Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		GOWII ELTED
		MHL060-857	B. WING		R 11/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
COMMUN	ITY TREATMENT ALTER	NATIVES 1 2005 BRE	EZEWOOD DRI	VE	
	THE THE THE TEN	CHARLOT	TE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 000	INITIAL COMMENTS	5	V 000		
		· ·			
		d for the following service C 27G .1700 Residential are for Children and			
	sister facility will be id	ff will be identified using the			
V 108	27G .0202 (F-I) Perso	onnel Requirements	V 108		
	10A NCAC 27G .0202 REQUIREMENTS (f) Continuing educar (g) Employee training provided and, at a mit following: (1) general organizar (2) training on client delineated in 10A NC 10A NCAC 26B; (3) training to meet to client as specified in splan; and (4) training in infection bloodborne pathogen (h) Except as permitted. 5602(b) of this Subcomember shall be avaitimes when a client is member shall be trainincluding seizure mar	tion shall be documented. g programs shall be nimum, shall consist of the ational orientation; rights and confidentiality as EAC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the the treatment/habilitation ous diseases and as. ed under 10a NCAC 27G hapter, at least one staff ilable in the facility at all s present. That staff			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMF	SURVEY
			A. BOILDING.			В
		MHL060-857	B. WING		11	R / <b>12/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE	-	
001414111	ITV TDE 4TMENT AT TED	2005 B	REEZEWOOD DRIV			
COMMUN	ITY TREATMENT ALTER	NATIVES 1 CHARI	OTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 108	Continued From page	e 1	V 108			
	techniques such as the American Heart A equivalence for reliev (i) The governing bo implement policies ar reporting, investigatir	ring airway obstruction.				
	trained in basic first a resuscitation affecting #2 and #3) and traine	w, record review, and ity failed to ensure staff were aid and cardiopulmonary g 2 of 7 audited staff (Staff ed to meet the needs of the 7 audited staff (Staff #1, #2,				
	Review on 10/19/21 of Hired 9/30/20; -Employed as Reside -No training in sexual					
	-Hired 9/27/21; -Employed as Reside -No training in basic tresuscitation; -No training in sexual Review on 10/20/21 of -Hired 5/3/21; -Employed as Reside	first aid and cardiopulmonary lly aggressive youth. of Staff #3's record revealed:				

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Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY IPLETED
				_			R
		MHL060-857		B. WING		1	1/12/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITY TOEATMENT ALTED	NATIVEC 4	2005 BREE	ZEWOOD DRI	VE		
COMMON	ITY TREATMENT ALTER	NATIVES 1	CHARLOT	TE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 108	Continued From page	e 2		V 108			
	resuscitation;						
	-No training in sexual	ly aggressive youth.					
	Review on 10/13/21 a #2, #3, and #4's reco	and 10/19/21 of Client	#1,				
	-Histories of sexualize						
	Interviews on 10/20/21 and 10/22/21 with Staff #1 and Staff #2 revealed: -Clients had histories of sexualized behaviors.						
	-Clients had histories	of sexualized behavio	ors.				
	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 retu						
	Furthermore, QP #1	did not respond to req	uests				
	for in-person interviev	ws on 10/20/21 and 1	1/3/21.				
	Interview on 10/20/21 revealed:	with the Licensee/QF	P #2				
	-Had difficulty securir pandemic;	ng training during the					
	-Would ensure all sta	•					
	necessary to meet the	e needs of the clients.					
	Interview on 11/3/21 Manager revealed:	with Sister Facility A H	louse				
	, •	censee/QP #2 to assi	st with				
	the Division of Health	Service Regulation s					
	on 10/13/21;						
		was finalizing staffing					
	#2 to the new QP;	new QP by promoting					
		aff were not trained in					
	· ·	Imonary resuscitation;					
		had a difficult time lo	•				
	a qualified instructor in sexually aggressive y	to provide training reg	arding				
	-Would ensure all req						

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Division of Health Service Regulation

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		MHL060-857	B. WING		11/12/2021
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	EEZEWOOD DRI OTTE, NC 28262	VE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
V 108	Continued From page	÷ 3	V 108		
	completed.				
	27G .1700 Scope (V2	aled:			
V 109	27G .0203 Privileging	/Training Professionals	V 109		
	QUALIFIED PROFES ASSOCIATE PROFES (a) There shall be no qualified professionals (b) Qualified professi professionals shall de and abilities required (c) At such time as a employment system is then qualified profess professionals shall de (d) Competence shall exhibiting core skills is (1) technical knowles (2) cultural awarenes (3) analytical skills; (4) decision-making; (5) interpersonal skill (6) communication s (7) clinical skills. (e) Qualified professi NCAC 27G .0104 (18 met the requirements employment system is MH/DD/SAS.	ssionals privileging requirements for sor associate professionals. onals and associate emonstrate knowledge, skills by the population served. competency-based s established by rulemaking, ionals and associate emonstrate competence. If be demonstrated by including: dge; ss;  lls; kills; and onals as specified in 10 A )(a) are deemed to have of the competency-based			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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	ROVIDER OR SUPPLIER	NATIVES 1	2005 BREE	RESS, CITY, STA		•	
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V 109	for the initiation of an plan upon hiring each (g) The associate pr supervised by a qual population served for	ent policies and procedu individualized supervis n associate professiona	ion I.	V 109			
	audited qualified prof Professional #1 and Professional #2) faile knowledge, skills, an population served. T Review on 10/19/21 Professional #1's (QI -Hired 6/10/11; -Transitioned to QP r -Job description sign revealed duties inclu- facility, evaluate goal staff for proper cover Attempted review on #2's record was unsu	v and record review, 2 of sessionals (Qualified Licensee/Qualified and to demonstrate the diabilities required by the findings are:  and 10/20/21 of the Qualified and 10/20/21 of the Qualified and 1/4/21;  and 2 P#1) record revealed:  and 2 QP #1 dated 1/4/20 ded: clinical oversight of progress, and scheduli	alified  21 of the ing ee/QP lity A				
	The file was never pr the Licensee/QP #2	roduced despite meetinç in person on 10/20/21.	g with				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		, ,	E SURVEY PLETED
		MHL060-857	B. WING		11	R / <b>12/2021</b>
	ROVIDER OR SUPPLIER	NATIVES 1	ADDRESS, CITY, STATE REEZEWOOD DRIVI			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 109	-Staff #1, #2, and #3 sexually aggressive y -Staff #2 and #3 did n aid including seizure cardiopulmonary results. Refer to 10A NCAC 2 Treatment/Habilitation failure to develop treac-Clients #1, #3, and # sexualized behaviors client did not include sexualized behaviors -Clients #3 and #4 raiplans for each client daddress running away. Refer to 10A NCAC 2 Requirements (V118) -Medication orders with immediate review for -Recording errors on Records (MARs) for 0 -Discrepancies in as orders for Clients #1, -Medications (Cetirizi not available for admit Refer to 10A NCAC 2 Requirements (V296) minimum staffing: -Staff #1 worked alon upon arrival of Division Regulation (DHSR) s -Clients #1, #3, and # the overnight shift.	did not have training in routh; not have training in basic first management and ascitation.  27G .0205 Assessment and or Service Plan (V112) for atment plan strategies: 4 displayed incidents of but treatment plans for each strategies to address; an away but the treatment did not include strategies to y.  27G .0209 Medication for medication errors: ere not available for Clients #1, #2, #3, and #4; Medication Administration Client #1; needed versus standing #2, and #3; ne and Montelukast) were inistration to Client #2.	V 109			

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STATE FORM 6899 K7VX11 If continuation sheet 6 of 91

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
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NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA		-	
COMMUN	ITY TREATMENT ALTER	NATIVES 1		ZEWOOD DRI TE, NC 28262	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY .SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page -Client #3 was not allo personal belongings in Refer to 10A NCAC 2 Response Requirement Providers (V366) for fincident reports: -Level I incident report and #4 were not complicated for assault, assisted behaviors.  Refer to 10A NCAC 2 Requirements for Catt (V367) for failure to correports: -A Level III incident reports: -A Level III incident reports and allegation #1 regarding an allegation #1 regarding the House-Level II incident reports to local law er 6/21/21, 7/23/21, and Refer to 10A NCAC 2 Environment (V539) for conducive to uninterruction -Clients #1, #2, and #1 bedroom during day at Client 4's bathroom.  Attempted telephone unsuccessful. Messag were left on QP #1's to 10/27/21, and 10/29/2 received. Furthermor requests for in-persor 11/3/21.	owed to keep clothing in his possession.  17G .0603 Incident ents for Category A arrigilure to complete Level to for Clients #1, #2, pleted regarding multidestruction, aggression and the second of the second for the	and B evel I  #3, tiple on, eporting ders lent  ted Client ed after 21, reas se 1 were calls 1, soond to /21 and	V 109			
	Interview on 11/3/21 v	with Sister Facility A F	House				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING			
		MHL060-857	B. WING		R 11/12/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITV TOE ATMENT AT TEO	2005 BRE	EZEWOOD DRI	VE		
COMMON	ITY TREATMENT ALTER	CHARLO	TTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLE	
V 109	Continued From page	e 7	V 109			
V 109	Manager revealed: -Was asked by the Li Division of Health Se survey on 10/13/21; -Clients had histories -The Licensee/QP #2 changes to secure a #2 to the new QP.  Interviews on 10/20/2 Licensee/QP #2 reve -Was present at the fi -QP #1 was present a per week during after and overnight hours fi -Would work to ensur necessary to meet th -QP #1 was responsi treatment plans inclu- treatment strategies; -Would ensure treatm developed to address client; -Would ensure all me maintained at the fac -Would ensure all pre available for administ -Would ensure all inc properly moving forw -The clients should be located off the kitchel during the middle of the	censee/QP #2 to assist with rvice Regulation (DHSR)  of sexualized behaviors; was finalizing staffing new QP by promoting Staff  and 11/12/21 with the aled: acility at least weekly; at the facility several times moon hours for QP duties for 3rd shift duties; all staff have the training e needs of the clients; ble for the oversight of ding the development of the specific needs of each edication orders were sithe specific needs of each edication orders were ration; secribed medications were ration; imum of two staff when idents were documented ard; e using the half bathroom in for toileting, especially	V 109			
	27G .1700 Scope (V2	ss referenced to 10A NCAC 293) for a Type A1 rule corrected within 23 days.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		MHL060-857	B. WING		R 11/12/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
COMMUN	ITY TREATMENT ALTERI	NATIVES 1	EZEWOOD DRI	VE	
		CHARLOT	TE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 112	Continued From page	<b>8</b>	V 112		
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112		
	PLAN  (c) The plan shall be assessment, and in plegally responsible per of admission for client receive services beyond) The plan shall incurrence to the plan shall incurrence to the projected date of achieved by provision projected date of achieved to the projected date of ach	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days. It was a service and a evement;  view of the plan at least on with the client or legally both;			
	outcome achievemen (6) written consent oresponsible party, or a				
	=	and record review, the op and implement treatment			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		. ,	CONSTRUCTION		E SURVEY PLETED
,	5. GG	152	S	A. BUILDING: _			
		MHL060-857		B. WING		1.	R I/ <b>12/2021</b>
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
				ZEWOOD DRI			
COMMUN	ITY TREATMENT ALTER	RNATIVES 1		TE, NC 28262	- <u>-</u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCE BY MUST BE PRECEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLETE DATE
					DEFICIENC	CY)	
V 112	Continued From page	e 9		V 112			
	affecting 4 of 4 audite and #4). The finding		, #2, #3,				
	Review on 10/13/21 a record revealed:	and 10/19/21 of Clie	nt #1's				
	-Admitted 6/11/21;						
	-Diagnosed with Atte						
	Disorder, Nocturnal Enuresis, and Anxiety Disorder;						
	-12 years old;						
	-History of bullying, s						
	destruction, threats to						
	behaviors with unsafe						
	grooming, verbal and running away;	i priysicai aggressioi	i, and				
	-Treatment Plan date	ed 9/20/21 revealed	several				
	sexualized behaviors						
	incidents of property	•					
	breaking bedroom wi						
	aggression, and pass						
	requesting sexual ac 7/30/21 update, aggr						
	update, and running						
	(example: hitting and						
	and sexualized comm	nents toward peers	•				
	the 9/20/21 update;						
	-Treatment plan date						
	strategies to address						
	running away, stuffin or using soap produc						
	g -55p p. 5446		•				
	Review on 10/13/21	and 10/19/21 of Clie	nt #2's				
	record revealed:						
	-Admitted 4/7/17;	dan Diagnal Devil T	·				
	-Diagnosed with Bipo Stress Disorder, Atte						
	Disorder; Mild Intelle	71	•				
	Disability, and History	•					
	-17 years old;	, o. ookaan noaso,					
	-Treatment plan date	d 9/23/21 revealed s	several				

