STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl041-731			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		B. WING		07/2	21/2021	
AME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
DOLES	CENT ALTERNATIVE	S	NG BROOK DF BORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	rs	V 000			
		ow-Up Survey was completed Deficiencies were cited.				
	This facility is licens category:	sed for the following service				
	- 10A NCAC 27 Treatment Staff Sec Adolescents	G .1700: Residential cure for Children or				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaste shall be held at lease repeated for each s under conditions th	207 EMERGENCY PLANS in for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be /. r drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	staff failed to ensur	et as evidenced by: view and interview, the facility e disaster drills in a 24 hour least quarterly, on each shift.				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
mhl041-731		mhl041-731	B. WING			R 21/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ADOLES	CENT ALTERNATIVE	S	NG BROOK DI BORO, NC 27			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From pa	age 1	V 114			
	Disaster Drill Logs - forms designa completed monthly - forms designa completed monthly - fire drill forms elaborated on the e rehearsing the drill - disaster drill f	ated for Fire Drills were ated for Disaster Drills were described the actual drill, exercise of practicing or forms listed several possible ot indicate how the drill was				
	Professional (AP) r - disaster drills - tornado drills Season" which typi May - the disaster d that the various dis ("Hurricane/Tornad Medical Emergenc: Threat, Hostage Si discussed, not prac - he was never practice the disaster had heard of that - when an actu and rehearsed, the Drill form, not the d - AP reviewed t	were discussed every month were held during "Tornado cally occurred in the month of Irill forms were used to indicate asters listed on the form, o, Toxic Spill, Violent Person, y, Gas Leak, Explosion, Bomb tuation and Civil Unrest") were	t			
	Interview on 7-20-2 Professional reveal ealth Service Regulation					

STATE FORM

0JGZ11

If continuation sheet 2 of 6

Division	of Health Service Re	egulation				IAPPROVE
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 07/21/2021	
		mhl041-731	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	CENT ALTERNATIVE	S 2207 LON		RIVE		
ADOLLO		GREENSI	BORO, NC 27	406		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 2	V 114			
	- disaster drills - the disaster d rehearsing how to h indicated - he was unawa discussed and not a - to remedy tha - schedule disaster drill was he - communit drill procedures	t, he would: himself to be present when a eld cate better with staff regarding directive for staff to practice				
	revealed: - disaster drills quarterly and each - "we know the Il be physically doin - "we ' Il mix the drills," instead of th - staff not actua	rules and guidelines, and we '				
	This deficiency con and must be correc	stitutes a re-cited deficiency ted within 30 days.				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a saf	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl041-731		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		mhl041-731	B. WING		R 07/21/2021	
NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
	CENT ALTERNATIVE	6	G BROOK DE			
		GREENSE	BORO, NC 27	406		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	ige 3	V 736			
	odor.	-				
		et as evidenced by:				
	Based on observation and interview, the facility staff failed to ensure the facility was maintained in					
	a clean, attractive and orderly manner. The findings are:					
	Ū					
	Observation on 7-2	0-21 at approximately 2:05 pm				
	revealed:					
	- Outside the fa					
		front left of facility was				
	deteriorating	frame was cracked				
		or at front door did not close				
	completely					
	- In the kitchen					
		Iccumulation on popcorn				
	ceiling near ceiling					
		e about size of golf ball, in wall				
	above light switch	kitchen to living room had 2				
	holes in it	Ritchen to living room had z				
		ound back door was detached				
		on counter near sink is				
	broken/missing	ing element on stovetop was				
	detached	ing significant on storetop was				
		dle was loose				
	- blinds we	re broken on backdoor window				
	-					
	Observation on 7-2 am revealed:	1-21 at approximately 10:25				

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		DENTIFICATION NONDER.	A. BUILDING:		R		
		mhl041-731	B. WING			n 21/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
DOLES	CENT ALTERNATIVE	S	NG BROOK DE SBORO, NC 27				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE	
V 736	Continued From pa	age 4	V 736				
	- carpet in livin stains	g room had several large					
	pm revealed: -First bedroom	21-21 at approximately 12:45 down hall: or was broken					
	s): - entry doo on floor	oom down the hall (Client #2 ' r was loose on hinge, dragged or was off track	I				
	- Third bedroor - air return air conditioning) ha - paint was	ch plate was cracked m (Client #1 and Client #3 ' s): for HVAC (heating, ventilation id build-up of dust and lint s peeling off bedroom door ors had 2 holes					
	- window b	third bedroom: er holder was broken linds were broken or vent cover was rusted					
	mirror over sink - paint was - paint was - HVAC flo	n: had chipped off bottom of large peeling next to wall cabinet peeling on bathroom door or vent was completely rusted urtain had long, approximately					
	revealed:	21 with the Clinical Director an administrator					

VISION OF HEALTH SERVICE ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
ID PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:					
	mhl041-731	B. WING			R 21/2021		
ME OF PROVIDER OR SUPPL	IER STREET A	ADDRESS, CITY, S	TATE, ZIP CODE				
DOLESCENT ALTERNAT	IVES	NG BROOK DI SBORO, NC 27					
ADDELEGENT AETERNATIVE GREENSBORO, NC 27406 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION							
	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE		
V 736 Continued From	n page 5	V 736					
person who wo - the mainte weekly to deter repaired - there had repairing some storm door was - "the kids a harsh"	had a designated maintenance rked every Sunday enance staff reviewed the facility mine what needed to be fixed or already been discussions about doors, as it was noticed the front not closing completely are rough on the house, they ' re a you we ' II fix them (the needed						