	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB	ED.	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			R-C
		MHL041-807	B. WING			01/2018
AME OF P	ROVIDER OR SUPPLIER	S	TREET ADDRESS, CITY, SI	TATE, ZIP CODE		
ENTER	OF PROGRESSIVE \$	STRIDES	212 GLENSIDE DRIVE			
	SUMMARY STA	TEMENT OF DEFICIENCIES	REENSBORO, NC 27	PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIC	LL PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMEN	ГS	V 000			
	on 8/1/18. The com	low-up survey was com plaint was unsubstantia 40940). Deficiencies w	ated			
	category: 10A NCA	sed for the following ser C 27G .1700 Residenti cure for Children or	rvice al			
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	only be administered order of a person a drugs. (2) Medications sha clients only when a client's physician. (3) Medications, ind administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ac all drugs administe current. Medication recorded immediate MAR is to include t (A) client's name; (B) name, strength (C) instructions for (D) date and time t	inistration: non-prescription drugs s ed to a client on the writ uthorized by law to pres all be self-administered uthorized in writing by the cluding injections, shall by licensed persons, or a trained by a registered r legally qualified person re and administer medic liministration Record (M red to each client must s administered shall be ely after administration.	ten scribe by he be by I nurse, n and cations. AR) of be kept The g; ; and			
		for medication changes	or			

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL041-807	B. WING			-C 01/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
CENTER	OF PROGRESSIVE	STRINES	ENSIDE DRIV			
GENTER		GREENS	BORO, NC 2	7405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y 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 118	Continued From pa	ige 1	V 118			
		orded and kept with the MAR appointment or consultation				
	interview, the facilit medications admin recorded immediate each clients' MAR a medications were a order of a person a	view, observation and y failed to ensure all istered to clients were ely following administration on				
	 Admission date: 4 Age 16 Diagnoses of Con Disruptive Mood Dy 	of client #1's record revealed: /19/18 nduct Disorder, unspecified, /sregulation Disorder and sorder with Hyperactivity,				
	of client #1's medic - Bupropion HCL S PO (by mouth) two	3/18 at approximately 10 am ations revealed: R 150 mg (milligrams) 1 tab times daily (8 am/8 pm) g 1 capsule PO in the morning				
	revealed: - No staff initials on Bupropion HCL SR 7/6-7/9/18, 7/16/18	of client #1's July 2018 MAR the following dates for 150 mg at 8 am: 7/1-7/2/18, and 7/21/18 R 150 mg at 8 pm: 7/1/18,				
ivision of H	7/8/18, 7/14-7/15/1 ealth Service Regulation					

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If continuation sheet 2 of 20

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVID	ER/SUPPLIER/CLIA CATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	СОМ	E SURVEY PLETED
		MHLO	41-807	B. WING			01/2018
NAME OF I	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
CENTER	OF PROGRESSIVE	STRIDES	-	ENSIDE DRIV BORO, NC 2			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	age 2		V 118			
	 No staff initials on Adderall XR 20 mg 7/8-7/9/18, 7/14/18 No evidence of a medications listed of Review on 7/23/18 Admission date: 1 Age: 16 Diagnosis: Adjust disturbance of cond Observation on 7/2 am of client #2's m Amphetamine Sa (8 am) Bupropion HCL S (8 am/8 pm) ProAir HFA 90 mo hours as needed Mucinex Sinus Ma 	at 8 am: 7/ and 7/21-7/ medication on client #1' of Client #2 1/5/18 ment Disorc duct 3/18 at appredications re edications re Its 30 mg 1 R 150 mg 1 cg Inhaler 2	1-7/2/18, 7/6/18, /22/18 order for the s MAR 's record revealed: ler with roximately 10:30 evealed: tab PO every day tab two times daily puffs every four				
	(over the counter) of Review on 7/23/18 2018 MARs reveale - No staff initials on Amphetamine Salts 7/13-7/14/18 - No staff initials on Bupropion HCL SR and 7/13/18 - No staff initials on Bupropion HCL SR 7/14/18 - No evidence of a medications listed of Review on 7/23/18	of client #2' ed: the followir s at 8 am: 7/ the followir 150 mg at the followir 150 mg at medication on client #2'	s June and July ng dates for the /8/18 and ng dates for 8 am: 7/7-7/8/18 ng dates for 8 pm: 6/25/18 and order for the s MAR				
	Admission date: 1 -Age 16 ealth Service Regulation		s record revealed:				

