Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ R 02/21/2024 B. WING MHL080-223 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 512 WEST HORAH STREET STEPPING STONE SERVICES SALISBURY, NC 28144 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG V 000 V 000 INITIAL COMMENTS An annual and follow up survey was completed on February 21, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. V 108 V 108 27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their (X6) DATE Division of Health Service Regulation TITLE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE If continuation sheet 1 of 17 MHCI11 STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION			IRVEY TED
		MHL080-223	B. WING		02/2 <sup>2</sup>	1/2024
AME OF B	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
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V 108	Continued From page	e 1	V 108			
V 100						
	equivalence for reliev	ving airway obstruction.				
	(i) The governing bo	dy shall develop and				
	implement policies ar	nd procedures for identifying,				
	reporting, investigating	ng and controlling infectious				
		iseases of personnel and				
	clients.					
	This Rule is not met	t as evidenced by:				
	Paced on record rev	riews and interviews, the				
	facility failed to ensu	re 4 of 5 staff (staff #1, staff				
	#2 the Associate Pr	rofessional (AP) and the				
	Qualified Profession	al/Licensee (QP/L) were				
	trained to meet the i	ndividualized needs of the				
	clients as specified i	in the treatment/habilitation				
	plan. The findings a	re:				81
	Review on 2/21/24	of staff #1's record revealed:				
	-A hire date of 12/26	6/23				
	-A job description of	f Paraprofessional				
	-No training on sexu	ualized behaviors				
	0/04/04	t + E #01= record revealed:				
	Review on 2/21/24	of staff #2's record revealed:				
	-A hire date of 8/31	/22				
	-A job description o	r Paraprofessional				
	-No training on sex	ualized beliaviors				
	Paview on 2/21/24	of the AP's record revealed:				
	-A hire date of 8/31					
	-A job description of					
	-No training on sex	ualized behaviors				
	Review on 2/21/24	of the QP/L's record revealed:				
	-A hire date of 5/6/					
	-A job description of	of QP				
	-No training on sex	The second secon				1

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 02/21/2024 MHL080-223 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 512 WEST HORAH STREET STEPPING STONE SERVICES SALISBURY, NC 28144 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 108 V 108 Continued From page 2 Review on 2/21/24 of client #1's record revealed: -An admission date of 1/27/23 -Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Child Neglect, Conduct Disorder, Generalized Anxiety Disorder (GAD), History of Alcoholism, Impulsive Personality Disorder, Disruptive Mood Dysregulation Disorder, Moderate Depression Disorder, Post-Traumatic Stress Disorder (PTSD), Borderline Intellectual Functioning and Victim of Child Sexual Abuse -Age 17 -An assessment dated 1/27/23 noted "was previously in a Psychiatric Residential Treatment Facility (PRTF), wants to get a job when he is on own, biological parents were neglectful, needs 24/7 residential services that has rules, structure and point level system, does not have any family that participates in his therapy, is on a daily schedule depending on his level, has a scheduled time to shower, has one assigned chore per day, is responsible for ensuring his dirty clothes are in the basket, is responsible for making his bed and keep his room clean, is not employed, needs to be provided with transportation to and from any medical, therapy or appointment needs, has access to health care and mental health care as needed or scheduled, does not use alcohol but he has been caught vaping and having cigarettes, medications are administered by staff, needs encouragement to make positive choices, needs to be encouraged to accept responsibility, needs to think about consequences before making a decision or what kind of risk he could be putting himself into, has a history of being assaultive, violence and trauma, should complete all levels of sexual abuse specific treatment including progress through the four states of treatment, full and responsible acknowledgment of sexual

