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: _ R B. WING MHL060-739 05/24/2019 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) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 DHSR - Mental Health An annual, complaint and follow up survey was completed on May 24, 2019. The complaint was JUN 26 2019 unsubstantiated (Intake #NC00150392). Deficiencies were cited. Lic. & Cert. Section This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The facility will have the QP in V 112 27G .0205 (C-D) V 112 conjunction with the LP will develop Assessment/Treatment/Habilitation Plan and implement strategies to address the needs of the clients. 10A NCAC 27G .0205 ASSESSMENT AND QP in conjunction with the LP will TREATMENT/HABILITATION OR SERVICE **PLAN** ensure treatment plans are updated (c) The plan shall be developed based on the to accurately reflect clients needs assessment, and in partnership with the client or and treatment strategies. By legally responsible person or both, within 30 days 6/17/19 of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both: (5) basis for evaluation or assessment of outcome achievement: and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.

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

resident 6-21-19

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL060-739	B. WING		0.5	R 5/24/2019	
	ROVIDER OR SUPPLIER	STREET A 4901 RO	DTTE, NC 28227	E, ZIP CODE		7242010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
V 112	This Rule is not met a Based on interview ar to develop and impler the needs of the client (Clients #1, #2, and # Review on 4/29/19 of -Admission date 5/25/-Diagnoses of Post-Tri Attention Deficit Hype -7 years old;	as evidenced by: and record review, the facility ment strategies to address ts affecting 3 of 4 clients 3). The findings are: Client #1's record revealed: 18; raumatic Stress Disorder,	V 112				
	no specifics noted; -Treatment plan dated strategies to address? Review on 4/29/19 of -Admission date 6/29/-Diagnoses of Post-Tr Attention Deficit Hyper Attachment Disorder; -11 years old; -History of sexual behaviors such as talk with boys, touching git tube of lip balm in a ca-"Possible sexually inachild in home in previous the current treatment particular treatment plan dated strategies to address surinating or defecating bedroom;	I 3/7/19 did not include sexualized behaviors. Client #2's record revealed: 18; aumatic Stress Disorder, ractivity Disorder, Reactive aviors and sexually reactive sing about masturbation rls' breasts, and putting a at's rectum; appropriate with a 3-year-old ous placement" according plan. 4/1/19 did not include sexualized behaviors or on personal items in her Client #3's record revealed:					

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STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MUL 000 700	B. WING		R
		MHL060-739			05/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	ATE, ZIP CODE	
		4901 ROS	ENA DRIVE		
COMMUN	ITY TREATMENT ALTERI	NATIVES II CHARLOT	TE, NC 28227	•	
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	d (VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	F1
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE DATE
			1	DEFICIENCY)	
V 112	Continued From page	2	V 112		
	_	raumatic Stress Disorder,			
	Major Depressive Dis				
		mpulse Control Disorder;			
	-13 years old;				
	-History of "sexual act				
		d 3/14/19 did not include			
	-	sexualized behaviors or			
		g on personal items in her			
	bedroom;				
		with Client #2 revealed:			
		ongings or furniture in her			
	bedroom because she				
		elongings and furniture			
		she cannot urinate in her			
		eeks" but is not sure how			
		weeks" since she last			
	urinated in her room.				
	Interview on 4/00/40 w	vith Client #3 revealed:			
		emoved from her bedroom			
	because of her behav				
		been removed from her			
		e masturbates with the			
	items.	e masturbates with the			
	items.				
	Interview on 4/24/19 v	vith the House			
	Manager/Program Ma				
		d furniture storage had			
		iving room due to client			
		and #4 has a history of			
		Clients #2 and #3 had a			
	history of urinating or				
	belongings. Client #3				
	masturbating with her	The state of the			
		at steps the clients needed			
		neir items in their bedrooms;			
	-Could not identify is the	. 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 198			
		al of the personal items			
	from the bedrooms.	a. c. the percental femile			
	3 0.0 00010011101		P		1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	A. BUILDING:		COMPL	LETED	
		MHL060-739	B. WING			R 24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
COMMUN	ITY TOEATMENT ALTED	4901 ROS	SENA DRIVE			
COMINION	ITY TREATMENT ALTER	CHARLO	TTE, 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 112	Continued From page	9 3	V 112			
£	conjunction with the L	e revealed: t plans are updated in icensed Professional's input ent needs and treatment				
V 118	only be administered order of a person authorugs. (2) Medications shall be clients only when authorient's physician. (3) Medications, include administered only by lead unlicensed persons transpharmacist or other less privileged to prepare at the	estration: n-prescription drugs shall to a client on the written norized by law to prescribe the self-administered by norized in writing by the ding injections, shall be ricensed persons, or by ained by a registered nurse, gally qualified person and and administer medications. Inistration Record (MAR) of all to each client must be kept administered shall be after administration. The following:	V 118	The house manager and QP maintain current medication administration records of all cadministered to each client. It manager and QP will ensure MAR'S are kept current. By J 17, 2019	drugs House that	