STATE FORM

U47Z11

If continuation sheet 3 of 20

Division	of Health Service Re	equiation			FORM	APPROVE
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		MHL041-807	B. WING			e-C 01/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
CENTER		2212 GL	ENSIDE DRIVI	E		
CENTER	OF PROGRESSIVE S	GREENS	BORO, NC 2	7405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ige 3	V 118			
	(PTSD), Disruptive	Fraumatic Stress Disorder Mood Dysregulation Disorder, Abuse Victim, Perpetrator t Disorder				
	am of client #3's mo - Vyvanse 20 mg 1	3/18 at approximately 11:00 edications revealed: capsule PO every day (8 am) R 150 mg 1 tab two times daily	/			
	revealed: - No staff initials on Vyvanse 20 mg at 8 - No staff initials on Bupropion HCL SR 7/7-7/8/18 - No staff initials on Bupropion HCL SR and 7/14/18	of client #3's July 2018 MAR the following dates for the 3 am: 7/1-7/2/18 and 7/14/18 the following dates for 150 mg at 8 am: 7/1/18 and the following dates for 150 mg at 8 pm: 7/1-7/2/18 medication order for the on client #3's MAR	ving dates for the -7/2/18 and 7/14/18 ving dates for at 8 am: 7/1/18 and ving dates for at 8 pm: 7/1-7/2/18 n order for the			
	revealed:	7/23/18 with clients (#1, #2, #3 d their medications to them ibed.)			
	revealed: - She had contacted dates with the miss clients' (#1, #2 and explanation as to w that they had admir medications to ther	n d an in-service on medication taff on 7/30/18				

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U47Z11

If continuation sheet 4 of 20

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL041-807	B. WING			-C 01/2018
IAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	OF PROGRESSIVE S	2212 GLE	NSIDE DRIVE	E		
	OF PROGRESSIVE S	GREENSE	BORO, NC 27	/405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLET DATE
V 118	Continued From page 4		V 118			
	electronically and n been provided to th - She would attemp medication orders f them in the clients'	It to get copies of the from the pharmacy and place records; however, no were available for review prior				
V 293	27G .1701 Residen	tial Tx. Child/Adol - Scope	V 293			
	children or adolesc free-standing reside intensive, active the interventions within shall not be the prin who is not a client of (b) Staff secure me awake during client shall be continuous this Section. (c) The population adolescents who ha mental illness, emo substance-related of co-occurring disord disabilities. These not meet criteria for (d) The children or require the following (1) removal f community-based r facilitate treatment; (2) treatment	ential facility that provides erapeutic treatment and a system of care approach. It nary residence of an individual of the facility. eans staff are required to be sleep hours and supervision as set forth in Rule .1704 of served shall be children or ave a primary diagnosis of tional disturbance or disorders; and may also have ers including developmental children or adolescents shall inpatient psychiatric services. adolescents served shall g: rom home to a esidential setting in order to and in a staff secure setting. be designed to: dividualized supervision and				