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2005 BREEZEWOOD DRIVE CHARLOTTE, NC 28262  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)  V 112  Continued From page 10 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 Treatment plan dated 9/23/21 did not include strategies to address stuffing the toilets with toilet paper or using soap products during masturbation.  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, 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;		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2005 BREEZEWOOD DRIVE CHARLOTTE, NC 28262  [X4] ID  EACH OPPRICING REGULATORY OR LISC IDENTIFYING INFORMATION)  V 112  Continued From page 10  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 the 8/18/21 update, and incidents of verbal aggression 9/23/21 update.  - Treatment plan dated 9/23/21 did not include strategies to address stuffing the toilets with toilet paper or using soap products during masturbation.  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, Disnibitited Social Engagement Disorder, Intermittent Explosive Disorder, and Mild Intellectual Developmental Disability: -15 years old; -History of verbal and physical aggression, property destruction, bringing ag unt os chool and threatening to kill two peers, property destruction,				D. WILLO		
COMMUNITY TREATMENT ALTERNATIVES 1  (X4)   ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 112  Continued From page 10  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 doors of peers to gain entry to bedrooms doors of peers to gain entry to bedrooms during the 8/18/21 update, and incidents of verbal aggression 9/23/21 update.  - Treatment plan dated 9/23/21 did not include strategies to address stuffing the toilets with toilet paper or using soap products during masturbation.  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, 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,			MHL060-857	B. WING		11/12/2021
(24) ID PREFIX (EACH DEFCIENCY MUST BE PRECEDED BY FILL PREFIX TAG (EACH DEFCIENCY MUST BE PRECEDED BY FILL PREFIX TAG (EACH DEFCIENCY MUST BE PRECEDED BY FILL PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE COMPLETED THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE COMPLETED TAGES THE APPROPRIATE DATE (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE COMPLETED TAGES THE APPROPRIATE DATE COMPLETED TAGES THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE COMPLETED TAGES THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE COMPLETED TAGES THE APPROPRIATE DATE CAN THE APPROPRIAT	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CHARLOTTE, NC 28262  (X4.) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 112  Continued From page 10  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  - Treatment plan dated 9/23/21 did not include strategies to address stuffing the toilets with toilet paper or using soap products during masturbation.  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,	COMMUN	ITY TOEATMENT ATTED	NATIVES 4 2005 BRE	EZEWOOD DRI	IVE	
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 112  Continued From page 10  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 bedrooms during the 8/18/21 update, and incidents of verbal aggression 9/23/21 update.  - Treatment plan dated 9/23/21 did not include strategies to address stuffing the toilets with toilet paper or using soap products during masturbation.  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,	COMMON	III IREAIWENI ALIER	CHARLO	TTE, NC 28262		
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 Treatment plan dated 9/23/21 did not include strategies to address stuffing the toilets with toilet paper or using soap products during masturbation.  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,	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOOSS-REFERENCED TO THE APP	OULD BE COMPLETE
-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	V 112	sexualized comments 6/24/21 update, bully verbalizing sexual the 7/22/21 update, multi communicate with pe lightly knocking on be gain entry to bedroon update, and incidents 9/23/21 update.  - Treatment plan date strategies to address paper or using soap parasturbation.  Review on 10/13/21 arecord revealed:  -Admitted 5/10/18; -Diagnosed with Attern Disorder, Disinhibited Disorder, Intermittent Mild Intellectual Deverses old; -History of verbal and property destruction, threatening to kill two and sexualized behaves a treatment Plan date of physical aggression during the aggression during the aggression during the incidents of verbal and property destruction of the community of the strategies to address running away, proper clothing and possess	s toward peers during the ing, threats of assault, and bughts to peers during the ple attempts of sneaking to ers during third shift by edroom doors of peers to as during the 8/18/21 of verbal aggression and 9/23/21 did not include stuffing the toilets with toilet products during and 10/19/21 of Client #3's a	V 112		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S	
ANDIEAN	or contribution	IDENTIFICATION NOWIDER.		A. BUILDING: _			
		MHL060-857		B. WING		F 11/1	? 2/2021
NAME OF PI	ROVIDER OR SUPPLIER	Sī	TREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITV TOEATMENT ALTED	NATIVES 4	005 BREE	ZEWOOD DRI	VE		
COMMON	ITY TREATMENT ALTER	NATIVES 1	HARLOTI	TE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	) BE	(X5) COMPLETE DATE
V 112	Continued From page	e 11		V 112			
V 112	Review on 10/19/21 or revealed: -Admitted 12/20/20; -Diagnosed with Unsp. Stressor Related Disc. Disorder, and Reaction-13 years old; -History of verbal and property destruction, crime, elopement risk behaviors, and attemphedroom and into the -Treatment plan date of physical aggression running away and inate 6/24/21 update, phenavioral outbursts, threats of physical aggraccepting directs from verbal aggression durverbal aggression durverbal aggression, micaught trying to leave the night, sexualized interactions with peer -Treatment plan dated strategies to address running away, stuffing or using soap productions with the peer -Treatment plan dated strategies to address running away, stuffing or using soap productions with general states of clients strategies to address running away, stuffing or using soap productions.  Refer to General States.	pecified Trauma and proder, Oppositional Defiant on to Severe Stress; a physical aggression, heightened focus on violend frunning away, sexualized pted sneaking from his bedroom of a peer; a 9/17/21 revealed incident, agitation, threats of appropriate gestures during thysical aggression, attempts to run away, and sault during the 7/12/21 ression and difficulty in authority figures leading ring the 8/23/21 update, and the strength of being this bedroom or knocking this bedroom or knocking the suring the 9/17/21 update of 9/17/21 did not include sexualized behaviors, of the toilets with toilet paperts during masturbation. The suring masturbation is during toilets with toilet paperts during masturbation gersonal clothing or the suring masturbation of the suring masturba	nt i i ints g to nd on of te; er,	VIIZ			
	Refer to General Stat Rights in a 24-Hour F	ute 122C-62 Additional facility (V364) for removal possessions from Client	of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		MHL060-857	B. WING	1.	R 11/12/2021	
	PROVIDER OR SUPPLIER	2005 B	ADDRESS, CITY, STATE REEZEWOOD DRIVI			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCY BLAN OF CORRECTION  PREFIX  (EACH CORRECTIVE ACTION SHOULD  TAG  CROSS-REFERENCED TO THE APPROPRED DEFICIENCY)			TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	#3.  Refer to 10A NCAC 2 and Grooming (V540 dignity of clients by opaper and soap.  Interviews on 10/4/2* #4 revealed: -Ran away on separa unable to identify dat -Client #3 revealed h possessions had to be due to his behaviorsAsked staff for toile bathroom; -Toilet paper was sto  Interviews on 10/20/2* #1, Staff #2, Staff #3 revealed: -Clients #3 and #4 had occasions; -Clients had histories  Attempted telephone Professional #1 (QP Messages requesting #1's telephone on 10 10/29/21 with no return Furthermore, QP #1 for in-person interview.  Interview on 10/20/2* revealed: -Clients had histories -Clients #3 and #4 rai-QP #1 was responsi	27F .0103 Health, Hygiene, b) for failure to ensure the controlling access to toilet  I with Clients #1, #2, #3, and ate occasions but were es; is personal clothing and be given to staff for storage (property destruction); t paper before using the  red in the living room.  21 and 10/22/21 with Staff , and the House Manager ad run away on separate ad run away on separate as of sexualized behaviors.  interviews with the Qualified #1) were unsuccessful. g return calls were left on QP //22/21, 10/27/21, and urn calls received. did not respond to requests ws on 10/20/21 and 11/3/21.  I with the Licensee/QP #2  s of sexualized behaviors; in away from the facility; ble for the oversight of ding the development of	V 112			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		MHL060-857	B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	REEZEWOOD DRIV LOTTE, NC 28262	/E		
(X4) ID PREFIX TAG			ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V 112	112 Continued From page 13		V 112			
	developed to address client.	nent plan strategies were the specific needs of each				
	Manager revealed: -Was asked by the Lie the Division of Health on 10/13/21; -Clients had histories -Clients had histories masturbation resulting -Clients had histories toilet paper so the toil living room and client before using the bath -Would ensure treatm developed and impler needs of the clients; -Licensee/QP #2 was to secure a new QP b new QP; -The Clinical Director the development and plan strategies to add clients.  This deficiency is cross	g in infections; of stuffing the toilets with let paper was kept in the s would ask for toilet paper rooms; nent plan strategies were mented to address the s finalizing staffing changes by promoting Staff #2 to the would assist the new QP in implementation of treatment liress the needs of the				
		293) for a Type A1 rule corrected within 23 days.				
V 114	27G .0207 Emergeno	y Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire plan	an shall be developed and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:						SURVEY LETED	
							R
		MHL060-857		B. WING		11/	12/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
соммии	ITY TREATMENT ALTER	NATIVES 1		ZEWOOD DRI E, NC 28262	VE		
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 114	(b) The plan shall be and evacuation proce posted in the facility. (c) Fire and disaster a shall be held at least repeated for each shi under conditions that	e 14 made available to all staredures and routes shall be drills in a 24-hour facility quarterly and shall be ft. Drills shall be conduct simulate fire emergencie have basic first aid supp	ed es.	V 114			
	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:  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.  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."						
			ond				
			r				
		with Client #2 revealed: ut did not practice disast	er				
		with Client #3 revealed: ut did not practice disast	er				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.	R		
		MHL060-857	B. WING	11/12/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
COMMUN	TY TREATMENT ALTER	NATIVES 1	EZEWOOD DRI	VE		
	THE TREATMENT ACTEN	CHARLOT	TE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 114	Continued From page	÷ 15	V 114			
	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.					
	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.					
	Interview on 10/22/21 with the House Manager revealed: -Set the schedule for the fire and disaster drills.					
	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.					
	Manager revealed: -Was asked by the Lie the Division of Health on 10/13/21; -First shift hours were hours were 3pm-11pr 11pm-7am; -Will ensure fire and of least quarterly and re future.	with Sister Facility A House censee/QP #2 to assist with Service Regulation survey a 7am-3pm, second shift n, third shift hours were disaster drills were held at peated for each shift in the tutes a recited deficiency d within 30 days.				
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	10A NCAC 27G .0209 REQUIREMENTS (c) Medication admini					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILDING.	R		
		MHL060-857	B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	ZEWOOD DRI	VE		
		CHARLOT	TE, NC 28262		. 1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 118	Continued From page	e 16	V 118			
	(1) Prescription or not only be administered order of a person autidrugs. (2) Medications shall clients only when auticlient's physician. (3) Medications, incluadministered only by unlicensed persons trepharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications are corded immediately MAR is to include the (A) client's name; (B) name, strength, and (C) instructions for addictions of the december	n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, regally qualified person and and administer medications. Inistration Record (MAR) of the to each client must be kept administered shall be after administration. The following:  Indicate the drug; Iministering the drug; and is person administering the drug; armedication changes or ded and kept with the MAR pointment or consultation				
	administered on the v	, record review, and				

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		(X1) PROVIDER/SUPPLIER/CLI.				ON (X3) DATE SURVEY COMPLETED		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER	:	A. BUILDING:			COMPLETED	
		MHL060-857		B. WING		ı	R / <b>12/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER	S	TREET ADD	RESS, CITY, STA	TE, ZIP CODE			
			005 BREE	ZEWOOD DRI	VE			
COMMUN	ITY TREATMENT ALTER	NATIVES 1	HARLOTT	E, NC 28262				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORF	RECTION	(X5)	
PREFIX TAG	(			PREFIX TAG	(EACH CORRECTIVE ACTION S	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
V 118	Continued From page	e 17		V 118				
	MARs were kept current affecting 4 of 4 clients (Clients #1, #2, #3, and #4). The findings are:							
	Client #1's record rev	10/19/21, and 10/20/21 of realed:	f					
		ntion Deficit Hyperactivity						
	Disorder (ADHD), Nocturnal Enuresis, and Anxiety Disorder; -12 years old; -August, September, and October, 2021 MARs							
	revealed Client #1 re							
		se (treatment of ADHD)						
		ap (caplet) every morning,						
	,	t of depression and anxiet	ty)					
	60mg 1 cap every mo							
	,	ınits 1 tab (tablet) every						
		e (antipsychotic) 0.25mg 1						
		facine (treatment of ADHI	))					
		se) 3mg 1 tab at bedtime,						
		aid) 5mg 1 tab at bedtimers were present upon initia						
	request on 10/13/21;	s were present upon initia	ll .					
	-Medication orders da	ated 10/14/21 were						
		ved on 10/19/21 for Vyvan	ise					
	=	orning, Duloxetine 60mg 1						
	, , ,	Risperidone 0.25mg 1 tab						
		ne ER 3mg 1 tab at bedtin	ne,					
	and Melatonin 5mg 1	tab at bedtime as needed	d;					
		r Vitamin D3 were not						
	available;							
	· ·	MAR revealed administrati						
		ng 1 tab twice daily but the	ere					
	were only signatures	•						
		morning dose and no	.					
	signatures for the add dose;	ministration of the evening	,					
		ancy for Melatonin 5mg 1						
	tab at bedtime as the medication order was written for the medication to be used on an							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED			
7410 1 1541	or correction.	IDENTIFICATION TO	OWIDER (	A. BUILDING:				
							R	
		MHL060-857		B. WING		11	/12/2021	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
			2005 BREE	ZEWOOD DRI	VE			
COMMUN	COMMUNITY TREATMENT ALTERNATIVES 1  CHARLO			TE, NC 28262				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENC	CIES	ID	PROVIDER'S PLAN OF COR	RRECTION	(X5)	
PREFIX TAG				PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE . DEFICIENCY)		COMPLETE DATE	
V 118	Continued From page	e 18		V 118				
	as-needed basis but t	the August Senten	nher and					
	October, 2021 MARS							
	was a standing order.		odilon.					
		•						
	Observation on 10/13	3/21 at approximate	ly					
	10:45am of Client #1'	s medications reve	aled:					
	-Vyvanse 60mg dispe							
	60mg dispensed 9/20							
	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 5/202	3.						
	Review on 10/13/21,	10/19/21, and 10/2	0/21 of					
	Client #2's record rev	ealed:						
	-Admitted 4/7/17;							
	-Diagnosed with Bipo							
	Stress Disorder (PTS	,	t					
	Hyperactivity Disorde		Covuel					
	Developmental Disab Abuse;	only, and history of	Sexual					
	-17 years old;							
	-August, September,	and October 2021	MARs					
	revealed Client #2 red							
	medications: Concer	•						
	36mg 1 tab every mo							
	tab every morning, La	- '						
	Bipolar Disorder) 200							
	Omeprazole (treatme							
	reflux) 20mg 1 cap 30							
	Cetirizine (allergy me	, •	•					
	bedtime, Montelukast tab at bedtime, Sertra		i) only I					
	depression and PTSI	,	t					
	bedtime, Trazodone							
	Retin-A-Micro (treatm							
	pea-sized amount to	,						
	10mg 1 tab at bedtim							
	medication) 50mcg (n	•	••					
	nostril at bedtime, and	• , .	•					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMP	COMPLETED		
		MHL060-857	B. WING			R <b>12/2021</b>		
NAME OF PI	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STA	TE, ZIP CODE				
COMMUN	ITY TREATMENT ALTER	NATIVES 4 2005 E	BREEZEWOOD DRI	VE				
COMMON	III IKEAIWENI ALIEK	CHAR	LOTTE, NC 28262					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
V 118	Continued From page	e 19	V 118					
	500mg 1 tab twice daevening of 9/17/21 ar 9/24/21); -No medication order request on 10/13/21; -Medication orders dapresented and review 10/20/21 for Concertamorning, Guanfacine morning, Lamotrigine morning, Sertraline 5 Trazodone 100mg 1 and Melatonin 10mg -Medication orders fo Montelukast, Retin-A Fluticasone, and Cipir-There was a discrep 1 tab at bedtime and bedtime as the medications to be basis, but the August	aily for 7 days (started and finished morning of as were present upon initial ated 10/14/21 were used on 10/19/21 and a ER 36mg 1 tab every ER 1mg 1 tab every 200mg 1 ½ tabs at bedtime, tab at bedtime as needed, 1 tab at bedtime as needed; or Omeprazole, Cetirizine,						
	-Concerta ER 36mg of Guanfacine ER 1mg Lamotrigine 200mg d Omeprazole 20mg di 10mg was not preser present, Sertraline 50 Trazodone 100mg dis not indicate medication needed), Retin-A-Micover-the-counter Meli- date 5/2023, and Flut 6/29/21.	dispensed 9/29/21, dispensed 9/29/21, dispensed 9/29/21, dispensed 9/13/21, spensed 9/14/21, Cetirizine of the Montelukast 5mg was not of the Montelukast 5						
	Review on 10/13/21,	10/19/21, and 10/20/21 of						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL060-857	B. WING		R 11/12/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	EZEWOOD DRI TE, NC 28262	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 118	Disorder, Disinhibited Disorder, Intermittent Mild Intellectual Deveration 2.15 years old; -August, September, revealed Client #3 recommedications: Mirtaza 1 tab at bedtime, Benextrapyramidal side of Clonidine (treatment daily, Vitamin D3 1,00 Ziprasidone HCL (and twice daily, Vyvanse of Triamcinolone (treatment of 0.1% ointment apply of (treatment of eczema apply twice daily; -No medication orders dapresented and review Mirtazapine 7.5mg 1 Benztropine 0.5mg 1 tab twice daily, Vyvanse of Mirtazapine 7.5mg 1 tab twice daily, Vyvanse of Mirtazapine 0.5mg 1 tab twice daily, Vyvanse of Mirtazapine 0.5mg 1 tab twice daily, Vyvanse of Mirtazapine 3.5mg	ntion Deficit Hyperactivity Social Engagement Explosive Disorder, and clopmental Disability; and October, 2021 MARs beived the following pine (antidepressant) 7.5mg iztropine (treatment of iffects) 0.5mg 1 tab daily, of ADHD) 0.2 mg 1 tab twice 00 units 1 tab every morning, ipsychotic) 60mg 1 cap in the following 1 cap in the following 2 tab twice in the following 3 tab twice in units 1 tab every morning, in the following 4 tab twice in the following 5 tab in the following 6 tab in the following 6 tab in the following 6 tab in the following 7 tab in the following 6 tab in the following 7 tab in the following 6 tab in the following 6 tab in the following 6 tab in the following 7 tab in the following 6 tab in the following 6 tab in the following 7 tab in the following 6 tab in the following 7 tab in the following 6 tab in the following 7 ta	V 118			
		b/21 at approximately s medications revealed: ispensed 10/3/21 (label did				

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Division of Health Service Regulation

	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED	
	MHL060-857	B. WING		R 11/12/2021	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMMUNITY TREATMENT ALTERNATIV	2005 BREE	ZEWOOD DRI	VE		
COMMONITI TREATMENT ALTERNATIV	CHARLOT	TE, NC 28262			
PREFIX (EACH DEFICIENCY MUS			PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
N 118 Continued From page 21 not indicate medication was needed), Benztropine 0.5r 1 tab daily, Clonidine 0.2 r over-the-counter Vitamin II 10/2023, Ziprasidone HCL Vyvanse 60mg dispensed 0.1% ointment dispensed cream dispensed 4/27/21.  Review on 10/13/21, 10/19 Client #4's record revealed -Admitted 12/20/20; -Diagnosed with Unspecifi Stressor Related Disorder Disorder, and Reaction to -13 years old; -August, September, and revealed Client #4 receive medications: Clonidine 0. Clonidine 0.1mg 2 tabs ev 250mg (mood stabilizer) 1 Adderall XR (treatment of every morning, Prazosin (f trauma related disorders) Vitamin D3 1000 units 1 ta Fluoxetine HCL (antidepre every morning (discontinue) -No medication orders wer request on 10/13/21; -Medication orders dated or presented and reviewed o 0.1mg at bedtime, Clonidin morning, Depakote 250mg Adderall SR 30mg 1 cap er Prazosin 1mg 1 cap at bed -Medication orders for Vita HCL were not available.  Observation on 10/13/21 at 10:30am and 10/20/21 at 10.	mg dispensed 10/7/21, mg dispensed 10/3/21, D3 with expiration date L dispensed 10/7/21, 10/7/21, Triamcinolone 4/27/21, and Elidel 1%  9/21, and 10/20/21 of d: ied Trauma and r, Oppositional Defiant Severe Stress;  October, 2021 MARs ed the following 1 mg 1 tab at bedtime, very morning, Depakote I tab twice daily, ADHD) 30mg 1 cap treatment of PTSD and 1 mg 1 cap at bedtime, ab every morning, and essant) 10mg 1 cap ted on 8/2/21); re present upon initial  10/14/21 were on 10/19/21 for Clonidine ne 0.1mg 2 tabs every g 1 tab twice daily, every morning, and dtime; amin D3 and Fluoxetine  at approximately	V 118			

