

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-857</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/12/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY TREATMENT ALTERNATIVES 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 BREEZEWOOD DRIVE</b> <b>CHARLOTTE, NC 28262</b>
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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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint, and follow up survey was completed on 11/12/21. The complaint was unsubstantiated (Intake #NC00181830). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>A sister facility is identified in this report. The sister facility will be identified as Sister Facility A. Staff will be identified using the letter of the facility and identifier.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based upon interview, record review, and observation, the facility failed to ensure staff were trained in basic first aid and cardiopulmonary resuscitation affecting 2 of 7 audited staff (Staff #2 and #3) and trained to meet the needs of the clients affecting 3 of 7 audited staff (Staff #1, #2, and #3). The findings are:</p> <p>Review on 10/19/21 of Staff #1's record revealed: -Hired 9/30/20; -Employed as Residential Counselor; -No training in sexually aggressive youth.</p> <p>Review on 10/20/21 of Staff #2's record revealed: -Hired 9/27/21; -Employed as Residential Counselor; -No training in basic first aid and cardiopulmonary resuscitation; -No training in sexually aggressive youth.</p> <p>Review on 10/20/21 of Staff #3's record revealed: -Hired 5/3/21; -Employed as Residential Counselor; -No training in basic first aid and cardiopulmonary</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>resuscitation; -No training in sexually aggressive youth.</p> <p>Review on 10/13/21 and 10/19/21 of Client #1, #2, #3, and #4's records revealed: -Histories of sexualized behaviors.</p> <p>Interviews on 10/20/21 and 10/22/21 with Staff #1 and Staff #2 revealed: -Clients had histories of sexualized behaviors.</p> <p>Attempted telephone interviews with the Qualified Professional #1 (QP#1) were unsuccessful. Messages requesting return calls were left on QP #1's telephone on 10/22/21, 10/27/21, and 10/29/21 with no return calls received. Furthermore, QP #1 did not respond to requests for in-person interviews on 10/20/21 and 11/3/21.</p> <p>Interview on 10/20/21 with the Licensee/QP #2 revealed: -Had difficulty securing training during the pandemic; -Would ensure all staff have the training necessary to meet the needs of the clients.</p> <p>Interview on 11/3/21 with Sister Facility A House Manager revealed: -Was asked by the Licensee/QP #2 to assist with the Division of Health Service Regulation survey on 10/13/21; -The Licensee/QP #2 was finalizing staffing changes to secure a new QP by promoting Staff #2 to the new QP; -Was not sure why staff were not trained in basic first aid and cardiopulmonary resuscitation; -The Licensee/QP #2 had a difficult time locating a qualified instructor to provide training regarding sexually aggressive youth; -Would ensure all required training was</p>	V 108		

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V 108	Continued From page 3  completed.  Observation on 10/4/21 at approximately 4:30pm-5:15pm revealed: -Staff #1 worked alone with clients.  This deficiency is cross referenced to 10A NCAC 27G .1700 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals  10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (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. (f) The governing body for each facility shall	V 109		

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V 109	<p>Continued From page 4</p> <p>develop and implement policies and procedures for the initiation of an individualized supervision 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 upon interview and record review, 2 of 2 audited qualified professionals (Qualified Professional #1 and Licensee/Qualified Professional #2) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 10/19/21 and 10/20/21 of the Qualified Professional #1's (QP #1) record revealed: -Hired 6/10/11; -Transitioned to QP role on 1/4/21; -Job description signed by QP #1 dated 1/4/21 revealed duties included: clinical oversight of the facility, evaluate goal progress, and scheduling staff for proper coverage.</p> <p>Attempted review on 10/19/21 of the Licensee/QP #2's record was unsuccessful as Sister Facility A House Manger did not have access to the file. The file was never produced despite meeting with the Licensee/QP #2 in person on 10/20/21.</p> <p>Refer to 10A NCAC 27G .0202 Personnel Requirements (V108) for failure to provide staff required training:</p>	V 109		

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V 109	<p>Continued From page 5</p> <p>-Staff #1, #2, and #3 did not have training in sexually aggressive youth; -Staff #2 and #3 did not have training in basic first aid including seizure management and cardiopulmonary resuscitation.</p> <p>Refer to 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) for failure to develop treatment plan strategies: -Clients #1, #3, and #4 displayed incidents of sexualized behaviors but treatment plans for each client did not include strategies to address sexualized behaviors; -Clients #3 and #4 ran away but the treatment plans for each client did not include strategies to address running away.</p> <p>Refer to 10A NCAC 27G .0209 Medication Requirements (V118) for medication errors: -Medication orders were not available for immediate review for Clients #1, #2, #3, and #4; -Recording errors on Medication Administration Records (MARs) for Client #1; -Discrepancies in as needed versus standing orders for Clients #1, #2, and #3; -Medications (Cetirizine and Montelukast) were not available for administration to Client #2.</p> <p>Refer to 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) for failure to provide minimum staffing: -Staff #1 worked alone with Clients #2, #3, and #4 upon arrival of Division of Health Service Regulation (DHSR) staff on 10/4/21; -Clients #1, #3, and #4 revealed one staff worked the overnight shift.</p> <p>Refer to General statute 122C-62 Additional Rights in 24-Hour Facilities (V364) for failure to protect client rights:</p>	V 109		

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V 109	<p>Continued From page 6</p> <p>-Client #3 was not allowed to keep clothing and personal belongings in his possession.</p> <p>Refer to 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) for failure to complete Level I incident reports: -Level I incident reports for Clients #1, #2, #3, and #4 were not completed regarding multiple incidents of property destruction, aggression, threats of assault, assault, and sexualized behaviors.</p> <p>Refer to 10A NCAC 27G .0604 incident Reporting Requirements for Category A and B Providers (V367) for failure to complete Level II incident reports: -A Level III incident report was not completed regarding an allegation of abuse made by Client #1 regarding the House Manager; -Level II incident reports were not completed after reports to local law enforcement on 3/19/21, 6/21/21, 7/23/21, and 9/5/21.</p> <p>Refer to 10A NCAC 27F .0102 Living Environment (V539) for failure to ensure areas conducive to uninterrupted sleep: -Clients #1, #2, and #3 entered Client #4's bedroom during day and nights hours to use Client 4's bathroom.</p> <p>Attempted telephone interviews with QP #1 were unsuccessful. Messages requesting return calls were left on QP #1's telephone on 10/22/21, 10/27/21, and 10/29/21 with no return calls received. Furthermore, QP#1 did not respond to requests for in-person interviews on 10/20/21 and 11/3/21.</p> <p>Interview on 11/3/21 with Sister Facility A House</p>	V 109		

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V 109	<p>Continued From page 7</p> <p>Manager revealed: -Was asked by the Licensee/QP #2 to assist with Division of Health Service Regulation (DHSR) survey on 10/13/21; -Clients had histories of sexualized behaviors; -The Licensee/QP #2 was finalizing staffing changes to secure a new QP by promoting Staff #2 to the new QP.</p> <p>Interviews on 10/20/21 and 11/12/21 with the Licensee/QP #2 revealed: -Was present at the facility at least weekly; -QP #1 was present at the facility several times per week during afternoon hours for QP duties and overnight hours for 3rd shift duties; -Would work to ensure all staff have the training necessary to meet the needs of the clients; -QP #1 was responsible for the oversight of treatment plans including the development of treatment strategies; -Would ensure treatment plan strategies were developed to address the specific needs of each client; -Would ensure all medication orders were maintained at the facility; -Would ensure MARs were kept current; -Would ensure all prescribed medications were available for administration; -Would ensure a minimum of two staff when clients were present; -Would ensure all incidents were documented properly moving forward; -The clients should be using the half bathroom located off the kitchen for toileting, especially during the middle of the night.</p> <p>This deficiency is cross referenced to 10A NCAC 27G .1700 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 109		

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**COMMUNITY TREATMENT ALTERNATIVES 1**

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V 112	Continued From page 8	V 112		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based upon interview and record review, the facility failed to develop and implement treatment strategies to meet the needs of the clients</p>	V 112		

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V 112	<p>Continued From page 9</p> <p>affecting 4 of 4 audited clients (Clients #1, #2, #3, and #4). The findings are:</p> <p>Review on 10/13/21 and 10/19/21 of Client #1's record revealed:                      -Admitted 6/11/21;                      -Diagnosed with Attention Deficit Hyperactivity Disorder, Nocturnal Enuresis, and Anxiety Disorder;                      -12 years old;                      -History of bullying, self-injury, property destruction, threats toward others, sexualized behaviors with unsafe online behavior and grooming, verbal and physical aggression, and running away;                      -Treatment Plan dated 9/20/21 revealed several sexualized behaviors during the 6/7/21 update, incidents of property destruction (example: breaking bedroom window), verbal and physical aggression, and passing sexually explicit notes requesting sexual activity from a peer during the 7/30/21 update, aggression during the 8/20/21 update, and running away, physical assault (example: hitting and attempting to choke staff), and sexualized comments toward peers during the 9/20/21 update;                      -Treatment plan dated 9/20/21 did include strategies to address sexualized behaviors, running away, stuffing the toilets with toilet paper, or using soap products during masturbation.</p> <p>Review on 10/13/21 and 10/19/21 of Client #2's record revealed:                      -Admitted 4/7/17;                      -Diagnosed with Bipolar Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder; Mild Intellectual Developmental Disability, and History of Sexual Abuse;                      -17 years old;                      -Treatment plan dated 9/23/21 revealed several</p>	V 112		

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V 112	<p>Continued From page 10</p> <p>sexualized comments toward peers during the 6/24/21 update, bullying, threats of assault, and verbalizing sexual thoughts to peers during the 7/22/21 update, multiple attempts of sneaking to communicate with peers during third shift by lightly knocking on bedroom doors of peers to gain entry to bedrooms during the 8/18/21 update, and incidents of verbal aggression 9/23/21 update.</p> <p>- Treatment plan dated 9/23/21 did not include strategies to address stuffing the toilets with toilet paper or using soap products during masturbation.</p> <p>Review on 10/13/21 and 10/19/21 of Client #3's record revealed:                      -Admitted 5/10/18;                      -Diagnosed with Attention Deficit Hyperactivity Disorder, Disinhibited Social Engagement Disorder, Intermittent Explosive Disorder, and Mild Intellectual Developmental Disability;                      -15 years old;                      -History of verbal and physical aggression, property destruction, bringing a gun to school and threatening to kill two peers, property destruction, and sexualized behaviors;                      -Treatment Plan dated 9/8/21 revealed incidents of physical aggression during the 6/24/21 update, verbal and physical aggression and hostile behaviors during the 7/19/21 update, verbal aggression during the 8/16/21 update, and incidents of verbal and physical aggression and property destruction during the 9/8/21 update;                      -Treatment plan dated 9/8/21 did not include strategies to address sexualized behaviors, running away, property destruction of personal clothing and possessions, stuffing the toilets with toilet paper, or using soap products during masturbation.</p>	V 112		

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V 112	<p>Continued From page 11</p> <p>Review on 10/19/21 of Client #4's record revealed:</p> <ul style="list-style-type: none"> <li>-Admitted 12/20/20;</li> <li>-Diagnosed with Unspecified Trauma and Stressor Related Disorder, Oppositional Defiant Disorder, and Reaction to Severe Stress;</li> <li>-13 years old;</li> <li>-History of verbal and physical aggression, property destruction, heightened focus on violent crime, elopement risk/running away, sexualized behaviors, and attempted sneaking from his bedroom and into the bedroom of a peer;</li> <li>-Treatment plan dated 9/17/21 revealed incidents of physical aggression, agitation, threats of running away and inappropriate gestures during the 6/24/21 update, physical aggression, behavioral outbursts, attempts to run away, and threats of physical assault during the 7/12/21 update, physical aggression and difficulty accepting directs from authority figures leading to verbal aggression during the 8/23/21 update, and verbal aggression, multiple attempts of being caught trying to leave his bedroom or knocking on his wall to get his peer's attention in the middle of the night, sexualized conversations and interactions with peers during the 9/17/21 update;</li> <li>-Treatment plan dated 9/17/21 did not include strategies to address sexualized behaviors, running away, stuffing the toilets with toilet paper, or using soap products during masturbation.</li> </ul> <p>Review of facility documentation revealed no evidence of clients stuffing toilets with toilet paper, using soap products during masturbation, or Client #3 destroying personal clothing or possessions.</p> <p>Refer to General Statute 122C-62 Additional Rights in a 24-Hour Facility (V364) for removal of personal clothing and possessions from Client</p>	V 112		