MHL041-807 B. WING R-C IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CENTER OF PROGRESSIVE STRIDES 2212 GLENSIDE DRIVE GREENSBORO, NC 27405 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES	STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
MHL041-807 B. WING		OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
BILICATION STATEMENT OF DEFICIENCIES GREENSBORON X 27405 (M) D PREFIX TAC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL) (EACH DEFICIENCY MUST BE PRECEDED BY FULL) TAC PD PROVIDER'S FLAN OF CORRECTIVE ATTON SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OWNER COMPLE (EACH DEFICIENCY MUST BE PRECEDED BY FULL) (EACH DEFICIENCY MUST BE PRECEDED BY FULL) TAC V 293 V 283 Continued From page 5 V 293 V 293 V 281 Continued From page 5 V 293 (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) V 293 (4) assist the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. V 101 (7) This Rule is not met as evidenced by: Based on records review and interviews the facility failed to provide care and services within the scope of the program for 4 of ellents (Client #1, #2, #3 and #4). The findings are: Cross Reference: 10A NCAC 27G 1704 Minimum Staffing requirements for 4 of 4 clients (Client #1, #2, #3 and #4). The findings and staffing requirements for 4 of 4 clients (Client #1, #2, #3 and #4). Review on 87/118 of the facility splan of protection, dated 81/118 and written by the			MHL041-807	B. WING			
CALLER OF PROCRESSIVE STRUES GREENSBORO, NC 27405 (MA) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OILS CIENTER/NO INFORMATION ID PREFIX REGULATORY OILS CIENTER/NO INFORMATION ID PREFIX REGULATORY OILS CIENTER/NO INFORMATION ID PREFIX REGULATORY OILS CIENTER/NO INFORMATION V 293 V 293 Continued From page 5 V 293 (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) V 293 (6) support the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) Support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on records review and interviews the facility failed to provide care and services within the scope of the program for 4 of 4 clients (Client #1, #2, #3 and #4). The findings are: Cross Reference: 10A NCAC 27G .1704 Minimum Staffing requirements for 4 of 4 clients (Client #1, #2, #3 and #4). Review on 81/118 of the facility splan of protection, dated 81/18 and written by the	NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
DATE SUMARY STATEMENT OF DEFICENCES. RECOLDERTIFYING INFORMATION) D TAG D PROVERSE PAUL OF CORRECTOR MOLD BE CACH DEFICIENCY WIST DE PROCEED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) D PROVERSE PAUL OF CORRECTOR MOLD BE CACH DEFICIENCY WIST DE PROCEED BY FULL PRETX TAG D PROVERSE PAUL OF CORRECTOR MOLD BE CACH DEFICIENCY D CACH DEFICIE	ENTER	OF PROGRESSIVE	STRIDES	-			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSCIDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTL CATION ACTION) CACH DEFICIENCY			GREENS	-			
 (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (1) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. 	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	COMPLET
 related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on records review and interviews the facility failed to provide care and services within the scope of the program for 4 of 4 clients (Client #1, #2, #3 and #4). The findings are: Cross Reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). Based on observations, interviews and records review and properties (Client #1, #2, #3 and #4). The findings are: Cross Reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). Based on observations, interviews and records review the facility failed to ensure the minimum staffing requirements for 4 of 4 clients (Client #1, #2, #3 and #4). Review on 8/1/18 of the facility's plan of protection, dated 8/1/18 and written by the	V 293	Continued From pa	age 5	V 293			
Based on records review and interviews the facility failed to provide care and services within the scope of the program for 4 of 4 clients (Client #1, #2, #3 and #4). The findings are:Cross Reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). Based on observations, interviews and records review the facility failed to ensure the minimum staffing requirements for 4 of 4 clients (Client #1, #2, #3 and #4).Review on 8/1/18 of the facility's plan of protection, dated 8/1/18 and written by the		related to functiona (3) ensure sa control behaviors in management with a (4) assist the acquisition of adap communication, so (5) support th gaining the skills no intensive treatment (f) The residential shall coordinate wit agencies within the	al deficits; afety and deescalate out of ncluding frequent crisis or without physical restraint; e child or adolescent in the tive functioning in self-control, icial and recreational skills; and he child or adolescent in eeded to step-down to a less t setting. treatment staff secure facility th other individuals and				
protection, dated 8/1/18 and written by the		Based on records in facility failed to pro- the scope of the pr #1, #2, #3 and #4). Cross Reference: A Minimum Staffing F Based on observat review the facility fa staffing requirement #2, #3 and #4).	review and interviews the vide care and services within ogram for 4 of 4 clients (Client . The findings are: 10A NCAC 27G .1704 Requirements (V296). tions, interviews and records ailed to ensure the minimum hts for 4 of 4 clients (Client #1,				
	ision of H	protection, dated 8	/1/18 and written by the				