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STATEMENT	of Health Service Regular OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	DNSTRUCTION	(XS) DATE SURVEY COMPLETED  R
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(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	COTION SHOULD BE COMPLETE O THE APPROPRIATE DATE
V 108	abuse, thinking errors empathy, completion of prevention plan to low re-offense and needs improvements in expression and recognizing emotional outbursts, it deceitful with past agramily and sexual assumed crimes against need (younger sister)."  An updated treatmer "will learn to enhance anger control, self-casolving through partice Rehabilitation groups Skills, Social Skills, In Self-Care, Lifestyle Control by and/or illegal, expressing the moment, under unproductive behaving demonstrate appropsical skills, and will program services where the home, school and days per week."  Review on 2/21/24 of An admission date Diagnoses of Autis Conduct Disorder, C	of proven relapse ver the risk of sexual to make significant tessing his feels in a healthy the causes to help minimize is very manipulative and gressive behaviors towards eault (rape in the first degree ature) towards a sibling and plan dated 1/10/24 noted the healthy skills in areas of the social skills, and problem cipation/attendance of the related to Basic Living interdependent Living Skills, Changes and Recovery skills learned by displaying the healthy is unproductive to sanger in a healthy manner terstand motivations for for and display ability to riate basic living skills and participate in therapeutic in the complying with all decreasing rule violations in and community from 5 out of 7 of client #2's record revealed: of 12/18/23 m Spectrum Disorder, Oppositional Defiant Disorder HD, Encopresis and	V 108		If continuation sheet 4

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 02/21/2024 MHL080-223 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **512 WEST HORAH STREET** STEPPING STONE SERVICES SALISBURY, NC 28144 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 108 V 108 Continued From page 4 verbal and physical aggression, mood swings, impulse control, extreme oppositional defiance, and maladaptive behaviors (fecal smearing, cursing, head banging) which has resulted in a failed group home placement as well as one prior inpatient psychiatric hospitalization in the last year, has successfully completed a residential treatment program and has alleviated his physical and verbal aggression, diminished his maladaptive behaviors to include no instances of fecal smearing or toileting issues, limited amounts of cursing, no instances of head banging and minor amounts of oppositional behaviors, has Autism and does well in an environment that is structured, does a good job of following the rules and helping others understand the important of following rules, was adopted at age 4, has poor social skills and academic problems, needs a level III residential placement, continue to received individual and family therapy, needs to continue to see a psychiatrist for medication management, would also benefit from a Mentor to help him bridge the gap between residential and community living, should continue to attend school in a program commensurate with his level and abilities and would benefit from a school with a strong vocational program and full range IQ score of 64." -A treatment plan dated 11/29/23 noted "will comply with rules and expectations of the group home, community and school consistently over the next six months by attending school daily, completing schoolwork, completing chores in the home, refraining from use of any drugs/contraband, including smoking, marijuana, cigarettes and vaping, will shower daily and as required, will attend therapy as indicated and required, will attend medication management and other appointments as required, participate in

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activities in the home as scheduled and indicated,

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE Co	ONSTRUCTION	(X3) DATE	LETED
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V 108	Continued From page	5	V 108			
	_					
	will identify and proce	ess feelings when they occur				
	to increase self-regula	ation, will process these				
	feelings in therapy se	ssions with an identified				
	counselor, with the st	upport from family, legal				
	guardian and service	providers, will exhibit safe				
	behaviors that do not	necessitate hospitalization,				
		reasing independent life				
	skills (obtaining a job	/volunteering, managing m in becoming an active				
	money) to support rill	unity, and will improve his				
	member of his comm	aking informed decisions,				
	communication by me	pathizing with others and				
	coping with and man	aging my life in a healthy				
	way,"	aging my me m a nearmy				
	way,					
	Review on 2/21/24 of	f client #3's record revealed:				
	-An admission date of					
		, Impulse Control Disorder,				
	Specified Learning D	isorder and Conduct				
	Disorder					
	-Age 16					
	-An assessment date	ed 6/23/23 noted "was				
	previously at a facilit	y that focused on addressing				
	sexual harm behavio	ors as well as co-occurring				
	psychiatric, behavior	al and trauma related				
	difficulties, since he	was a young child there have				
	been concerns with	his aggression, stealing,				
	living, anger outburs	its and overall behavior, is				
	impulsive and has tr	ouble regulating his				
	emotions, wants to v	work on his triggers, does not				
	believe the rules app	oly to him, is in the custody of				
	the Department of S	ocial Services and has no				
	contact with his ado	ptive family due to sexual				
	assault of the adopt	ive mother,, has peer				
	conflicts, poor physi	cal boundaries, manipulates				
		caregivers and authority				
	figures."	1 1 1-1 -1 0140104 1-1				
	-An updated treatme	ent plan dated 2/13/24 noted				
	"wants to learn to de	emonstrate the ability to				
		ively with school staff, his				
Division of H	Health Service Regulation					