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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY TREATMENT ALTERNATIVES 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 BREEZEWOOD DRIVE</b> <b>CHARLOTTE, NC 28262</b>
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V 112	<p>Continued From page 12</p> <p>#3.</p> <p>Refer to 10A NCAC 27F .0103 Health, Hygiene, and Grooming (V540) for failure to ensure the dignity of clients by controlling access to toilet paper and soap.</p> <p>Interviews on 10/4/21 with Clients #1, #2, #3, and #4 revealed: -Ran away on separate occasions but were unable to identify dates; -Client #3 revealed his personal clothing and possessions had to be given to staff for storage due to his behaviors (property destruction); .-Asked staff for toilet paper before using the bathroom; -Toilet paper was stored in the living room.</p> <p>Interviews on 10/20/21 and 10/22/21 with Staff #1, Staff #2, Staff #3, and the House Manager revealed: -Clients #3 and #4 had run away on separate occasions; -Clients had histories of sexualized behaviors.</p> <p>Attempted telephone interviews with the Qualified Professional #1 (QP #1) were unsuccessful. Messages requesting return calls were left on QP #1's telephone on 10/22/21, 10/27/21, and 10/29/21 with no return calls received. Furthermore, QP #1 did not respond to requests for in-person interviews on 10/20/21 and 11/3/21.</p> <p>Interview on 10/20/21 with the Licensee/QP #2 revealed: -Clients had histories of sexualized behaviors; -Clients #3 and #4 ran away from the facility; -QP #1 was responsible for the oversight of treatment plans including the development of treatment strategies;</p>	V 112		

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V 112	<p>Continued From page 13</p> <p>-Would ensure treatment plan strategies were developed to address the specific needs of each client.</p> <p>Interview on 11/3/21 with Sister Facility A House Manager revealed:</p> <p>-Was asked by the Licensee/QP #2 to assist with the Division of Health Service Regulation survey on 10/13/21;</p> <p>-Clients had histories of sexualized behaviors;</p> <p>-Clients had histories of using soap during masturbation resulting in infections;</p> <p>-Clients had histories of stuffing the toilets with toilet paper so the toilet paper was kept in the living room and clients would ask for toilet paper before using the bathrooms;</p> <p>-Would ensure treatment plan strategies were developed and implemented to address the needs of the clients;</p> <p>-Licensee/QP #2 was finalizing staffing changes to secure a new QP by promoting Staff #2 to the new QP;</p> <p>-The Clinical Director would assist the new QP in the development and implementation of treatment plan strategies to address the needs of the clients.</p> <p>This deficiency is cross referenced to 10A NCAC 27G .1700 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		
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 authority.</p>	V 114		

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V 114	<p>Continued From page 14</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 upon interview and record review, the facility failed to complete fire and disaster drills at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 10/19/21 of the facility's Fire and Disaster Drill Log revealed: -No first or second shift disaster drills for first quarter (January - March) and third quarter (July-September), 2021; -No second or third shift disaster drills for second quarter (April - June), 2021.</p> <p>Interview on 10/4/21 with Client #1 revealed: -Practiced fire drills and identified the mailbox as the meeting location. Did not practice disaster drills "but guess I would get out of the house."</p> <p>Interview on 10/4/21 with Client #2 revealed: -Practiced fire drills but did not practice disaster drills.</p> <p>Interview on 10/4/21 with Client #3 revealed: -Practiced fire drills but did not practice disaster drills.</p>	V 114		

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V 114	<p>Continued From page 15</p> <p>Interview on 10/4/21 with Client #4 revealed: -Practiced fire dills and identified the mailbox as the meeting location. Did not practice disaster drills.</p> <p>Interviews on 10/20/21 and 10/22/21 with Staff #1 and Staff #3 revealed: -The House Manager was responsible for scheduling fire and disaster drills.</p> <p>Interview on 10/22/21 with the House Manager revealed: -Set the schedule for the fire and disaster drills.</p> <p>Interview on 10/20/21 with the Licensee/Qualified Professional (QP) #2 revealed: -Was not aware the fire and disaster drills were not being completed as required.</p> <p>Interview on 11/3/21 with Sister Facility A House Manager revealed: -Was asked by the Licensee/QP #2 to assist with the Division of Health Service Regulation survey on 10/13/21; -First shift hours were 7am-3pm, second shift hours were 3pm-11pm, third shift hours were 11pm-7am; -Will ensure fire and disaster drills were held at least quarterly and repeated for each shift in the future.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p>	V 118		

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V 118	<p>Continued From page 16</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based upon interview, record review, and observation, the facility failed to ensure prescription and non-prescription drugs were administered on the written order of a person authorized by law to prescribe drugs and that</p>	V 118		

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V 118	<p>Continued From page 17</p> <p>MARs were kept current affecting 4 of 4 clients (Clients #1, #2, #3, and #4). The findings are:</p> <p>Review on 10/13/21, 10/19/21, and 10/20/21 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>-Admitted 6/11/21;</li> <li>-Diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Nocturnal Enuresis, and Anxiety Disorder;</li> <li>-12 years old;</li> <li>-August, September, and October, 2021 MARs revealed Client #1 received the following medications: Vyvanse (treatment of ADHD) 60mg (milligram) 1 cap (caplet) every morning, Duloxetine (treatment of depression and anxiety) 60mg 1 cap every morning, Vitamin D3 (supplement) 1,000 units 1 tab (tablet) every morning, Risperidone (antipsychotic) 0.25mg 1 tab twice daily, Guanfacine (treatment of ADHD) ER (Extended Release) 3mg 1 tab at bedtime, and Melatonin (sleep aid) 5mg 1 tab at bedtime;</li> <li>-No medication orders were present upon initial request on 10/13/21;</li> <li>-Medication orders dated 10/14/21 were presented and reviewed on 10/19/21 for Vyvanse 60mg 1 cap every morning, Duloxetine 60mg 1 cap every morning, Risperidone 0.25mg 1 tab twice daily, Guanfacine ER 3mg 1 tab at bedtime, and Melatonin 5mg 1 tab at bedtime as needed;</li> <li>-Medication orders for Vitamin D3 were not available;</li> <li>-The October, 2021 MAR revealed administration of Risperidone 0.25mg 1 tab twice daily but there were only signatures present for the administration of the morning dose and no signatures for the administration of the evening dose;</li> <li>-There was a discrepancy for Melatonin 5mg 1 tab at bedtime as the medication order was written for the medication to be used on an</li> </ul>	V 118		

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V 118	<p>Continued From page 18</p> <p>as-needed basis but the August, September, and October, 2021 MARS revealed the medication was a standing order.</p> <p>Observation on 10/13/21 at approximately 10:45am of Client #1's medications revealed: -Vyvanse 60mg dispensed 9/24/21, Duloxetine 60mg dispensed 9/20/21, Vitamin D3 with no visible expiration date, Risperidone 0.25mg dispensed 10/3/21, Guanfacine ER dispensed 9/15/21, and over-the-counter Melatonin 5mg with expiration date 5/2023.</p> <p>Review on 10/13/21, 10/19/21, and 10/20/21 of Client #2's record revealed: -Admitted 4/7/17; -Diagnosed with Bipolar Disorder, Post-Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder; Mild Intellectual Developmental Disability, and History of Sexual Abuse; -17 years old; -August, September, and October, 2021 MARS revealed Client #2 received the following medications: Concerta (treatment of ADHD) ER 36mg 1 tab every morning, Guanfacine ER 1mg 1 tab every morning, Lamotrigine (treatment of Bipolar Disorder) 200mg 1 tab every morning, Omeprazole (treatment of heartburn and stomach reflux) 20mg 1 cap 30 minutes before breakfast, Cetirizine (allergy medication) 10mg 1 cap at bedtime, Montelukast (allergy medication) 5mg 1 tab at bedtime, Sertraline (treatment of depression and PTSD) 50mg 1 ½ tabs at bedtime, Trazodone 100mg 1 tab at bedtime, Retin-A-Micro (treatment of acne) 0.04% pea-sized amount to face at bedtime, Melatonin 10mg 1 tab at bedtime, Fluticasone (allergy medication) 50mcg (micrograms) 1 spray each nostril at bedtime, and Ciprofloxacin (antibiotic)</p>	V 118		

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V 118	<p>Continued From page 19</p> <p>500mg 1 tab twice daily for 7 days (started evening of 9/17/21 and finished morning of 9/24/21);</p> <p>-No medication orders were present upon initial request on 10/13/21;</p> <p>-Medication orders dated 10/14/21 were presented and reviewed on 10/19/21 and 10/20/21 for Concerta ER 36mg 1 tab every morning, Guanfacine ER 1mg 1 tab every morning, Lamotrigine 200mg 1 tab every morning, Sertraline 50mg 1 ½ tabs at bedtime, Trazodone 100mg 1 tab at bedtime as needed, and Melatonin 10mg 1 tab at bedtime as needed;</p> <p>-Medication orders for Omeprazole, Cetirizine, Montelukast, Retin-A-Micro ointment, Fluticasone, and Ciprofloxacin were not available;</p> <p>-There was a discrepancy for Trazodone 100mg 1 tab at bedtime and Melatonin 10mg 1 tab at bedtime as the medication orders were written for the medications to be used on an as-needed basis, but the August, September, and October, 2021 MARS revealed the medications were standing orders.</p> <p>Observation on 10/13/21 at approximately 11:40am of Client #2's medications revealed:</p> <p>-Concerta ER 36mg dispensed 9/29/21, Guanfacine ER 1mg dispensed 9/29/21, Lamotrigine 200mg dispensed 9/13/21, Omeprazole 20mg dispensed 9/14/21, Cetirizine 10mg was not present, Montelukast 5mg was not present, Sertraline 50mg dispensed 9/29/21, Trazodone 100mg dispensed 9/21/21 (label did not indicate medication was to be used as needed), Retin-A-Micro dispensed 9/18/21, over-the-counter Melatonin 10mg with expiration date 5/2023, and Fluticasone 50mcg dispensed 6/29/21.</p> <p>Review on 10/13/21, 10/19/21, and 10/20/21 of</p>	V 118		

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V 118	<p>Continued From page 20</p> <p>Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Admitted 5/10/18;</li> <li>-Diagnosed with Attention Deficit Hyperactivity Disorder, Disinhibited Social Engagement Disorder, Intermittent Explosive Disorder, and Mild Intellectual Developmental Disability;</li> <li>-15 years old;</li> <li>-August, September, and October, 2021 MARs revealed Client #3 received the following medications: Mirtazapine (antidepressant) 7.5mg 1 tab at bedtime, Benztropine (treatment of extrapyramidal side effects) 0.5mg 1 tab daily, Clonidine (treatment of ADHD) 0.2 mg 1 tab twice daily, Vitamin D3 1,000 units 1 tab every morning, Ziprasidone HCL (antipsychotic) 60mg 1 cap twice daily, Vyvanse 60mg 1 cap every morning, Triamcinolone (treatment of skin inflammation) 0.1% ointment apply twice daily, and Elidel (treatment of eczema or skin irritation) 1% cream apply twice daily;</li> <li>-No medication orders were present upon initial request on 10/13/21;</li> <li>-Medication orders dated 10/14/21 were presented and reviewed on 10/19/21 for Mirtazapine 7.5mg 1 tab at bedtime as needed, Benztropine 0.5mg 1 tab daily, Clonidine 0.2mg 1 tab twice daily, Ziprasidone HCL 60mg 1 cap twice daily, Vyvanse 60mg 1 cap every morning;</li> <li>-Medication orders for Vitamin D3, Triamcinolone 0.1%, and Elidel 1% were not available;</li> <li>-There was a discrepancy for Mirtazapine 7.5 mg as the medication order was written for the medication to be used on an as-needed basis, but the August, September, and October, 2021 MARS revealed the medication was a standing order.</li> </ul> <p>Observation on 10/13/21 at approximately 11:20am of Client #3's medications revealed:</p> <ul style="list-style-type: none"> <li>-Mirtazapine 7.5mg dispensed 10/3/21 (label did</li> </ul>	V 118		

