	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BUILDING:			R
		MHL060-739	B. WING		03/07/2022	
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	ITY TREATMENT ALTE	PNATIVES II 4901 RC	SENA DRIVE			
		CHARLO	DTTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
{V 000}	INITIAL COMMENT	S	{V 000}			
	A follow-up survey v deficiency was cited	was completed on 3/7/22. A d.				
	category: 10A NCA Treatment Staff Sec Adolescents and cu	eed for the following service C 27G .1700 Residential cure for Children or rrrently has a census of 4. The sisted of audits of 4 current				
V 296	27G .1704 Residen Staffing	tial Tx. Child/Adol - Min.	V 296			
	telephone or page. able to reach the fact times. (b) The minimum n required when child present and awake (1) two direct one, two, three or for (2) three direct for five, six, seven of adolescents; and (3) four direct nine, ten, eleven or adolescents. (c) The minimum n during child or adole follows: (1) two direct and one shall be aw children or adolesce (2) two direct	essional shall be available by A direct care staff shall be cility within 30 minutes at all umber of direct care staff ren or adolescents are is as follows: care staff shall be present for our children or adolescents; ct care staff shall be present or eight children or t care staff shall be present for twelve children or umber of direct care staff escent sleep hours is as care staff shall be present vake for one through four ents; care staff shall be present wake for five through eight				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R 03/07/2022	
		MHL060-739	B. WING			
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	TY TREATMENT ALTER	RNATIVES II	SENA DRIVE			
		CHARLO	DTTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pag	e 1	V 296			
	 of which two shall be asleep for nine, ten, adolescents. (d) In addition to the care staff set forth in Rule, more direct can the facility based on individual needs as a plan. (e) Each facility shal supervision of childre are away from the facility for the facility for the facility shal supervision of childre are away from the facility for the facilit	t care staff shall be present e awake and the third may be eleven or twelve children or e minimum number of direct Paragraphs (a)-(c) of this re staff shall be required in the child or adolescent's specified in the treatment Il be responsible for ensuring en or adolescents when they cility in accordance with the individual strengths and in the treatment plan.				
	interviews, this facilit minimum staffing rec	as evidenced by: iews, observations and y failed to ensure the juirements of at least two p to four adolescents. The				
	-admission date of 5, -age 10 years; -diagnoses of PTSD Disorder) and Attenti Disorder(ADHD); -client #1 had a histo behaviors/issues: ph	(Post Traumatic Stress on Deficit Hyperactivity				
aian af lla	sexualized behaviors	s, struggled with maintaining ies with peers and adults,				

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL060-739	B. WING		03	R 8/ 07/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	. ZIP CODE	1	
		4901 RC	SENA DRIVE	,		
COMMUN	ITY TREATMENT ALTER	RNATIVES II CHARLO	OTTE, NC 28227			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN) THE APPROPRIATE	COMPLET DATE
V 296	Continued From pag	e 2	V 296			
	destruction of proper and ran away.	ty, impulsivity, dishonesty				
	-admission date of 2/ -age 10 years; -diagnoses of Unspe Related Disorder, Op Disorder(ODD), ADH -client #2 had a histo behaviors/issues: str regulation, aggressiv comply with authority tantrums, defiance, a destruction, cutting/s accept authority. Review on 2/28/22 o -admission date of 9/ -age 11 years; -diagnoses of PTSD, Child Sexual Abuse- -client #3 had a histo behaviors/issues: ina behaviors, dishonest panicky, nightmares,	cified Trauma and Stressor opositional Defiant ID, Enuresis and Encopresis; ory of the following uggled with emotional re behaviors, failure to y, dishonesty, stealing, anger issues, property elf-harm and failure to f client #3's record revealed: /13/21; Nocturnal Enuresis and Victim;				
	but no actions, strug with other children an Review on 2/28/22 o	gled with physical boundaries nd sneaky behaviors. f client #4's record revealed:				
	Stressor Related Dis -client #4 had a histo behaviors/issues: im	and Unspecified Trauma and order; ry of the following pulsivity, property				
	boundaries, sneaky l	ggression, lack of respect for oehaviors, made false n, inappropriate social skills,				