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ED:	(X2) MULTIPLE CONSTRUCTION (X3) DATE S  A. BUILDING: COMPLI				
			A. Boil	JING		F	
		MHL060-857	B. WIN	S	<del></del>	l l	2/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CI	Y, STATE, ZIP C	ODE		
COMMUN	ITY TOFATMENT ALTED	NATIVEC 4	2005 BREEZEWOO	D DRIVE			
COMMON	ITY TREATMENT ALTER	NATIVES 1	CHARLOTTE, NC	28262			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			FIX G	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 118	118 Continued From page 22		V 118				
	250mg dispensed 10 dispensed 10/14/21, 10/7/21, and over-the visible expiration date.  Interview on 10/13/21 revealed: -There were no medireview; -The pharmacy packer for review (the packar same information on medication); -The doctors do not predication orders to	pensed 10/7/21, Depake (7/21, Adderall XR) Prazosin 1mg dispense e-counter Vitamin D3 with the House Manage cation orders available faging receipts were availing receipts identified the pharmacy label for each order a copy of the the facility.	d th no er for ilable he each				
	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.  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.		ers				
			n QP ests				
	revealed: -Would ensure all me maintained at the fac -Would ensure MARs	ility; s were kept current; escribed medications we					

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MUU 000 057	B. WING		R 11/12/2021	
NAME OF D	ROVIDER OR SUPPLIER	MHL060-857	DRESS, CITY, STA	TE ZIR CODE	<u>  11/12</u>	2/2021
	2005 BREE					
COMMON	ITY TREATMENT ALTER	CHARLOT	TE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	Continued From page	e 23	V 118			
	Interviews on 10/13/21, 10/19/21, 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;  -There was not one specific person who was responsible for the medications;  -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;  -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.					
V 131	available for administration.  Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.  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.  G.S. 131E-256 (D2) HCPR - Prior Employment Verification  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.		V 131			

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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
74121 2741	or connection	IDENTIFICATION NO.	A. BUILDING: _		
		MHL060-857	B. WING		R 11/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	
COMMUN	ITY TREATMENT ALTER	2005 B	REEZEWOOD DRI	VE	
		CHARL	OTTE, NC 28262	T-	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETE
V 131	Continued From page 24		V 131		
	facility failed to access Registry (HCPR) price	w and record review, the ss the Health Care Personnel or to an offer of employment			
	affecting 3 of 7 audite #3). The findings are	ed staff (Staff #1, #2, and e:			
	Review on 10/19/21 -Hired 9/30/20; -Employed as Reside -HCPR accessed 10/				
	Review on 10/20/21 of Staff #2's record revealed: -Hired 9/27/21; -Employed as Residential Counselor; -HCPR accessed 10/6/21.				
	Review on 10/20/21 -Hired 5/3/21; -Employed as Reside -HCPR accessed 10/				
	revealed: -Had email security a -Was unable to acces	ss and maintain HCPR in documents not being			
	Manager revealed: -Was asked by the Li the Division of Health on 10/13/21;	with Sister Facility A House icensee/QP #2 to assist with a Service Regulation survey properly registering on the			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
70101201	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		
		MHL060-857	B. WING		R 11/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
COMMUN	ITY TREATMENT ALTER	NATIVES 1	EZEWOOD DRI TTE, NC 28262	VE	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRE			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
				DEI IGIENOT)	
V 131	reports were late;	nputer and therefore the was accessed and the rior to an offer of	V 131		
V 132	G.S. 131E-256(G) HO Allegations, & Protect		V 132		
	REGISTRY  (g) Health care faciliti Department is notified health care personne unknown source, whin any act listed in subdit (which includes:  a. Neglect or abuse facility or a person to as defined by G.S. 13 as defined by G.S. 13 b. Misappropriation in a health care facilit (b) of this section includer eservices as defined by G.S. 13 b. Misappropriation in a health care facilit (b) of this section includer eservices as defined by G.S. 13 b. Misappropriation in a health care facility (b) of this section includer eservices as defined by the services are investigated to protect residents for the services are servic	ch appear to be related to vision (a)(1) of this section.  of a resident in a healthcare whom home care services of E-136 or hospice services of E-201 are being provided. Of the property of a resident by, as defined in subsection uding places where home need by G.S. 131E-136 or refined by G.S. 131E-201  of the property of a sellonging to a health care for client.  ealth care facility or against whom the employee is evidence that all alleged and must make every effort om harm while the gress. The results of all			

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Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION		E SURVEY PLETED
		MHL060-857	B. WING		1.	R I/ <b>12/2021</b>
					<u> </u>	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
COMMUN	ITY TREATMENT ALTERI	NATIVES 1	EEZEWOOD DRI OTTE, NC 28262	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 132			V 132			
	Department within five notification to the Dep	e working days of the initial partment.				
	facility failed to notify allegations against he to complete an interna	and record review, the				
	Response Improveme	of the North Carolina Incident ent System (NC IRIS) r Level III incident reports				
	reports revealed there an allegation of abuse	of the facility's incident was no documentation of made by Client #1 against during September, 2021.				
	record revealed: -Admitted 6/11/21;	and 10/19/21 of Client #1's attion Deficit Hyperactivity nuresis, and Anxiety				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		MHL060-857	,	B. WING		11	R I/ <b>12/2021</b>
	PROVIDER OR SUPPLIER	ERNATIVES 1	2005 BR	DDRESS, CITY, STATI EEZEWOOD DRIV DTTE, NC 28262	•	·	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIEN NCY MUST BE PRECEDED R LSC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 132	-12 years old.  Interview on 10/4/2 -Had an incident wit two weeks ago; -Was punched and Manager when he wand Family Team (Control of the property of the prop	1 with Client #1 reverth the House Manage choked by the House Was upset regarding CFT) meeting. 21 with the House Manage the hit him when he was at a recent CFT notial Services investigging ee/Qualified Professicility A House Manage the interviews with QF ages requesting return of a telephone on 10/2: 10/21 with no return control of the control of the License of the light and t	der about de a Child danager was upset neeting; ated the disional #2 der	V 132			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		
		MHL060-857	B. WING		R 11/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
COMMUN	ITY TOEATMENT ALTED	2005 BRE	EZEWOOD DRI	VE	
COMMON	ITY TREATMENT ALTER	CHARLOT	TE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 132	32 Continued From page 28		V 132		
	the Division of Health on 10/13/21; -Completed an internative allegation of abus the House Manager beduring the internal invidocument details of the Was not normally resinternal investigations abuse; -The Licensee/QP #2 handle investigating a assisting the Licensee caring for a terminally -The Licensee/QP #2 changes to secure a result to the new QP; -Would ensure any further were handled by notific completing an internative the sales.	Service Regulation survey  al investigation regarding e made by Client #1 against but did not protect the clients restigation and did not ne internal investigation; sponsible for completing regarding allegations of  or QP#1 would normally allegations of abuse but was rely #2 because she was rely ill family member; was finalizing staffing new QP by promoting Staff  or ther allegations of abuse rying the Department,			
V 133	G.S. §122C-80 CRIM CHECK REQUIRED I APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any providevelopmental disabil services that is licens Chapter. (b) Requirement An provider licensed und applicant to fill a posit applicant to have an o conditioned on conse	MPLOYMENT.  ed in this section, the term  an area authority/county  vider of mental health,  lity, and substance abuse  able under Article 2 of this	V 133		

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STATE FORM 6899 K7VX11 If continuation sheet 29 of 91

Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7 . Boilbinto.		
		MHL060-857	B. WING		R 11/12/2021
					1
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
COMMUN	ITY TREATMENT ALTER	NATIVES 1 2005 BRI	EZEWOOD DR	VE	
COMMISSION	THEATMENT ALTEN	CHARLO	TTE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 133	Continued From page 29		V 133		
	the applicant has bee	n a resident of this State for			
		hen the offer of employment			
	•	sent to a State and national			
		d check of the applicant. The			
	national criminal histo	• •			
		e applicant's fingerprints. If			
		n a resident of this State for			
		en the offer is conditioned			
		criminal history record			
		t. A provider shall not			
	employ an applicant v	who refuses to consent to a			
	criminal history record	d check required by this			
		nerwise provided in this			
		e business days of making			
		of employment, a provider			
	•	t to the Department of			
	Justice under G.S. 11				
		d check required by this			
		it a request to a private			
		ate criminal history record section. Notwithstanding			
		Department of Justice shall			
		ational criminal history			
		ployment positions not			
	covered by Public Lav				
		and Human Services,			
	Criminal Records Che				
	business days of rece	eipt of the national criminal			
		the Department of Health			
	and Human Services,	, Criminal Records Check			
		rovider as to whether the			
		may affect the employability			
		case shall the results of the			
		ory record check be shared			
	•	viders shall make available			
		tion that a criminal history			
		oleted on any staff covered			
		nty that has adopted an			
	appropriate local ordi	nance and has access to			

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MML069-957    B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLER  STREET ADDRESS, CITY, STATE, ZIP CODE  2005 BREEZEWOOD DRIVE CHARLOTTE, NC 28262  (X4) ID SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  CONTINUED From page 30  V 133  Continued From page 30  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 record check required 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. (c) Action If an applicant's criminal history record check required have been a state agency. (c) Action If an applicant's criminal history record check required have been a state agency. (c) The date of the crime. (1) The level and seriousness of the crime. (2) The date of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known.						R	
COMMUNITY TREATMENT ALTERNATIVES 1   CHARLOTTE, NC 28862     CALLOTER, NC 28862   CHARLOTTE, NC 28862			MHL060-857	B. WING		11/12	2/2021
(X4) ID SUMMARY STATEMENT ALTERNATIVES 1  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 30  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 without his provider a State oriminal 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.  (c) Action If an applicant's criminal history record check required by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection to the ferm private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.  (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:  (1) The level and seriousness of the crime.  (3) The age of the person at the time of the conviction.  (4) The circumstances surrounding the commission of the crime, if known.	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CHARLOTTE, NC 2882    CAJID   SUMMARY STATEMENT OF DEFICIENCIES   D   PROVIDER'S PLAN OF CORRECTION   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY WIST'S BE PRECEDED BY FULL   PREFIX   TAG   PREFIX   CROSS-REFERENCED TO THE APPROPRIATE   DATE    V 133   Continued From page 30   V 133   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 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 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:  (1) The level and seriousness of the crime.  (2) The date of the crime.  (3) The age of the person at the time of the commission of the crime, if known.	COMMUN	ITV TOEATMENT ALTED	2005 BREE	ZEWOOD DRI	VE		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 30  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 check utilizing public records obtained from a State agency.  (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:  (1) The level and seriousness of the crime.  (2) The date of the person at the time of the conviction.  (4) The circumstances surrounding the commission of the crime, if known.	COMMON	IIY IREAIMENI ALIEK	CHARLOT	TE, NC 28262			
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.  (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:  (1) The level and seriousness of the crime.  (2) The date of the crime.  (3) The age of the person at the time of the conviction.  (4) The circumstances surrounding the commission of the crime, if known.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
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.  (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:  (1) The level and seriousness of the crime.  (2) The date of the crime.  (3) The age of the person at the time of the conviction.  (4) The circumstances surrounding the commission of the crime, if known.	V 133	Continued From page	e 30	V 133			
(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the	V 133	the Division of Crimin may conduct on beha criminal history record section without the prequest to the Depart case, the county shall criminal history record section within five bus conditional offer of en All criminal history inferovider is confidential except to the applicar (c) of this section. For subsection, the term business regularly encriminal history record cords obtained from (c) Action. If an apple record check reveals a relevant offense, the of the following factor hire the applicant:  (1) The level and serie (2) The date of the criminal history record (3) The age of the perconviction.  (4) The circumstance commission of the criminal history record (3) The person and the join filled.  (6) The prison, jail, prehabilitation, and emperson since the date (7) The subsequent carelevant offense. The fact of conviction	al Information data bank If of a provider a State d check required by this ovider having to submit a ment of Justice. In such a I commence with the State d check required by this siness days of the inployment by the provider. ormation received by the al and may not be disclosed, in as provided in subsection in purposes of this 'private entity" means a gaged in conducting d checks utilizing public in a State agency. icant's criminal history one or more convictions of the provider shall consider all is in determining whether to cousness of the crime. Ime. Irrson at the time of the ses surrounding the me, if known. In the criminal conduct of the duties of the position to be obation, parole, ipployment records of the the crime was committed. ommission by the person of	V 133			

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MHL060-857  MHL060-857  B. WING B. WING 11/12/2021  NAME OF PROVIDER OR SUPPLIER  COMMUNITY TREATMENT ALTERNATIVES 1  STREET ADDRESS, CITY, STATE, ZIP CODE CHARLOTTE, NC 28262	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL060-857  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2005 BREEZEWOOD DRIVE				A. BOILDING.			
COMMUNITY TREATMENT ALTERNATIVES 1			MHL060-857	B. WING		I	
COMMUNITY TREATMENT ALTERNATIVES 1	IAME OF PROV	OVIDER OR SUPPLIER	OR SUPPLIER STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
CHARLOTTE, NC 28262	CTIMI IMMO	TV TDEATMENT ALTED	ATMENT ALTERNATIVES 1	EZEWOOD DRI	VE		
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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	PREFIX	(EACH DEFICIENC	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE	E
V 133 Continued From page 31 V 133	V 133 Co	Continued From page	ued From page 31	V 133			
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 that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.  (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:  (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.  (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check of the individual.  (a) Felevant Offense As used in this section,  (b) 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 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery, Article 16, Empezzlement, Article 19,	If the cooper the to of app (d) or cook (1) incompression (2) critical the cook (e) "refer incompression (e) the cook (e)	If the provider disqual consideration of the reprovider may disclose the criminal history reto the disqualification of the criminal history applicant.  (d) Limited Immunity. or employee of a procomplies with this secivil liability for:  (1) The failure of the individual on the basisthe criminal history re(2) Failure to check a criminal offenses if the history record check compliance with this (e) Relevant Offense "relevant offense" metederal criminal histori indictment of a crime felony, that bears upon have responsibility for persons needing meredisabilities, or substate crimes include the criminal offenses: Artisuing Monetary Sul Endangering Executi Article 6, Homicide; A Sex Offenses; Article Kidnapping and Abdulnjury or Damage by Incendiary Device or and Other Housebrea Other Burnings; Article Other O	provider disqualifies an applicant after eration of the relevant factors, then the er may disclose information contained in minal history record check that is relevant disqualification, but may not provide a copy criminal history record check to the eart.  Inited Immunity A provider and an officer ployee of a provider that, in good faith, es with this section shall be immune from bility for:  It failure of the provider to employ an earl on the basis of information provided in minal history record check of the individual. Hure to check an employee's history of earl offenses if the employee's criminal record check is requested and received in ance with this section.  It rewant Offense As used in this section, and offense' means a county, state, or a criminal history of conviction or pending ment of a crime, whether a misdemeanor or that bears upon an individual's fitness to esponsibility for the safety and well-being of as needing mental health, developmental fities, or substance abuse services. These include the criminal offenses set forth in the following Articles of Chapter 14 of the earl Statutes: Article 5, Counterfeiting and gonetary Substitutes; Article 5A, gering Executive and Legislative Officers; 6, Homicide; Article 7A, Rape and Other ffenses; Article 8, Assaults; Article 10, oping and Abduction; Article 13, Malicious or Damage by Use of Explosive or liary Device or Material; Article 14, Burglary ther Housebreakings; Article 15, Arson and Burnings; Article 16, Larceny; Article 17,	V 155			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-857	B. WING		R 11/12/2021	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	,	
		2005 BREE	ZEWOOD DRI			
COMMUN	ITY TREATMENT ALTER	NATIVES 1 CHARLOT	TE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 133	Continued From page	e 32	V 133			
V 133	False Pretenses and Obtaining Property or Fraudulent Use of Cro Article 19B, Financial Act; Article 20, Fraudi 26, Offenses Against Decency; Article 26A, Article 27, Prostitutior 29, Bribery; Article 31 Office; Article 35, Offe Peace; Article 36A, R Article 39, Protection Protection of the Fam Intoxication; and Article 39, Protection Protection of the Fam Intoxication; and Article Crime. These crimes sale of drugs in violat Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B-impaired in violation of G.S. 20-138.5.  (f) Penalty for Furnish applicant for employn supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Employemploy an applicant obtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as residual control of the criminal history record subsection (b) of this fingerprint cards as residual	Cheats; Article 19A, Services by False or edit Device or Other Means; Transaction Card Crime s; Article 21, Forgery; Article Public Morality and Adult Establishments; n; Article 28, Perjury; Article , Misconduct in Public enses Against the Public iots and Civil Disorders; of Minors; Article 40, illy; Article 59, Public ele 60, Computer-Related also include possession or ion of the North Carolina es Act, Article 5 of Chapter tutes, and alcohol-related to underage persons in 302 or driving while of G.S. 20-138.1 through hing False Information Any ment who willfully furnishes, e gives false information on cation that is the basis for a d check under this section ass A1 misdemeanor. eyment A provider may conditionally prior to of a criminal history record applicant if both of the	V 133			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-857	B. WING		1.	R I/12/2021
			<u> </u>		1 '	1/12/2021
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
COMMUN	ITY TREATMENT ALTER	NATIVES 1	REEZEWOOD DRIVI	1		
	I	CHARLO	OTTE, NC 28262			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FL REGULATORY OR LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	V 133 Continued From page 33		V 133			
	business days after the conditional employme 2001-155, s. 1; 2004-					
	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:  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.					
	-Hired 9/27/21; -Employed as Reside -Criminal history reco Review on 10/20/21 of -Hired 5/3/21; -Employed as Reside	rd check requested 10/5/21.  of Staff #3's record revealed:				
	Interview on 10/20/21 Professional (QP) #2 -Had email security a -Was unable to acces	with the Licensee/Qualified revealed: nd computer issues; s and maintain criminal resulting in documents not				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		MHL060-857	B. WING		R 11/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	
COMMUN	ITY TOEATMENT ALTED	2005 BF	REEZEWOOD DR	VE	
COMMON	ITY TREATMENT ALTER	NATIVES 1 CHARL	OTTE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
V 133	Continued From page 34		V 133		
V 202	Manager revealed: -Was asked by the Licton the Division of Health on 10/13/21; -Was not aware crimin were not requested wemployment; -Would ensure crimin requested within five future employees.	al history record checks be days of employment for all	V 202		
V 293	27G .1701 Residentia	al Tx. Child/Adol - Scope	V 293		
	children or adolescen free-standing resident intensive, active there interventions within a shall not be the prima who is not a client of the first	treent staff secure facility for ts is one that is a stial facility that provides apeutic treatment and system of care approach. It ary residence of an individual the facility.  In staff are required to be deep hours and supervision is set forth in Rule .1704 of erved shall be children or a primary diagnosis of onal disturbance or orders; and may also have including developmental didren or adolescents shall inpatient psychiatric services. In the dolescents served shall in the mome to a didential setting in order to			

