STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-857	A. BUILDING: _____ B. WING _____	R 11/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY TREATMENT ALTERNATIVES 1	2005 BREEZEWOOD DRIVE CHARLOTTE, NC 28262

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V 000	INITIAL COMMENTS A limited follow up survey for the Type B rule violation was completed on November 2, 2020. This was a limited follow up survey, only 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) and 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) cross referenced to 10A NCAC 27G .1701 Scope (V293) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) and 10A NCAC 27G .1701 Scope (V293). Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
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; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or	V 296		

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V 296	Continued From page 1 adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (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. (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. This Rule is not met as evidenced by: Based on interview and observation, the facility failed to ensure minimum staffing requirements of two staff members for up to four adolescents affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are: Observation on 10/26/20 at approximately 10:00am revealed:	V 296		

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V 296	Continued From page 2 -Upon arrival at the facility there was only one staff member (Staff #1) present with the adolescents. Client #1 was in the dining room/activity room and Clients #2 and #3 were in their respective bedrooms. All Clients were engaged in virtual learning. Interview on 10/26/20 with Clients #1, #2, and #3 revealed: -Two staff work per shift. Interview on 10/26/20 with Staff #1 revealed: -He was the only staff member at facility because the 2nd staff member (Staff #2) got sick and left; -Waiting on Chief Executive Officer/President to come to the facility to work as the 2nd staff member for the shift. Interview on 10/27/20 with Staff #2 revealed: -Worked the morning shift on 10/26/20 but left early at approximately 9:30am because she was ill; -Normally there are two staff per shift. Interview on 11/2/20 with Staff #3 revealed: -Was called into work on 10/26/20 to work first shift with Staff #1 because Staff #2 had to leave due to illness; -Had arrived at the facility shortly after DHSR had left; -Two staff work per shift. Interview on 10/26/20 and 11/2/20 with the Chief Executive Officer/President revealed: - Only one staff (Staff #1) was present during the survey on 10/26/20 because the second staff (Staff #2) was not feeling well; -When she received the call that Staff #2 was not feeling well, she was concerned and sent her home; -Staff #3 was called to work as the second staff	V 296		

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V 296	Continued From page 3 on the shift on 10/26/20 after Staff #2 left due to illness; -Staff #2 would not have left the shift with only one staff member except for concerns due to possible Coronavirus infection; -Understood two staff must work each shift and will develop an additional plan on how to handle staffing to ensure minimum staffing ratios are maintained in case a staff member needs to leave the facility for illness. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 296		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident;	V 367		

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V 367	Continued From page 4 (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided	V 367		

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V 367	Continued From page 5 by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report all Level II incident to the LME (local management entity) for the catchment area where services were provided. The findings are: Review on 10/26/20 and 10/27/20 of Client #2's record revealed: -Admitted 1/18/19; -Diagnosed with Conduct Disorder, IDD Moderate, History of Physical and Sexual Abuse; -16 years old; -Treatment Plan 10/14/20 revealed Client #2 was admitted to a local behavioral health facility on 9/6/20 after becoming angry when a celebration was held to celebrate a peer's birthday. He	V 367		

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V 367	Continued From page 6	V 367		

became angry at the presence of the peer's gifts and the size of the peer's piece of cake. Property destruction and throwing chairs ensued and police were contacted. He was admitted to the local behavioral health facility. He returned on 9/8/20 and attacked the same peer after being in the group home facility only five minutes. He became enraged and violently pushed the dining room table and threw the coffee pot. He grabbed the sink cord and wrapped it around his neck verbalizing suicidal ideation. Police were called to the group home facility and he was transported to a local behavioral health facility.

Review on 10/27/20 of the facility's Incident Reports revealed:
-Three incident reports completed in North Carolina Incident Response Improvement System (NC IRIS) for Client #2 dated 8/30/20, 9/6/20, and 9/9/20;
-All three reports had alpha-numeric confirmation numbers on each page;
-There was no description of the incidents.

Review on 10/27/20 of email correspondence from NC IRIS Administrator revealed:
-There was limited information available about the facility's incident reports;
-All three incidents were created but not submitted properly;
-"Not much information to share. None of the incidents are leveled. No comments are included in the Supervisor Actions tab, or under Incident Comments. All I can see is that for each one, it is described as aggressive and destructive behavior with a suicide attempt on 9/9. There are no other details."

Interview on 11/2/20 with the Chief Executive Officer/President revealed:

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V 367	Continued From page 7 -Did not understand why the incident reports in NC IRIS were not submitted properly but will look into the matter on her end.	V 367		