STATEMEN	of Health Service Realth Service Realth Service Realth Service Realth of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		MHL041-807	B. WING		R-C — 08/01/2	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
		2212 GL	ENSIDE DRIVE			
CENTER	OF PROGRESSIVE S	GREENS	BORO, NC 27	405		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 293	Continued From pa	age 6	V 293			
	ensure the safety o - "Placing 2 staff at remainder of the su Revise PCP (Perso client's ability to har to and from while in activities and appts Retraining staff to r -1704 (Minimum staff Describe your plans happens. - "(QP) we have ref for minimum staffin summer camps sta enforce 2 staff at le QP(QI and QA) will documentation that be transported in ca QI&QA will have PC CFT's (Child and F are 8/1, 8/6, and 8/ The Center of Prog Residential Treatm	ction will the facility take to of the consumer's in your care? the summer camp for the ummer camp (ends 8/9/18). on Centered Plan) to reflect ve one single staff to transport in the community, daily a. (Appointments) rule of code 10a NCAC 27G affing regulation)" is to make sure the above trained staff of the rule of code ing. Staff will be placed at the arting immediately, QP will evel 3 group home as well as I enter all necessary t supports clients being able to ars with a single staff member. CP revised during monthly amily Team Meetings) which 7."				
	age from 13 to 16 y Attention Deficit Dis Disruptive Mood Dy Adjustment Disorde Conduct; Post Trau Childhood Sexual A Conduct Disorder a	#2, #3 and #4) who ranged in years old and had diagnoses of sorder, Combined Type; ysregulation Disorder; er with Disturbance of umatic Stress Disorder; Abuse - Victim and Perpetrator and Attention Deficit Disorder	,			
	included but were r defiance, being dis physically aggressi and peers, destroyi	The clients had behaviors that not limited to the following: respectful towards adults, ve towards family members ing property, larceny and al conduct. Based on their				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: _			E SURVEY PLETED
		MHL041-807	B. WING			e-C 01/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
CENTER	OF PROGRESSIVE S	STRIDES				
		GREENS	BORO, NC 27		0000000000	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 293	Continued From pa	ge 7	V 293			
	required continuous	ory of behaviors, these clients s supervision, behavioral high level of support to meet				
	shift. On the morni transported client # and client #4 to his transported clients program held at a le treatment plans did these clients to be t with only one staff p #4) were transporte programs between and picked up from hours of 5 pm and 9 clients in settings w familiar with their di knowledge of their	orked the 12 am until 8:00 am ng of 7/23/18, staff #1 1 to a licensed day program summer program. Staff #2 (#2 and #3) to a summer ocal church. The clients' not reflect the ability for any of transported to their programs oresent. Clients (#2, #3 and ed by staff to their summer 7:45 am and 8 am each day their programs between the 5:45 pm each day. Leaving rithout staff present who were agnoses/behaviors and a individualized treatment needs the health and safety of these				
	If the violation is no administrative pena	stitutes a Type B rule violation. t corrected within 45 days, an alty of \$200.00 per day will be ay the facility is out of the 45th day.				
V 296	27G .1704 Residen Staffing	tial Tx. Child/Adol - Min.	V 296			
	telephone or page.	O4 MINIMUM STAFFING essional shall be available by A direct care staff shall be cility within 30 minutes at all				