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Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED
		MHL060-857	B. WING		1	R I/ <b>12/2021</b>
	ROVIDER OR SUPPLIER	NATIVES 1	ADDRESS, CITY, STATE SEEZEWOOD DRIVE OTTE, NC 28262	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 293	(e) Services shall be (1) include indivistructure of daily living (2) minimize the related to functional of (3) ensure safe control behaviors included management with or (4) assist the off acquisition of adaptive communication, social (5) support the gaining the skills need intensive treatment social (f) The residential treshall coordinate with	a a staff secure setting. designed to: vidualized supervision and g; e occurrence of behaviors leficits; ty and deescalate out of uding frequent crisis without physical restraint; hild or adolescent in the e functioning in self-control, al and recreational skills; and child or adolescent in ded to step-down to a less etting. atment staff secure facility	V 293			
	living, minimize the or related to functional or deescalate out of con acquisition of adaptive communication, and skills needed to step-	, record review, and				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL060-857	B. WING	<del></del>	1.	R I/ <b>12/2021</b>
	ROVIDER OR SUPPLIER	2005 RNATIVES 1	ET ADDRESS, CITY, STATE BREEZEWOOD DRIV RLOTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 293	#1, #2, #3, and #4).  CROSS REFERENCE Personnel Requirem Based upon interview observation, the facil trained in basic first a resuscitation affectin #2 and #3) and trained clients affecting 3 of and #3).  CROSS REFERENCE Competencies of Quantification Associate Professions Based upon interview audited qualified professional #1 and Professional #2) failed knowledge, skills, an population served.  CROSS REFERENCE Assessment and Treservice Plan (V112) Based upon interview facility failed to devel strategies to meet the affecting 4 of 4 audite and #4).  CROSS REFERENCE Medication Requirem Based upon interview observation, the facil prescription and non-administered on the authorized by law to	The findings are:  EE: 10A NCAC 27G .0202 ents (V108)  IV, record review, and ity failed to ensure staff were aid and cardiopulmonary g 2 of 7 audited staff (Staff ed to meet the needs of the 7 audited staff (Staff #1, #2,  EE: 10A NCAC 27G .0203 alified Professional and hals (V109) IV and record review, 2 of 2 fessionals (Qualified Licensee/Qualified ed to demonstrate the dabilities required by the  EE: 10A NCAC 27G .0205 atment/Habilitation or  IV and record review, the lop and implement treatment eneeds of the clients ed clients (Clients #1, #2, #3,  EE: 10A NCAC .0209 hents (V118) IV, record review, and ity failed to ensure prescription drugs were written order of a person prescribe drugs and that rent affecting 4 of 4 clients	V 293			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			CONSTRUCTION	(X3) DATE SU COMPLE	
		MHL060-857		B. WING		11/12	2/2021
NAME OF P	ROVIDER OR SUPPLIER	•	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	PNATIVES 1	2005 BREEZ	EWOOD DRI	VE		
	THE TREATMENT ACTE	WATIVEO I	CHARLOTTI	E, NC 28262			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 293	Continued From page 37			V 293			
	Minimum Staffing Re Based upon interviev observation, the facil	w, record review, and ity failed to ensure minits of at least two direct ca	mum				
	CROSS REFERENCE: General Statute 122C-62 Additional Rights in 24-Hour Facilities (V364) 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).  CROSS REFERENCE: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) Based upon interview, record review, and observation, the facility failed to implement written policies in response to incidents.		ights and				
			ory A				
CROSS REFERENCE: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) 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.		ery A					
	Living Environment ( Based on interview, observation, the facil atmosphere conduci during scheduled sle clients (Client #4).	record review, and ity failed to ensure an ve to uninterrupted slee eping hours affecting 1	p of 4				
	Review on 11/8/21 o	f the first Plan of Protec	tion				

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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE	l l	(X2) MULTIPLE (	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	NT OF DEFICIENCIES N OF CORRECTION		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2005 BREEZEWOOD DRIVE CHARLOTTE, NC 28262  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  B. WING CODE  STREET ADDRESS, CITY, STATE, ZIP CODE  2005 BREEZEWOOD DRIVE CHARLOTTE, NC 28262  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPANY OF LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE		A. BUILDING:				
NAME OF PROVIDER OR SUPPLIER  COMMUNITY TREATMENT ALTERNATIVES 1  CHARLOTTE, NC 28262  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE	l l	B WING	MIII 000 057			
COMMUNITY TREATMENT ALTERNATIVES 1  2005 BREEZEWOOD DRIVE CHARLOTTE, NC 28262  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE	11/12/2021		WITEU60-837			
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CHARLOTTE, NC 28262  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CONTAGE REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE		EWOOD DRIV	NATIVES 1 2005 BREE	NITY TREATMENT AI TER	COMMUN	
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DEFICIENCY)	EACH CORRECTIVE ACTION SHOULD BE COMPLETE	PREFIX	/ MUST BE PRECEDED BY FULL	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		
V 293 Continued From page 38 V 293		V 293	38	V 293		
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:  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.  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.  3. Community Treatment Alternatives will ensure that toilet paper will be available in all bathrooms for consumer's use.  4. Community Treatment Alternatives will ensure that toilet paper will have dressers in the bedrooms.  5. Community Treatment Alternatives will ensure the Consumer's use.  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.  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.		V 293	by the Licensed: con will the facility take to be consumers in your care? comake sure the above as that Community as will take to ensure the ers in our care will be as  ment Alternatives will disaster drills will be not the form will be reviewed. Professional) to ensure that correctly.  ment Alternatives will a Care Registry and Check will be completed of work.  ment Alternatives will er will be available in all her's use.  ment Alternatives will have dressers in  ment Alternatives will all batteries in all smoke.  ment Alternatives will mance will install the new form routine monthly checks.  otified within 24 hours in the led to be replaced.  tment Alternatives will contractor will be contacted ing Environment such as:  ing, Wall repairs, dressers  Bricks will be replaced for	dated 11/4/21 written Professional revealed "What immediate active ensure the safety of the Describe your plans thappens. The immediate action Treatment Alternative safety of the consume follows:  1. Community Treatensure that all fire and completed monthly, a by the Q.P. (Qualified the log is completed to 2. Community Treatensure that the Health Criminal Background prior to staff first day of 3. Community Treatensure that toilet pape bathrooms for consured. Community Treatensure that all consuments that all consuments the Change of detectors in the home of the Community Treatensure the Change of detectors in the home of the Community Treatensure the Change of detectors and maintensure the batteries and will perform the batteries and will perform that General Community Treatensure that General Community Treate	V 293	

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MML060-857    MML060-857   STREET ADDRESS, CITY, STATE, ZIP CODE		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	, ,	TE SURVEY MPLETED
NAME OF PROVIDER OR SUPPLIER  COMMUNITY TREATMENT ALTERNATIVES 1  CROSS-ARTERNATIVES PROVIDED BY FULL REPORT ALTERNATIVES INCOMMUNITY BREEDED BY FULL REPORT ALTERNATIVES INCOMMUNITY TRACE TO THE APPROPRIATE DATE OF CROSS-ARTERNATIVE								R
COMMUNITY TREATMENT ALTERNATIVES 1   2005 BREEZEWOOD DRIVE CHARLOTTE, NC 28262			MHL060-857		B. WING		1	
CANDIDATE   CHARLOTTE, NC 28262   CHARLOT   CH	NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
(CA) ID SIMMARY STATEMENT OF DEFICIENCIES ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  V 293  Continued From page 39  stress the importance of the deadline for repairs. 9. Community Treatment Alternatives will ensure that all staff will receive specialized training on Sexualize Aggressive Youths. 11. Community Treatment Alternatives will ensure that all staff medication trainings are current and updated annually by a certified Medication Management Trainer. 12. Community Treatment Alternatives will ensure that all Staff medication trainings are current and updated annually by a certified Medication Management Trainer. 12. Community Treatment Alternatives will ensure that all Medication Management Trainer. 13. Community Treatment Alternatives will ensure that all Medication Management Trainer. 14. Community Treatment Alternatives will ensure that all DRC (discontinue) orders are in compliance with the MAR'S (Medication Administration Records) followed by CTA (Community Treatment Alternatives OP will oversee all Medication documentation is completed and correct. 14. Community Treatment Alternatives will ensure that the OP and House Manager will ensure that the OP will provide an overall training on incident Reporting and completing a IRIS (Incident Response Improvement System).				2005 BREE	ZEWOOD DRI	VE		
PREFIX TAG	COMMUN	ITY TREATMENT ALTER	NATIVES 1	CHARLOT	ΓE, NC 28262			
stress the importance of the deadline for repairs.  9. Community Treatment Alternatives will ensure that the kitchen stove will be replaced.  10. Community Treatment Alternatives will ensure that all staff will receive specialized training on Sexualize Aggressive Youths.  11. Community Treatment Alternatives will ensure that all staff medication trainings are current and updated annually by a certified Medication Management Trainer.  12. Community Treatment Alternatives will ensure that all DIC (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.  13. Community Treatment Alternatives QP will oversee all Medication changes and ensure all Medication documentation is completed and correct.  14. Community Treatment Alternatives will ensure that the QP and House Manager 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.  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).	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETE
9. Community Treatment Alternatives will ensure that the kitchen stove will be replaced. 10. Community Treatment Alternatives will ensure that all staff will receive specialized training on Sexualize Aggressive Youths. 11. Community Treatment Alternatives will ensure that all staff medication trainings are current and updated annually by a certified Medication Management Trainer. 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. 13. Community Treatment Alternatives QP will oversee all Medication changes and ensure all Medication documentation is completed and correct. 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. 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).	V 293	Continued From page 39			V 293			
ensure that the hiring process is on-going to hire qualified staff and will ensure there will be 2 staff on each shift.  17. Community Treatment Alternatives will ensure that the QP will modify the Goals to service plan to ensure the consumer safety.	V 295	stress the importance 9. Community Trea ensure that the kitche 10. Community Trea ensure that all staff w training on Sexualize 11. Community Trea ensure that all staff m current and updated a Medication Managem 12. Community Trea ensure that all D/C (d compliance with the N Administration Recor (Community Treatme of all copies of preso documented in the N 13. Community Trea oversee all Medication Medication document correct. 14. Community Trea ensure that all allegat investigated, docume review. Upon investig face suspension until reviewed and resolve 15. Community Trea ensure that the QP w on Incident Reporting (Incident Response In 16. Community Trea ensure that the hiring qualified staff and wil on each shift. 17. Community Trea ensure that the QP w	e of the deadline for repartment Alternatives will en stove will be replace atment Alternatives will will receive specialized Aggressive Youths. Aggressive Youths. Attended By a certified ment Trainer. Attended By a certified ment Trainer. Attended By CTA and Alternatives WIL attended By CTA and Alternatives QP over the Complete Aggressive Aggres	in ersight sare will all disconnections of the same of	V 295			

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '			(3) DATE SURVEY COMPLETED	
7110 1 12/11	or correction.	IDEITH IO/HIOH	NOMBER.	A. BUILDING: _			LLILD	
							R	
		MHL060-857	7	B. WING		11	/12/2021	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE. ZIP CODE			
				ZEWOOD DRI				
COMMUN	ITY TREATMENT ALTER	NATIVES 1		E, NC 28262				
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIEN		1	PROVIDER'S PLAN OF COR	RECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE	
V 293	Continued From page	e 40		V 293				
	provide ongoing traini	ing and dayalanm	ont for the					
	QP(s) and AP(s) (Ass							
	QP (s) and AP (s) will		•					
	competency level after							
	compoterioy level dite	or odorr training.						
	Review on 11/12/21 o	of the second Plan	of					
	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 action	•						
	Treatment Alternative							
	safety of the consume	ers in our care will	be as					
	follows:							
		tment Alternatives						
	ensure all staff memb	•						
	training on Sexualize		•					
	certified sexualized tra and within the next 30							
	staff members have o	•	urrent					
		tment Alternatives	will					
	ensure all staff receiv							
	management training							
	Manager] and [Staff #							
	QP) will be responsib	- '						
	ongoing training has l							
	certificate of completi							
	3. Community Treat	tment Alternatives	staff					
	[Sister Facility A House Manager] and [Staff #2]							
	will be responsible for the oversight of all							
	discontinued medicat		•					
	with the consumer's MA (MAR - Medication							
	Administration Record	•	-					
	copies of prescription							
	medication are docun		mer's					
	MAR and copy has be	•						
	consumer's chart with	nn 24 hours of eac	ch change	I				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		MHL060-857	B. WING		R 11/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE	
			EEZEWOOD DRI		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	TTE, NC 28262	<b>V</b> 2	
040.15	QUIMMADV QT	TATEMENT OF DEFICIENCIES	,	PROVIDER'S PLAN OF CORRECTION	d over
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 293	Continued From page	e 41	V 293		
	4. Community Treat [Sister Facility A House will be responsible for changes in the consultant and ensure the MAR within 24 hours of an Q.P. will oversee all I ensure all Medication completed and correct 5. Community Treat ensure that all allegation investigated, docume review. Upon investigated and resolve 6. Community Treat ensure staff [Staff #2] on Incident Reporting 7. Community Treat [Sister Facility A House during the hiring proceased will ensure two staff ensure staff [Staff #2] (person centered plant to ensure the consum 9. Community Treat ensure all staff members AP and QPs, received development in working population. Trainings [Licensed Profession contractors as need for trainings will be proving the consumer will be proving the p	itment Alternatives staff se Manager] and [Staff #2] r the oversight of any mer's medication regimen, is complete and correct y new change. Medication changes and n documentation is ct. Itment Alternatives will and House Manager will tions and incidents will be ented, and available for gation CTA Employee will investigation has been ed. atment Alternatives will ] provides in service training g using the IRIS system. Itment Alternatives staff se Manager] will ensure less qualified staff are hired taff members be scheduled  Internatives will ] will modify/revised the PCP n) goals to reflect the steps mer safety. Itment Alternatives will pers PP (paraprofessional), ongoing training and ing with the residential se will be provided by all and other certified for specific disciplines; all ded on a monthly basis."			
	Review on 11/12/21 of dated 11/12/21 writte	of the third Plan of Protection n by the Licensed			