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Lugna Delaso 6-21-19

STATEMENT OF DEFICIENCIES

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		R
		MHL060-739	B. WING		05/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	
соммин	ITY TREATMENT ALTERI	NATIVES II	ENA DRIVE TE, NC 28227	,	
(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
V 118	Continued From page with a physician.	4	V 118		
	failed to maintain curre administration records to each client affecting The findings are: Review on 4/29/19 of -Admission date 5/25/ -Diagnoses of Post-Tr Attention Deficit Hyper -7 years old;	and record review, the facility ent medication s of all drugs administered g 1 of 4 clients (Client #1). Client #1's record revealed: 18; aumatic Stress Disorder, ractivity Disorder;			
	0.5% topical lotion #11 to the affected area or 10 minutes - wash hai application."	ed 3/26/19 for Ivermectin I 7 grams "apply externally the time - leave on hair for thoroughly after I not include the use of			
		vith Client #1 revealed: long time ago" but used a			
	Interview on 5/24/19 w Professional/Licensee -Will ensure MARs are				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		ETED
						₹
		MHL060-739	B. WING	49		24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	ATE, ZIP CODE		
		4901 ROSI	ENA DRIVE			
COMMUN	ITY TREATMENT ALTERI	NATIVES II	TE, NC 28227			
(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	(X5) COMPLETE DATE
V 298	Continued From page	5	V 298			
	27G .1706 Residential Operations 10A NCAC 27G .1706 (a) Each facility shall of 12 children and add (b) Family members of persons shall be involin order to assure a strestrictive setting. (c) The residential treshall coordinate with to ensure that the children as identified in the treatment plan. Mable to attend school; coordinate services and alternative learning projob placement. (d) Psychiatric consultation in the properties of the pro	OPERATIONS serve no more than a total olescents. or other legally responsible ved in development of plans mooth transition to a less atment staff secure facility he local education agency d's educational needs are echild's education plan and ost of the children will be for others, the facility will cross settings such as ograms, day treatment, or a tation shall be available as or adolescent. as his 18th birthday while the facility, he may remain the end of the state fiscal	V 298 V 298	QP will ensure treatment pla updated in conjunction with to accurately reflect client ne and treatment strategies as a as possible. By 6/17/19	he LP eds	
	This Rule is not met a Based on interview, re					

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hegna Delass 6-21-19

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		MHL060-739	B. WING		05/24/2019	
					1 00/24/2015	
NAME OF P	ROVIDER OR SUPPLIER		ORESS, CITY, ST	ATE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES II	ENA DRIVE			
450-240-00-			TE, NC 28227			
(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 APPROPE DEFICIENCY)	BE COMPLETE	
V 298	Continued From page	6	V 298			
	observation, the facilit child or adolescent to belongings unless suc indicated in the treatm	ty failed to provide each age-appropriate personal ch entitlement is counter nent plan affecting 4 of 4 #3, and #4). The findings				
	of the facility revealed -The only item in Clier bedroom was a double	nt #1, #2, #3, and #4's				
	-Admission date 5/25/ -Diagnoses of Post-Tr Attention Deficit Hyper -7 years old; -No documentation in	aumatic Stress Disorder, ractivity Disorder;				
	-Admission date 6/29/ -Diagnoses of Post-Tr Attention Deficit Hyper Attachment Disorder; -11 years old; -No documentation in	aumatic Stress Disorder, ractivity Disorder, Reactive				
	-Admission date 2/22/ -Diagnoses of Post-Tra Major Depressive Disc	aumatic Stress Disorder, order, Unspecified npulse Control Disorder;				