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
		MHL041-807	B. WING		R-C 08/01/2018	
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
FNTFR	OF PROGRESSIVE	STRINES				
		GREENS	BORO, NC 27			
(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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pa	ige 8	V 296			
sion of H	required when child present and awake (1) two direct one, two, three or f (2) three direct for five, six, seven adolescents; and (3) four direct nine, ten, eleven or adolescents. (c) The minimum r during child or adol follows: (1) two direct and one shall be av children or adolesc (2) two direct and both shall be av children or adolesc (2) two direct and both shall be a children or adolesc (3) three direct of which two shall be asleep for nine, ten adolescents. (d) In addition to th care staff set forth Rule, more direct of the facility based on individual needs as plan. (e) Each facility sh supervision of child are away from the child or adolescent needs as specified	t care staff shall be present for our children or adolescents; ect care staff shall be present or eight children or t care staff shall be present for twelve children or number of direct care staff escent sleep hours is as t care staff shall be present wake for one through four ents; t care staff shall be present wake for five through eight	r			

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		MHL041-807	B. WING			-C 01/2018
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ENTER	OF PROGRESSIVE	STRIDES	ENSIDE DRIVE			
		GREENS	BORO, NC 27			1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT 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 DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pa	ige 9	V 296			
	review the facility fa staffing requirement #2, #3 and #4): The Review on 7/23/18 - Admission date: 4 - Age: 16 - Diagnosis: Condu Disruptive Mood Dy Attention Deficit Dis - Admission Assess fighting in school, express self, trigge someone pointing t Five placements in Treatment Facilities and mental health t Receives Behaviora process triggers tha - Person Centered Goals: teach effect problem solving an cognitive behaviora directives, decrease distractibility in scho law enforcement in - Further review of document Client #1 one facility staff. Review on 7/23/18 - Admission date: 1	ions, interviews and records ailed to ensure the minimum its for 4 of 4 clients (Client#1, e findings are: of Client #1's record revealed: /19/18 ict Disorder unspecified; /sregulation Disorder; sorder with hyperactivity sment dated 4/19/18 " , does not know how to rs are people yelling, fighting, he blame at him (Client #1). Psychiatric Residential s (PRTF) and wilderness camp behavioral unit. al Health Counseling to at impact school participation." Plan (PCP) dated 3/14/18 ive coping skills, teach d communication skills, utilize al therapy, comply with e excessive talk and bol setting, decrease legal and volvement. client #1's record failed to I's ability to be transported by				
	- Age: 16 - Diagnosis: Adjust disturbance of cond					

STATE FORM

U47Z11

If continuation sheet 10 of 20

Division	of Health Service Re	egulation				APPROVE
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
					R	-C
		MHL041-807	B. WING		08/01/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
		2212 GLI	ENSIDE DRIVI			
CENTER	OF PROGRESSIVE S	GREENS	BORO, NC 27	7405		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH		COMPLETE DATE
TAG			TAG	DEFICIENCY)		
V 296	Continued From pa	200 10	V 296			
V 230		-	V 230			
		sment dated 1/5/18 "				
		eny 12/8/17, verbal threats and				
	assaultive, needs s					
		8 goals: "demonstrate				
		onal effectiveness to				
		ease ability to engage in				
		and will display the ability to				
		ough emotional regulation				
		pecific activities on a daily,				
		hy lifestyle and learn skills on independently in the				
		icipating in the [summer				
	enrichment program					
		led: How to best support				
		(Client#2] to isolate himself in				
		or go to his room, can allow to				
	go outside and play					
		Client #2's record failed to				
		2's ability to be transported by				
	one facility staff.					
	Review on 7/23/18	of Client #3's record revealed:				
	- Admission date: 1	/11/18				
	-Age 16					
		Traumatic Stress Disorder				
		Mood Dysregulation Disorder;				
		buse Victim and perpetrator				
	2015; Conduct Disc					
		sment dated 1/11/18				
	5	ion with [family member] -				
		, [family member] was not				
		owing [Client #3] to receive				
		lient #3] was then placed in				
		n placed in a PRTF"				
		istory of drug addiction,				
		oholism and mental health				
		B is currently in the custody of				
	family and children	services. 8 revealed: How to best				
		ot like anyone yelling at me. I				
	ealth Service Regulation	or ince arryonie yeining at me. I				<u> </u>

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If continuation sheet 11 of 20

STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or connection	IDENTIFICATION NONDER.	A. BUILDING:			
		MHL041-807	B. WING			-C 01/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
CENTER		STRIDES	LENSIDE DRIVE			
OENTER		GREEN	NSBORO, NC 27	7405		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pa	age 11	V 296			
n c; fc K d G a m a a ir ir - ((n tc c d - d	calm down, listen to for me: "group hom Keeping Client #3 a disrespected in gro Goals: follow rules actively in therapy a medications and pa activities on a daily and learn skills neo independently in th in the [summer enr - Crisis Plan reveal (Client #3) " Leave not yell at him when to play a game, allo room while keeping deescalates or calr - Further review of	and expectations, participate as indicated and take articipate in activities specific , maintaining a healthy lifesty cessary to function e community by participating ichment program]" ed: How to best support me me alone when I'm upset, do n addressing behaviors, allow ow him to spend time in his g eyes on him until he	e c le g			
	Re-Evaluation Sext Conclusion reveale " [Client #3] has exposures to variet within the context of abuse, chaos, inter sexualized living er compromised pare health/substance a 'fractured' relations "trauma" of past ab associated with his attempt and her su clearly depleted his	a complex history of recurrently of victimizing experiences of intermittent neglect, physic generational violence,	al 5]			
		g on the Juvenile Sex Offend col-II (J-SOAP-II) point to	ler			

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED			
		MHL041-807	B. WING		R-C 08/01/2018				
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE					
CENTER OF PROGRESSIVE STRIDES 2212 GLENSIDE DRIVE GREENSBORO, NC 27405									
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLET DATE			
V 296	Continued From pa	age 12	V 296						
	associated with cor inappropriate sexua -Overall, [Client #3' underscore risk fac associated with cor offense appears to judgment/decision on a continuum of o risk factors are history of sexual vio #3] reported 'my fos tool into my bottom sexual preoccupatie [Client #3's] offense involved "fondling o reported occasions impulsive/antisocia caregiver inconsiste moderate school be conduct and behav involvement, and e /physical assault - On 4/25/17 [Client [area PRTF] for sep discharged 1/11/18 into Center of Prog [Client #3's] juvenile His adjustment app - [Client #3] completed treatmen psychoeducational -regulation and cop Review on 7/23/18 dated 3/26/1018 re - "Supervision re be supervised by C	I behavior scale factors include ency, anger problems, ehavior issues, history of iors resulting in DJJ xposure to family violence t #3] was admitted into the x specific treatment. He was at which point he was placed ressive Strides. On 1/29/18 e probation was terminated. bears to be stable at this time. eted the sex specific treatment on 1/11/18. He reportedly nt goals associated with regarding sexual matters, self bing skills" of Client #3's Safety Plan vealed: esponsibilities: [Client #3] will center of Progressive Strides ian. [Client #3] will be							

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C 08/01/2018	
		MHL041-807	B. WING			
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
		2212 GLI	ENSIDE DRIVE			
CENTER	OF PROGRESSIVE S	GREENS	BORO, NC 27	405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 296	Continued From pa	ge 13	V 296			
	Safety Plan, especi community and by s supervised by comp his Safety Plan. - Supervision is to b aware of [Client #3] This individual mus must abide by the c times. [Client #3] w authorized adults a children younger th	rdance with stipulation of this ally at the group home, school staff. [Client #3] will be betent staff who are aware of be provided by an adult who is 's sexual offending history. t be approved by therapist and conditions of this pan at all ill remain within eyesight of t all times when around an 13 years -old. An adult will #3's] whereabouts at all times				
	 Admission date: 6 Age: 13 Diagnoses: Attent Disruptive Mood Dy Admission Assess "significant defiance slamming things and windows. Defiance impulses" PCP dated 5/23/1 revealed: "demonst and disruptive beha at inappropriate tim that consist of push slapping and destro - Consistently enga his peers. Starts fig disruptive and destro impulsive. Goals: for demonstrate improv and decrease his d evidenced by increase 	ion Deficit Combined and vsregulation Disorder sment Dated 6/19/18 revealed: e, verbal aggression, ound and banging on and no ability to control 8 and revised 6/19/18 rrates patterns of disrespectful aviors towards adults, laughs es, frequent anger outbursts ing, hitting and punching,				