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V 118	<p>Continued From page 21</p> <p>not indicate medication was to be used as needed), Bzotropine 0.5mg dispensed 10/7/21, 1 tab daily, Clonidine 0.2 mg dispensed 10/3/21, over-the-counter Vitamin D3 with expiration date 10/2023, Ziprasidone HCL dispensed 10/7/21, Vyvanse 60mg dispensed 10/7/21, Triamcinolone 0.1% ointment dispensed 4/27/21, and Elidel 1% cream dispensed 4/27/21.</p> <p>Review on 10/13/21, 10/19/21, and 10/20/21 of Client #4's record revealed: -Admitted 12/20/20; -Diagnosed with Unspecified Trauma and Stressor Related Disorder, Oppositional Defiant Disorder, and Reaction to Severe Stress; -13 years old; -August, September, and October, 2021 MARs revealed Client #4 received the following medications: Clonidine 0.1mg 1 tab at bedtime, Clonidine 0.1mg 2 tabs every morning, Depakote 250mg (mood stabilizer) 1 tab twice daily, Adderall XR (treatment of ADHD) 30mg 1 cap every morning, Prazosin (treatment of PTSD and trauma related disorders) 1mg 1 cap at bedtime, Vitamin D3 1000 units 1 tab every morning, and Fluoxetine HCL (antidepressant) 10mg 1 cap every morning (discontinued on 8/2/21); -No medication orders were present upon initial request on 10/13/21; -Medication orders dated 10/14/21 were presented and reviewed on 10/19/21 for Clonidine 0.1mg at bedtime, Clonidine 0.1mg 2 tabs every morning, Depakote 250mg 1 tab twice daily, Adderall SR 30mg 1 cap every morning, and Prazosin 1mg 1 cap at bedtime; -Medication orders for Vitamin D3 and Fluoxetine HCL were not available.</p> <p>Observation on 10/13/21 at approximately 10:30am and 10/20/21 at approximately 10:35am</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY TREATMENT ALTERNATIVES 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 BREEZEWOOD DRIVE</b> <b>CHARLOTTE, NC 28262</b>
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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 118	<p>Continued From page 22</p> <p>of Client #4's medications revealed: -Clonidine 0.1mg dispensed 10/7/21, Depakote 250mg dispensed 10/7/21, Adderall XR dispensed 10/14/21, Prazosin 1mg dispensed 10/7/21, and over-the-counter Vitamin D3 with no visible expiration date.</p> <p>Interview on 10/13/21 with the House Manager revealed: -There were no medication orders available for review; -The pharmacy packaging receipts were available for review (the packaging receipts identified the same information on the pharmacy label for each medication); -The doctors do not provide a copy of the medication orders to the facility.</p> <p>Interview on 10/20/21 with Staff #1 revealed: -Was able to obtain copies of medication orders last week after review of the orders were requested by the Division of Health Service Regulation staff.</p> <p>Attempted telephone interviews with the Qualified Professional #1 (QP #1) were unsuccessful. Messages requesting return calls were left on QP #1's telephone on 10/22/21, 10/27/21, and 10/29/21 with no return calls received. Furthermore, QP #1 did not respond to requests for in-person interviews on 10/20/21 and 11/3/21.</p> <p>Interview on 10/20/21 with the Licensee/QP #2 revealed: -Would ensure all medication orders were maintained at the facility; -Would ensure MARs were kept current; -Would ensure all prescribed medications were available for administration.</p>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-857</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/12/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY TREATMENT ALTERNATIVES 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 BREEZEWOOD DRIVE</b> <b>CHARLOTTE, NC 28262</b>
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V 118	<p>Continued From page 23</p> <p>Interviews on 10/13/21, 10/19/21, 10/20/21 and 11/3/21 with Sister Facility A House Manager revealed:</p> <ul style="list-style-type: none"> <li>-Was asked by the Licensee/QP #2 to assist with the Division of Health Service Regulation survey on 10/13/21;</li> <li>-There was not one specific person who was responsible for the medications;</li> <li>-Believed "too many people had their hands on the medications" so that when there was a concern there was no way to pinpoint the cause of the problem;</li> <li>-Would ensure all medication orders were maintained at the facility;</li> <li>-Would ensure MARs were kept current;</li> <li>-Would ensure all prescribed medications were available for administration.</li> </ul> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency is cross referenced to 10A NCAC 27G .1700 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 24</p> <p>This Rule is not met as evidenced by: Based upon interview and record review, the facility failed to access the Health Care Personnel Registry (HCPR) prior to an offer of employment affecting 3 of 7 audited staff (Staff #1, #2, and #3). The findings are:</p> <p>Review on 10/19/21 of Staff #1's record revealed: -Hired 9/30/20; -Employed as Residential Counselor; -HCPR accessed 10/14/20.</p> <p>Review on 10/20/21 of Staff #2's record revealed: -Hired 9/27/21; -Employed as Residential Counselor; -HCPR accessed 10/6/21.</p> <p>Review on 10/20/21 of Staff #3's record revealed: -Hired 5/3/21; -Employed as Residential Counselor; -HCPR accessed 10/20/21.</p> <p>Interview on 10/20/21 with the Licensee/QP #2 revealed: -Had email security and computer issues; -Was unable to access and maintain HCPR information resulting in documents not being available when initially requested.</p> <p>Interview on 11/3/21 with Sister Facility A House Manager revealed: -Was asked by the Licensee/QP #2 to assist with the Division of Health Service Regulation survey on 10/13/21; -The HCPR was not properly registering on the</p>	V 131		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-857</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/12/2021</b>
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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**

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V 131	Continued From page 25  Licensee/QP #2's computer and therefore the reports were late; -Would ensure HCPR was accessed and the results documented prior to an offer of employment for all future employees.	V 131		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the	V 132		

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V 132	<p>Continued From page 26</p> <p>Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based upon interview and record review, the facility failed to notify the Department of all allegations against health care personnel, failed to complete an internal investigation, and failed to protect clients during the internal investigation. The findings are:</p> <p>Review on 10/13/21 of the North Carolina Incident Response Improvement System (NC IRIS) revealed no Level II or Level III incident reports for 2021.</p> <p>Review on 10/19/21 of the facility's incident reports revealed there was no documentation of an allegation of abuse made by Client #1 against the House Manager during September, 2021.</p> <p>Review on 10/13/21 and 10/19/21 of Client #1's record revealed: -Admitted 6/11/21; -Diagnosed with Attention Deficit Hyperactivity Disorder, Nocturnal Enuresis, and Anxiety Disorder;</p>	V 132		

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V 132	<p>Continued From page 27</p> <p>-12 years old.</p> <p>Interview on 10/4/21 with Client #1 revealed: -Had an incident with the House Manager about two weeks ago; -Was punched and choked by the House Manager when he was upset regarding a Child and Family Team (CFT) meeting.</p> <p>Interview on 10/22/21 with the House Manager revealed: -Client #1 alleged she hit him when he was upset regarding attendance at a recent CFT meeting; -Department of Social Services investigated the allegation of abuse; -Notified the Licensee/Qualified Professional #2 (QP) and Sister Facility A House Manager regarding the allegation of abuse.</p> <p>Attempted telephone interviews with QP #1 were unsuccessful. Messages requesting return calls were left on QP #1's telephone on 10/22/21, 10/27/21, and 10/29/21 with no return calls received. Furthermore, QP #1 did not respond to requests for in-person interviews on 10/20/21 and 11/3/21.</p> <p>Interview on 10/20/21 with the Licensee/QP #2 revealed: -Client #1 made an allegation of abuse against the House Manager last month; -Upon learning of the allegation, the Licensee/QP #2 did not notify the Department, did not protect the clients, and did not complete an internal investigation as she was not aware she needed to complete these tasks.</p> <p>Interview on 10/19/21 and 11/3/21 with Sister Facility A House Manager revealed: -Was asked by the Licensee/QP #2 to assist with</p>	V 132		

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V 132	Continued From page 28  the Division of Health Service Regulation survey on 10/13/21; -Completed an internal investigation regarding the allegation of abuse made by Client #1 against the House Manager but did not protect the clients during the internal investigation and did not document details of the internal investigation; -Was not normally responsible for completing internal investigations regarding allegations of abuse; -The Licensee/QP #2 or QP#1 would normally handle investigating allegations of abuse but was assisting the Licensee/QP #2 because she was caring for a terminally ill family member; -The Licensee/QP #2 was finalizing staffing changes to secure a new QP by promoting Staff #2 to the new QP; -Would ensure any further allegations of abuse were handled by notifying the Department, completing an internal investigation, and protecting clients during the internal investigation.	V 132		
V 133	G.S. 122C-80 Criminal History Record Check  G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If	V 133		

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V 133	<p>Continued From page 29</p> <p>the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to</p>	V 133		

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V 133	<p>Continued From page 30</p> <p>the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider.</p>	V 133		

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V 133	<p>Continued From page 31</p> <p>If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19,</p>	V 133		

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V 133	<p>Continued From page 32</p> <p>False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a</p>	V 133		

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V 133	<p>Continued From page 33</p> <p>criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based upon interview and record review, the facility failed to request criminal history record checks within five days of an offer of employment affecting 3 of 7 audited staff (Staff #1, #2, and #3). The findings are:</p> <p>Review on 10/19/21 of Staff #1's record revealed: -Hired 9/30/20; -Employed as Residential Counselor; -Criminal history record check requested 10/14/20.</p> <p>Review on 10/20/21 of Staff #2's record revealed: -Hired 9/27/21; -Employed as Residential Counselor; -Criminal history record check requested 10/5/21.</p> <p>Review on 10/20/21 of Staff #3's record revealed: -Hired 5/3/21; -Employed as Residential Counselor; -Criminal history record check requested 10/5/21.</p> <p>Interview on 10/20/21 with the Licensee/Qualified Professional (QP) #2 revealed: -Had email security and computer issues; -Was unable to access and maintain criminal history record checks resulting in documents not being available when requested.</p>	V 133		

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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY TREATMENT ALTERNATIVES 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 BREEZEWOOD DRIVE</b> <b>CHARLOTTE, NC 28262</b>
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V 133	Continued From page 34  Interview on 11/3/21 with Sister Facility A House Manager revealed: -Was asked by the Licensee/QP #2 to assist with the Division of Health Service Regulation survey on 10/13/21; -Was not aware criminal history record checks were not requested within five days of employment; -Would ensure criminal history record checks be requested within five days of employment for all future employees.	V 133		
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	V 293		

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V 293	<p>Continued From page 35</p> <p>(2) treatment in a staff secure setting.</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 upon interview, record review, and observation, the facility failed to ensure individualized supervision and structure of daily living, minimize the occurrence of behaviors related to functional deficits, ensure safety and deescalate out of control behaviors, assist in the acquisition of adaptive functioning in self-control, communication, and social skills, and support skills needed to step-down to a less intensive treatment setting affecting 4 of 4 clients (Clients</p>	V 293		