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Professional revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED		
					R
		MHL060-857	B. WING	<del></del>	11/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
		2005 BR	EEZEWOOD DRIV	E	
COMMUN	ITY TREATMENT ALTER	NATIVES 1 CHARLO	OTTE, NC 28262		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO	()
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	
V 293	Continued From page	e 42	V 293		
	"What immediate acti	on will the facility take to			
	_	he consumers in your care?			
		o make sure the above			
	happens.				
	Plan of Protection:				
	The immediate action	•			
		s will take to ensure the			
	follows:	ers in our care will be as			
	1. Community Treat	tment Alternatives will			
ensure all staff members receive specialized					
	training on Sexualize	Aggressive Youths by a			
		ainer within the next 7 to 10			
		facilitated by [Trainer]. Upon			
	_	will receive the Sexualized			
		y working in the home.			
	_	tment Alternatives will			
	ensure all staff receiv				
		, [Sister Facility A House			
	oversight of all ongoir	#2] will be responsible for the			
		cate of completion is placed			
		ation will be checked by staff			
		lity A House Manager] and			
	[Staff #2]	, 3 1			
	<del>-</del>	tment Alternatives staff			
	[Sister Facility A Hous	se Manager] and [Staff #2]			
	will be responsible for	r the oversight of all			
	discontinued medicat	ion orders are in compliance			
		MAR, in addition to ensuring			
	copies of prescription				
		nent on the consumer's			
	MAR and copy has be				
		nin 24 hours of each change			
		tment Alternatives staff			
	, -	se Manager] and [Staff #2]			
	will be responsible for	mer's medication regimen,			
		is complete and correct			
		y new change. Q.P. will			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY IPLETED
							R
		MHL060-857		B. WING		11	1/12/2021
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			2005 BRE	EZEWOOD DRI	VE		
COMMUN	IITY TREATMENT ALTE	RNATIVES 1	CHARLOT	TTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCE CY MUST BE PRECEDED B R LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 293	Continued From page 43			V 293			
	oversee all Medication Medication documer correct.  5. Community Treensure that the QP ensure that all alleginvestigated, documereview. Upon invest face suspension untreviewed and resolved. Community Treensure staff [Staff # on Incident Reportin staff meeting will be provide training on to the community Treensure during the hiare hired and will ensure during the hiare hired and will ensure staff [Staff # the PCP goals to reconsumer safety. Staff if all consumers to discuss safety of all consumers. Community Treensure all staff memore ensure all staff memore ensure all staff memore ensure all staff memore in the provided by [ other certified contradisciplines; all training monthly basis. A staff staff in the provided by [ other certified contradisciplines; all training monthly basis. A staff staff in the provided by [ other certified contradisciplines; all training monthly basis. A staff provided by [ other certified contradisciplines; all training monthly basis. A staff provided by [ other certified contradisciplines; all training monthly basis. A staff provided by [ other certified contradisciplines; all training monthly basis. A staff provided by [ other certified contradisciplines; all training monthly basis. A staff provided by [ other certified contradisciplines; all training monthly basis. A staff provided by [ other certified contradisciplines]	on changes and ensuntation is completed a atment Alternatives wand House Manager vations and incidents wand House Manager vations and incidents wand incidents wand and available digation CTA Employer ill investigation has be red.  Peatment Alternatives was provided in service againg the IRIS systemed on 11/19/2021 the IRIS by [Staff #2] atment Alternatives so use Manager] will impring process qualified as was a support of the steps to ensure two staff members in the steps to ensure the steps to ensure filect the steps to ensure filett the steps to ensure	and  vill  will be for e will een  will training eem. A to  taff mediately d staff ers are  vill revise ure the eter FT for the existin fach staff re-test frainings al] and ecific on a ld on				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C			CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBE	-IX.	A. BUILDING: _		COIWII	LLTED
		MHL060-857		B. WING		<b>I</b>	R <b>12/2021</b>
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
			2005 BREE	ZEWOOD DRI	VE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1		TE, NC 28262			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FUI LSC IDENTIFYING INFORMATIO		PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	COMPLETE DATE
V 293	Continued From page	e 44		V 293			
	and monitored to use toileting purposes. C designated showering Consumer [Client #4]	I consumers will be direct the half bathroom for TA has implemented a g schedule from 4 pm-6 will be monitored in the taff until all showers hav	pm.				
	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, 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						
	in decreased supervi	ly one staff working resu sion and oversight for nd #4's treatment needs.					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUR'	
			A. BUILDING: _			
		MHL060-857	B. WING		R 11/12/2	2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STA	TE. ZIP CODE		
			EZEWOOD DRI			
COMMUN	ITY TREATMENT ALTER	NATIVES 1	TTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 293	I, Level II and Level I impossible to identify Clients #1, #2, #3, ar called to the facility o and there was no do incidents occurring w no medication orders facility on 10/13/21 u Clients #1, #2, #3, ar Medication administration current for Client #1's Risperidone. There we medications were to standing order or on Clients #1 (Melatonin Melatonin), and #3 (Mot permitted to main personal belongings	lity failed to document Level II incidents making it and track clinical needs of ad #4. Law enforcement was in five occasions during 2021 cumentation to reflects ithin the facility. There were available for review at the pon initial request despite ad #4 receiving medications. ation records were not kept sevening dose of was confusion as to whether be administered as a an as-needed basis for i), #2 (Trazodone and dirtazapine). Client #3 was stain his clothing and in his room. There was no	V 293			
V 296	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.  27G .1704 Residential Tx. Child/Adol - Min. Staffing					

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STATEMENT OF DEFICIENCIE	S	` '	/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN OF CORRECTION		IDENTIFICA	TION NUMBER:	A. BUILDING: _		COMPL	ETED
				B WING		F	
		MHL06	0-857	B. WING		11/1	2/2021
NAME OF PROVIDER OR SUP	PLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMMUNITY TREATMEN	IT AI TED	NATIVES 1	2005 BREE	ZEWOOD DRI	VE		
COMMONITT TREATMEN	II ALILIN	NATIVES	CHARLOT	E, NC 28262			
PREFIX (EACH I	DEFICIENC'	ATEMENT OF DEF Y MUST BE PREC .SC IDENTIFYING	EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 296 Continued Fr	6 Continued From page 46						
REQUIREMS (a) A qualifies telephone or able to reach times. (b) The ministerequired when present and (1) two one, two, three (2) three for five, six, so adolescents; (3) four nine, ten, ele adolescents. (c) The ministerior during child of follows: (1) two and one shall children or act (2) two and both shall children or act (3) three of which two asleep for nine adolescents. (d) In addition care staff set Rule, more of the facility basindividual neeplan. (e) Each fact supervision of are away from	ENTS ed profes page. A the facil mum nur en childre awake is direct cee or fou ee direct seven or and or direct ce el be awa dolescen ee direct shall be awa dolescen ee direct shall be ne, ten, e ilirect carr ased on t eds as sp cility shall of childre m the face	sional shall be direct care staity within 30 nmber of direct on or adolesce as follows: are staff shall rehildren or a care staff shall welve children on the cent sleep ho are staff shall ke for one through the content staff shall ake for five through the care staff shall ake for five through the child or adopecified in the be responsib	care staff ents are  be present for idolescents; ill be present or  be present for or  care staff urs is as  be present ough four  be present ough eight  ill be present e third may be ye children or  nber of direct a)-(c) of this e required in olescent's treatment  le for ensuring nts when they ance with the	V 296			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE	SURVEY LETED
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		MHL060-857	B. WING		R 11/12/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	REEZEWOOD DRIN	VE .		
			OTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 296	Continued From page	e 47	V 296			
	needs as specified in	the treatment plan.				
	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 ad	olescents. The findings are:				
	Observation on 10/4/	21 at approximately				
	4:30pm-5:15pm reve					
	-Staff #1 worked alor	ne with Clients #2, #3, and				
	#4;					
	-Client #1 arrived off					
	approximately 5:00pr -Staff #2 arrived at ap					
	-Stall #2 allived at ap	oproximately 5.15p.				
	Review on 10/13/21	and 10/19/21 of Client #1's				
	record revealed:					
	-Admitted 6/11/21;					
		ntion Deficit Hyperactivity				
	Disorder, Nocturnal E Disorder;	Enuresis, and Anxiety				
	-12 years old;					
	-History of bullying, s	elf-injury, property				
		oward others, sexualized				
		e online behavior and				
		l physical aggression, and				
	running away.					
	Review on 10/13/21 :	and 10/19/21 of Client #2's				
	record revealed:	and 10/10/21 of Official #23				
	-Admitted 4/7/17;					
	· ·	olar Disorder, Post-Traumatic				
	Stress Disorder, Atte	ntion Deficit Hyperactivity				

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, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	1 ' '	(X3) DATE SURVEY COMPLETED	
			A. BOILDING			R	
		MHL060-857	B. WING		11	/12/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
COMMUN	ITY TREATMENT ALTER	NATIVES 1	EZEWOOD DRI	VE			
	THE REAL MENT ALLEN	CHARLO	TTE, NC 28262				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 296	Continued From page	e 48	V 296				
	online behavior, phys threats of violence, and Review on 10/13/21 arecord revealed: -Admitted 5/10/18; -Diagnosed with Atternited Disorder, Disinhibited Disorder, Intermittent Mild Intellectual Deversity years old; -History of verbal and property destruction,	y of Sexual Abuse; I behaviors with unsafe ical aggression, assault, and property destruction.  and 10/19/21 of Client #3's  Intion Deficit Hyperactivity I Social Engagement Explosive Disorder, and elopmental Disability;  I physical aggression, bringing a gun to school and peers, property destruction,					
	Disorder, and Reaction-13 years old; -History of verbal and property destruction, crime, elopement risk behaviors, and attempted bedroom and into the linterviews on 10/4/21 revealed: -Only one staff works-Woke at night on a restaff was working.	pecified Trauma and order, Oppositional Defiant on to Severe Stress;  I physical aggression, heightened focus on violent drunning away, sexualized pted sneaking from his bedroom of a peer.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
				A. BUILDING			,
		MHL060-857		B. WING		F 11/1	2/2021
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMMUNI	TY TREATMENT ALTER	NATIVES 1	2005 BREE	ZEWOOD DRI	VE		
			CHARLOT	TE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 296	Continued From page	e 49		V 296			
	three clients (Clients and #2, #3, and #3) between 2:30pm-3:00 Client #1 was due from the client #1.	4 had returned to the f	facility es;				
	Professional (QP) #2 -There should never to with clients; -A second staff should -The second staff mework on 10/4/21 was -When clients wake a member it was due to working elsewhere in	d always be present; mber (Staff #2) assignate due to car problen t night and see one state the second staff mem	ed to ns; aff ber				
	Manager revealed:	with Sister Facility A Ho					
	This deficiency consti	tutes a recited deficier	ncy.				
	27G .1700 Scope (V2	ess referenced to 10A N 193) for a Type A1 rule corrected within 23 da					
V 364	G.S. 122C- 62 Additi Facilities	onal Rights in 24 Hour		V 364			
	` '	al Rights in 24-Hour rights enumerated in 0 . 122C-61, each adult					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
						R
		MHL060-857	B. WING			/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STF	REET ADDRESS, CITY, ST	ATE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	5 BREEZEWOOD DR			
	T	СН	ARLOTTE, NC 28262	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 364	24-hour facility keeps (1) Send and receive access to writing mat assistance when nece (2) Contact and con- and at no cost to the physicians, and priva developmental disabi- professionals of his c (3) Contact and con- there is a client advoor The rights specified in restricted by the facili- exercise these rights (b) Except as provid of this section, each a treatment or habilitati- times keeps the right (1) Make and receive calls. All long distance the client at the time of collect to the receivin (2) Receive visitors a.m. and 9:00 p.m. for hours daily, two hours p.m.; however visiting over therapies; (3) Communicate ar supervision with indiv upon the consent of t (4) Make visits outsi unless: a. Commitment pro the result of the client violent crime, includir assault with a deadly	ment or habilitation in a the right to: e sealed mail and have erial, postage, and staff essary; sult with, at his own expensifacility, legal counsel, private mental health, lities, or substance abuse hoice; and sult with a client advocate it cate. In this subsection may not be ty and each adult client may at all reasonable times, ed in subsections (e) and (ladult client who is receiving on in a 24-hour facility at all to: e confidential telephone e calls shall be paid for by of making the call or made go party; between the hours of 8:00 or a period of at least six is of which shall be after 6:00 or shall not take precedence and meet under appropriate riduals of his own choice he individuals; de the custody of the facility ceedings were initiated as it's being charged with a not guilty by reason of	te  f e y h) I			