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If continuation sheet 14 of 20

STATEMEN	of Health Service Realth Service Rea	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		MHL041-807	B. WING		R-C 08/01/2018	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
FNTER	OF PROGRESSIVE	STRIDES	ENSIDE DRIVI			
		GREENS	BORO, NC 27			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pa	age 14	V 296			
		Client #4's record failed to I's ability to be transported by				
	- Hire date: 10-2-17	of Staff #1's record revealed: 7 Paraprofessional (PP)				
	Review on 7/26/18 - Hire date: 8/1/17 - Job Description: F	of Staff #2's record revealed: Paraprofessional				
	am revealed: - One staff (Staff #7	23/18 at approximately 8:15 1) was present in the group nts (Client #1 and Client #4).				
	 Staff #2 left with 0 them to their summ Staff # 1 reported and Client #4 to the attends a licensed o Staff #1 worked fr Staff #2 and they go after the clients are programs. Staff #1 needed to programs and that 	8 with Staff #1 revealed: Clients #2 and #3 to transport her program. that he transported Client #1 eir summer program. (Client #7 day treatment program) rom 12:00 am midnight with et off work at 8:00 am and e transported to their summer o get the clients to their the Qualified Professional ay to group home to assist	1			
	- He attended a day pm (Licensed by th Regulation Licensu - Staff drops off Clie	8 with Client #1 revealed: y program 7:45 am until 5:00 e Division of Health Services ire and Certification) ent #1 and then drops off mer recreation program				
	Interview on 7/24/1	8 with Client #2 revealed:				

Division	of Health Service Re	egulation	-			APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE COMF	SURVEY PLETED
		MHL041-807	B. WING		R-C 08/01/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
CENTER	OF PROGRESSIVE S	STRIDES				
(X4) ID	SUMMARY STA		BORO, NC 27	PROVIDER'S PLAN OF CORREC		(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	COMPLETE
V 296	Continued From pa	ge 15	V 296			
	 7:30 am until 5 pm Staff drop him and the camp each mor approximately 4:45 No staff from the g camp with them He had been atter 6/29/18 Interview on 7/24/18 Interview on 7/24/18 He attended "cam 7:30 am until 5 pm Camp was located He began attendir The campers were based on their grad middle and high scl There were appro at the camp (no sta with five to twelve p There were five pa "It's a drug free su Staff drop him and each morning and p 4:45 pm Interview on 7/24/18 "I always come here recreation program Just one (1) staff field [Staff # 1] and some There isn't any gro don't come here just 	group home remain at the ading camp since 6/28/18 or 8 with Client #3 revealed: p" Monday thru Friday from d at [a local city church] ag camp on 6/27/18 e divided into different groups le in school (elementary, hool) ximately six staff who worked aff were from the group home) participants in each group. articipants in his group ummer camp." d his housemate at the camp bick them up at approximately 8 with Client #4 revealed: ere (local area summer). brings me here. Sometimes				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL041-807	B. WING		R-C 08/01/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
OFNER		2212 GLE	ENSIDE DRIVE			
CENTER	R OF PROGRESSIVE S	GREENS	BORO, NC 27	405		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
V 296	Continued From pa	ge 16	V 296			
	Staff for Client #2 a - "The summer pro- continue to learn th - We will help with r - The kids attend fro- group homes as we - We provide activit - We can provide b - Provides a direction decisions and stay - A Licensed Profest during the summer should need him. - The group home s and [Client #3] arout to pick them up at a 5:45 pm). - I'm only aware of w #2 and #3's) applicat Interview on 7/23/14 revealed: - "[Client #3] was a prior to his admission Strides." - Client #3 had corre- treatment due to his re-evaluated by the was determined the now be to addresss and his physical ag - "It is concerning th summer camp pro- with no staff superv a level III group hor supervision? - Also during the sur-	ies within the community. reakfast and lunch. on for kids to make better off drugs, stay out of trouble. ssional is off site but available program if any of the kids staff will drop off [Client #2] and eight (8:00) am and return around five, five forty five (5 to what was on the child's (Client ations." 8 with Client #3's Psychologist client of their program (PRTF) on to Center of Progressive spleted his sex specific s behaviors in 2015 and was psychologist in March 2018. It e focus of his treatment would boundaries, self-regulation				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C 08/01/2018	
		MHL041-807	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ENTER	OF PROGRESSIVE	STRIDES	ENSIDE DRIVE BORO, NC 27			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 296	Continued From pa	age 17	V 296			
	March 2018) to add safety and monitori - [QP] (QP for COF [Client #3's] re-eval future reference. - I have no concern possibility of him re safety plan, anyone have to be aware o supervision needs - [Client #3] needs	safety plan (developed in dress - supervision needs, ng. PS) was given a copy of the luation and a safety plan for as regarding [Client #3] and the offending but based on his a supervising [Client #3] would if his history and his contact with individuals outside ere needs to be consistency				
	revealed: - "I was made awar attendance at the c - No I was not mad (summer camp pro would have asked of supervising [Client of the program wer program.	8 with Client #3's Therapist re of his (Client #3's) camp by talking with [Client #3] e aware of the program gram) by the QP - if so, I questions about who would be #3] and what the requirements e and other specifics of the ern would be the length of time the program."	;			
	Professional (LP) for Strides revealed: - "I was not part of to send the clients - I was made aware Progressive Stride" - I had heard of the the flyer for the can - I know that it is not	camp before and had seen				