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V 293	<p>Continued From page 36</p> <p>#1, #2, #3, and #4). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0202 Personnel Requirements (V108) Based upon interview, record review, and observation, the facility failed to ensure staff were trained in basic first aid and cardiopulmonary resuscitation affecting 2 of 7 audited staff (Staff #2 and #3) and trained to meet the needs of the clients affecting 3 of 7 audited staff (Staff #1, #2, and #3).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professional and Associate Professionals (V109) Based upon interview and record review, 2 of 2 audited qualified professionals (Qualified Professional #1 and Licensee/Qualified Professional #2) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) Based upon interview and record review, the facility failed to develop and implement treatment strategies to meet the needs of the clients affecting 4 of 4 audited clients (Clients #1, #2, #3, and #4).</p> <p>CROSS REFERENCE: 10A NCAC .0209 Medication Requirements (V118) Based upon interview, record review, and observation, the facility failed to ensure prescription and non-prescription drugs were administered on the written order of a person authorized by law to prescribe drugs and that MARs were kept current affecting 4 of 4 clients (Clients #1, #2, #3, and #4).</p>	V 293		

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V 293	<p>Continued From page 37</p> <p><b>CROSS REFERENCE: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296)</b> Based upon interview, record review, and observation, the facility failed to ensure minimum staffing requirements of at least two direct care staff for up to four adolescents.</p> <p><b>CROSS REFERENCE: General Statute 122C-62 Additional Rights in 24-Hour Facilities (V364)</b> Based upon interview, record review, and observation, the facility failed to ensure the rights of clients to keep and use personal clothing and possessions affecting 1 of 4 clients (Client #3).</p> <p><b>CROSS REFERENCE: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366)</b> Based upon interview, record review, and observation, the facility failed to implement written policies in response to incidents.</p> <p><b>CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367)</b> Based upon interview and record review, the facility failed to report all level II and Level III incidents to the LME (Local Management Entity) responsible for the catchment area where services were provided.</p> <p><b>CROSS REFERENCE: 10A NCAC 27F .0102 Living Environment (V539)</b> Based on interview, record review, and observation, the facility failed to ensure an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours affecting 1 of 4 clients (Client #4).</p> <p>Review on 11/8/21 of the first Plan of Protection</p>	V 293		

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V 293	<p>Continued From page 38</p> <p>dated 11/4/21 written by the Licensed Professional revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above happens. The immediate actions that Community Treatment Alternatives will take to ensure the safety of the consumers in our care will be as follows:</p> <ol style="list-style-type: none"> <li>1. Community Treatment Alternatives will ensure that all fire and disaster drills will be completed monthly, and the form will be reviewed by the Q.P. (Qualified Professional) to ensure that the log is completed correctly.</li> <li>2. Community Treatment Alternatives will ensure that the Health Care Registry and Criminal Background Check will be completed prior to staff first day of work.</li> <li>3. Community Treatment Alternatives will ensure that toilet paper will be available in all bathrooms for consumer's use.</li> <li>4. Community Treatment Alternatives will ensure that all consumers will have dressers in the bedrooms.</li> <li>5. Community Treatment Alternatives will ensure the Change of all batteries in all smoke detectors in the home.</li> <li>6. Community Treatment Alternatives will purchase, and maintenance will install the new batteries and will perform routine monthly checks. Maintenance will be notified within 24 hours in the event the batteries need to be replaced.</li> <li>7. Community Treatment Alternatives will ensure that General Contractor will be contacted to ensure that the Living Environment such as: Kitchen electrical lighting, Wall repairs, dressers in all bedrooms, and Bricks will be replaced for the safety of the consumers.</li> <li>8. Community Treatment Alternatives Q.P. will</li> </ol>	V 293		

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V 293	<p>Continued From page 39</p> <p>stress the importance of the deadline for repairs.</p> <p>9. Community Treatment Alternatives will ensure that the kitchen stove will be replaced.</p> <p>10. Community Treatment Alternatives will ensure that all staff will receive specialized training on Sexualize Aggressive Youths.</p> <p>11. Community Treatment Alternatives will ensure that all staff medication trainings are current and updated annually by a certified Medication Management Trainer.</p> <p>12. Community Treatment Alternatives will ensure that all D/C (discontinue) orders are in compliance with the MAR'S (Medication Administration Records) followed by CTA (Community Treatment Alternatives) QP oversight of all copies of prescriptions and D/C orders are documented in the MAR'S.</p> <p>13. Community Treatment Alternatives QP will oversee all Medication changes and ensure all Medication documentation is completed and correct.</p> <p>14. Community Treatment Alternatives will ensure that the QP and House Manager will ensure that all allegations and incidents be investigated, documented, and available for review. Upon investigation CTA Employee will face suspension until investigation has been reviewed and resolved.</p> <p>15. Community Treatment Alternatives will ensure that the QP will provide an overall training on Incident Reporting and completing a IRIS (Incident Response Improvement System).</p> <p>16. Community Treatment Alternatives will ensure that the hiring process is on-going to hire qualified staff and will ensure there will be 2 staff on each shift.</p> <p>17. Community Treatment Alternatives will ensure that the QP will modify the Goals to service plan to ensure the consumer safety.</p> <p>18. Community Treatment Alternatives will</p>	V 293		

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V 293	<p>Continued From page 40</p> <p>provide ongoing training and development for the QP(s) and AP(s) (Associate Professionals). The QP (s) and AP (s) will be tested to assess competency level after each training."</p> <p>Review on 11/12/21 of the second Plan of Protection dated 11/10/21 written by the Licensed Professional revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above happens. Plan of Protection: The immediate actions that Community Treatment Alternatives will take to ensure the safety of the consumers in our care will be as follows:</p> <ol style="list-style-type: none"> <li>1. Community Treatment Alternatives will ensure all staff members receive specialized training on Sexualize Aggressive Youths by a certified sexualized trainer within 90 days of hiring and within the next 30 days to ensure current staff members have current training.</li> <li>2. Community Treatment Alternatives will ensure all staff receive ongoing medication management training, [Sister Facility A House Manager] and [Staff #2] (recently promoted new QP) will be responsible for the oversight of all ongoing training has been received with a certificate of completion is placed in staff's chart. .</li> <li>3. Community Treatment Alternatives staff [Sister Facility A House Manager] and [Staff #2] will be responsible for the oversight of all discontinued medication orders are in compliance with the consumer's MA (MAR - Medication Administration Record), in addition to ensuring copies of prescriptions and discontinued medication are document on the consumer's MAR and copy has been placed in the consumer's chart within 24 hours of each change</li> </ol>	V 293		

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V 293	<p>Continued From page 41</p> <p>4. Community Treatment Alternatives staff [Sister Facility A House Manager] and [Staff #2] will be responsible for the oversight of any changes in the consumer's medication regimen, and ensure the MAR is complete and correct within 24 hours of any new change. Q.P. will oversee all Medication changes and ensure all Medication documentation is completed and correct.</p> <p>5. Community Treatment Alternatives will ensure that the QP and House Manager will ensure that all allegations and incidents will be investigated, documented, and available for review. Upon investigation CTA Employee will face suspension until investigation has been reviewed and resolved.</p> <p>6. Community Treatment Alternatives will ensure staff [Staff #2] provides in service training on Incident Reporting using the IRIS system.</p> <p>7. Community Treatment Alternatives staff [Sister Facility A House Manager] will ensure during the hiring process qualified staff are hired and will ensure two staff members be scheduled for each shift.</p> <p>8. Community Treatment Alternatives will ensure staff [Staff #2] will modify/revised the PCP (person centered plan) goals to reflect the steps to ensure the consumer safety.</p> <p>9. Community Treatment Alternatives will ensure all staff members PP (paraprofessional), AP and QPs, receive ongoing training and development in working with the residential population. Trainings will be provided by [Licensed Professional] and other certified contractors as need for specific disciplines; all trainings will be provided on a monthly basis."</p> <p>Review on 11/12/21 of the third Plan of Protection dated 11/12/21 written by the Licensed Professional revealed:</p>	V 293		

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V 293	<p>Continued From page 42</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above happens.</p> <p>Plan of Protection: The immediate actions that Community Treatment Alternatives will take to ensure the safety of the consumers in our care will be as follows:</p> <ol style="list-style-type: none"> <li>1. Community Treatment Alternatives will ensure all staff members receive specialized training on Sexualize Aggressive Youths by a certified sexualized trainer within the next 7 to 10 days by 11/20/2021, facilitated by [Trainer]. Upon hiring new staff, they will receive the Sexualized training before actively working in the home.</li> <li>2. Community Treatment Alternatives will ensure all staff receive ongoing medication management training, [Sister Facility A House Manager] and [Staff #2] will be responsible for the oversight of all ongoing training has been received with a certificate of completion is placed in staff's chart. Medication will be checked by staff members [Sister Facility A House Manager] and [Staff #2]</li> <li>3. Community Treatment Alternatives staff [Sister Facility A House Manager] and [Staff #2] will be responsible for the oversight of all discontinued medication orders are in compliance with the consumer's MAR, in addition to ensuring copies of prescriptions and discontinued medication are document on the consumer's MAR and copy has been placed in the consumer's chart within 24 hours of each change</li> <li>4. Community Treatment Alternatives staff [Sister Facility A House Manager] and [Staff #2] will be responsible for the oversight of any changes in the consumer's medication regimen, and ensure the MAR is complete and correct within 24 hours of any new change. Q.P. will</li> </ol>	V 293		

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V 293	<p>Continued From page 43</p> <p>oversee all Medication changes and ensure all Medication documentation is completed and correct.</p> <p>5. Community Treatment Alternatives will ensure that the QP and House Manager will ensure that all allegations and incidents will be investigated, documented, and available for review. Upon investigation CTA Employee will face suspension until investigation has been reviewed and resolved.</p> <p>6. Community Treatment Alternatives will ensure staff [Staff #2] provides in service training on Incident Reporting using the IRIS system. A staff meeting will be held on 11/19/2021 to provide training on the IRIS by [Staff #2]</p> <p>7. Community Treatment Alternatives staff [Sister Facility A House Manager] will immediately ensure during the hiring process qualified staff are hired and will ensure two staff members are scheduled for each shift.</p> <p>8. Community Treatment Alternatives will ensure staff [Staff #2]/QP will modify/ or revise the PCP goals to reflect the steps to ensure the consumer safety. Staff [Staff #2] and [Sister Facility A House Manager] will conduct CFT meetings to discuss revision of the PCP for the safety of all consumers by 11/20/2021.</p> <p>9. Community Treatment Alternatives will ensure all staff members PP, AP and QPs, receive ongoing training and development in working with the residential population. Each staff member will be required to complete a pre-test and a post-test to assess competency. Trainings will be provided by [Licensed Professional] and other certified contractors as need for specific disciplines; all trainings will be provided on a monthly basis. A staff meeting will be held on 11/19/2021 with [Licensee/QP #2] &amp; [QP #1] facilitated by [Licensed Professional]."</p> <p>An attached addendum included:</p>	V 293		

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V 293	<p>Continued From page 44</p> <p>"As of 10/19/2021, all consumers will be directed and monitored to use the half bathroom for toileting purposes. CTA has implemented a designated showering schedule from 4 pm- 6 pm. Consumer [Client #4] will be monitored in the living room area by staff until all showers have been completed."</p> <p>Clients #1, #2, #3, and #4 were 12-17 year old adolescents with a variety of mental health needs including, but not limited to, Oppositional Defiant Disorder, Unspecified Trauma and Stressor Related Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, Bipolar Disorder, Post-Traumatic Stress Disorder, Intermittent Explosive Disorder, and Intellectual Developmental Disability. Clients #1, #2, #3, and #4 had histories of property destruction, verbal and physical aggression, sexualized behaviors including unsafe online behaviors and grooming, bullying, self-injury, running away, ringing a gun to school and threatening to kill two peers, heightened focus on violent crime, and attempted sneaking from his bedroom and into the bedroom of a peer. Clients #1, #3, and #4 did not have treatment plan strategies to address sexualized behaviors and Clients #3 and #4 did not have treatment plan strategies to address running away. Furthermore, Staff #1, #2, and #3 were not trained in working with sexually aggressive youth, basic first aid and cardiopulmonary resuscitation. Clients #1, #2, and #3 were directed by staff to enter and use the bathroom in Client #4's bedroom resulting in an environment which was not conducive to uninterrupted sleep and provided increased risk to highly sexualized clients entering Client #4's bedroom during night hours. Shifts with only one staff working resulted in decreased supervision and oversight for Clients #1, #2, #3, and #4's treatment needs.</p>	V 293		

