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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			A. BUILDING: _					
	MHL060-857 B. WING		R 02/02/2022					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
COMMUNITY TREATMENT ALTERNATIVES 4 2005 BREEZEWOOD DRIVE								
COMMUNITY TREATMENT ALTERNATIVES 1 CHARLOTTE, NC 28262								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE			
V 000	00 INITIAL COMMENTS		V 000					
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)							

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
AND I PANOL GOLINEOTON IDENTIFICATION NOMBER.		A. BUILDING: _							
	MHL060-857		B. WING		R 02/02/2022				
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 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 LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE				
V 000	Continued From page	e 1	V 000						
	Deficiencies were cite	ed.							
	The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The sample survey consisted of audits of 4								
current clients.									
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112						
	10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.								

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	<u>of Health Service Regu</u> FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING:		
MUU 000 057		B. WING			
		MHL060-857	D. WING		02/02/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	ΓE, ZIP CODE	
COMMUN	ITY TREATMENT ALTER	NATIVES 1	EEZEWOOD DRIV	VE	
		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 CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE COMPLET
V 112	Continued From page	2	V 112		
	facility failed to develor strategies to meet the affecting 4 of 4 audite and #4). The findings Review on 1/31/22 arrecord revealed: -Admitted 6/11/21; -Diagnosed with Atter Disorder, Nocturnal Edisorder; -12 years old; -History of sexualized online behavior and generated to address running away, stuffing or using soap product Review on 1/31/22 arrecord revealed: -Admitted 4/7/17; -Diagnosed with Bipo Stress Disorder, Atter Disorder; Mild Intelled Disability, and History, 17 years old;	and record review, the op and implement treatment eneeds of the clients eneeds of the clients and clients (Clients #1, #2, #3, sare: and 2/1/22 of Client #1's antion Deficit Hyperactivity incresis, and Anxiety I behaviors with unsafe prooming and running away; and 1/31/22 did not include sexualized behaviors, and the toilets with toilet paper, and 2/1/22 of Client #2's Italian Disorder, Post-Traumatic price and Developmental and Sexual Abuse;			
		d 12/20/21 did not include stuffing the toilets with toilet products during			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED			
					R		
	MHL060-857		B. WING		02/02/2022		
						<u> </u>	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
COMMUN	ITY TREATMENT ALTER	NATIVES 1	EEZEWOOD DRI	VE			
		CHARLO	OTTE, NC 28262				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE	
TAG	REGULATORY OR	EGG IDENTIF TING INFORMATION)	TAG	DEFICIENCY)	VIAIL	57.1.2	
			1,412				
V 112	Continued From page	e 3	V 112				
	Review on 1/31/22 ar	nd 2/1/22 of Client #3's					
	record revealed:						
	-Admitted 5/10/18;						
	·	ntion Deficit Hyperactivity					
	Disorder, Disinhibited						
	Disorder, Intermittent	Explosive Disorder, and					
	Mild Intellectual Deve	elopmental Disability;					
	-15 years old;						
	-History of property d	estruction of clothing and					
	possessions, sexualiz	zed behaviors, and running					
	away;						
	-Treatment Plan date	d 12/6/21 did not include					
	strategies to address	sexualized behaviors,					
		ty destruction of personal					
		ions, stuffing the toilets with					
	toilet paper, or using soap products during						
	masturbation.						
	Di 4/04/00	- 1 0/4/00 - 5 01: 4 441-					
	record revealed:	nd 2/1/22 of Client #4's					
	-Admitted 12/20/20;-Diagnosed with Uns	nooified Trouma and					
	Stressor Related Disorder, Oppositional Defiant Disorder, and Reaction to Severe Stress;						
	-13 years old;	511 to Ocycle Olless,					
	-History of running av	vay and sexualized					
	behaviors;	ra, and obradized					
		d 1/22 did not include					
		sexualized behaviors,					
		g the toilets with toilet paper,					
		ts during masturbation.					
	Interview on 2/2/22 with the Licensee/Qualified Professional revealed: -Clients had histories of stuffing the toilets with						
		g soap products during					
	masturbation;						
	-Treatment plans were revised monthly but will be revised again to address the specific needs of each client.						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
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MHL060-857			B. WING			/02/2022				
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
COMMUN	2005 BREEZEWOOD DRIVE									
COMMON	ITY TREATMENT ALTER	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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE				
V 112	Continued From page	e 4	V 112							
	This deficiency consti and must be corrected	itutes a re-cited deficiency d within 30 days.								
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736							
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.									
	missing or had loose -Client #3's bedroom door trim;	/ revealed: pedroom dressers were								
	Professional revealed -Completed many reprepairs were missed bimmediately.	ith the Licensee/Qualified d: pairs to the home and these out would be addressed itutes a re-cited deficiency								
	and must be correcte	_								

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		MHL060-85	7	B. WING			/02/2022		
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STA	TE, ZIP CODE				
COMMUN	COMMUNITY TREATMENT ALTERNATIVES 1 2005 BREEZEWOOD DRIVE								
COMMON	IIY IREAIMENI ALIER	NATIVES 1	CHARLOT	TE, NC 28262					
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