STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	mhl041-731		B. WING				
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		02	2/14/2019	
	ENT ALTERNATIVES	2207 LO	NG BROOK DRIVE SBORO, NC 27406				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS	3	V 000				
	An annual survey wa Deficiencies were cit	ed.					
		ed for the following service 27G .1700 Residential ure for Children or					
V 114	27G .0207 Emergen	cy Plans and Supplies	V 114				
	AND SUPPLIES (a) A written fire plan area-wide disaster pl shall be approved by authority. (b) The plan shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh under conditions that	7 EMERGENCY PLANS for each facility and an shall be developed and the appropriate local made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. Drills shall be conducted t simulate fire emergencies. have basic first aid supplies					
	facility failed to ensur quarterly and repeate findings are:	as evidenced by: we and interviews, the re disaster drills were held ed on each shift. The f facility records for 2018					
	revealed:	umented disaster drill from					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED 02/14/2019	
		mhl041-731				
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, 2	ZIP CODE		
ADOLESC	ENT ALTERNATIVES		NG BROOK DRIVE SBORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
V 114	Continued From page	e 1	V 114			
		luded what to do in the case s completed on 1st shift on				
	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.					
	Interview on 2/14/19 with client #2 revealed he had never participated in a disaster drill.					
	-She had been emplo -She had been prese drill was conducted;	with staff #1 revealed: byed since January 2018; ant twice when a hurricane to the hallway or bathroom;" make them do it."				
	Manager revealed th conducted fire drills b	with the Residential Program e facility typically only out talked with the clients o do in the case of different				
	Services revealed: -She was aware that to be conducted quar shift;	with the Director of Clinical disaster drills were required terly and repeated on each				
	not being conducted	sponsible for ensuring drills				
	-"We have to do (disa	with the Director revealed: aster drills) two a year;" ear we didn't have to do monthly."				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl041-731			(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		02	/14/2019	
	ROVIDER OR SUPPLIER	L	DDRESS, CITY, STATE		02	/14/2013
ADOLESC	ENT ALTERNATIVES		SBORO, NC 27406			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 296	Continued From page	2	V 296			
V 296	27G .1704 Residentia Staffing	al Tx. Child/Adol - Min.	V 296			
	10A NCAC 27G .170 REQUIREMENTS (a) A qualified profes	4 MINIMUM STAFFING sional shall be available by				
	telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.					
	(b) The minimum number of direct care staff required when children or adolescents are procent and awake is as follows:					
	present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents;					
	(2) three direct for five, six, seven or	care staff shall be present				
	adolescents; and (3) four direct of nine, ten, eleven or tw	are staff shall be present for velve children or				
	adolescents. (c) The minimum nur	nber of direct care staff				
	during child or adoles follows:	cent sleep hours is as				
		are staff shall be present ke for one through four ts:				
	(2) two direct c	are staff shall be present ake for five through eight				
		care staff shall be present				
		awake and the third may be eleven or twelve children or				
	(d) In addition to the	minimum number of direct Paragraphs (a)-(c) of this				
	the facility based on t	e staff shall be required in he child or adolescent's				
	individual needs as s plan.	pecified in the treatment				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				UILDING:			
		mhl041-731	B. WING	7/0 0005	02	2/14/2019	
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	, ZIP CODE			
DOLESC	ENT ALTERNATIVES		SBORO, NC 27406				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE	
V 296	Continued From page	e 3	V 296				
	supervision of childre are away from the fa	I be responsible for ensuring en or adolescents when they cility in accordance with the individual strengths and the treatment plan.					
	facility failed to ensur ratio for 3 of 3 clients findings are: Observation on 2/14/ Director and client #1	as evidenced by: and record reviews the re the required staff to client (clients #1, #2 and #3). The (19 at 11:06 revealed the 1 arrived at the facility in a of Clinical Services arrived					
	in a car. Review on 2/14/19 o	f client #1's record revealed:					
	-	old; I Oppositional Defiant on Deficit Hyperactivity					
	presenting problems aggression toward fa school setting, schoo and engaging with th	of verbal and physical mily, disruptive behavior in ol opposition, marijuana use e wrong crowd.					
		ated 9/21/18 revealed no of ability to be transported					
	Review on 2/14/19 or - A date of admission	f client #2's record revealed: n of 9/24/18;					