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V 293	Continued From page 45  Furthermore, the facility failed to document Level I, Level II and Level III incidents making it impossible to identify and track clinical needs of Clients #1, #2, #3, and #4. Law enforcement was called to the facility on five occasions during 2021 and there was no documentation to reflect incidents occurring within the facility. There were no medication orders available for review at the facility on 10/13/21 upon initial request despite Clients #1, #2, #3, and #4 receiving medications. Medication administration records were not kept current for Client #1's evening dose of Risperidone. There was confusion as to whether medications were to be administered as a standing order or on an as-needed basis for Clients #1 (Melatonin), #2 (Trazodone and Melatonin), and #3 (Mirtazapine). Client #3 was not permitted to maintain his clothing and personal belongings in his room. There was no documentation in his record to identify why staff had removed his clothing and personal belongings. Finally, the Qualified Professional #1 and Licensee/Qualified Professional #2 did not identify and correct any of these systemic programmatic concerns despite their reports of being at the facility on at least a weekly basis. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$5,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing  10A NCAC 27G .1704 MINIMUM STAFFING	V 296		

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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY TREATMENT ALTERNATIVES 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 BREEZEWOOD DRIVE</b> <b>CHARLOTTE, NC 28262</b>
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V 296	<p>Continued From page 46</p> <p><b>REQUIREMENTS</b></p> <p>(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.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</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</p>	V 296		

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V 296	<p>Continued From page 47</p> <p>needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based upon interview, record review, and observation, the facility failed to ensure minimum staffing requirements of at least two direct care staff for up to four adolescents. The findings are:</p> <p>Observation on 10/4/21 at approximately 4:30pm-5:15pm revealed: -Staff #1 worked alone with Clients #2, #3, and #4; -Client #1 arrived off the school bus at approximately 5:00pm; -Staff #2 arrived at approximately 5:15p.</p> <p>Review on 10/13/21 and 10/19/21 of Client #1's record revealed: -Admitted 6/11/21; -Diagnosed with Attention Deficit Hyperactivity Disorder, Nocturnal Enuresis, and Anxiety Disorder; -12 years old; -History of bullying, self-injury, property destruction, threats toward others, sexualized behaviors with unsafe online behavior and grooming, verbal and physical aggression, and running away.</p> <p>Review on 10/13/21 and 10/19/21 of Client #2's record revealed: -Admitted 4/7/17; -Diagnosed with Bipolar Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity</p>	V 296		

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V 296	<p>Continued From page 48</p> <p>Disorder; Mild Intellectual Developmental Disability, and History of Sexual Abuse; -17 years old; -History of sexualized behaviors with unsafe online behavior, physical aggression, assault, threats of violence, and property destruction.</p> <p>Review on 10/13/21 and 10/19/21 of Client #3's record revealed: -Admitted 5/10/18; -Diagnosed with Attention Deficit Hyperactivity Disorder, Disinhibited Social Engagement Disorder, Intermittent Explosive Disorder, and Mild Intellectual Developmental Disability; -15 years old; -History of verbal and physical aggression, property destruction, bringing a gun to school and threatening to kill two peers, property destruction, and sexualized behaviors.</p> <p>Review on 10/19/21 of Client #4's record revealed: -Admitted 12/20/20; -Diagnosed with Unspecified Trauma and Stressor Related Disorder, Oppositional Defiant Disorder, and Reaction to Severe Stress; -13 years old; -History of verbal and physical aggression, property destruction, heightened focus on violent crime, elopement risk/running away, sexualized behaviors, and attempted sneaking from his bedroom and into the bedroom of a peer.</p> <p>Interviews on 10/4/21 with Clients #1, #3, and #4 revealed: -Only one staff works the overnight shift; -Woke at night on a regular basis and only one staff was working.</p> <p>Interview on 10/4/21 with Staff #1 revealed:</p>	V 296		

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V 296	<p>Continued From page 49</p> <ul style="list-style-type: none"> <li>-She was the only staff member present with three clients (Clients #2, #3, and #4);</li> <li>-Clients #2, #3, and #4 had returned to the facility between 2:30pm-3:00pm from school;</li> <li>-Client #1 was due from school within minutes;</li> <li>-Was waiting for another staff member to come to work.</li> </ul> <p>Interview on 10/20/21 with the Licensee/Qualified Professional (QP) #2 revealed:</p> <ul style="list-style-type: none"> <li>-There should never be one staff at the facility with clients;</li> <li>-A second staff should always be present;</li> <li>-The second staff member (Staff #2) assigned to work on 10/4/21 was late due to car problems;</li> <li>-When clients wake at night and see one staff member it was due to the second staff member working elsewhere in the facility;</li> <li>-Would ensure a minimum of two staff when clients were present.</li> </ul> <p>Interview on 11/3/21 with Sister Facility A House Manager revealed:</p> <ul style="list-style-type: none"> <li>-Would ensure two staff worked when clients were present.</li> </ul> <p>This deficiency constitutes a recited deficiency.</p> <p>This deficiency is cross referenced to 10A NCAC 27G .1700 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 296		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client</p>	V 364		

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V 364	<p>Continued From page 50</p> <p>who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p>	V 364		

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V 364	<p>Continued From page 51</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with</p>	V 364		

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V 364	<p>Continued From page 52</p> <p>the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p>	V 364		

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V 364	<p>Continued From page 53</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated</p>	V 364		

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V 364	<p>Continued From page 54</p> <p>by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based upon interview, record review, and observation, the facility failed to protect the rights of clients to keep and use personal clothing and possessions affecting 1 of 4 clients (Client #3). The findings are:</p> <p>Review on 10/13/21 and 10/19/21 of Client #3's record revealed: -Admitted 5/10/18; -Diagnosed with Attention Deficit Hyperactivity Disorder, Disinhibited Social Engagement Disorder, Intermittent Explosive Disorder, and Mild Intellectual Developmental Disability; -15 years old; -Treatment plan dated 9/8/21 did not identify the need to remove personal clothing or possessions.</p> <p>Review of facility documentation revealed no evidence of Client #3 destroying personal clothing or possessions.</p> <p>Observations on 10/4/21 at approximately 4:30pm-5:15pm and 10/13/21 at approximately 11:50am-12:10pm revealed:</p>	V 364		

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V 364	<p>Continued From page 55</p> <p>-Client #3 did not have any clothing or personal belongings in his room.</p> <p>Interview on 10/4/21 with Client #3 revealed: -Was not allowed to store clothing or personal belongings in his room; -All clothing and personal belongings had to be given to staff for storage due to his behavior (property destruction).</p> <p>Attempted telephone interviews with the Qualified Professional #1 (QP#1) were unsuccessful. Messages requesting return calls were left on QP #1's telephone on 10/22/21, 10/27/21, and 10/29/21 with no return calls received. Furthermore, QP #1 did not respond to requests for in-person interviews on 10/20/21 and 11/3/21.</p> <p>Interview on 10/20/21 with the Licensee/QP #2 revealed: -Client #3 was not allowed to maintain his clothing and personal belongings in his room due to his behaviors (property destruction); -Client #3's clothing and personal belongings were stored with staff in the four seasons patio room.</p> <p>Interview on 11/3/21 with Sister Facility A House Manager revealed: -The Licensee/QP #2 was finalizing staffing changes to secure a new QP by promoting Staff #2 to the new QP; -Would request the new QP address the return of Client #3's clothing and personal belongings be addressed in his treatment plan.</p> <p>This deficiency is cross referenced to 10A NCAC 27G .1700 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 364		

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V 366	Continued From page 56	V 366		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond</p>	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-857</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/12/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY TREATMENT ALTERNATIVES 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 BREEZEWOOD DRIVE</b> <b>CHARLOTTE, NC 28262</b>
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V 366	<p>Continued From page 57</p> <p>by:</p> <p>(1) immediately securing the client record</p> <p>by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not</p>	V 366		

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V 366	<p>Continued From page 58</p> <p>available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based upon interview, record review, and observation, the facility failed to implement written policies in response to incidents. The findings are:</p> <p>Review on 11/3/21 of the facility's undated Incident Reporting Policy revealed: -The policy was developed " ...to improve the quality of care, treatment by conducting reviews of individual incidents to ensure appropriate response to the incidents, removal of antecedents to the incident and proper notification and documentation of the incident ...the agency's incident report form should be used if the incident does not meet the definition of</p>	V 366		

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V 366	<p>Continued From page 59</p> <p>a Level II or Level III incident ...form should be completed by the person witnessing the incident or first informed of the incident ..."</p> <p>Review on 10/13/21 and 10/19/21 of Client #1's record revealed: -Admitted 6/11/21; -Diagnosed with Attention Deficit Hyperactivity Disorder, Nocturnal Enuresis, and Anxiety Disorder; -12 years old; -Treatment Plan dated 9/20/21 revealed several sexualized behaviors during the 6/7/21 update, incidents of property destruction (example: breaking bedroom window), verbal and physical aggression, and passing sexually explicit notes requesting sexual activity from a peer during the 7/30/21 update, aggression during the 8/20/21 update, and running away, physical assault (example: hitting and attempting to choke staff), and sexualized comments toward peers during the 9/20/21 update.</p> <p>Review on 10/13/21 and 10/19/21 of Client #2's record revealed: -Admitted 4/7/17; -Diagnosed with Bipolar Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder; Mild Intellectual Developmental Disability, and History of Sexual Abuse; -17 years old; -Treatment plan dated 9/23/21 revealed several sexualized comments toward peers during the 6/24/21 update, bullying, threats of assault, and verbalizing sexual thoughts to peers during the 7/22/21 update, multiple attempts of sneaking to communicate with peers during third shift by lightly knocking on bedroom doors of peers to gain entry to bedrooms during the 8/18/21 update, and incidents of verbal aggression</p>	V 366		

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V 366	<p>Continued From page 60</p> <p>9/23/21 update.</p> <p>Review on 10/13/21 and 10/19/21 of Client #3's record revealed: -Admitted 5/10/18; -Diagnosed with Attention Deficit Hyperactivity Disorder, Disinhibited Social Engagement Disorder, Intermittent Explosive Disorder, and Mild Intellectual Developmental Disability; -15 years old; -Treatment Plan dated 9/8/21 revealed incidents of physical aggression during the 6/24/21 update, verbal and physical aggression and hostile behaviors during the 7/19/21 update, verbal aggression during the 8/16/21 update, and incidents of verbal and physical aggression and property destruction during the 9/8/21 update.</p> <p>Review on 10/19/21 of Client #4's record revealed: -Admitted 12/20/20; -Diagnosed with Unspecified Trauma and Stressor Related Disorder, Oppositional Defiant Disorder, and Reaction to Severe Stress; -13 years old; -Treatment plan dated 9/17/21 revealed incidents of physical aggression, agitation, threats of running away and inappropriate gestures during the 6/24/21 update, physical aggression, behavioral outbursts, attempts to run away, and threats of physical assault during the 7/12/21 update, physical aggression and difficulty accepting directives from authority figures leading to verbal aggression during the 8/23/21 update, and verbal aggression, multiple attempts of being caught trying to leave his bedroom or knocking on his wall to get his peer's attention in the middle of the night, sexualized conversations and interactions with peers during the 9/17/21 update.</p>	V 366		

