING		07/03/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
COMMUNITY TREATMENT ALTERNATIVES II CHARLOTTE, NC 28227					
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	
V 513	Continued From page 25		V 513		
	and she was allowed -She had not had any time at the school; -The Home Manager she had accidents at Interview on 3/5/18 with -She observed client to behavior. This deficiency is cross NCAC 27G .1701 Scorule violation and must days.	(HM) would yell at her when the school. (ith a client revealed: (ith			
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, record review and interview, the facility was not maintained in in a safe, clean, attractive and orderly manner. The findings are: Observations on 3/5/18 of both the outside and inside of the facility at approximately 3:00pm revealed: -Vehicle door lying on the side of the house.		V 736	CTA has contacted our handyma maintiance issues with safety, cle attractiviness. All facility maintian prior to July 26th.	anliness, and

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PRINTED: 07/19/2010 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ___ B. WING 07/03/2018 MHL060-739 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4901 ROSENA DRIVE **COMMUNITY TREATMENT ALTERNATIVES II** CHARLOTTE, NC 28227 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 736 V 736 Continued From page 26 -Inoperable car in the facility driveway with flat tires, no tags and obvious signs the car had not been moved in a long period of time. -Gutters of the house clogged with leaves and depris. -Trash items in the yard, including but not limited to plastic water bottle and paper. -Smoke detectors beeped constantly throughout the home during the survey. -Clients closets had locks attached to them. Review on 3/6/18 of all client's records revealed: No documentation of dient rights restrictions in the treatment plan about having locks on closets. Interview on 3/5/18 with neighborhood collaterals -The vehicle in the yard had been there for at least a year or more, had not been moved and was an eye sore to the community. Interview on 3/5/18 with all the clients revealed: -The car had been there since each of their admission dates: -They had never seen anyone drive the car since being admitted to the facility. Interview on 3/5/18 with the House Manger revealed: -The vehicle outside in the driveway was her vehicle, was operable however it needed to be

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repaired;

-She was unsure how long her vehicle had been

sitting in the facility driveway.