Division of Health Service Regulation STATE FORM

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SWM912

If continuation sheet 3 of 8

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			-
		MHL060-739	B. WING		R 03/07/2022	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
OMMUN	ITY TREATMENT ALTER	NATIVES II	SENA DRIVE DTTE, NC 28227			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLET DATE
V 296	Continued From page	e 3	V 296			
	anxiety, manipulation	and dishonesty.				
	Observations on 2/28	3/22 revealed the following:				
	-2:22pm: client #3 arr					
		sional) met her at the door.				
	No other staff were o					
	-2:40pm: the House r facility;	Manager arrived at the				
		ociate Professional) arrived				
	at the facility. Client #					
	-	d client #2 arrived on site.				
	Interview on 2/28/22	with the QP revealed;				
		ager who called on the				
	phone earlier;	0				
		ng at the facility in the				
	afternoons around 2:	30pm.				
		with client #1 revealed:				
	-staff #1 was at the fa					
	-staff #1 worked Satu					
	-no other staff were a	ekend how many staff work.				
		cerend now many stan work.				
	Interview on 2/28/22	with client #2 revealed:				
	-staff #1 worked by h	erself this weekend;				
	-staff #1 worked alon	e Saturday and Sunday;				
	-no other staff were a					
		and staff #1 worked most				
	weekends together.					
	Interview on 2/28/22	with client #3 revealed:				
	-	g and staff #1 was the only				
	staff here;					
		2 worked by herself from				
	Saturday morning un					
	-when she got home					
	staff #1 were here;	er the House Manager or				
	-"usually just [the Ho	use Managerl."				
sion of Hea	alth Service Regulation	5 ,	1			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			R
		MHL060-739	B. WING		03/07/202	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
	TY TREATMENT ALTER	ANATIVES II	SENA DRIVE			
		CHARLO	DTTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pag	e 4	V 296			
	-worked mostly 3rd s weekends on 3rd shi -on the weekdays, w the last client left on -last time she worked night(2/28/22) on 3rd -she came in at 9pm -the House Manager hour later;" -denied working alon -"usually there is son on 3rd shift;" -"depends on who is Attempted interviews 3/2/22 and 3/7/22 we answered telephone messages left via voi Review on 3/7/22 of from January 1, 2022 revealed: -staff shifts from 9am weekends/no school -staff 2nd shift on the follows: one staff sch staff scheduled from -a timeframe of one b	orked from 9pm-8am or until the school bus; d at the facility was Monday l shift; g ot there later at 10pm, "an e on her shift; neone else with me working scheduled." s with staff #1 on 3/1/22, ere unsuccessful due to no calls and no response to icemail. the facility's staff schedule 2-February 28, 2022 n-9pm and 9pm-9am on the days; weekdays/schooldays as reduled from 2pm-9pm, one				
	-staff 3rd shift on the follows: one staff scheduled f	weekdays/schooldays as eduled from 9pm-7am and				
	shift with only one sta -only one staff was s the following dates: 1	aff scheduled at the facility; cheduled from 7am-8am for 1/4-1/7, 1/10-1/14, 1/17-1/21, 2/4, 2/7-2/11, 2/14-2/17,				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED		
		MHL060-739	B. WING		03	R 8/07/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 ROSENA DRIVE								
		4901 RO	SENA DRIVE					
COMMUN	ITY TREATMENT ALTER	NATIVES II CHARLO	OTTE, NC 28227					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN C	F CORRECTION	(X5)		
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V 296	Continued From page	e 5	V 296					
	the following dates: 1 1/24-1/28, 1/31, 2/1-2 2/21-2/25, 2/28; -the House Manager following shifts: 9am- -staff #1 was schedul 2/26 9pm-9am and 2/ -staff #2 was schedul 2/26 9pm-9am and 2/ -documented on the 2/	ed for the following shifts:						
	-she was working bet -her staff have been v -on the weekend staff House Manager was -the House Manager' been scheduled for k -the other staff who w into contact with som -that staff was expose -"everyone panicked; -have placed hiring a -"got no good candida -last 6 months, got ne to go; -new staff lasted betw -"competition so fierc	working "above and beyond;" f #1 worked alone, the having health issues; s knee went out and she has nee replacement surgery; vas supposed to fill in came eone who had COVID; ed; " ds on job websites; ates;" ew staff trained up and ready ween 3-6 weeks;						
	clients;" -new staff came in an texting during work he -often this was a seco -started again with a -regular core staff get -"been really challeng	id were on their phones ours; ond job for the new staff; new ad on job websites; tting burnt out;						

STATE FORM

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED
			A. BUILDING:			
	MHL060-739		B. WING		03	R 3/07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	RNATIVES II	SENA DRIVE			
			OTTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pag	e 6	V 296			
	one client; -will have to change time frames when or Review on 3/7/22 of 3/7/22 and complete documented the follo -"What immediate ac ensure the safety of I will have the require -"Describe your plan- happens. 2 staff will 30 minutes prior to th home from school. I additional coverage to double staffed. I also	have one staff present with her schedule to cover the the client here with one staff. a Plan of Protection dated d by the licensee bwing: stion will the facility take to the consumers in your care?				
	This deficiency is a r	e-cited deficiency.				
	included PTSD, ODE Trauma and Stresso #1, #2, #3 and #4 dis health issues which i property destruction, boundaries, running self-harm and suicida alone on 2/26/22-2/2 at the facility. Client a afternoon of 2/28/22 staff was present on 9pm-10pm on 2/28/2 until February 28, 20 scheduled from 7am one staff scheduled f	d #4 had diagnoses which D, ADHD and Unspecified r Related Disorder. Clients splayed behaviors and mental ncluded physical aggression, sexualized behaviors, poor away, stealing, tantrums, al ideation. Staff worked 7/22 with all 4 clients present #3 arrived at the facility in the from school and only one site. Staff worked alone from t2. From January 1, 2022 22, there was only one staff -8am for 41 days and only from 2pm-3pm for 28 days. required staffing in the				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
						R
		MHL060-739	B. WING		03	/07/2022
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
OMMUN	ITY TREATMENT ALTER	RNATIVES II	SENA DRIVE			
		CHARLO	DTTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pag	e 7	V 296			
	the clients. If this vio 45 days, an administ	halth, safety and welfare of lation is not corrected within trative penalty of \$200.00 per for each day the facility is out ad the 45th day.				