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V 366	<p>Continued From page 61</p> <p>Review on 10/19/21 of the facility's Incident Reports revealed:</p> <ul style="list-style-type: none"> <li>-Four incident reports for 2021 all involving Client #3: 3/2/21 punched holes in bedroom walls, 4/29/21 kicked holes in bedroom walls, 5/11/21 broke bedframe, and 9/24/21 attempted property destruction of mattress.</li> </ul> <p>Observations on 10/4/21 at approximately 4:30pm-5:15pm, 10/13/21 from 11:50am-12:10pm, 10/19/21 from 10:15am-10:30am, and 11/3/21 from 10:30am-11:00am revealed:</p> <ul style="list-style-type: none"> <li>-Client #1's bedroom had multiple patched unpainted sheetrock repairs;</li> <li>-Client #3's left-hand side wall and far wall under the window had multiple patched unpainted sheetrock repairs;</li> <li>-Client #3's bedroom window blinds were broken and falling off the window.</li> </ul> <p>Interview on 10/4/21 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-Caused damage to his bedroom walls when he was upset;</li> <li>-Sheetrock repair to the walls was not recent but he could not identify the specific dates when the sheetrock was damaged or repaired.</li> </ul> <p>Interview on 10/4/21 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>-Caused damage to this walls when he was upset;</li> <li>-Sheetrock repair to the walls happened "a long time ago ...maybe last year;"</li> <li>-Accidentally broke his bed about 3 months ago when he was jumping on it;</li> <li>-Broke his window blind about 3 months ago when he climbed out the window and ran away;</li> <li>-Ran away several times but could not identify the dates.</li> </ul>	V 366		

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V 366	<p>Continued From page 62</p> <p>Interview on 10/4/21 with Client #4 revealed: -Both him and Client #3 ran away on separate occasions.</p> <p>Interview on 10/20/21 with Staff #1 revealed: -Clients #3 and #4 ran away; -Clients #1 and #3 caused property destruction in their respective rooms; -Clients #2 and #3 displayed sexualized behaviors and grooming; -Could not provide information regarding the lack of incident reporting.</p> <p>Interview on 10/22/21 with Staff #3 revealed: -Client #3 assaulted her on 9/30/21 when she was working with Staff #1; -Called the House Manager and the Licensee/Qualified Professional (QP) #2 regarding the assault on 9/30/21; -Left her shift and had not yet returned to work after the assault on 9/30/21; -Could not provide information regarding the lack of incident reporting.</p> <p>Interview on 10/22/21 with the House Manager revealed: -Clients #1, #2, #3, and #4 displayed sexualized behaviors; -Clients #1 and #3 displayed on-going property destruction by damaging bedroom walls requiring ongoing repair; -Clients #3 and #4 ran away from the facility; -All incident reports were provided to the Division of Health Service Regulation staff for review. There were no additional incident reports.</p> <p>Attempted telephone interviews with QP #1 were unsuccessful. Messages requesting return calls were left on QP #1's telephone on 10/22/21, 10/27/21, and 10/29/21 with no return calls</p>	V 366		

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V 366	<p>Continued From page 63</p> <p>received. Furthermore, QP #1 did not respond to requests for in-person interviews on 10/20/21 and 11/3/21.</p> <p>Interview on 10/20/21 with the Licensee/QP #2 revealed: -QP #1 was responsible for ensuring all incident reports were completed; -Would ensure all incidents were documented properly moving forward.</p> <p>Interviews on 10/13/21, 10/20/21 and 11/3/21 with Sister Facility A House Manager revealed: -Was asked by the Licensee/QP #2 to assist with the Division of Health Service Regulation survey on 10/13/21; -Did not understand why all incident reports were not properly documented; -Would ensure all incident reports were properly documented in the future; -The Licensee/QP #2 was finalizing staffing changes to secure a new QP by promoting Staff #2 to the new QP.</p> <p>This deficiency is cross referenced to 10A NCAC 27G .1700 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	V 367		

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V 367	<p>Continued From page 64</p> <p>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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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</p>	V 367		

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V 367	<p>Continued From page 65</p> <p>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 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.</p> <p>This Rule is not met as evidenced by:</p>	V 367		

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V 367	<p>Continued From page 66</p> <p>Based upon interview and record review, the facility failed to report all level II and Level III incidents to the LME (Local Management Entity) responsible for the catchment area where services were provided. The findings are:</p> <p>Review on 10/13/21 and 10/19/21 of Client #1's record revealed: -Admitted 6/11/21; -Diagnosed with Attention Deficit Hyperactivity Disorder, Nocturnal Enuresis, and Anxiety Disorder; -12 years old; -History of bullying, self-injury, property destruction, threats toward others, sexualized behaviors with unsafe online behavior and grooming, verbal and physical aggression, and running away.</p> <p>Review on 10/13/21 and 10/19/21 of Client #2's record revealed: -Admitted 4/7/17; -Diagnosed with Bipolar Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder; Mild Intellectual Developmental Disability, and History of Sexual Abuse; -17 years old; -History of sexualized behaviors with unsafe online behavior, physical aggression, assault, threats of violence, and property destruction.</p> <p>Review on 10/13/21 and 10/19/21 of Client #3's record revealed: -Admitted 5/10/18; -Diagnosed with Attention Deficit Hyperactivity Disorder, Disinhibited Social Engagement Disorder, Intermittent Explosive Disorder, and Mild Intellectual Developmental Disability; -15 years old; -History of verbal and physical aggression,</p>	V 367		

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V 367	<p>Continued From page 67</p> <p>property destruction, bringing a gun to school and threatening to kill two peers, property destruction, and sexualized behaviors.</p> <p>Review on 10/19/21 of Client #4's record revealed: -Admitted 12/20/20; -Diagnosed with Unspecified Trauma and Stressor Related Disorder, Oppositional Defiant Disorder, and Reaction to Severe Stress; -13 years old; -History of verbal and physical aggression, property destruction, heightened focus on violent crime, elopement risk/running away, sexualized behaviors, and attempted sneaking from his bedroom and into the bedroom of a peer.</p> <p>Review on 10/19/21 of the facility's internal Incident Reports for 2021 revealed: -There were no Level II or Level III incident reports completed.</p> <p>Review on 10/13/21 of the North Carolina Incident Response Improvement System (NC IRIS) revealed no Level II or Level III incident reports for 2021.</p> <p>Interview on 10/19/21 with local law enforcement revealed: -Local law enforcement had responded to 5 calls for service; -The calls for service occurred: 3/19/21 (2 calls), 6/21/21, 7/23/21, and 9/5/21; -Was not authorized to provide the names of the individuals associated with the calls or the nature of the calls because juveniles were involved.</p> <p>Interview on 10/4/21 with Client #1 revealed: -Had an incident with the House Manager about two weeks ago;</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-857</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/12/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY TREATMENT ALTERNATIVES 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 BREEZEWOOD DRIVE</b> <b>CHARLOTTE, NC 28262</b>
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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 367	<p>Continued From page 68</p> <p>-Was punched and choked by the House Manager when he was upset regarding attendance at a Child and Family Team (CFT) meeting.</p> <p>Interview on 10/4/21 with Client #2 revealed: -Local law enforcement had been to the facility as a result of Client #3's behavior.</p> <p>Interview on 10/4/21 with Client #3 revealed: -Denied local law enforcement came to the facility; -Climbed out the window about three months ago and ran away; -Ran away several times but could not identify the dates; -Identified a local pharmacy store (approximately 3.7 miles) and a local airport (approximately 3.5 miles) as destinations when he ran away; -The House Manager went to the local airport to pick him up after he had been stopped by law enforcement.</p> <p>Interview on 10/4/21 with Client #4 revealed: -Local law enforcement had been to the facility when clients ran away; -Client #4 ran away to a local department store (He identified the name of the store but was unable to identify the location of the store or the date of the incident. A google search did not show any positive results for the name of department store identified); -Staff found him walking near the local department store and returned him to the facility.</p> <p>Interview on 10/20/21 with Staff #1 revealed: -Believed she completed a report in NC IRIS but could not find the report, could not find the alphanumeric identifier, and could not recall the date or nature of the incident;</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-857</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/12/2021</b>
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V 367	<p>Continued From page 69</p> <ul style="list-style-type: none"> <li>-Did not understand why the report was not visible in NC IRIS;</li> <li>-Recalled a call to local law enforcement when Client #2 was caught in inappropriate online behaviors and became enraged when confronted with the information resulting in threatening staff with a rusty rake;</li> <li>-Recalled a report to law enforcement when Client #3 engaged in property destruction and ran away and was found on the roadway and taken to a local hospital;</li> <li>-Called law enforcement about Client #3's behavioral outbursts but could not recall dates or details of the incidents.</li> </ul> <p>Interview on 10/22/21 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-Clients #3 and #4 ran away several times but could not identify the dates of the incidents.</li> </ul> <p>Interview on 10/22/21 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 alleged she hit him when he was upset regarding a recent CFT meeting;</li> <li>-Client #3 climbed out the window and ran away causing his window blinds to break but could not identify the date or where he went;</li> <li>-Believed local law enforcement was called on 6/21/21 when Client #3 ran away and was located at a hospital but could not provide further details on the incident;</li> <li>-Client #3 ran away to a local pharmacy store but could not provide a date for the incident;</li> <li>-Believed local law enforcement was called on 9/5/21 when Client #3 ran away and was found at the pond in the development;</li> <li>-Believed local law enforcement was called in March when Client #2 broke a front window and threatened to assault Staff #1 with a rake;</li> <li>-Believed local law enforcement was called in July regarding an incident with Client #3 but could</li> </ul>	V 367		

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V 367	<p>Continued From page 70</p> <p>not provide incident details; -Did not have any reports documented in NC IRIS.</p> <p>Attempted telephone interviews with the Qualified Professional #1 (QP #1) were unsuccessful. Messages requesting return calls were left on QP #1's telephone on 10/22/21, 10/27/21, and 10/29/21 with no return calls received. Furthermore, QP #1 did not respond to requests for in-person interviews on 10/20/21 and 11/3/21.</p> <p>Interview on 10/20/21 with the Licensee/QP #2 revealed: -Client #1 made an allegation of abuse against the House Manager last month; -Was not able to identify why local law enforcement was at the facility on 3/19/21, 6/21/21, 7/23/21 or 9/5/21 as too much time had passed from these dates; -QP #1 was responsible for ensuring all incident reports were completed; -Staff did not like to complete reports in NC IRIS as it was "too time consuming and complicated"; -Would provide additional training to staff regarding NC IRIS and instruct all staff that completion of NC IRIS reports was mandatory; -Would ensure all incidents were documented properly moving forward.</p> <p>Interviews on 10/13/21, 10/20/21 and 11/3/21 with Sister Facility A House Manager revealed: -Was asked by the Licensee/QP #2 to assist with the Division of Health Service Regulation survey on 10/13/21; -Did not understand why all incident reports were not properly documented; -Would ensure all incident reports were properly documented in the future; -The Licensee/Qualified Professional #2 was</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-857</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/12/2021</b>
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V 367	Continued From page 71  finalizing staffing changes to secure a new QP by promoting Staff #2 to the new QP.  This deficiency constitutes a recited deficiency.  This deficiency is cross referenced to 10A NCAC 27G .1700 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 367		
V 539	27F .0102 Client Rights - Living Environment  10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.  This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours affecting 1 of 4 clients (Client #4). The findings are:	V 539		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-857</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/12/2021</b>
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V 539	<p>Continued From page 72</p> <p>Observations on 10/4/21 at approximately 4:30pm-5:15pm, 10/13/21 from 11:50am-12:10pm, 10/19/21 from 10:15am-10:30am, and 11/3/21 from 10:30am-11:00am revealed:</p> <ul style="list-style-type: none"> <li>-Hallway bathroom was inaccessible with large plastic sheathing covering the entire door taped with blue painters' tape making it impossible to enter the bathroom;</li> <li>-A half-bath was present off the laundry room.</li> </ul> <p>Review on 10/19/21 of Client #4's record revealed:</p> <ul style="list-style-type: none"> <li>-Admitted 12/20/20;</li> <li>-Diagnosed with Unspecified Trauma and Stressor Related Disorder, Oppositional Defiant Disorder, and Reaction to Severe Stress;</li> <li>-13 years old;</li> <li>-History of verbal and physical aggression, property destruction, heightened focus on violent crime, elopement risk/running away, sexualized behaviors and attempted sneaking from his bedroom and into the bedroom of a peer.</li> </ul> <p>Interviews on 10/4/21 with Clients #1, #2, and #3 revealed:</p> <ul style="list-style-type: none"> <li>-Was instructed by staff to use the bathroom in Client #4's bedroom.</li> </ul> <p>Interview on 10/4/21 with Client #4 revealed:</p> <ul style="list-style-type: none"> <li>-All clients use his bathroom for showering and toileting;</li> <li>-Clients #1, #2, and #3 come into his room during day and night hours to use the bathroom as needed.</li> </ul> <p>Interview on 10/20/21 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-The hallway bathroom was being remodeled due to a water leak in the shower unit resulting in rotting wood;</li> </ul>	V 539		