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V 108	Continued From pag	e 6		V 108			
v 100							
	family, authority figur	es an	d peers by talking in an				
	appropriate manner	being	able to express his				
	feelings, being able to	o sha	re personal details				
	without losing his ter	nper a	and getting aggressive				
	90% of the time over	the r	ext three months, will				
	learn to increase cor	npliar	ice and communication				
	appropriately with ot	hers	will maintain				
	compliance with pro-	gram	rules/expectations by				
	listening following th	rough	with directives within 2				
	prompts and mainta	inina	respectful				
	communication with	etaff	and neers will				
	participate in therap	outic o	activities, appointments				
	and meeting, put for	th ros	sonable efforts to				
	and meeting, put for	noont	rol his hehaviors and				
	improve the ability to	CON	rol his behaviors and				
	improve relationship	S WITT	authority figures, will				
	improve his anger b	y ider	tifying triggers, learning				
	and implementing e	πectiv	e coping and				
	communication skill	s whe	n he becomes angry or				
	frustrate without res	orting	to anger outbursts or				
	acts of unsafe beha	viors,	will increase focus and				
	attention by respon	ding to	directions/directives				
	within two prompts	remai	ning on topic and				
	completing daily tas	sks, w	ill participate in				
	improving cognitive	, phys	sical, social, emotional,				
	team building, hygie	ene, s	portsmanship and				
	independent living	skills v	with same age peers, will				
	go to bed on time,	peing	quiet after lights out and				
	going to sleep or re	string	quietly throughout the				
	night and will not ex	xhibit	any incidents of				
	inappropriate beha	viors I	by shift note				
	documentation and	staff	report after bedtime."	0 1			
	3000						
	Interview on 2/20/2	4 with	client #1 revealed:				
	-Was previously in	a lock	ked facility in another				
	etate for "my angel	and	my sexual behaviors."				
	State for Thy anger	anu	The second secon				
	Intention on 2/20/	A vari+l	n client #2 revealed:				
	Interview on 2/20/2	facilit	y because of my sexual				
	-"I was in a locked behaviors. I compl	otod	y because of filly sexual				
		etea r	ily sex oliender				
1	treatment."						

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B WING 02/21/2024 MHL080-223 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **512 WEST HORAH STREET** STEPPING STONE SERVICES SALISBURY, NC 28144 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 108 V 108 Continued From page 7 Interview on 2/20/24 with client #3 revealed: -"I was in a locked facility to give us a chance to step down. I was there because of my behaviors and charges ... I was charged with attempted rape. I really don't like to talk about it ..." Interview on 2/20/24 with staff #1 revealed: -Was aware the clients had sexualized behaviors -"I have not had any trainings on sexualized behaviors." Interview on 2/20/24 with staff #2 revealed: -Was aware the clients had sexualized behaviors. -"No, I have not witnessed anything like that (sexualized behaviors by the clients." -Had not had training on sexualized behaviors. Interview on 2/21/24 with the Associate Professional revealed: -Was aware the clients had sexualized behaviors -Had not had any training on sexualized behaviors Interview on 2/21/24 with the Licensed Professional revealed: -Clients at the facility had a history of sexualized behaviors -"In groups, if the clients are struggling with topics in that setting, I give them the opportunity for 1:1 therapy. We discuss healthy relationships with the opposite sex, communication, and the most appropriate ways to engage in relationships since most of the clients have some sort of abuse and trauma ..." -Was not sure if the staff had received training on sexualized behaviors -"I am willing to train them." Interview on 2/21/24 with the QP/L revealed: Division of Health Service Regulation If continuation sheet 8 of 17

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 108	Continued From page	e 8	V 108		
	-"3 of the 4 current of behaviors." -None of the previous sexualized behaviors." -"We were trained on We have not had any sexualized behaviors alone in the same pla appropriate boundariall times." Further interview on revealed: -"I plan to get togeth have a staff meeting	ients have sexualized s clients at the facility had the population we serve. detailed training in We don't allow them to be		Sexualized trains being provide LP on 3/16/24	ning led by
V 296	Staffing  10A NCAC 27G .17( REQUIREMENTS  (a) A qualified profetelephone or page. able to reach the factimes.  (b) The minimum norequired when child present and awake  (1) two direct one, two, three or factions, two, three or factions in the factions of	essional shall be available by A direct care staff shall be cility within 30 minutes at all number 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	V 296		
Division of H	ealth Service Regulation			MHCH1	If continuation sheet 9 of

