

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/03/2020
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NAME OF PROVIDER OR SUPPLIER COMMUNITY TREATMENT ALTERNATIVES 1	STREET ADDRESS, CITY, STATE, ZIP CODE 2005 BREEZEWOOD DRIVE CHARLOTTE, NC 28262
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 3, 2020. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision</p>	V 109		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 109	<p>Continued From page 1</p> <p>plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, 1 of 1 Associate Professional (AP #1) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 2/26/2020 of the Division of Health Service Regulation statement of deficiencies dated 1/16/2019 revealed the facility had previously been cited for AP #1 bringing her children to work and allowing them to sleep on the couch in the facility during the overnight shifts.</p> <p>Review on 2/26/2020 of the AP #1's record revealed: -Hired July, 2011.</p> <p>Review on 2/26/2020 of Client #1's record revealed: -Admitted 4/7/2017; -Diagnosed with Bipolar Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Intellectual Developmental Disability - Mild, and History of Sexual Abuse; -History of verbal and physical aggression, defiant behaviors, and difficulty accepting responsibility; -15 years old.</p> <p>Review on 2/26/2020 of Client #2's record</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -Admitted 1/8/2019; -Diagnosed with Conduct Disorder, Intellectual Developmental Disability - Moderate, History of Physical and Sexual Abuse; -History of property destruction, difficulty following rules and directions, verbal altercations with others, and temper tantrums including stomping away and slamming the door when he does not get his own way; -15 years old. <p>Review on 2/26/2020 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Admitted 8/25/2019; -Diagnosed with Unspecified Intellectual Developmental Disability, Conduct Disorder, History of Sexual Abuse - Perpetrator; -History of verbal and physical aggression, property destruction, sexualized behaviors toward younger siblings and step-siblings (including touching and anal/oral penetration), coaching/grooming of younger siblings and step-siblings to act out sexually; -12 years old. <p>Interviews on 2/26/2020 with Client #1 and Client #2 revealed:</p> <ul style="list-style-type: none"> -AP #1 sometimes brings her small children to work and they stay in the living room and sleep on the couch; -AP #1 worked alone in the facility on the weekends and overnight. <p>Interview on 2/26/2020 with Client #3 revealed:</p> <ul style="list-style-type: none"> -AP #1 worked the overnights shifts; -Heard AP #1 brings her children to work but "she is a single mother." <p>Interview on 3/2/2020 with AP #1 revealed:</p>	V 109		

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V 109	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Denied bringing her children to the facility; -Brought her children to work last year to meet the children's father on the driveway of the facility to transfer custody prior to the start of her shift, but does not do this any longer. <p>Interview on 3/2/2020 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Denied having any knowledge AP #1 brought her children to work; -AP #1 brought her children to work last year to meet the children's father on the driveway of the facility to transfer custody as part of a court order; -Had worked shifts with AP #1 to assist with coverage and denied ever seeing AP #1's children in the facility. <p>Interview on 3/3/2020 with the Program Manager revealed:</p> <ul style="list-style-type: none"> -Denied AP #1 brought her children to work with her; -The QP will hold a staff meeting with all staff this week to discuss the situation; -Will complete regular checks to ensure employee's children are not at the facility. <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1701 Scope (V293) for a Type B rule violation and must be corrected within 45 days.</p>	V 109		
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</p>	V 114		

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V 114	<p>Continued From page 4</p> <p>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 interview and record review, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Attempted review on 2/26/2020 of the facility's Fire and Disaster Drill Log was unsuccessful as the log could not be located. The Program Manager (PM) revealed the log would be available for review on 3/2/2020 when the Division of Health Service Regulation surveyor returned to the facility.</p> <p>Review on 3/2/2020 of the facility's Fire and Disaster Drill Log revealed: -Fire and Disaster drills were conducted at least two to three times per week in the facility across all three shifts.</p> <p>Review on 2/26/2020 of Client #1's record revealed: -Admitted 4/17/2017; -15 years old.</p> <p>Review on 2/26/2020 of Client #2's record</p>	V 114		