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MHL060-857  MHL060-857  MHL060-857  STREET ADDRESS, CITY, STATE, ZIP CODE 2005 BREEZEWOOD DRIVE CHARLOTTE, NC 28262   (X4) ID PREVIX (EACH DETCINENCES)  (EACH DETCINENCY OR LSC IDENTIFYING INFORMATION)  V 364  Continued From page 51  b. The client was voluntarily admitted or committed to the facility while under order of committent to the facility while under order of Public Safety; or  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; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (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; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes;	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY TREATMENT ALTERNATIVES 1  (A4) ID PREFIX TAG  (CA4) ID PREFIX TAG  (CA4) ID PREFIX TAG  (CA4) ID PREFIX TAG  (CACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS  (CACH DEFICIENCY)   V 364  Continued From page 51  D. The client was voluntarily admitted or committee 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  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;  (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;  (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;  (7) Participate in religious worship;  (8) Keep and spend a reasonable sum of his own money;  (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes;				_		R
COMMUNITY TREATMENT ALTERNATIVES 1  2005 BREEZEWOOD DRIVE CHARLOTTE, NC 28262    CARLOTTE, NC 28262    CARLOTRE   CARLOTR			MHL060-857	B. WING		
CHARLOTTE, NC 28262    CALLO   DEPONITE SUMMARY STATEMENT OF DEFICIENCIES   DEPONITE SUMMARY STATEMENT OF DEFICIENCY   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION   C(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   COMPLETE DEFICIENCY    V 364   Continued From page 51   V 364	NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CHARLOTTE, NC 28262  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PRE			2005 BREI	EZEWOOD DRI	VE	
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 364  Continued From page 51  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  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; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (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; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes;	COMMUN	NIIY IREAIMENI ALIER	NATIVES 1 CHARLOT	TE, NC 28262		
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  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; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (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; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes;	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETE
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 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; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (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; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes;	V 364	Continued From page	e 51	V 364		
and (10) Have access to individual storage space for his private use. (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	V 364	b. The client was vocommitted to the facil commitment to a correlation of Adult Correlation o	oluntarily admitted or ity while under order of ectional facility of the ection of the Department of g held to determine capacity or G.S. 15A-1002; pressly authorize visits by the existence of the by this subdivision; daily and have access to ent for physical exercise; ited by law, keep and use possessions, unless the determine capacity to G.S. 15A-1002; gious worship; a reasonable sum of his license, unless otherwise 20 of the General Statutes; andividual storage space for rights enumerated in G.S. 122C-57 and G.S. 122C-61, each minor client ment or habilitation in a le right to have access to ion and guidance. In lor's status as a developing shall be provided le him to mature physically, and of the physical, emotional, turity of the minor, the provide appropriate	V 364		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING: _			
		MHL060-	857	B. WING		l l	R / <b>12/2021</b>
NAME OF PROVIDER OF	SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			2005 BREE	ZEWOOD DRI	VE		
COMMUNITY TREAT	MENT ALTER	NATIVES 1	CHARLOT	TE, NC 28262			
	ACH DEFICIENC	ATEMENT OF DEFIC Y MUST BE PRECEI LSC IDENTIFYING IN	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
the rights. The facil reasonal client recadult clie minor cli Each min habilitation (1) Conguardian custody (2) Conguardian custody (2) Conguardian custody (2) Conguardian custody (3) Conguardian custody (4) Conguardian custody (5) Conguardian custody (6) Conguardian custody (7) Conguardian custody (7) Conguardian custody (8) Conguardian disabilities in conguardian custody (3) Conguerate (4) Excoording the restricted may execute (4) Excoording the receiving (5) Senguardian custody (6) Senguardian custody (7) Conguardian custody	ity shall also, ble efforts to be eives treatments unless the ent dictate of our client who on from a 24-municate arror the agency of him; tact and consistent actions, private mess, or substant legally respected and consistent advocases specified in the private of the private	e minor pursuant where practical ensure that each ent apart and some treatment net herwise. The properties of the proper	al, make ch minor separate from seds of the seatment or seatment or separate from seds of the seatment or seatment or seatment or seatment or seatment or having legal sown expense son and at no vate evelopmental sessionals, of sechoice; and tended	V 364	DEFICIENCY		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY PLETED	
			A. BOILDING: _			_
		MHL060-857	B. WING		11	R / <b>12/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1 2005 BRE	EZEWOOD DRI	VE		
COMMON	III INLAIMLNI ALILN	CHARLO	TTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 364			V 364			
	training in accordance (5) Be out of doors of recreation, and physic basis in accordance (6) Except as prohib personal clothing and appropriate supervision held to determine cape G.S. 15A-1002; (7) Participate in relia (8) Have access to in the safekeeping of personal clothing and appropriate supervision held to determine cape G.S. 15A-1002; (7) Participate in relia (8) Have access to in the safekeeping of personal (9) Have access to a confission of his own money; and (10) Retain a driver's prohibited by Chapter (e) No right enumerate of this section may be by the qualified profession for the restriction. The reasonable and relate habilitation needs. A reperiod not to exceed each restriction shall qualified professional at which time the restriction of a documented in the clirights may be renewed statement entered by the client's record that	ited by law, keep and use a possessions under on, unless the client is being pacity to proceed pursuant to gious worship; andividual storage space for ersonal belongings; and spend a reasonable sum d license, unless otherwise 20 of the General Statutes. ated in subsections (b) or (d) e limited or restricted except essional responsible for the ent's treatment or habilitation then the shall be placed in the dicates the detailed reason erestriction shall be end to the client's treatment or restriction is effective for a 30 days. An evaluation of be conducted by the at least every seven days, riction may be removed. The restriction shall be ent's record. Restrictions on end only by a written the qualified professional in t states the reason for the				
	client who has not be in each instance of ar	tion. In the case of an adult en adjudicated incompetent, n initial restriction or renewal ts, an individual designated				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
							R
		MHL060-85	7	B. WING		1 <sup>,</sup>	1/12/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	RNATIVES 1		EEZEWOOD DRI' TTE, NC 28262	VE		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIEN		ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED LSC IDENTIFYING INFO	BY FULL	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
V 364	Continued From pag	e 54		V 364			
	by the client shall, up be notified of the res it. In the case of a m adult client, the legal be notified of each in or renewal of a restri reason for it. Notifical individual or legally r documented in writin	triction and of the relinor client or an inc ly responsible persustance of an initial ction of rights and tion of the designa esponsible person	reason for competent son shall restriction of the ited shall be				
	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:						
	Review on 10/13/21 record revealed: -Admitted 5/10/18; -Diagnosed with Atte Disorder, Disinhibited Disorder, Intermitten Mild Intellectual Deve-15 years old; -Treatment plan date need to remove pers	ntion Deficit Hyper d Social Engageme t Explosive Disorde elopmental Disabili ed 9/8/21 did not id	ractivity ent er, and ity; entify the				
	Review of facility doc evidence of Client #3 or possessions.	3 destroying persor 4/21 at approximat	nal clothing ely				
	4:30pm-5:15pm and 11:50am-12:10pm re		ximately				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE  A. BUILDING: _	(X3) DATE COMP	SURVEY LETED		
						R
		MHL060-857	B. WING			12/2021
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	BREEZEWOOD DRI' RLOTTE, NC 28262	VE		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PRÉFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	E APPROPRIATE	COMPLETE DATE
V 364	Continued From page	e 55	V 364			
	-Client #3 did not hav belongings in his roor	re any clothing or personal m.				
		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).					
		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 retu	rn calls received. did not respond to requests				
		ws on 10/20/21 and 11/3/21.				
	Interview on 10/20/21 revealed:	with the Licensee/QP #2				
		owed to maintain his clothing				
	behaviors (property d	ngs in his room due to his lestruction):				
	-Client #3's clothing a	and personal belongings				
	were stored with staff room.	in the four seasons patio				
	Interview on 11/3/21 v Manager revealed:	with Sister Facility A House				
		was finalizing staffing				
	changes to secure a lage #2 to the new QP;	new QP by promoting Staff				
	-Would request the no	ew QP address the return of				
	Client #3's clothing ar addressed in his treat	nd personal belongings be tment plan.				
	_	ss referenced to 10A NCAC 293) for a Type A1 rule				
		corrected within 23 days.				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILANC	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMILETED
			5		R
		MHL060-857	B. WING		11/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
001111111	TV TDE 4TMENT 41 TED	2005 BRE	EZEWOOD DRI	VE	
COMMUN	ITY TREATMENT ALTER	NATIVES 1 CHARLO	TTE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 366	Continued From page	<del>2</del> 56	V 366		
V 366	27G .0603 Incident R	esponse Requirments	V 366		
	implement written pol response to level I, II shall require the prov (1) attending to of individuals involved (2) determining (3) developing measures according timeframes not to exc (4) developing to prevent similar incispecified timeframes (5) assigning p for implementation of preventive measures (6) adhering to set forth in G.S. 75, A 42 CFR Parts 2 and 3 164; and (7) maintaining Subparagraphs (a) (1) (b) In addition to the Paragraph (a) of this shall address inciden regulations in 42 CFF (c) In addition to the Paragraph (a) of this providers, excluding I develop and implementation of the provider is cor while the client is cor while the client is cor	REMENTS FOR B PROVIDERS B providers shall develop and icies governing their or III incidents. The policies ider to respond by: In the health and safety needs in the incident; In the cause of the policies In the p			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL060-857	B. WING		R 11/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
COMMUN	ITY TREATMENT ALTER	NATIVES 1 2005 BREE	ZEWOOD DRI	VE	
	THE TREATMENT ACTEN	CHARLOT	TE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 366	Continued From page	e 57	V 366		
	by: (1) immediately by: (A) obtaining the (B) making a pl (C) certifying th (D) transferring review team; (2) convening a review team within 24 internal review team s who were not involved were not responsible with direct professions services at the time of review team shall confollows: (A) review the confollows: (A) review the confollows: (B) gather othe (C) issue writte within five working da preliminary findings of LME in whose catchmate and to the LM if different; and (D) issue a final owner within three modifinal report shall be secatchment area the p LME where the client final written report shall identified by the interrinclude all public docuincident, and shall mate minimizing the occurrence of the conformation of the conformati	e client record; notocopy; ne copy's completeness; and the copy to an internal a meeting of an internal hours of the incident. The shall consist of individuals d in the incident and who for the client's direct care or al oversight of the client's f the incident. The internal inplete all of the activities as opy of the client record to and causes of the incident dations for minimizing the incidents; r information needed; n preliminary findings of fact ys of the incident. The f fact shall be sent to the ment area the provider is lie where the client resides, written report signed by the conths of the incident. The ent to the LME in whose rovider is located and to the resides, if different. The all address the issues			

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
ANDILAN	SI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMI LETED
		MHL060-857	B. WING		R <b>11/12/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		2005 BRE	EZEWOOD DRI		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	TE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 366	LME may give the prothree months to subm (3) immediately (A) the LME resarea where the service Rule .0604; (B) the LME while different; (C) the provide for maintaining and u treatment plan, if different; (D) the Departm (E) the client's applicable; and	months of the incident, the ovider an extension of up to nit the final report; and onotifying the following: eponsible for the catchment ces are provided pursuant to there the client resides, if or agency with responsibility pdating the client's event from the reporting	V 366		
	policies in response trare:  Review on 11/3/21 of Incident Reporting Portine policy was deverously of care, treatm of individual incidents response to the incident antecedents to the incontification and docurrent agency's incident are:	the facility's undated licy revealed: loped "to improve the nent by conducting reviews to ensure appropriate ents, removal of			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.		A. BUILDING: _		COWIFE	EIED
MHL060-857		B. WING		F 11/1	R 2/2021		
NAME OF D	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE ZID CODE	1 11/1	2/2021
NAIVIE OF FI	ROVIDER OR SUFFLIER			ZEWOOD DRI			
COMMUN	ITY TREATMENT ALTER	NATIVES 1		E, NC 28262	<b>V</b> L		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETE DATE
V 366	Continued From page	e 59		V 366			
	a Level II or Level III i	incidentform should be					
		son witnessing the incident					
	or first informed of the	_					
		and 10/19/21 of Client #1's					
	record revealed:						
	-Admitted 6/11/21; -Diagnosed with Atter	ntion Deficit Hyperactivity					
	Disorder, Nocturnal E						
	Disorder;						
	-12 years old;						
		d 9/20/21 revealed several					
	incidents of property	during the 6/7/21 update,					
		ndow), verbal and physical					
	-	sing sexually explicit notes					
		ivity from a peer during the					
		ession during the 8/20/21					
		away, physical assault I attempting to choke staff),					
		nents toward peers during					
	the 9/20/21 update.	, ,					
	Review on 10/13/21 a	and 10/19/21 of Client #2's					
	record revealed:	211d 10/10/21 01 0110111 //20					
	-Admitted 4/7/17;						
		lar Disorder, Post-Traumati	c				
	Stress Disorder, Atter Disorder; Mild Intelled	ntion Deficit Hyperactivity					
	Disorder, Mild Intellect Disability, and History	•					
	-17 years old;	, or conduit todoc,					
	-Treatment plan dated	d 9/23/21 revealed several					
		s toward peers during the					
		ing, threats of assault, and					
	•	oughts to peers during the ple attempts of sneaking to					
		ers during third shift by					
		edroom doors of peers to					
	gain entry to bedroom						
	update, and incidents						

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			2.11112		R	
		MHL060-857	B. WING		11/12	2/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTERI	NATIVES 1	ZEWOOD DRI	VE		
		CHARLOT	TE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 366	Continued From page	: 60	V 366			
	, -					
	9/23/21 update.					
	record revealed: -Admitted 5/10/18; -Diagnosed with Atter Disorder, Disinhibited Disorder, Intermittent Mild Intellectual Deve -15 years old; -Treatment Plan date of physical aggression verbal and physical aggression during the incidents of verbal and property destruction of Review on 10/19/21 of revealed: -Admitted 12/20/20; -Diagnosed with Unsp	Explosive Disorder, and lopmental Disability; d 9/8/21 revealed incidents in during the 6/24/21 update, ggression and hostile 7/19/21 update, verbal is 8/16/21 update, and diphysical aggression and luring the 9/8/21 update.  of Client #4's record				
	Stressor Related Disc	order, Oppositional Defiant				
	Disorder, and Reaction -13 years old;	on to Severe Stress;				
	-Treatment plan dated	d 9/17/21 revealed incidents				
	the 6/24/21 update, p behavioral outbursts,	ppropriate gestures during				
	update, physical aggr accepting directives for to verbal aggression of					
	caught trying to leave his wall to get his pee the night, sexualized	his bedroom or knocking on r's attention in the middle of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL060-857	B. WING		11	R / <b>12/2021</b>
				TE 710 0005	, ,	112/2021
NAME OF P	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, STA			
COMMUN	ITY TREATMENT ALTER	NATIVES 1	BREEZEWOOD DRI RLOTTE, NC 28262	VE		
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	ORRECTION	(VE)
(X4) ID PREFIX TAG			ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 366	Continued From page	÷ 61	V 366			
	Reports revealed: -Four incident reports #3: 3/2/21 punched if 4/29/21 kicked holes broke bedframe, and destruction of mattres  Observations on 10/4 4:30pm-5:15pm, 10/1 11:50am-12:10pm, 10 10:15am-10:30am, an 10:30am-11:00am reveluing the destrock in the window had multi sheetrock repairs;	/21 at approximately 3/21 from 0/19/21 from nd 11/3/21 from /ealed: had multiple patched repairs; side wall and far wall under ple patched unpainted window blinds were broken				
	-Caused damage to h was upset; -Sheetrock repair to t he could not identify t sheetrock was damage Interview on 10/4/21	with Client #1 revealed: his bedroom walls when he he walls was not recent but he specific dates when the ged or repaired.  with Client #3 revealed: his walls when he was				
	-Sheetrock repair to t time agomaybe las -Accidentally broke hi when he was jumping -Broke his window bli when he climbed out	s bed about 3 months ago				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
				7.1. 20.22			R	
		MHL060-857		B. WING		1.	1/12/2021	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
COMMUN	UTV TOEATMENT ALTED	NATIVEC 4	2005 BREE	ZEWOOD DRI	VE			
COMMUN	ITY TREATMENT ALTER	NATIVES 1	CHARLOT	TE, NC 28262				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 366	Continued From page	e 62		V 366				
	Interview on 10/4/21	with Client #4 revealed #3 ran away on separa						
	-Clients #3 and #4 ra -Clients #1 and #3 ca their respective room -Clients #2 and #3 dis behaviors and groom -Could not provide in of incident reporting.  Interview on 10/22/21 -Client #3 assaulted I was working with Sta -Called the House Ma	sused property destructs; splayed sexualized ing; formation regarding the with Staff #3 revealed her on 9/30/21 when shiff #1; anager and the	ion in e lack l:					
	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 reproting.							
	revealed: -Clients #1, #2, #3, and behaviors; -Clients #1 and #3 distriction by damage ongoing repair; -Clients #3 and #4 rail-All incident reports w	I with the House Manage and #4 displayed sexual splayed on-going properlying bedroom walls required away from the facility were provided to the Disputation staff for review onal incident reports.	ized erty uiring r; vision					
	unsuccessful. Messa were left on QP #1's	interviews with QP #1 ges requesting return of telephone on 10/22/21 21 with no return calls	alls					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	I \ /	(X3) DATE SURVEY COMPLETED	
		MHL060-857	B. WING			R / <b>12/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE		
COMMUN	ITV TDEATMENT ATTED	2005 BR	EEZEWOOD DRIN	/E		
COMMON	ITY TREATMENT ALTER	CHARLO	OTTE, NC 28262			_
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 366	Continued From page	e 63	V 366			
		re, QP #1 did not respond to n interviews on 10/20/21 and				
	revealed:	with the Licensee/QP #2 ble for ensuring all incident ed;				
		idents were documented				
	Sister Facility A Hous -Was asked by the Lie	e1, 10/20/21 and 11/3/21 with e Manager revealed: censee/QP #2 to assist with Service Regulation survey				
	-Did not understand v not properly documer -Would ensure all inc documented in the fur -The Licensee/QP #2	ident reports were properly ture; was finalizing staffing				
	#2 to the new QP.	new QP by promoting Staff				
	27G .1700 Scope (V2	ss referenced to 10A NCAC 293) for a Type A1 rule corrected within 23 days.				
V 367	27G .0604 Incident R	eporting Requirements	V 367			
	10A NCAC 27G .0604 REPORTING REQUI CATEGORY A AND E (a) Category A and E	REMENTS FOR				
	level II incidents, exce the provision of billab consumer is on the p	ept deaths, that occur during le services or while the roviders premises or level III deaths involving the clients				
		rendered any service within				

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MHL060-857    MHL060-857   STREET ADDRESS, CITY, STATE, ZUP CODE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2005 BREEZEWOOD DRIVE CHARLOTTE, NC 28262  COMMUNITY TREATMENT ALTERNATIVES 1  PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PLL) TAG  V 367  Continued From page 64  V 367  Continued From 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 encrybted electronic means. The report shall include the following information; (2) client identification information; (3) type of incident; (4) description of incident; (5) satus of the elfort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained reporting the incident, including:				_		R
COMMUNITY TREATMENT ALTERNATIVES 1   2005 BREEZEWOOD DRIVE   CHARLOTTE, NC 28262			MHL060-857	B. WING		
CHARLOTTE, NC 28282   CHARLOTTE, NC 28282   CHARLOTTE, NC 28282   CHARLOTTE, NC 28282    CROSS-REFERENCED TO THE APPROPRIATE DATE OF CROSS-REFERENCED TO THE APPROPRIATE DATE DATE OF CROSS-REFERENCED TO THE APPROPRIATE DATE DATE OF CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE DATE DATE DATE DATE D	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
(ALPID) PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCES BY PULL TAG  SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY PULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 367  Continued From page 64  90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:  (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident, and (6) other individuals or authorities notified or responding, (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:  (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider shall submit in upon required on the incident form that was previously unavailable.  (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:	001111111	TV TDE 4TMENT 41 TED	2005 BREE	ZEWOOD DRI	VE	
PREFIX TAG	COMMON	IIY IREAIWENI ALIEK	CHARLOT	TE, NC 28262		
90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:  (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:  (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:	V 367	Continued From page	: 64	V 367		
information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of	V 367	90 days prior to the in responsible for the caservices are provided becoming aware of the be submitted on a for Secretary. The report in person, facsimile of means. The report shinformation:  (1) reporting production informat  (2) client identification informat  (3) type of incidentification informat  (4) description of the cause of the incident;  (5) status of the cause of the incident;  (6) other individent or responding.  (b) Category A and B missing or incomplete shall submit an updat report recipients by the day whenever:  (1) the provider information provided information provided information provided information provided incident inciden	cident to the LME tchment area where within 72 hours of e incident. The report shall m provided by the t may be submitted via mail, r encrypted electronic hall include the following  ovider contact and ion; ication information; ent; of incident; e effort to determine the and luals or authorities notified  providers shall explain any e information. The provider ed report to all required he end of the next business  thas reason to believe that in the report may be g or otherwise unreliable; or e obtains information ent form that was previously  providers shall submit, LME, other information e incident, including: ords including confidential  ther authorities; and 's response to the incident, providers shall send a copy	V 367		

