STATEMENT OF DEFICIENCIES     (X1) PROVIDER/SUPPLIER/CLIA       AND PLAN OF CORRECTION     IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		BENTH IOATION NOMBER.	A. BUILDING:			
		mhl049-098	B. WING		R 10/06/2021	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE		
	HOUSE		CKWELL LOOP SVILLE, NC 28115			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000		·	
	An annual and follow on 10/6/21. Deficiend	v up survey was completed cies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents.					
V 114	27G .0207 Emergen	cy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire plan area-wide disaster pl shall be approved by authority. (b) The plan shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh under conditions that	7 EMERGENCY PLANS for each facility and lan shall be developed and the appropriate local made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. Drills shall be conducted t simulate fire emergencies. have basic first aid supplies				
	facility failed to hold to quarterly on each shi Interview on 10/5/21 Professional (AP) rev -The staff worked 3 s	iews and interviews, the fire and disaster drills ift. The findings are: with the Associate vealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		mhl049-098	B. WING		10	)/06/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	HOUSE		CKWELL LOOP SVILLE, NC 28115			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLET DATE
		,		DEFICIEN	ICY)	
V 114	Continued From page	e 1	V 114			
	-It was her responsibility to ensure that fire and disaster drills were completed as required; -She was aware that drills were required to be completed on each shift every quarter; -She was aware that fire and disaster drills had not been completed as required and contributed it to forgetfulness.					
	the time period of Oc 2021 revealed: -There was no docum completed during the December 2020; -There was no docum completed on 1st or 2 January 2021 - Marc -There was no docum	nentation that drills were 3rd shifts for the quarters of				
	for the time period of 2021 revealed: -There was no docum completed during the December 2020 and -There was no docum	f the completed disaster drills October 2020 - September mentation that drills were e quarters of October 2020 - January 2021 - March 2021; mentation that drills were 3rd shifts for the quarters of 21 and July 2021 -				
	-She was admitted to	with client #2 revealed: the facility on 7/23/21; cipated in a fire or disaster				
		with client #3 revealed: the facility on 4/6/21;				

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If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		mhl049-098	B. WING		10	/06/2021
iame of Pi	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
TICKNE	HOUSE		CKWELL LOOP SVILLE, NC 28115			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 114	Continued From pag	e 2	V 114			
	-She had never parti drill at the facility.	cipated in a fire or disaster				
		with staff #1 revealed:				
	-She worked either 1st or 2nd shifts at the facility; -She was unable to remember the last time she					
	had participated in a fire or disaster drill at the					
	facility but knew, "the last one has been a while."					
	Interview on 10/6/21 with staff #2 revealed:					
	-She was transferred to the facility from a sister facility approximately 9 months prior;					
	-She had participated in 1 fire and 1 disaster drill					
	since she was transferred;					
	-She didn't like conducting drills during 3rd shift"I don't want to wake them (clients) up in					
	the middle of the night;" -She was aware that drills were required to be completed quarterly on each shift;					
	-"We kind of neglect					
V 296	27G .1704 Residenti Staffing	ial Tx. Child/Adol - Min.	V 296			
	10A NCAC 27G .170 REQUIREMENTS	MINIMUM STAFFING				
	(a) A qualified profe	ssional shall be available by				
	<ul><li>telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</li><li>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</li></ul>					
	(1) two direct of	care staff shall be present for				
		ur children or adolescents; t care staff shall be present				
	(2) three direc for five, six, seven or	t care staff shall be present <sup>-</sup> eight children or				
	adolescents; and	-				
	(3) four direct	care staff shall be present for				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:	. BUILDING:		R
		mhl049-098	B. WING		10	/06/2021
IAME OF PF	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
TICKNEY	HOUSE		CKWELL LOOP SVILLE, NC 28115			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC 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 296	Continued From page	e 3	V 296			
	nine, ten, eleven or tr adolescents. (c) The minimum nu during child or adoles follows: (1) two direct of and one shall be awa children or adolescer (2) two direct of and both shall be awa children or adolescer (3) three direct of which two shall be asleep for nine, ten, e adolescents. (d) In addition to the care staff set forth in Rule, more direct car the facility based on t individual needs as s plan. (e) Each facility shal supervision of childre are away from the fac child or adolescent's needs as specified in This Rule is not met Based on record revi observations, the fac direct care staff were	welve children or mber of direct care staff scent sleep hours is as are staff shall be present ake for one through four nts; care staff shall be present ake for five through eight nts; and care staff shall be present awake and the third may be eleven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in the child or adolescent's pecified in the treatment I be responsible for ensuring en or adolescents when they cility in accordance with the individual strengths and the treatment plan.				
	adolescent. The findi	-				
	Observations on 10/5	5/21 from approximately				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		mhl049-098	B. WING		10	0/06/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
STICKNEY	Y HOUSE		CKWELL LOOP SVILLE, NC 28115			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN O	FCORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
V 296	Continued From page 4 9:15am - 12:30pm revealed client #1 and the Associate Professional (AP) were the only 2 individuals present at the facility. Review on 10/5/21 of client #1's record revealed: -An admission date of 3/5/21; -An age of 17 years old; -Diagnoses included Post Traumatic Stress Disorder, Cyclothymia, and Anxiety. Interview on 10/6/21 with client #1 revealed: -There was typically 1 staff with her at the facility while the other clients were at school; -Occasionally, she was transported to a sister facility or a staff from a sister facility was present		V 296			
	-	es, there were 2 staff present				
	-She was aware that present when clients -There had previously the facility but she ha	y been an additional staff at				
	Interview on 10/6/21 with the Qualified Professional revealed: -She was aware that two staff were required to be present when clients were in the facility; -Client #1 was left with one staff when staff from a sister facility had to transport another client to an appointment.					

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