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V 539	<p>Continued From page 73</p> <p>-Clients use the bathroom in Client #4's bedroom.</p> <p>Interview on 10/22/21 with the House Manager revealed:</p> <p>-Hallway bathroom was inaccessible due to remodeling;</p> <p>-Clients were instructed to use the bathroom in Client #4's bedroom for showering and toileting.</p> <p>Attempted telephone interviews with the Qualified Professional #1 (QP #1) were unsuccessful. Messages requesting return calls were left on QP #1's telephone on 10/22/21, 10/27/21, and 10/29/21 with no return calls received. Furthermore, QP #1 did not respond to requests for in-person interviews on 10/20/21 and 11/3/21.</p> <p>Interview on 10/20/21 and 11/12/21 with the Licensee/QP #2 revealed:</p> <p>-Was present at the facility at least weekly;</p> <p>-QP #1 was present at the facility several times per week during afternoon hours for QP duties and overnight hours for 3rd shift duties;</p> <p>-The clients should be using the half bathroom located off the kitchen for toileting, especially during the middle of the night.</p> <p>Interview on 10/13/21 and 11/3/21 with Sister Facility A House Manager:</p> <p>-Was asked by the Licensee/QP #2 to assist with the Division of Health Service Regulation (DHSR) survey on 10/13/21;</p> <p>-Upon agreeing to help with the DHSR survey on 10/13/21, she was not aware of all the repairs required but would work with the Licensee/QP #2 to ensure the necessary repairs were completed;</p> <p>-Would ensure the half bathroom located off the kitchen was used by Clients #1, #2, and #3 for toileting and a showering schedule for all clients be developed to address privacy and</p>	V 539		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-857</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/12/2021</b>
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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**

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V 539	Continued From page 74  uninterrupted sleep for Client #4; -The Licensee/QP #2 was finalizing staffing changes to secure a new QP by promoting Staff #2 to the new QP.  This deficiency is cross referenced to 10A NCAC 27G .1700 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 539		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming  10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.	V 540		

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V 540	<p>Continued From page 75</p> <p>This Rule is not met as evidenced by: Based upon interview, record review, and observation, the facility failed to ensure client dignity by providing toilet paper and soap for each client affecting 4 of 4 clients (Clients #1, #2, #3, and #4). The findings are:</p> <p>Observations on 10/4/21 at approximately 4:30pm-5:15pm, 10/13/21 from 11:50am-12:10pm, 10/19/21 from 10:15am-10:30am, and 11/3/21 from 10:30am-11:00am revealed: -There was no toilet paper or soap available in the bathroom in Client #4's bedroom.</p> <p>Review of facility documentation revealed no evidence of clients stuffing toilets with toilet paper or clients using soap products during masturbation.</p> <p>Interview on 10/4/21 with Client #1 revealed: -Was instructed by staff to use the bathroom in Client #4's bedroom; -Asked staff for toilet paper before using the bathroom; -Hygiene items were located in the hygiene kits.</p> <p>Interview on 10/4/21 with Client #2 revealed: -Was instructed by staff to use the bathroom in Client #4's bedroom; -Asked staff for toilet paper before using the bathroom.</p> <p>Interview on 10/4/21 with Client #3 revealed: -Was instructed by staff to use the bathroom in Client #4's bedroom; -Asked staff for toilet paper before using the bathroom; -Did not always use soap while washing his hands.</p>	V 540		

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V 540	<p>Continued From page 76</p> <p>Interview on 10/4/21 with Client #4 revealed: -All clients use his bathroom for showering and toileting; -Clients #1, #2, and #3 come into his room during day and night to use the bathroom as needed; -Toilet paper was in the living room.</p> <p>Attempted telephone interviews with the Qualified Professional #1 (QP #1) were unsuccessful. Messages requesting return calls were left on QP #1's telephone on 10/22/21, 10/27/21, and 10/29/21 with no return calls received. Furthermore, QP #1 did not respond to requests for in-person interviews on 10/20/21 and 11/3/21.</p> <p>Interview on 10/13/21 and 11/3/21 with Sister Facility A House Manager revealed: -Was asked by the Licensee/QP #2 to assist with the Division of Health Service Regulation survey on 10/13/21; -Did not keep toilet paper in the bathroom because the clients stuff the toilets; -Toilet paper is kept at the living room desk; -Clients must ask staff for toilet paper prior to using the bathroom; -Clients unroll some toilet paper and bring it with them to the bathroom; -Could not identify what the clients would do if they did not take enough toilet paper to use in the bathroom; -Did not leave soap in the bathroom because the clients were highly sexualized and would use soap products during masturbation resulting in infections; -There was always soap available at the kitchen sink; -Would ensure toilet paper and soap were always available in all bathrooms moving forward; -The Licensee/QP #2 was finalizing staffing</p>	V 540		

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V 540	Continued From page 77  changes to secure a new QP by promoting Staff #2 to the new QP.	V 540		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based upon interview, record review, and observation, the facility was not maintained in a safe, clean, and orderly manner. The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0304 Facility Design and Equipment (V750) Based on interview and observation, the facility failed to ensure electrical and mechanical systems were maintained in operating condition affecting 4 of 4 clients (Clients #1, #2, #3, and #4).</p> <p>Observations on 10/4/21 at approximately 4:30pm-5:15pm, 10/13/21 from 11:50am-12:10pm, 10/19/21 from 10:15am-10:30am, and 11/3/21 from 10:30am-11:00am revealed: -Client #1's bedroom had multiple patched unpainted sheetrock repairs; -Client #3's left-hand side wall and far wall under the window had multiple patched unpainted</p>	V 736		

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V 736	<p>Continued From page 78</p> <p>sheetrock repairs;</p> <ul style="list-style-type: none"> <li>-Client #3's bedroom window blinds were broken and falling off the window;</li> <li>-Client #3's bedroom door was missing a piece of door trim;</li> <li>-Client #4's closet did not have a doorknob;</li> <li>-Clothes dresser with broken drawers located in the four seasons patio room;</li> <li>-Damaged ping pong table which was curved toward the middle was located in the four seasons patio room;</li> <li>-Front entryway steps leading to the porch were unstable, missing bricks, and large sections of bricks were pulling away and separating from the foundation of the steps;</li> <li>-Broken shade hanging on the living room window closest to the fireplace;</li> <li>-Large cobwebs covering the windows at the front of the facility.</li> </ul> <p>Review on 10/19/21 of the facility's Incident Reports revealed:</p> <ul style="list-style-type: none"> <li>-Four incident reports for 2021 all involving Client #3: 3/2/21 punched holes in bedroom walls, 4/29/21 kicked holes in bedroom walls, 5/11/21 broke bedframe, and 9/24/21 attempted property destruction of mattress.</li> </ul> <p>Interview on 10/4/21 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-Caused damage to his bedroom walls as a result of behavioral episodes;</li> <li>-Sheetrock repair to the walls was not recent but could not identify specific dates when the sheetrock had been damaged or repaired.</li> </ul> <p>Interview on 10/4/21 with Client #3 revealed:</p> <ul style="list-style-type: none"> <li>-Bedroom blinds were broken as a result of climbing out the window to run away;</li> <li>-Had run away several times but could not identify the dates;</li> </ul>	V 736		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-857</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/12/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY TREATMENT ALTERNATIVES 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 BREEZEWOOD DRIVE</b> <b>CHARLOTTE, NC 28262</b>
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V 736	<p>Continued From page 79</p> <p>-Punched and kicked multiple holes in the walls in his room during acts of aggression which "happened a long time ago ...maybe last year".</p> <p>Interview on 10/4/21 with Client #4 revealed: -Did not know what happened to the closet doorknob.</p> <p>Interview on 10/20/21 with Staff #1 revealed: -Client #3 had a history of property destruction and running away; -Client #3 broke the blinds in his bedroom when he climbed out the window and ran away a few weeks ago; -Client #3 punched and kicked several holes in his bedroom walls but could not identify the dates.</p> <p>Interview on 10/22/21 with the House Manager revealed: -Clients #1 and #3 punched and/or kicked holes in their bedroom walls requiring on-going repair; -Client #3 climbed out his window and ran away but could not identify the date.</p> <p>Interview on 10/20/21 with the Licensee/Qualified Professional #2 (QP #2) revealed: -Was continually assessing the facility and making necessary repairs; -Had difficulty securing a reliable contractor during the pandemic.</p> <p>Review on 11/8/21 of the first Plan of Protection dated 11/4/21 written by the Licensed Professional revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above happens. The immediate actions that Community Treatment Alternatives will take to ensure the</p>	V 736		

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V 736	<p>Continued From page 80</p> <p>safety of the consumers in our care will be as follows:</p> <ol style="list-style-type: none"> <li>1. Community Treatment Alternatives will ensure that all fire and disaster drills will be completed monthly, and the form will be reviewed by the Q.P. (Qualified Professional) to ensure that the log is completed correctly.</li> <li>2. Community Treatment Alternatives will ensure that the Health Care Registry and Criminal Background Check will be completed prior to staff first day of work.</li> <li>3. Community Treatment Alternatives will ensure that toilet paper will be available in all bathrooms for consumer's use.</li> <li>4. Community Treatment Alternatives will ensure that all consumers will have dressers in the bedrooms.</li> <li>5. Community Treatment Alternatives will ensure the Change of all batteries in all smoke detectors in the home.</li> <li>6. Community Treatment Alternatives will purchase, and maintenance will install the new batteries and will perform routine monthly checks. Maintenance will be notified within 24 hours in the event the batteries need to be replaced.</li> <li>7. Community Treatment Alternatives will ensure that General Contractor will be contacted to ensure that the Living Environment such as: Kitchen electrical lighting, Wall repairs, dressers in all bedrooms, and Bricks will be replaced for the safety of the consumers.</li> <li>8. Community Treatment Alternatives Q.P. will stress the importance of the deadline for repairs.</li> <li>9. Community Treatment Alternatives will ensure that the kitchen stove will be replaced.</li> <li>10. Community Treatment Alternatives will ensure that all staff will receive specialized training on Sexualize Aggressive Youths.</li> <li>11. Community Treatment Alternatives will ensure that all staff medication trainings are</li> </ol>	V 736		