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V 114	<p>Continued From page 5</p> <p>revealed: -Admitted 1/8/2019; -15 years old.</p> <p>Review on 2/26/2020 of Client #3's record revealed: -Admitted 8/25/2019; -12 years old.</p> <p>Interview on 2/26/2020 with Client #1 revealed: -Fire drills have been conducted at the facility, but "don't remember last time they had one (fire drill), maybe last year;" -When asked if he had completed any disaster drills at the facility, he responded "don't think so."</p> <p>Interview on 2/26/2020 with Client #2 revealed: -Could not recall any fire drills conducted at the facility; -No disaster drills have been conducted at the facility.</p> <p>Interview on 2/26/2020 with Client #3 revealed: -No fire drills have been conducted since moving to the new location (approximately December, 2019); -No disaster drills have been conducted; -Staff inform the clients to go to the mailbox for a fire drill and the laundry room for a disaster drill. Staff provide prompts and instructions should there be a drill, but have not practiced drills yet.</p> <p>Interview on 3/2/2020 with Staff #1 revealed: -Worked at the facility for over 15 years; -Completed fire and disaster drills one time monthly; -Reviewed fire and disaster drill information with each newly admitted client upon admission; -There have been no missed drills.</p>	V 114		

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V 114	Continued From page 6 Interview on 3/2/2020 with Qualified Professional (QP) revealed: -Practiced fire and disaster drills on each of the three shifts and completed these drills monthly; -There have been no missed drills. Interview on 3/3/2020 with the PM revealed: -First shift is from 7am-3pm, second shift is from 3pm-11pm, and third shift is from 11pm-7am; -Will ensure drills are completed on all shifts each quarter and all clients participate in the drills.	V 114		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting.	V 293		

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V 293	<p>Continued From page 7</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide supervision to address the functional needs of the adolescents served, affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on interview and record review, 1 of 1 Associate Professional (AP #1) failed to</p>	V 293		

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V 293	<p>Continued From page 8</p> <p>demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) Based on interview and record review, the facility failed to maintain minimum staffing requirements of at least two staff for every one through four children or adolescents present in the facility affecting 3 of 3 audited clients (Clients #1, #2, and #3).</p> <p>Review on 3/3/2020 of the Plan of Protection dated 3/3/2020 written by the Program Manager revealed: "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? CTA (Community Treatment Alternatives - Licensee) [Qualified Professional] (QP) will hold a mandatory staff meeting with all staff to ensure that staff knows that there are to be no children on the premises other than CTA clients. This meeting will be held on 3/6/20. CTA Program Manager (PM) along with QP will make the staff schedule to ensure two staff are present on each shift. Describe you plans to make sure the above happens. The [PM] and [QP] will perform unannounced checks on every shift to ensure all policy and procedures are followed. Also to ensure that there are two staff on shift at all times."</p> <p>Clients #1, #2, and #3 ranged in age from 12 to 15 years old. They were diagnosed with mental health needs including, but not limited to, Bipolar Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, and Intellectual Developmental Disability. All three</p>	V 293		

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V 293	Continued From page 9 clients had histories of sexual abuse. Client #3 displayed sexualized behaviors toward younger siblings and step-siblings (including touching and anal/oral penetration) as well as coaching/grooming of younger siblings and step-siblings to act out sexually. Furthermore, Clients #1, #2, and #3 had histories of verbal and physical aggression and property destruction. Staffing ratios were not maintained in the facility, resulting in only one staff member working at times. Additionally, Associate Professional (AP) #1 brought her children to work allowing them to remain in the facility and sleep on the couch in the living room throughout the shift. The lack of proper staffing ratios, combined with the presence of the AP #1's children, resulted in insufficient supervision and a diminished therapeutic environment which was detrimental to the health, safety and welfare of Clients #1, #2 and #3. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (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. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents;	V 296		

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V 296	<p>Continued From page 10</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> <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 interview and record review, the facility failed to maintain minimum staffing requirements</p>	V 296		

