

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl041-731	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2019
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NAME OF PROVIDER OR SUPPLIER ADOLESCENT ALTERNATIVES	STREET ADDRESS, CITY, STATE, ZIP CODE 2207 LONG BROOK DRIVE GREENSBORO, NC 27406
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 2/14/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 2/14/19 of facility records for 2018 revealed: -There was one documented disaster drill from January 2018 through December 2018;</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>-The disaster drill included what to do in the case of a tornado and was completed on 1st shift on 9/12/18.</p> <p>Interviews on 2/14/19 with clients #1 and #3 revealed the staff had informed the clients what to do if there was a tornado but they had never participated in a drill other than a fire drill.</p> <p>Interview on 2/14/19 with client #2 revealed he had never participated in a disaster drill.</p> <p>Interview on 2/14/19 with staff #1 revealed: -She had been employed since January 2018; -She had been present twice when a hurricane drill was conducted; -"We told them to go to the hallway or bathroom;" -"We didn't actually make them do it."</p> <p>Interview on 2/14/19 with the Residential Program Manager revealed the facility typically only conducted fire drills but talked with the clients monthly about what to do in the case of different disasters.</p> <p>Interview on 2/14/19 with the Director of Clinical Services revealed: -She was aware that disaster drills were required to be conducted quarterly and repeated on each shift; -She was not aware that the disaster drills were not being conducted as required; -The Director was responsible for ensuring drills were conducted as required.</p> <p>Interview on 2/14/19 with the Director revealed: -"We have to do (disaster drills) two a year;" -"We were told last year we didn't have to do them (disaster drills) monthly."</p>	V 114		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

ADOLESCENT ALTERNATIVES

**2207 LONG BROOK DRIVE
GREENSBORO, NC 27406**

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V 296	Continued From page 2	V 296		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(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.</p>	V 296		

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V 296	<p>Continued From page 3</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure the required staff to client ratio for 3 of 3 clients (clients #1, #2 and #3). The findings are:</p> <p>Observation on 2/14/19 at 11:06 revealed the Director and client #1 arrived at the facility in a van and the Director of Clinical Services arrived in a car.</p> <p>Review on 2/14/19 of client #1's record revealed: - A date of admission of 10/1/18; -An age of 13 years old; - Diagnoses included Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder (ADHD); -An assessment dated 10/1/18 included presenting problems of verbal and physical aggression toward family, disruptive behavior in school setting, school opposition, marijuana use and engaging with the wrong crowd. - A Treatment Plan dated 9/21/18 revealed no goal or assessment of ability to be transported with one staff.</p> <p>Review on 2/14/19 of client #2's record revealed: - A date of admission of 9/24/18;</p>	V 296		

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V 296	<p>Continued From page 4</p> <ul style="list-style-type: none"> -An age of 13 years old; - Diagnoses included ADHD, Disruptive Mood Dysregulation Disorder, and Conduct Disorder; -An assessment dated 9/24/18 included presenting problems of anger issues, peer related issues, ADHD symptoms and aggressive toward animals and people; -A Treatment Plan dated 9/10/18 revealed no goal or assessment of ability to be transported with one staff. <p>Review on 2/14/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - A date of admission of 8/2/18; -An age of 16 years old; - Diagnoses included Major Depressive Disorder, Generalized Anxiety Disorder, ADHD, and Intermittent Explosive Disorder; -An assessment dated 8/2/18 included presenting problems of difficult time maintaining appropriate peer relationships, liked to be in charge which caused boundary issues and role concerns, easily agitated, and engaged in fire setting at last placement; - A Treatment Plan dated 1/8/19 revealed no goal or assessment of ability to be transported with one staff. <p>Interviews on 2/14/19 with clients #1, #2, and #3 revealed they were usually transported by 1 staff.</p> <p>Interview on 2/14/19 with the Director of Clinical Services revealed:</p> <ul style="list-style-type: none"> - "It has to be 2 staff at all times;" - "A Treatment Plan may designate they may have 1 staff;" - "I was following them this morning because I had to pick up my car;" - She thought the Director had added to all the clients Treatment Plans that they were allowed to be transported by one staff. 	V 296		

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V 296	Continued From page 5 Interview on 2/14/19 with the Director revealed: -Clients were transported by one staff regularly; -He was aware that clients should be assessed of their ability to be transported by one staff and that information was to be included in the Treatment Plans of each client prior to the clients being transported by one staff; -He was not aware that this information was not included in any of the clients Treatment Plans.	V 296		