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V 736	<p>Continued From page 81</p> <p>current and updated annually by a certified Medication Management Trainer.</p> <p>12. Community Treatment Alternatives will ensure that all D/C (discontinue) orders are in compliance with the MAR'S (Medication Administration Records) followed by CTA (Community Treatment Alternatives) QP oversight of all copies of prescriptions and D/C orders are documented in the MAR'S.</p> <p>13. Community Treatment Alternatives QP will oversee all Medication changes and ensure all Medication documentation is completed and correct.</p> <p>14. Community Treatment Alternatives will ensure that the QP and House Manager will ensure that all allegations and incidents be investigated, documented, and available for review. Upon investigation CTA Employee will face suspension until investigation has been reviewed and resolved.</p> <p>15. Community Treatment Alternatives will ensure that the QP will provide an overall training on Incident Reporting and completing a IRIS (Incident Response Improvement System).</p> <p>16. Community Treatment Alternatives will ensure that the hiring process is on-going to hire qualified staff and will ensure there will be 2 staff on each shift.</p> <p>17. Community Treatment Alternatives will ensure that the QP will modify the Goals to service plan to ensure the consumer safety.</p> <p>18. Community Treatment Alternatives will provide ongoing training and development for the QP(s) and AP(s) (Associate Professionals). The QP (s) and AP (s) will be tested to assess competency level after each training."</p> <p>Review on 11/12/21 of the second Plan of Protection dated 11/10/21 written by the Licensed Professional revealed:</p>	V 736		

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V 736	<p>Continued From page 82</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? Describe your plans to make sure the above happens. Plan of Protection: (750 Cross-736) The immediate actions Community Treatment Alternatives will take to ensure the safety of the consumers in our care will be as follows:</p> <ol style="list-style-type: none"> <li>Community Treatment Alternatives will ensure the replacement of all batteries in all smoke detectors/carbon monoxide detectors in the home.</li> <li>CTA will purchase batteries and schedule routine checks on a monthly basis to ensure the detectors are operating properly at all times. CTA staff [Sister Facility A House Manager] will notify maintenance within 24 hours in the event batteries need replacement.</li> <li>Community Treatment Alternatives will ensure a general contractor be contacted to make the necessary repair to ensure the living environment such as: kitchen electrical lighting, wall repairs, bedroom furniture/dressers in all bedrooms, and bricks will be replaced for the safety of the consumers, the CTA staff [Sister Facility A House Manager] will notify a general contractor with 48 hours when a repair is needed.</li> <li>CTA staff [Sister Facility A House Manager], [Staff #2] (recently promoted new QP) be responsible for the oversight of completion of all repairs.</li> <li>CTA staff [Sister Facility A House Manager], [Staff #2] be responsible for the oversight that all appliances including the stove is operating properly or it will be replaced if can't be repaired."</li> </ol> <p>Review on 11/12/21 of the third Plan of Protection dated 11/12/21 written by the Licensed Professional revealed: "What immediate action will the facility take to</p>	V 736		

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V 736	<p>Continued From page 83</p> <p>ensure the safety of the consumers in your care? Describe your plans to make sure the above happens.</p> <p>Plan of Protection: The immediate actions that Community Treatment Alternatives will take to ensure the safety of the consumers in our care will be as follows:</p> <ol style="list-style-type: none"> <li>Community Treatment Alternatives will ensure the replacement of all batteries in all smoke detectors/carbon monoxide detectors in the home. [Staff #2] will ensure all battery replacement will completed by 11/19/2021.</li> <li>CTA will purchase batteries and schedule routine checks on a monthly basis to ensure the detectors are operating properly at all times. CTA staff [Sister Facility A House Manager] with notify maintenance within 24 hours in the event batteries need replacement.</li> <li>Community Treatment Alternatives will ensure a general contractor be contacted to make the necessary repair to ensure the living environment such as: kitchen electrical lighting, wall repairs, bedroom furniture/dressers in all bedrooms, and bricks will be replaced for the safety of the consumers, the CTA staff [Sister Facility A House Manager] will notify a general contractor with 48 hours when a repair is needed, by 11/19/2021. Until all repairs to the steps have been completed all staff and consumers will use the garage entrance.</li> <li>CTA staff [Sister Facility A House Manager], [Staff #2] be responsible for the oversight of completion of all repairs.</li> <li>CTA staff [Sister Facility A House Manager], [Staff #2] be responsible for the oversight that all appliances including the stove is operating properly or it will be replaced if can't be repaired. The stove was replaced on 11/11/2021 CTA staff [Sister Facility A House Manager], [Staff #2].</li> </ol>	V 736		

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V 736	<p>Continued From page 84</p> <p>Staff will continue to monitor all appliances are in safe working conditions."</p> <p>An attached addendum included: "As of 10/19/2021, all consumers will be directed and monitored to use the half bathroom for toileting purposes. CTA has implemented a designated showering schedule from 4 pm- 6 pm. Consumer [Client #4] will be monitored in the living room area by staff until all showers have been completed."</p> <p>Clients #1, #2, #3, and #4 were 12-17 year old adolescents with a variety of mental health needs including, but not limited to, Oppositional Defiant Disorder, Unspecified Trauma and Stressor Related Disorder, Attention Deficit Hyperactivity Disorder, Anxiety, Bipolar Disorder, Post-Traumatic Stress Disorder, Intermittent Explosive Disorder, and Intellectual Developmental Disability. A broken electric glass stovetop was present and in use for over one year without any repair or replacement. An electrical concern within the kitchen walls resulted in the malfunctioning of light fixtures which were inoperable. Missing and disconnected smoke alarms, along with smoke alarms with low battery warnings, were present throughout the facility. The cause of continued beeping of the security system was not identified. The front entryway steps were unstable with missing bricks and large sections of brick pulling away and separating from the foundation of the steps. Physical plant damage caused by Clients #1 and #3 was not repaired in a timely manner. A damaged ping pong table was located on the rear four seasons patio room. Large cobwebs were along the front of the home. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative</p>	V 736		

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V 736	Continued From page 85  penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 736		
V 750	<p>27G .0304(b)(3) Maintenance of Elec., Mech., &amp; Water Systems</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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 observation, the facility failed to ensure electrical and mechanical systems were maintained in operating condition affecting 4 of 4 clients (Clients #1, #2, #3, and #4). The findings are:</p> <p>Observations on 10/4/21 at approximately 4:30pm-5:15pm, 10/13/21 from 11:50am-12:10pm, 10/19/21 from 10:15am-10:30am, and 11/3/21 from 10:30am-11:00am revealed:</p> <ul style="list-style-type: none"> <li>-The electric glass stovetop was broken on the lower right-hand burner (open hole measuring approximately 2 inches long by 1/2 inch wide with multiple cracks spreading from the opening in the glass);</li> <li>-Light fixtures on the left-hand side of the kitchen</li> </ul>	V 750		

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V 750	<p>Continued From page 86</p> <p>near the stove/sink area were inoperable; -Missing smoke alarms in the hallway outside of the bedrooms (only the smoke alarm mounting plate was present); -Disconnected smoke alarm unit on the kitchen countertop; -Smoke alarms in the living room/dining room/kitchen area beeped sporadically with low battery warning; -Security system beeped continuously every four to five minutes for three to five beeps.</p> <p>Interview on 10/20/21 with Staff #1 revealed: -The electric glass stovetop was broken by Client #3 during a behavioral outburst but cannot recall when the incident happened; -The electric glass stovetop was "broke for a while;" -Used the broken electric glass stovetop to cook; -The kitchen lights stopped working a few weeks ago due to an "electrical issue."</p> <p>Interview on 10/22/21 with Staff #3 revealed: -The electric glass stovetop was broken since she started in May, 2021; -Told Client #3 broke the electric glass stovetop during a behavioral incident.</p> <p>Interview on 10/22/21 with the House Manager revealed: -Did not know the cause of the electrical issues with the kitchen light fixtures but had placed a table lamp on the kitchen counter as a light source; -The electric glass stove top was broken since her re-hire dated of 9/1/20; -The electric glass stove top was used for cooking; -Did not know why the smoke alarms were disconnected but it may have been because they</p>	V 750		

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V 750	<p>Continued From page 87</p> <p>needed new batteries; -Did not know the cause of the security system beeping; -Would call the security system to have the system checked.</p> <p>Attempted telephone interviews with the Qualified Professional #1 (QP #1) were unsuccessful. Messages requesting return calls were left on QP #1's telephone on 10/22/21, 10/27/21, and 10/29/21 with no return calls received. Furthermore, QP #1 did not respond to requests for in-person interviews on 10/20/21 and 11/3/21.</p> <p>Interview on 10/20/21 and 11/12/21 with the Licensee/QP #2 revealed: -Was present at the facility at least weekly; -QP #1 was present at the facility several times per week during afternoon hours for QP duties and overnight hours for 3rd shift duties; -Had difficulty securing items to make repairs due to supply chain demands and the pandemic; -Used the broken electric glass stovetop for cooking; -Would replace the broken electric glass stovetop; -Working with a contractor to complete all repairs to the home; -The electric gas stovetop was replaced on 11/11/21.</p> <p>Interview on 10/13/21 and 11/3/21 with Sister Facility A House Manager: -Was asked by the Licensee/Qualified Professional #2 to assist with the Division of Health Service Regulation (DHSR) survey on 10/13/21; -Did not know why smoke alarms were missing, disconnected, or beeping; -Did not know why the security system was</p>	V 750		

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V 750	<p>Continued From page 88</p> <p>beeping; -There was a great deal of noise in the facility due to the smoke and security alarms beeping and it was overwhelming; -Licensee/QP #2 was working to get her money back from the original remodeling contractor and secure a second remodeling contractor to ensure all work was completed; -Upon agreeing to help with the DHSR survey on 10/13/21, she was not aware of all the repairs required but would work with the Licensee/QP #2 to ensure the necessary repairs were completed; -Licensee/QP #2 was present at the facility several times per week until September, 2021 when a close family member became terminally ill; -The Licensee/QP #2 was finalizing staffing changes to secure a new QP by promoting Staff #2 to the new QP.</p> <p>This deficiency constitutes a recited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0303 Location and Exterior Requirements (V736) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 750		
V 774	<p>27G .0304(d)(7) Minimum Furnishings</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall</p>	V 774		

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V 774	<p>Continued From page 89</p> <p>include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based upon interview and observation, the facility failed to provide minimum furnishings for client bedrooms to include a bed, bedside table, and storage for personal belongings affecting 3 of 4 clients (Clients #1, #3, and #4). The findings are:</p> <p>Observations on 10/4/21 at approximately 4:30pm-5:15pm and 10/13/21 at approximately 11:50am-12:10pm revealed: -Clients #1, #3, and #4 did not have a bedside table or storage for personal belongings in their rooms; -There was a mattress on the floor in Client #3's bedroom.</p> <p>Attempted telephone interviews with the Qualified Professional #1 (QP #1) were unsuccessful. Messages requesting return calls were left on QP #1's telephone on 10/22/21, 10/27/21, and 10/29/21 with no return calls received. Furthermore, QP #1 did not respond to requests for in-person interviews on 10/20/21 and 11/3/21.</p> <p>Interview on 10/20/21 with the Licensee/QP #2 revealed: -Clients #1, #3, and #4 have limited furniture in their rooms due to behavioral episodes involving property damage; -Had been unable to get a bed for Client #3 for several months due to issues with the national supply chain;</p>	V 774		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-857</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/12/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY TREATMENT ALTERNATIVES 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 BREEZEWOOD DRIVE</b> <b>CHARLOTTE, NC 28262</b>
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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 774	<p>Continued From page 90</p> <p>-Had spoken with a local building contractor about the possibility of building a custom bedframe for Client #3.</p> <p>Interview on 11/3/21 with Sister Facility A House Manager revealed:</p> <p>-Was asked by the Licensee/Qualified Professional #2 to assist with the Division of Health Service Regulation survey on 10/13/21;</p> <p>-The Licensee/Qualified Professional #2 was finalizing staffing changes to secure a new QP by promoting Staff #2 to the new QP;</p> <p>-Would ensure minimum furnishings were in place in each client bedroom to include a bed, bedside table, and storage for personal belongings.</p>	V 774		