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		MHL060-857	B. WING		1	/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	ZEWOOD DRI TE, NC 28262	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 367	becoming aware of the providers shall send a incidents involving a complete Health Service Regul becoming aware of the client death within secon restraint, the providing immediately, as requisioned and 10A NCAC (e) Category A and Breport quarterly to the catchment area where the report shall be subleted by the Secretary via expectation of a level II (2) restrictive in the definition of a level (3) searches of (4) seizures of the possession of a complete (5) the total nurincidents that occurre (6) a statement been no reportable in incidents have occurrence any of the criter	rvices within 72 hours of the incident. Category A a copy of all level III client death to the Division of ation within 72 hours of the incident. In cases of the incident. In cases of the even days of use of seclusion ther shall report the death the death of the death the death of the death the death of the death the services shall send a the LME responsible for the the services are provided. The death of the death the death of the death the services are provided. The death of the death the death of the death the death of the death the services are provided. The death of the death the death of the death the death of the death the services are provided. The death of the death the d	V 367			
	This Rule is not met	as evidenced by:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 .	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
ANDILAN	or connection	IDENTIFICATION NOMBE	-IX.	A. BUILDING:		COMIL	LILD
		MHL060-857		B. WING		11/1	2/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	2005 BREE	ZEWOOD DRI	VE		
COMMON	III INLAIMENI ALIEN	NATIVES 1	CHARLOT	ΓE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETE DATE
V 367	Continued From page	e 66		V 367			
	Based upon interview facility failed to report	and record review, the all level III and Level III (Local Management Entathment area where	tity)				
	record revealed: -Admitted 6/11/21; -Diagnosed with Atter Disorder, Nocturnal E Disorder; -12 years old; -History of bullying, so destruction, threats to behaviors with unsafe	elf-injury, property oward others, sexualized	y				
	record revealed: -Admitted 4/7/17; -Diagnosed with Bipo Stress Disorder, Atter Disorder; Mild Intelled Disability, and History-17 years old; -History of sexualized online behavior, phys threats of violence, and Review on 10/13/21 arecord revealed: -Admitted 5/10/18; -Diagnosed with Atter Disorder, Disinhibited Disorder, Intermittent	y of Sexual Abuse; I behaviors with unsafe ical aggression, assault nd property destruction. and 10/19/21 of Client #3 ntion Deficit Hyperactivit I Social Engagement Explosive Disorder, and	matic ty , 3's				
	Mild Intellectual Deve -15 years old; -History of verbal and	lopmental Disability; I physical aggression,					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		MHL060-857	B. WING		11/12/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	EZEWOOD DRI	VE		
		CHARLOT	TE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 367	Continued From page	e 67	V 367			
	property destruction, bringing a gun to school and threatening to kill two peers, property destruction, and sexualized behaviors.					
	Review on 10/19/21 or revealed: -Admitted 12/20/20; -Diagnosed with Unst					
	-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					
		pted sneaking from his				
	Incident Reports for 2	of the facility's internal 2021 revealed: Il or Level III incident				
	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.					
	Interview on 10/19/21 revealed:	with local law enforcement				
	for service;	occurred: 3/19/21 (2 calls),				
	6/21/21, 7/23/21, and -Was not authorized tindividuals associated					
		with Client #1 revealed: the House Manager about				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	
		MULOCO OF7	B. WING		R	(2024
		MHL060-857			11/12	12027
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
COMMUN	ITY TREATMENT ALTER	NATIVES 1	EZEWOOD DRI TE, NC 28262	VE		
	CLIMMA DV CT			DROVIDEDIS DI AN OF CODDESTIO	N.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 367	Continued From page	e 68	V 367			
	-Was punched and choked by the House Manager when he was upset regarding attendance at a Child and Family Team (CFT) meeting.					
	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.					
	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.					
	-Local law enforceme when clients ran away -Client #4 ran away to (He identified the nan unable to identify the date of the incident. show any positive residepartment store ider -Staff found him walkidepartment store and Interview on 10/20/21 -Believed she comple could not find the reporter in the resident store and the reporter is the staff of the reporter in the resident staff of the reporter is a supplementation.	o a local department store the of the store but was location of the store or the A google search did not sults for the name of ntified); ing near the local I returned him to the facility.  with Staff #1 revealed: sted a report in NC IRIS but ort, could not find the er, and could not recall the				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (	. ,	(X3) DATE SURVEY COMPLETED	
			A. BOILDING			_
		MHL060-857	B. WING			R / <b>/12/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1 2005 BR	EEZEWOOD DRIV	<b>/</b> E		
	THE TREATMENT ACTEN	CHARLO	OTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 367	Continued From page	e 69	V 367			
	-Did not understand wisible in NC IRIS; -Recalled a call to loc Client #2 was caught behaviors and becam with the information rwith a rusty rake; -Recalled a report to Client #3 engaged in away and was found a local hospital; -Called law enforcem behavioral outbursts details of the incident	why the report was not  all law enforcement when in inappropriate online the enraged when confronted the esulting in threatening staff  all wenforcement when property destruction and ran on the roadway and taken to the roadway and taken to the ent about Client #3's but could not recall dates or s.				
	-Clients #3 and #4 ra	with Staff #3 revealed: n away several times but dates of the incidents.				
	revealed: -Client #1 alleged she regarding a recent CF-Client #3 climbed ou causing his window bidentify the date or wl-Believed local law er 6/21/21 when Client #3 at a hospital but could on the incident; -Client #3 ran away to could not provide a d-Believed local law er 9/5/21 when Client #3 the pond in the devel-Believed local law er March when Client #2 threatened to assault-Believed local law er	t the window and ran away linds to break but could not here he went; inforcement was called on the area away and was located to not provide further details to a local pharmacy store but the for the incident; inforcement was called on the area away and was found at the area away away and was found at the area away away and was found at the area away away away away away away away aw				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
							R
		MHL060-857		B. WING		1.	1/12/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			2005 BRE	EZEWOOD DRI	VE		
COMMUN	ITY TREATMENT ALTE	RNATIVES 1	CHARLO	TTE, NC 28262			
(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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 367	Continued From pag	ge 70		V 367			
	not provide incident	•	ı NC				
	Professional #1 (QP Messages requestin #1's telephone on 10 10/29/21 with no ret Furthermore, QP #' for in-person intervie Interview on 10/20/2 revealed: -Client #1 made an at the House Manager -Was not able to ide enforcement was at 6/21/21, 7/23/21 or 9 passed from these completion of NC IRIS a completion of NC IRI	I did not respond to rews on 10/20/21 and at with the Licensee/allegation of abuse a last month; ntify why local law the facility on 3/19/2 0/5/21 as too much tilates; sible for ensuring all i	eful.  eft on QP  and  requests  11/3/21.  QP #2  gainst  1, me had  ncident  NC IRIS licated"; f nat latory;				
	Sister Facility A Hou -Was asked by the L the Division of Healt on 10/13/21; -Did not understand not properly docume -Would ensure all in documented in the f	21, 10/20/21 and 11, se Manager revealed icensee/QP #2 to as h Service Regulation why all incident reported; cident reports were p	d: ssist with n survey orts were properly				

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Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	A. BUILDING:					
		MHL060-857	B. WING		R 11/12/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	EZEWOOD DRI TE, NC 28262	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 367	Continued From page	÷ 71	V 367			
		nges to secure a new QP by				
	This deficiency consti	tutes 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 539	27F .0102 Client Righ	nts - Living Environment	V 539			
	uninterrupted sleep dinours, consistent with provided and the type (2) accessible a for at least limited per determined inapproprinabilitation team.  (b) Each client shall be his room, or his portion with respect to choice and with respect for the provided in the state of the s	pee provided: ere conducive to uring scheduled sleeping the types of services being of clients being served; and areas for personal privacy, riods of time, unless iate by the treatment or the free to suitably decorate on of a multi-resident room, or, normalization principles, ne physical structure. Any edom shall be carried out in				
	•	ecord review, and ty failed to ensure an e to uninterrupted sleep eping hours affecting 1 of 4				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.112 7 27 11 1	or dorate of the transfer of t	BEITH IO WIOW NOMBER.	A. BUILDING: _		
		MHL060-857	B. WING		R 11/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STA	TE, ZIP CODE	
COMMUN	ITY TREATMENT ALTER	NATIVES 1	BREEZEWOOD DR	IVE	
	THE THE THE TEN	CHAF	RLOTTE, NC 28262	T	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE COMPLETE
V 539	Continued From page	e 72	V 539		
V 339	Observations on 10/4 4:30pm-5:15pm, 10/1 11:50am-12:10pm, 10 10:15am-10:30am, and 10:30am-11:00am revibred in the service of t	a/21 at approximately 3/21 from 0/19/21 from nd 11/3/21 from vealed: as inaccessible with large ering the entire door taped be making it impossible to ent off the laundry room.  of Client #4's record  pecified Trauma and order, Oppositional Defiant on to Severe Stress; I physical aggression, heightened focus on violent c/running away, sexualized oted sneaking from his	V 339		
	-The hallway bathroo	l with Staff #1 revealed: m was being remodeled due shower unit resulting in			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-857	B. WING		11	R I/ <b>12/2021</b>
	ROVIDER OR SUPPLIER	NATIVES 1	DDRESS, CITY, STATE EEZEWOOD DRIVI			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 539	-Clients use the bath Interview on 10/22/2 revealed: -Hallway bathroom w remodeling; -Clients were instruct Client #4's bedroom: Attempted telephone Professional #1 (QP Messages requesting #1's telephone on 10 10/29/21 with no return Furthermore, QP #1 for in-person interview Interview on 10/20/2 Licensee/QP #2 reverwas present at the for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form form form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form form form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form form form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form form form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for in-person interview on 10/20/2 Licensee/QP #2 reverwas present at the form for i	room in Client #4's bedroom.  I with the House Manager ras inaccessible due to red to use the bathroom in for showering and toileting.  Interviews with the Qualified #1) were unsuccessful. Interviews with the repairs #10/20/21 and 11/3/21.  #11/1/2/21 with the Paled: #11/2/21 with the paled: #12/20/21 and 11/3/21 with Sister #13/21 with Sister #13/21 with Sister #13/21 with Sister #13/21 with Sister #13/22 with Sister #13/22 with Sister #13/23 with Sister #13/24 with Sister #13/25 with Sister #13/25 with Sister #13/25 with Sister #13/26 with Sister #13/26 with Sister #13/27 with Sister	V 539			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			D. MINO		R
		MHL060-857	B. WING		11/12/2021
	ROVIDER OR SUPPLIER	NATIVES 1	.DDRESS, CITY, STAT EEZEWOOD DRIN DTTE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLÉTE
V 540	changes to secure a r #2 to the new QP.  This deficiency is cross 27G .1700 Scope (V2 violation and must be  27F .0103 Client Right Grooming  10A NCAC 27F .0103 AND GROOMING (a) Each client shall be dignity, privacy and he of personal health, hy Such rights shall inclu- to the: (1) opportunity daily, or more often as (2) opportunity daily, or more often as (2) opportunity barber or a beauticiar (4) provision of paper and soap for ea- individual personal hy indigent client. Such of not limited to toothpas napkins, tampons, sh utensil. (b) Bathtubs or show individual privacy sha	was finalizing staffing new QP by promoting Staff as referenced to 10A NCAC 193) for a Type A1 rule corrected within 23 days.  Its - Health, Hygiene And HEALTH, HYGIENE assured the right to umane care in the provision giene and grooming care. Ide, but need not be limited for a shower or tub bath is needed; to shave at least daily; to obtain the services of a n; and linens and towels, toilet ach client and other regiene articles for each other articles include but are ste, toothbrush, sanitary aving cream and shaving ers and toilets which ensure II be available. Idevatory and bath facilities a client with a mobility	V 539		

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		MHL060-857	B. WING		R 11/12/2021
	ROVIDER OR SUPPLIER	NATIVES 1	DDRESS, CITY, STATE EEZEWOOD DRIVE		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	D BE COMPLETE
V 540	dignity by providing to client affecting 4 of 4 and #4). The findings  Observations on 10/4 4:30pm-5:15pm, 10/1 11:50am-12:10pm, 10 10:15am-10:30am, at 10:30am-11:00am results of the bathroom in Client Review of facility docevidence of clients stor clients using soap masturbation.  Interview on 10/4/21 - Was instructed by st Client #4's bedroom; - Hygiene items were Interview on 10/4/21 - Was instructed by st Client #4's bedroom; - Asked staff for toilet bathroom.  Interview on 10/4/21 - Was instructed by st Client #4's bedroom; - Asked staff for toilet bathroom.  Interview on 10/4/21 - Was instructed by st Client #4's bedroom; - Asked staff for toilet bathroom;	as evidenced by:  y, record review, and ty failed to ensure client cliet paper and soap for each clients (Clients #1, #2, #3, s are:  y/21 at approximately 3/21 from 0/19/21 from and 11/3/21 from y/ealed: y/eaper or soap available in tt #4's bedroom.  umentation revealed no uffing toilets with toilet paper	V 540		

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			E SURVEY PLETED		
7.1.12 1 27.11	o. oo2011011			A. BUILDING: _			
		MHL060-857		B. WING			R / <b>12/2021</b>
	DOMESTICS	1		DE00 5:=: :-	TE 7/0 000E	1 ''	, , <u> </u>
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA			
COMMUN	ITY TREATMENT ALTER	NATIVES 1		ZEWOOD DRI	VE		
				TE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 540	Continued From page	e 76		V 540			
	Interview on 10/4/21 v -All clients use his ba toileting; -Clients #1, #2, and # day and night to use t -Toilet paper was in th	throom for showering 3 come into his roon the bathroom as nee	g and n during				
	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.						
	Interview on 10/13/21 Facility A House Mana-Was asked by the Lie the Division of Health on 10/13/21; -Did not keep toilet pabecause the clients siruliet paper is kept a -Clients must ask statusing the bathroom; -Clients unroll some to them to the bathroom could not identify when they did not take enough they did not take enough they did not leave soap in clients were highly se soap products during infections; -There was always so	ager revealed: censee/QP #2 to ass Service Regulation aper in the bathroom tuff the toilets; at the living room des ff for toilet paper prio coilet paper and bring at the clients would ugh toilet paper to us at the bathroom becau exualized and would in masturbation resulting	sist with survey  k; r to g it with do if se in the use the use ng in				
	sink; -Would ensure toilet pavailable in all bathro -The Licensee/QP #2	oms moving forward	,				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		D.	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-857		B. WING		R 11/12/2021
	ROVIDER OR SUPPLIER	NATIVES 1	STREET ADDRE 2005 BREEZ	EWOOD DRI		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULI LSC IDENTIFYING INFORMATION	I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 540	Continued From pag changes to secure a #2 to the new QP.	e 77 new QP by promoting Sta		V 540		
V 736	10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and i maintained in a safe,	EMENTS		V 736		
	safe, clean, and order are:  CROSS REFERENCE Facility Design and E Based on interview a failed to ensure elect systems were maintal affecting 4 of 4 client #4).	w, record review, and ity was not maintained in arly manner. The findings E: 10A NCAC 27G .0304 Equipment (V750) and observation, the facilitarical and mechanical ained in operating conditions (Clients #1, #2, #3, and	4 ty on			
	4:30pm-5:15pm, 10/ 11:50am-12:10pm, 1 10:15am-10:30am, a 10:30am-11:00am re -Client #1's bedroom unpainted sheetrock -Client #3's left-hand	0/19/21 from nd 11/3/21 from vealed: had multiple patched	der			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-857	B. WING	·	11	R I <b>/12/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E. ZIP CODE		
		2005 BR	EEZEWOOD DRIV			
COMMUN	ITY TREATMENT ALTER	NATIVES 1 CHARLO	OTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 736	Continued From page	e 78	V 736			
	and falling off the win -Client #3's bedroom door trim; -Client #4's closet did -Clothes dresser with the four seasons pati -Damaged ping pong toward the middle wa seasons patio room; -Front entryway steps unstable, missing bric bricks were pulling av foundation of the step -Broken shade hangi window closest to the	door was missing a piece of I not have a doorknob; broken drawers located in o room; table which was curved as located in the four s leading to the porch were cks, and large sections of way and separating from the os; ng on the living room				
	Reports revealed: -Four incident reports #3: 3/2/21 punched h 4/29/21 kicked holes broke bedframe, and destruction of mattres Interview on 10/4/21 -Caused damage to h of behavioral episode -Sheetrock repair to t could not identify spe	with Client #1 revealed: his bedroom walls as a result es; he walls was not recent but cific dates when the				
	-Bedroom blinds were climbing out the wind	with Client #3 revealed: be broken as a result of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			R
		MHL060-857	B. WING		11	//12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	-	
		2005 B	REEZEWOOD DRIV			
COMMUN	ITY TREATMENT ALTE	RNATIVES 1 CHAR	LOTTE, NC 28262			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 736	Continued From pag	je 79	V 736			
	his room during acts "happened a long tir Interview on 10/4/21	d multiple holes in the walls in of aggression which ne agomaybe last year".  with Client #4 revealed: nappened to the closet				
	-Client #3 had a hist and running away; -Client #3 broke the he climbed out the w weeks ago; -Client #3 punched a	1 with Staff #1 revealed: ory of property destruction blinds in his bedroom when yindow and ran away a few and kicked several holes in ut could not identify the dates.				
	revealed: -Clients #1 and #3 p in their bedroom wal	1 with the House Manager unched and/or kicked holes Is requiring on-going repair; ut his window and ran away the date.				
	Professional #2 (QP -Was continually ass making necessary re	sessing the facility and epairs; ng a reliable contractor				
	dated 11/4/21 writter Professional reveale "What immediate ac ensure the safety of Describe your plans happens. The immediate actio	d: tion will the facility take to the consumers in your care? to make sure the above				