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FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
					PLETED
	mhl041-731	B. WING		02	/14/2019
OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
ENT ALTERNATIVES		NG BROOK DRIVE SBORO, NC 27406			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
Continued From page	e 4	V 296			
<ul> <li>Diagnoses included Dysregulation Disord</li> <li>An assessment date presenting problems issues, ADHD sympt animals and people;</li> <li>A Treatment Plan da or assessment of abi one staff.</li> <li>Review on 2/14/19 of</li> <li>A date of admission</li> <li>An age of 16 years of</li> <li>Diagnoses included Generalized Anxiety</li> <li>Intermittent Explosive</li> <li>An assessment date problems of difficult t peer relationships, lik caused boundary iss agitated, and engage placement;</li> <li>A Treatment Plan date</li> </ul>	ADHD, Disruptive Mood er, and Conduct Disorder; ed 9/24/18 included of anger issues, peer related oms and aggressive toward ated 9/10/18 revealed no goal lity to be transported with f client #3's record revealed: of 8/2/18; old; Major Depressive Disorder, Disorder, ADHD, and e Disorder; ed 8/2/18 included presenting ime maintaining appropriate and role concerns, easily ed in fire setting at last ated 1/8/19 revealed no goal				
Services revealed: -"It has to be 2 staff a	at all times;"				
1 staff;" -"I was following ther to pick up my car;" -She thought the Dire	n this morning because I had				
	SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page -An age of 13 years of - Diagnoses included Dysregulation Disord -An assessment date presenting problems issues, ADHD sympt animals and people; -A Treatment Plan da or assessment of abi one staff. Review on 2/14/19 of - A date of admission -An age of 16 years of - Diagnoses included Generalized Anxiety Intermittent Explosive -An assessment date problems of difficult t peer relationships, lik caused boundary iss agitated, and engage placement; - A Treatment Plan da or assessment of abi one staff. Interviews on 2/14/19 Services revealed: -"It has to be 2 staff a -"A Treatment Plan m 1 staff;"	GREENS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 -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. Review on 2/14/19 of client #3's record revealed: - 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. Interviews on 2/14/19 with clients #1, #2, and #3 revealed they were usually transported by 1 staff. Interview on 2/14/19 with the Director of Clinical Services revealed: -"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.	GREENSBORO, NC 27406         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 4       V 296         -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.         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Division of Health Service Regulation STATE FORM

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If continuation sheet 5 of 6

PREFIX CEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CEACH CORRECTIVE ACTION SHOULD BE COMP		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
VAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       ADDLESCENT ALTERNATIVES     2207 LONG BROOK DRIVE GREENSBORO, NC 27406       (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 CORRECTIVE ACTION SHOULD BE (EACH OERRECTWE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)     (x coumber DA       V 296     Continued From page 5     V 296       Interview on 2/14/19 with the Director revealed: -Clients were 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	mhl041-731		mhl041-731	B. WING		02/14/2019	
ADOLESCENT ALTERNATIVES         GREENSBORO, NC 27406         (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 CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY)       (X COMP DA         V 296       Continued From page 5       V 296       V 296       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       V       V	NAME OF PF	ROVIDER OR SUPPLIER	STREET			•	
GREENSBORO, NC 27406         (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)       (X. COMP DA         V 296       Continued From page 5       V 296       V 296       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       V	ADOLESC	ENT AI TERNATIVES	2207 LO	NG BROOK DRIVE			
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMP DAY         V 296       Continued From page 5       V 296       V 296       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       V       1			GREEN	SBORO, NC 27406			
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		-Clients were transport -He was aware that of their ability to be trans information was to be Plans of each client p transported by one s -He was not aware th	orted by one staff regularly; clients should be assessed of isported by one staff and that e included in the Treatment prior to the clients being taff; hat this information was not				
sion of Health Service Regulation	aian (11						