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hugna Delass 6-21-19

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE	SURVEY
	A. BUILDING:		4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4			
		MHL060-739	B. WING			R 24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES II 4901 RO	SENA DRIVE			
		CHARLO	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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 298	Review on 4/29/19 of -Admission date of 8/-Diagnoses of Attention Disorder, Post-Traum -9 years old; -No documentation in indicate that the possic counter indicated. Interview on 4/29/19 v -Only has a bed in her behave." Interview on 4/29/19 v -Had no personal belowed bedroom because shell of the bear of the back in her bedroom, room for "month or we long. It "has been two urinated in her room. Interview on 4/29/19 v -Furniture had been rebecause of her behavior-Personal items have bedroom because shell items. Interview on 4/24/19 w Manager/Program Ma -All personal items and	Client #4's record revealed: 18/17; on Deficit Hyperactivity atic Stress Disorder; the treatment plan to ession of personal items is with Client #1 revealed: r bedroom because "I don't with Client #2 revealed: ongings or furniture in her e had urinated on it; elongings and furniture she cannot urinate in her eeks" but is not sure how of weeks" since she last with Client #3 revealed: emoved from her bedroom fors; been removed from her e masturbates with the	V 298	DEFICIENCY)		
		and #4 has a history of Clients #2 and #3 had a defecating on their				

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OTATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2 20	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						R
		MHL060-739	B. WING		05/	24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES II	ENA DRIVE TE, NC 28227	,		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION		(VE)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 298	Continued From page	8	V 298			
	to take to earn back the Could not identify is the incorporated to remove from the bedrooms. Interview on 5/23/19 where Professional/Licenseed -Will ensure treatment conjunction with the Licenseed - Will ensure treatment - Will ensure treatm	personal items. at steps the clients needed neir items in their bedrooms; the treatment plan ral of the personal items with the Qualified revealed: plans are updated in icensed Professional's input nt needs and treatment				
V 736	10A NCAC 27G .0303 EXTERIOR REQUIRE (c) Each facility and its maintained in a safe, of	MENTS	V 736	QP will ensure that the maintenance man is contacte scheduled to make are repairs asap. By June 17,2019		
	was not maintained in orderly manner affecting #2, #3, and #4). The formula of the following manner affecting #2, #3, and #4). The formula of the following manner affecting #4 and #4 a	d observation, the facility a clean, attractive and ng 4 of 4 clients (Clients #1, indings are: 9 at approximately 2:50pm				

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hugna Delass 6-21-19

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MHL060-739	B. WING		R 05/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	ATE. ZIP CODE	
		4901 ROSE	ENA DRIVE	, _, _,	
COMMUN	ITY TREATMENT ALTER	NATIVES II CHARLOT	TE, 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 APPROPR DEFICIENCY)	BE COMPLETE
V 736	Continued From page	9	V 736		
	-Missing floor tile in C		, , , , ,		
	Interview on 4/24/19 w Manager/Program Ma -The maintenance ma facility to make neces	nager revealed: n comes regularly to the			
	Interview on 4/29/19 v Manager/Program Ma -Client #2's blinds are	nager revealed:			
	-The patches in the wa	vith Client #3 revealed: alls were caused by Client "when my (Client #3's)			
	Interview on 5/24/19 v Professional/Licensee -Will ensure the neces immediately.				
	This deficiency constit and must be corrected	utes a re-cited deficiency I within 30 days.			
V 750	27G .0304(b)(3) Maint Water Systems	enance of Elec., Mech., &	V 750	QP will ensure that maintena man replaces batteries in all smoke detectors. By 6/17/19	nce
	EQUIPMENT (b) Safety: Each facility constructed and equip ensures the physical size visitors.	ped in a manner that afety of clients, staff and echanical and water		Smoke detectors. By 0/1//19	

