PRINTED: 07/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING mhI041-731 07/21/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2207 LONG BROOK DRIVE ADOLESCENT ALTERNATIVES GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An Annual and Follow-Up Survey was completed on July 21, 2021. Deficiencies were cited. This facility is licensed for the following service DHSR - Mental Health JUL 3 0 2021 - 10A NCAC 27G .1700: Residential Treatment Staff Secure for Children or Adolescents Lic. & Cert. Section V 114 V 114 27G .0207 Emergency Plans and Supplies Will ensure that staff and Climbs participate in disaster drills, Communicate with procedures during staff machines supervision. Lorenzo + Teny will also Schedule themselves 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. to be present for drills ensure compliance. (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. (d) Each facility shall have basic first aid supplies accessible for use.

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The findings are:

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

Based on record review and interview, the facility staff failed to ensure disaster drills in a 24 hour facility were held at least quarterly, on each shift.

This Rule is not met as evidenced by:

TITLE

(X6) DATE

PRINTED: 07/21/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING mhI041-731 07/21/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2207 LONG BROOK DRIVE ADOLESCENT ALTERNATIVES GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 114 V 114 Continued From page 1 Review on 7-20-21 of the facility 's Fire and Disaster Drill Logs revealed: - forms designated for Fire Drills were completed monthly - forms designated for Disaster Drills were completed monthly - fire drill forms described the actual drill, elaborated on the exercise of practicing or rehearsing the drill - disaster drill forms listed several possible disasters, but did not indicate how the drill was carried out or rehearsed Interview on 7-20-21 with the Associate Professional (AP) revealed: - disaster drills were discussed every month - tornado drills were held during "Tornado Season" which typically occurred in the month of - the disaster drill forms were used to indicate that the various disasters listed on the form. ("Hurricane/Tornado, Toxic Spill, Violent Person, Medical Emergency, Gas Leak, Explosion, Bomb Threat, Hostage Situation and Civil Unrest") were discussed, not practiced or rehearsed - he was never told he had to actually practice the disaster drills, this was the first he had heard of that - when an actually disaster drill is practiced and rehearsed, the drill was written on the Fire Drill form, not the disaster drill form, and circled

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Professional revealed:

5:03 pm.

- AP reviewed the forms and reported the last

time a disaster drill was actually practiced and rehearsed was a tornado drill on April 15, 2020 at

Interview on 7-20-21 with the Qualified

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		mhl041-731	B. WING _		The state of the s	R 21/2021	
0.001 0.000 0.000 0.000 0.000	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2207 LONG BROOK DRIVE GREENSBORO, NC 27406						
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V 114	- disaster drills of the disaster drills of the disaster drills of the disaster drills of the disaster drill was he a communic drill procedures of the drills, not simply the disaster drills of the drills, not simply the disaster drills of the drills, not simply the drills, not simply the drills of the drills of the drills of the drills, not simply the drills of the drills, not simply the drills of the drills, not simply the drills of the of the drills, not simply the drills, no	held once per month were held once per month ills consisted of practicing and andle the emergency situation re the drills were only being ctually practiced , he would: himself to be present when a ld ate better with staff regarding directive for staff to practice discuss them with the Clinical Director are supposed to be held hift ules and guidelines, and we '	V 114				
	This deficiency constand must be corrected	titutes a re-cited deficiency ed within 30 days.					
	10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and i maintained in a safe,	EMENTS	V 736				

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STATE FORM 0JGZ11 If continuation sheet 3 of 6

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 mhl041-731 07/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2207 LONG BROOK DRIVE ADOLESCENT ALTERNATIVES GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) V 736 | Continued From page 3 V 736 odor. This Rule is not met 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: Observation on 7-20-21 at approximately 2:05 pm revealed: - Outside the facility: - siding on front left of facility was deteriorating - front door frame was cracked - storm door at front door did not close completely - In the kitchen: - dust/lint accumulation on popcorn ceiling near ceiling fan - small hole about size of golf ball, in wall above light switch - door from kitchen to living room had 2 holes in it - frame around back door was detached - Formica on counter near sink is broken/missing - one cooking element on stovetop was detached - oven handle was loose - blinds were broken on backdoor window Observation on 7-21-21 at approximately 10:25

am revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER		(X3) DATE SURVEY COMPLETED		
		DEITH ION HOMBER.	A. BUILDING	S:			
		mhl041-731	B. WING		1	₹ 21/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE	1 0172	1/2021	
ADOLES	CENT ALTERNATIVES	2207 L ON	IG BROOK				
ADOLES	CENT ALTERNATIVES	GREENSI	BORO, NC	27406			
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V 736	Continued From page 4		V 736				
	- carpet in living stains	room had several large					
	pm revealed: -First bedroom	1-21 at approximately 12:45 down hall: r was broken					
	- Second bedroos):	om down the hall (Client #2 '					
	- entry door on floor - closet doo	was loose on hinge, dragged r was off track n plate was cracked					
	- air return f air conditioning) had - paint was p	(Client #1 and Client #3 's): or HVAC (heating, ventilation, I build-up of dust and lint peeling off bedroom door rs had 2 holes					
	- window bli	ird bedroom: r holder was broken nds were broken r vent cover was rusted					
	mirror over sink - paint was p - paint was p - HVAC floor	ad chipped off bottom of large beeling next to wall cabinet beeling on bathroom door revent was completely rusted tain had long, approximately					
	Interview on 7-21-21 revealed: - she was also a	with the Clinical Director					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		G:	(X3) DATE SURVEY COMPLETED		
mhI041-731		B. WING		R 07/21/2021			
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY	, STATE, ZIP CODE			
ADOLESCENT 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
V 736	Continued From page 5		V 736				
	- the facility had person who worked - the maintenant weekly to determine repaired - there had already repairing some door storm door was not - "the kids are reharsh"	I a designated maintenance every Sunday ace staff reviewed the facility what needed to be fixed or ady been discussions about rs, as it was noticed the front					