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DIVISION	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		MUI 000 057	B. WING			
		MHL060-857	3:		11/12/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		2005 BR	EEZEWOOD DRI	VE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	TTE, NC 28262	· <del>·</del>		
(X4) ID PREFIX	_	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()	
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	l l	
				DEFICIENCY)		
V/ 726	0	- 00	V 736			
V 736	Continued From page	e 80	V 736			
	safety of the consume	ers in our care will be as				
	follows:					
	1. Community Trea	tment Alternatives will				
	ensure that all fire an	d disaster drills will be				
	completed monthly, a	and the form will be reviewed				
		d Professional) to ensure that				
	the log is completed					
	_	tment Alternatives will				
	ensure that the Healt					
		Check will be completed				
	prior to staff first day	•				
		tment Alternatives will				
	_	er will be available in all				
	bathrooms for consur					
	4. Community Trea	tment Alternatives will				
	·	mers will have dressers in				
	the bedrooms.					
	5. Community Trea	tment Alternatives will				
	_	f all batteries in all smoke				
	detectors in the home					
	6. Community Trea	tment Alternatives will				
	_	enance will install the new				
	[ · · · ·	form routine monthly checks.				
	Maintenance will be r	notified within 24 hours in the				
	event the batteries ne	eed to be replaced.				
	7. Community Trea	atment Alternatives will				
	_	Contractor will be contacted				
	to ensure that the Liv	ing Environment such as:				
	Kitchen electrical ligh	ting, Wall repairs, dressers				
	in all bedrooms, and	Bricks will be replaced for				
	the safety of the cons	•				
		tment Alternatives Q.P. will				
	_	e of the deadline for repairs.				
		tment Alternatives will				
	_	en stove will be replaced.				
		tment Alternatives will				
	_	vill receive specialized				
	training on Sexualize					
	_	tment Alternatives will				
		nedication trainings are				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:						E SURVEY MPLETED	
				A. BUILDING: _			
		MHL060-857		B. WING		1	R <b>1/12/2021</b>
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			2005 BREE	ZEWOOD DRI	VE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1		TE, NC 28262			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		FULL	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
V 736	Continued From page	e 81		V 736			
	current and undated	annually by a certified					
	Medication Managem						
	_	tment Alternatives wil	I				
		liscontinue) orders are					
	compliance with the I						
	Administration Recor	-					
		nt Alternatives) QP ov	ersight				
	,	riptions and D/C orde	-				
	documented in the M	MAR'S.					
	13. Community Trea	tment Alternatives QF	will				
	oversee all Medication changes and ensure all						
	Medication document	tation is completed ar	ıd				
	correct.						
		tment Alternatives wil					
		nd House Manager w					
		tions and incidents be					
	_	ented, and available fo					
		gation CTA Employee					
	reviewed and resolve	investigation has bee	÷11				
		atment Alternatives wi	II				
		rill provide an overall t					
		and completing a IR					
		mprovement System).					
		tment Alternatives wil					
		process is on-going t					
	_	l ensure there will be					
	on each shift.						
	17. Community Trea	tment Alternatives wil	I				
		ill modify the Goals to					
		e the consumer safety					
		tment Alternatives wil					
		ing and development					
		sociate Professionals)	. The				
	QP (s) and AP (s) wil						
	competency level after	er eacn training."					
	Review on 11/12/21 o	of the second Plan of					
		0/21 written by the Li	censed				
	Professional revealed						

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			7 501251110.			Б
		MHL060-857	B. WING		11	R / <b>12/2021</b>
NAME OF D				TE 710 000E	,	
NAME OF P	ROVIDER OR SUPPLIER		ET ADDRESS, CITY, STAT			
COMMUN	ITY TREATMENT ALTER	RNATIVES 1	BREEZEWOOD DRIV RLOTTE, NC 28262	VE.		
(VA) ID	STIMMADA S.	TATEMENT OF DEFICIENCIES	,	PROVIDER'S PLAN OF	COPPECTION	(V5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 736	Continued From pag	e 82	V 736			
	"What immediate actensure the safety of Describe your plans happens. Plan of Protection: (7) The immediate actio Alternatives will take consumers in our catensure the replacems moke detectors/carthe home.  2. CTA will purchast routine checks on a detectors are operative staff [Sister Facility Amaintenance within 2 batteries need replaced 3. Community Treatensure a general commake the necessary environment such as wall repairs, bedroom bedrooms, and brick safety of the consum Facility A House Marcontractor with 48 house Marcontra	tion will the facility take to the consumers in your care? to make sure the above  750 Cross-736)  In Community Treatment to ensure the safety of the re will be as follows:  Internatives will lent of all batteries in all bon monoxide detectors in the sebatteries and schedule monthly basis to ensure the ing properly at all times. CTA thouse Manager] with notify 24 hours in the event cement.  Intractor be contacted to repair to ensure the living so kitchen electrical lighting, in furniture/dressers in all is will be replaced for the eners, the CTA staff [Sister mager] will notify a general purs when a repair is needed. Facility A House Manager],				
	dated 11/12/21 writte Professional reveale					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
,	5. 55. ii. 25. ii. ii.	.5	A. BUILDING: _		
		MHI 060.857 B. WING			R
		MHL060-857	B. WING		11/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
COMMUN	ITY TREATMENT ALTER	NATIVES 1 2005 BREI	EZEWOOD DRI	VE	
COMMON	III IREAIWENI ALIEN	CHARLOT	TE, NC 28262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 736	Continued From page	÷ 83	V 736		
V 736	ensure the safety of the Describe your plans to happens. Plan of Protection: The immediate action Treatment Alternative safety of the consume follows:  1. Community Treatensure the replacement smoke detectors/carb the home. [Staff #2] we replacement will complete the home. [Staff #2] we replacement will purchase routine checks on an detectors are operating staff [Sister Facility Amaintenance within 2-batteries need replaced 3. Community Treatensure a general commake the necessary renvironment such as: wall repairs, bedroom bedrooms, and bricks safety of the consume Facility A House Manacontractor with 48 houby 11/19/2021. Until been completed all state garage entrance. 4. CTA staff [Sister [Staff #2] be responsicompletion of all repations of the consumeration of the complete staff with the garage entrance. 5. CTA staff [Sister [Staff #2] be responsicompletion of all repations including the consumeration of the consumeration of the complete staff with the garage entrance.  4. CTA staff [Sister [Staff #2] be responsicompletion of all repations including the consumeration of the consumer	the consumers in your care? To make sure the above  Is that Community is will take to ensure the ers in our care will be as sufficient of all batteries in all on monoxide detectors in will ensure all battery poleted by 11/19/2021. The batteries and schedule monthly basis to ensure the eng properly at all times. CTA House Manager] with notify 4 hours in the event ement. The tractor be contacted to repair to ensure the living kitchen electrical lighting, furniture/dressers in all a will be replaced for the ers, the CTA staff [Sister ager] will notify a general curs when a repair is needed, all repairs to the steps have aff and consumers will use  Facility A House Manager], ble for the oversight that all the stove is operating	V 736		
	[Staff #2] be responsi completion of all repa 5. CTA staff [Sister [Staff #2] be responsi appliances including t properly or it will be response the stove was replaced.	ble for the oversight of irs. Facility A House Manager], ble for the oversight that all			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 20.25			_	
		MHL060-857	B. WING		11	R / <b>12/2021</b>	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
		2005 BR	EEZEWOOD DRI	VE			
COMMUNI	ITY TREATMENT ALTER	NATIVES 1 CHARLO	OTTE, NC 28262				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	COMPLETE DATE	
V 736	Continued From page	e 84	V 736				
	Staff will continue to r	monitor all appliances are in					
	safe working condition						
	An attached addendu	m included:					
		consumers will be directed					
		the half bathroom for					
		TA has implemented a					
		g schedule from 4 pm- 6 pm.					
		will be monitored in the					
	living room area by st	aff until all showers have					
	been completed."						
	Clients #1, #2, #3, an	d #4 were 12-17 year old					
	adolescents with a variety of mental health needs						
		ted to, Oppositional Defiant					
	Disorder, Unspecified	Trauma and Stressor					
	Related Disorder, Atte	ention Deficit Hyperactivity					
	Disorder, Anxiety, Bip						
		s Disorder, Intermittent					
	Explosive Disorder, a						
	-	ility. A broken electric glass					
		and in use for over one					
	year without any repa	nin the kitchen walls resulted					
		of light fixtures which were					
		and disconnected smoke					
		noke alarms with low battery					
	_	nt throughout the facility.					
		ed beeping of the security					
		ified. The front entryway					
	-	vith missing bricks and large					
	sections of brick pullir	ng away and separating					
		f the steps. Physical plant					
	•	lients #1 and #3 was not					
		anner. A damaged ping					
	. •	ed on the rear four seasons					
		bwebs were along the front					
		ficiency constitutes a Type					
		erious neglect and must be					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
711272711	or dorate of the transfer of t	IDENTIFICATION NO.	A. BUILDING: _			
		MHL060-857	B. WING		R 11/12/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES 1	EZEWOOD DRI TTE, NC 28262	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
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	0 27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (3) Electrical, mechanical and water systems shall be maintained in operating condition.		V 750			
	failed to ensure electr systems were mainta affecting 4 of 4 clients #4). The findings are Observations on 10/4 4:30pm-5:15pm, 10/1 11:50am-12:10pm, 10 10:15am-10:30am, ar 10:30am-11:00am rev -The electric glass sto lower right-hand burn approximately 2 inche multiple cracks sprea glass);	nd observation, the facility rical and mechanical ined in operating condition is (Clients #1, #2, #3, and :  /21 at approximately 3/21 from   //19/21 from   //13/21 from				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING			5
		MHL060-857	B. WING		11	R / <b>/12/2021</b>
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STAT	E, ZIP CODE		
		2005	BREEZEWOOD DRIV	/E		
COMMUN	ITY TREATMENT ALTE	RNATIVES 1 CHA	RLOTTE, NC 28262			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE ITHE APPROPRIATE	(X5) COMPLETE DATE
V 750	Continued From page	ge 86	V 750			
	-Missing smoke alar the bedrooms (only plate was present); -Disconnected smok countertop; -Smoke alarms in th room/kitchen area b battery warning; -Security system bet to five minutes for the linear the lectric glass s #3 during a behavious when the incident hat The electric glass s while;" -Used the broken electric states a security system bet to five minutes for the lectric glass s shile;"	eeped sporadically with low eped continuously every four free to five beeps.  11 with Staff #1 revealed: tovetop was broken by Client ral outburst but cannot recall appened; tovetop was "broke for a ectric glass stovetop to cook; topped working a few weeks				
	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.					
	revealed: -Did not know the cawith the kitchen light table lamp on the kit source; -The electric glass sher re-hire dated of the electric glass scooking; -Did not know why the	ause of the electrical issues a fixtures but had placed a chen counter as a light tove top was broken since 9/1/20; tove top was used for the smoke alarms were may have been because they				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				A. BOILDING	<del></del>			
		MHL060-857		B. WING		11	R / <b>12/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
			2005 BREE	ZEWOOD DRI	VE			
COMMUN	ITY TREATMENT ALTER	NATIVES 1	CHARLOT	TE, NC 28262				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B' LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
V 750	Continued From page	e 87		V 750				
	needed new batteries; -Did not know the cause of the security system beeping; -Would call the security system to have the system checked.  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.		ne					
			ft on QP d equests					
	Interview on 10/20/21 Licensee/QP #2 reve -Was present at the fa-QP #1 was present at per week during after and overnight hours fa-Had difficulty securing to supply chain demains -Used the broken electooking; -Would replace the broken stovetop; -Working with a contration to the home; -The electric gas stove 11/11/21.	aled: acility at least weekly at the facility several moon hours for QP of or 3rd shift duties; ag items to make rep ands and the panden ctric glass stovetop roken electric glass actor to complete all	y; times luties pairs due nic; for					
	Interview on 10/13/21 Facility A House Man -Was asked by the Li Professional #2 to as Health Service Regul 10/13/21; -Did not know why so disconnected, or bee -Did not know why the	ager: censee/Qualified sist with the Division ation (DHSR) surve noke alarms were m ping;	of y on issing,					

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:		A. BUILDING: _		COMPL	COMPLETED	
		MHL060-857		B. WING		F 11/1	R 2/2021	
NAME OF D	ROVIDER OR SUPPLIER	L	CTDEET AND	RESS, CITY, STA	TE ZIR CODE			
NAIVIE OF FI	TOVIDER OR SUFFLIER			ZEWOOD DRI				
COMMUN	TY TREATMENT ALTER	NATIVES 1		TE, NC 28262	VL			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)	
PREFIX TAG	/			PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE	
V 750	Continued From page	e 88		V 750				
	beeping; -There was a great do to the smoke and sec was overwhelming; -Licensee/QP #2 was back from the original secure a second remall work was completed -Upon agreeing to he 10/13/21, she was not required but would we to ensure the necessed-Licensee/QP #2 was several times per week when a close family mill; -The Licensee/QP #2	eal of noise in the facility curity alarms beeping and working to get her mone I remodeling contractor a odeling contractor to ens	I it  y  nd  ure  on  #2  ed;					
	This deficiency constitutes a recited deficiency.  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.							
V 774	27G .0304(d)(7) Minii	mum Furnishings		V 774				
	EQUIPMENT (d) Indoor space requiprior to October 1, 19 square footage requiritime. Unless otherwis residential facilities lid 1988 shall meet the forequirements:	4 FACILITY DESIGN ANI direments: Facilities licens 88 shall satisfy the mining rements in effect at that se provided in these Rule bensed after October 1, collowing indoor space	sed num s,					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
		MHL060-857	B. WING		R 11/12/2021
	ROVIDER OR SUPPLIER	NATIVES 1	DDRESS, CITY, STATE EEZEWOOD DRIVE DTTE, NC 28262		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 774		e 89 ed, bedding, pillow, bedside personal belongings for	V 774		
	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:  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.				
	Professional #1 (QP and Messages requesting #1's telephone on 10/10/29/21 with no return Furthermore, QP #1 of the more with the	The state of the s			
	revealed: -Clients #1, #3, and # their rooms due to be property damage; -Had been unable to	with the Licensee/QP #2  4 have limited furniture in havioral episodes involving get a bed for Client #3 for o issues with the national			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			A. BUILDING:					
		MHL060-857	B. WING		R 11/12/2021			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
COMMUN	ITY TREATMENT ALTER	NATIVES 1	EZEWOOD DRI					
0(0)15	CHARLOTTE, NC 28262  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)							
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMP	PLETE		
V 774	Continued From page	90	V 774					
	-Had spoken with a lo about the possibility of bedframe for Client #							
	Manager revealed: -Was asked by the Lic Professional #2 to as Health Service Regul -The Licensee/Qualifi finalizing staffing char promoting Staff #2 to -Would ensure minim	sist with the Division of ation survey on 10/13/21; ed Professional #2 was nges to secure a new QP by the new QP; um furnishings were in edroom to include a bed,						

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