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he zna Delass 4-21-19

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
				-	R	
		MHL060-739	B. WING		05/24/2019	
N445.05.B	DOMBED OF SUPPLIED		7500 0/5/ 05		05/24/2015	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE		
COMMUN	ITY TREATMENT ALTERI	NATIVES II	ENA DRIVE TE, NC 28227	,		
240.15	CUMMADV CT					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 750	Continued From page	10	V 750			
	failed to maintain med operational manner at (Clients #1, #2, #3, and Observation on 4/29/11-Smoke detector alarm Observation on 5/1/19-Smoke detector beep Interview on 4/29/19 w Manager/Program Ma-The smoke detector j	and observation, the facility chanical systems in an				
	Interview on 5/1/19 wir Manager/Program Ma -The maintenance ma smoke detector batter	nager revealed: n has still not replaced the				
	Interview on 5/23/19 w Professional/Licensee -The battery should ha immediately; -Will ensure all batterie smoke detectors.	revealed: ave been replaced				
V 774	EQUIPMENT (d) Indoor space require	FACILITY DESIGN AND rements: Facilities licensed 8 shall satisfy the minimum	V 774	QP will ensure that treatment incorporates removal of perso items from bedrooms. QP will ensure that treatment plans a updated in conjunction with LI accurately reflect clients need and treatment strategies asap June 17,2019	re P to	

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If continuation sheet 11 of 14

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		
		MHL060-739	B. WING		R 05/24/2019	
	ROVIDER OR SUPPLIER	NATIVES II 4901 RC	ADDRESS, CITY, STATE SENA DRIVE DTTE, NC 28227	E, ZIP CODE		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE	
V 774	residential facilities lic 1988 shall meet the for requirements: (7) Minimum furnishin include a separate be	e provided in these Rules, ensed after October 1,	V 774			
	furnishing of bedside personal belongings a (Clients #1, #2, #3, and Observation on 4/24/1 of the facility revealed -The only item in Clier bedroom was a double Review on 4/29/19 of -Admission date 5/25/-Diagnoses of Post-Tr Attention Deficit Hyperoperson -7 years old. Review on 4/29/19 of -Admission date 6/29/-Diagnoses of Post-Tr Attention Deficit Hyperoperson -7 Attention	geord review, and y failed to ensure minimum rable and storage for ffecting 4 of 4 clients d #4). The findings are: 9 at approximately 2:50pm th #1, #2, #3, and #4's to bed. Client #1's record revealed: 18; aumatic Stress Disorder, rectivity Disorder; Client #2's record revealed: 18; aumatic Stress Disorder, reactivity Disorder, reactivity Disorder, reactivity Disorder, reactivity Disorder, Reactive				
	Review on 4/29/19 of -Admission date 2/22/	Client #3's record revealed:				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	_	MHL060-739	B. WING		R 05/24/2019
	PROVIDER OR SUPPLIER	NATIVES II 4901 RC	ADDRESS, CITY, STATE DSENA DRIVE DTTE, NC 28227	E, ZIP CODE	
(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 APPROF DEFICIENCY)	D BE COMPLETE
V 77.	-Diagnoses of Post-Ti Major Depressive Dis Disruptive Disorder, In -13 years old. Review on 4/29/19 of -Admission date of 8/- -Diagnoses of Attention Disorder, Post-Traum -9 years old. Interview on 4/29/19 v -Only has a bed in hele behave." Interview on 4/29/19 v -Had no personal belowed bedroom because shell order to earn her beack in her bedroom, room for "month or wellong. It "has been two urinated in her room. Interview on 4/29/19 v -Furniture had been rebecause of her behaviors. Interview on 4/24/19 v Manager/Program Marall personal items and been moved into the libehaviors. Client #1 aproperty destruction. Inistory of urinating or of belongings. Client #3 masturbating with her-Could not identify what	raumatic Stress Disorder, order, Unspecified inpulse Control Disorder; Client #4's record revealed: 18/17; on Deficit Hyperactivity atic Stress Disorder; with Client #1 revealed: In bedroom because "I don't with Client #2 revealed: In bedroom because "I don't with Client #3 revealed: In her seeks" but is not sure how to weeks" since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #3 revealed: In her seeks but is not sure how to weeks since she last with Client #4 has a history of the last with Client #4 has a history of Clients #2 and #3 had a defectating on their has a history of personal items.	V 774		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _				
						R	
		MHL060-739	B. WING		0.5	5/24/2019	
				- 2.00 H		7/24/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
COMMUNITY TREATMENT ALTERNATIVES II 4901 ROSENA DRIVE							
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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE			
V 774	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 774				

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