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V 296	<p>Continued From page 11</p> <p>of at least two staff for every one through four children or adolescents present in the facility affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>Review on 2/26/2020 of Client #1's record revealed: -Admitted 4/7/2017; -Diagnosed with Bipolar Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Intellectual Developmental Disability - Mild, and History of Sexual Abuse; -History of verbal and physical aggression, defiant behaviors, and difficulty accepting responsibility; -15 years old.</p> <p>Review on 2/26/2020 of Client #2's record revealed: -Admitted 1/8/2019; -Diagnosed with Conduct Disorder, Intellectual Developmental Disability - Moderate, History of Physical and Sexual Abuse; -History of property destruction, difficulty following rules and directions, verbal altercations with others, and temper tantrums including stomping away and slamming the door when he does not get his own way; -15 years old.</p> <p>Review on 2/26/2020 of Client #3's record revealed: -Admitted 8/25/2019; -Diagnosed with Unspecified Intellectual Developmental Disability, Conduct Disorder, History of Sexual Abuse - Perpetrator; -History of verbal and physical aggression, property destruction, sexualized behaviors toward younger siblings and step-siblings (including touching and anal/oral penetration), coaching/grooming of younger siblings and</p>	V 296		

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V 296	<p>Continued From page 12</p> <p>step-siblings to act out sexually; -12 years old.</p> <p>Interview on 2/26/2020 with Client #1 revealed: -One staff worked in the morning of 2/26/2020, which was the Program Manager (PM); -One staff picked up Clients #1 and #2 at the end of the school day; -Two staff and the PM worked on Mondays, Wednesdays, and Fridays; -One staff worked on Tuesdays and Thursdays; -One staff worked on weekends, either the PM or another staff member; -One staff worked in the middle of the night, usually the AP #1.</p> <p>Interview on 2/26/2020 with Client #2 revealed: -One staff worked in the morning of 2/26/2020, which was the PM; -The PM picked up Clients #1 and #2 at the end of the school day; -Two staff worked in the afternoon shifts; -AP #1 worked alone on the overnight shifts.</p> <p>Interview on 2/26/2020 with Client #3 revealed: -One to two staff worked in the mornings; -One staff worked in the morning of 2/26/2020, which was the PM; -Two staff work on Mondays, Wednesdays, and Fridays; -One staff worked on Tuesdays and Thursdays because staff also worked at the schools and needs to come to the facility after working at the school; -One staff worked on weekends.</p> <p>Interviews on 3/2/2020 with the AP #1 and the Qualified Professional (QP) revealed: -Two staff worked per shift.</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/03/2020
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

COMMUNITY TREATMENT ALTERNATIVES 1

**2005 BREEZEWOOD DRIVE
CHARLOTTE, NC 28262**

(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 296	<p>Continued From page 13</p> <p>Interview on 3/3/2020 with the PM revealed: -Two staff worked per shift; -Will ensure two staff are always present to transport two or more clients.</p> <p>This deficiency constitutes a re-cited deficiency.</p> <p>This deficiency is cross-referenced into 10A NCAC 27G .1701 Scope (V293) for a Type B rule violation and must be corrected within 45 days.</p>	V 296		
V 750	<p>27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (3) Electrical, mechanical and water systems shall be maintained in operating condition.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility's plumbing systems were not maintained in a working manner affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:</p> <p>Observation on 2/26/2020 at approximately 12:45pm of the facility revealed: -The two bathroom sinks in the hallway bathroom were extremely slow to drain water.</p> <p>Interview on 2/26/20 and 3/3/2020 with the Program Manager revealed: -Had previously had someone come to the facility</p>	V 750		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/03/2020
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NAME OF PROVIDER OR SUPPLIER COMMUNITY TREATMENT ALTERNATIVES 1	STREET ADDRESS, CITY, STATE, ZIP CODE 2005 BREEZEWOOD DRIVE CHARLOTTE, NC 28262
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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 750	Continued From page 14 to assess why the water was slow to drain in both bathroom sinks; -Not sure why the water is slow to drain from the two bathroom sinks, but it may be because it is an older home; -Will call the plumber to repair the sink drainage again.	V 750		