STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED						
			_						
		MHL060-739	B. WING		09/10/2018				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE					
	4901 ROSENA DRIVE								
COMMUN	ITY TREATMENT ALTERI	NATIVES II CHARLO	TTE, NC 28227						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE				
V 000	INITIAL COMMENTS		V 000						
	on 9/10/18. Deficiend								
	This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children and Adolescents.								
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing		V 296						
	telephone or page. A able to reach the facil times. (b) The minimum nur required when childre present and awake is (1) two direct cone, two, three or four (2) three direct for five, six, seven or adolescents; and (3) four direct conine, ten, eleven or two adolescents. (c) The minimum nur during child or adoles follows: (1) two direct conditions and one shall be away children or adolescent. (2) two direct conditions and one shall be away children or adolescent.	sional shall be available by direct care staff shall be ity within 30 minutes at all on the of direct care staff or or adolescents are as follows: are staff shall be present for or children or adolescents; care staff shall be present eight children or are staff shall be present for overview children or an or a							
	(3) three direct	care staff shall be present awake and the third may be							

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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		MHL060-739		B. WING		09	9/10/2018
	ROVIDER OR SUPPLIER	NATIVES II	4901 ROSE	RESS, CITY, STA INA DRIVE IE, NC 28227	TE, ZIP CODE		
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V 296	asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.		of direct of this uired in cent's tment rensuring when they with the s and	V 296			
	This Rule is not met Based on record revicinterview the facility fastaff to client ratio affic (#1, #2 and #3). The Review on 8/24/18 of record revealed: - no documentation of staff/client ratio in the plan dated 7/13/18 for no documentation of staff/client ratio in the plan dated 6/1/18 for no documentation of staff/client ratio in the plan dated 7/5/18 for Observation on 8/24/revealed the Home Market interview of the staff of t	ew, observation an ailed to ensure the ecting 3 of 3 audite findings are: clients #1, #2 and f approved one to community in the relient #1: approved one to community in the client #2; approved one to community in the client #3.	#3's one treatment one treatment one treatment one treatment one treatment				

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STATE FORM UDV611 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL060-739	B. WING		09/10/20	018
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES II	SENA DRIVE TTE, NC 28227			
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V 296	Continued From page 2		V 296			
	facility with clients #2,	, #3, and #4.				
	revealed the Qualified					
	Interview on 8/24/18 with the HM revealed: -she was aware of staff/ratio requirements; -treatment plans did not document clients being transported with one staff while away from the facility; -she had to drop client #1 off to day treatment; -Associate Professional (AP) worked 3rd shift and got off at 8:00am and she (HM) then relieved the AP, who would return on shift this afternoonthere was another staff on shift however that staff was out running errands.					
	Interviews on 8/24/18 with client #2 and #3 revealed: -the HM dropped client #1 off to day treatment and they returned to the facility; -the HM had been the only staff present upon their return from dropping client #1 off to day treatment.					
	Interview on 9/10/18 with the Licensee revealed: -she was not aware treatment plans needed to include documentation that clients were allowed to be transported away from the facility with one staff; -she was aware of the staff/client ratio requirements however had been challenged with hiring qualified staff.					
V 297	27G .1705 Residentia P	al Tx. Child/Adol - Req. for L	V 297			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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V 297	Continued From page 3		V 297					
	27 Continued From page 3 10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor. (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues.							
	This Rule is not met as evidenced by: Based on record review and interview the facility failed to provide four hours of clinical consultation in the facility every week that included clinical supervision of the qualified professional or involvement in child or adolescent specific treatment plans. The findings are:							
	Review on 8/24/18 of the personnel record for the Qualified Professional (QP) revealed: -Hired on 8/12/15 as QP.							
	Interview on 8/24/18 and 9/7/18 with the QP							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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V 297	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 297				
V 736	27G .0303(c) Facility and Grounds Maintenance 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.		V 736				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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V 736	Continued From page 5		V 736				
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