Division of Health Service R STATE FORM

STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED			
		MHL041-807	B. WING			e-C 01/2018			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
		2212 GL	ENSIDE DRIVE	1					
CENTER	OF PROGRESSIVE S	GREENS	BORO, NC 27	405					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)			
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE			
V 296	Continued From pa	age 18	V 296						
	professional availab	ble to assist the clients if							
		sents had been signed which							
		d the camp LP to communicate	•						
	if necessary regard	ling [Client #2] and [Client #3]."							
		ne camp LP is. "He is an							
		CAS (Licensed Clinical Addiction Specialist).							
	I'm not sure if the camp is offering what would								
	be considered 'treatment' but rather learning								
	opportunities, outings, etc."								
	- Not sure exactly what information the QP had								
	shared with the Director of the program regarding								
	Client #3's supervision needs -"I know that the camp attendees are separated								
	by age into groups and that [Client #3] is in a								
	group of children of the same age								
		- I have no concerns about the length of time the							
	clients are spending								
		ours are similar to the number							
	of hours in a typical	l school day."							
		8 with the QP revealed:							
	[Client #3] are in da	- "I visit the summer program that [Client #2] and							
		s off site but would be							
		ent he may be needed by							
	anyone of the child								
		d Family Team (CFT)							
	meeting's for each	client and discussed the							
		and who (clients) would go							
	where.								
		ment entity [LME/MCO] was							
	5 5	ization on [Client #1] for the							
	1400 program.	t1) was sutherized the							
		 was authorized the cided she didn't want him in 							
		use of one of the other clients							
		m. The [guardian] didn't want							
		round and they found the rec							
		. He was there less than a							
	month.								
	month. ealth Service Regulation								

TATEME	NT OF DEFICIENCIES	CALL CONTRACTOR CONTRA			(X3) DATE SURVEY COMPLETED		
		MHL041-807	B. WING			R-C 08/01/2018	
AME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
ENTER		2212 GLE	ENSIDE DRIVE	E			
	COP PROGRESSIVE	GREENS	BORO, NC 27	7405			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 296	Continued From pa	age 19	V 296				
	there is staff in the - The staff (summe trained. With the su [Client #2 and Clien needed. - Our therapists sp (summer camp pro- needs of [Client#2] This deficiency is co NCAC 27G .1701 S	er camp and rec center) are ummer camp program for nt #3] there is a LP available if oke with the program therapist ogram's LP) with regards to the					