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	OF DEFICIENCIES OF CORRECTION		PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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V 296	Continued From page	e 9		V 296			
V 250	during child or adoles follows:  (1) two direct of and one shall be aware children or adolescer (2) two direct of and both shall be aware children or adolescer (3) three direct of which two shall be asleep for nine, ten, adolescents.  (d) In addition to the care staff set forth in Rule, more direct cathe facility based on individual needs as splan.  (e) Each facility shas supervision of children away from the facility or adolescent's needs as specified in the rectangle of the facility or adolescent's needs as specified in the rectangle of the facility or adolescent or adolescents are findings are:	scent sare sake for the same same same same same same same sam	staff shall be present or one through four staff shall be present or five through eight and a staff shall be present ke and the third may be an or twelve children or mum number of direct agraphs (a)-(c) of this aff shall be required in hild or adolescent's fied in the treatment responsible for ensuring adolescents when they in accordance with the vidual strengths and treatment plan.				
		20/24	from 1:25pm to 2:32pm				
Division of H	Health Service Regulation			6899	MHCI11	If continuation sh	eet 10 of

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ 02/21/2024 B. WING MHL080-223 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **512 WEST HORAH STREET** STEPPING STONE SERVICES SALISBURY, NC 28144 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE DATE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) · I informed surveyor that there was no 1st shift and V 296 Continued From page 10 V 296 I was at the school doing a of the facility revealed: I was at the school doing a IEP meeting and a clienthad got suspended. I then told her I can come to the house but I have a client with me. My intention was not to go to the house for this reason. -Client #1 and the Qualified Professional/Licensee arrived at the facility -There was no other staff at the facility Further observations on 2/20/24 from 2:32pm to 2:55pm of the facility revealed: -At 2/20/24 at 2:32pm, a second staff arrived at the facility. -At 2/20/24 at 2:38pm, a third staff arrived at the -At 2/20/24 at 2:55pm, a fourth staff arrived at the Review on 2/21/24 of client #1's record revealed: -An admission date of 1/27/23 -Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Child Neglect, Conduct Disorder, Generalized Anxiety Disorder (GAD), History of Alcoholism, Impulsive Personality Disorder, Disruptive Mood Dysregulation Disorder, Moderate Depression Disorder, Post-Traumatic Stress Disorder (PTSD), Borderline Intellectual Functioning and Victim of Child Sexual Abuse -Age 17 -An assessment dated 1/27/23 noted "was previously in a Psychiatric Residential Treatment Facility (PRTF), wants to get a job when he is on own, biological parents were neglectful, needs 24/7 residential services that has rules, structure and point level system, does not have any family that participates in his therapy, is on a daily schedule depending on his level, has a scheduled time to shower, has one assigned chore per day, is responsible for ensuring his dirty clothes are in the basket, is responsible for making his bed and keep his room clean, is not employed, needs to be provided with transportation to and from any medical, therapy or appointment needs, has

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	OF DEFICIENCIES	(X1)	PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		SURVEY
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V 296	Continued From page	ے 11 د		V 296			
V 230							
			l mental health care as				
	needed or scheduled	, do	es not use alcohol but				
	he has been caught	vapir	ng and having cigarettes,				
	medications are adm	inist	ered by staff, needs				
	encouragement to m	ake	positive choices, needs				
	to be encouraged to	acce	pt responsibility, needs				
	to think about consec	quen	ces before making a				
	decision or what kind	ofr	isk he could be putting				
	himself into, has a hi	story	of being assaultive,				
	violence and trauma	sho	uld complete all levels of				
	sexual abuse specifi	c trea	atment including				
	progress through the	four	r states of treatment, full				
	and responsible ack	nowl	edgment of sexual				
			evelopment of sexual				
	empathy, completion						
	prevention plan to lo	wer	the risk of sexual				
	re-offense and need			-			
			sing his feels in a healthy				
	way and recognizing	the	causes to help minimize				
	emotional outbursts	is v	ery manipulative and				
	deceitful with past a	ggre	ssive behaviors towards				
	family and sexual as	saul	t (rape in the first degree				
	and crimes against	natur	e) towards a sibling				
	(younger sister)."						
	-An updated treatme	ent p	lan dated 1/10/24 noted				
	"will learn to enhance	e he	althy skills in areas of				
	anger control, self-c	are,	social skills, and problem				
	solving through part	icipa	tion/attendance of				
	Rehabilitation group	s rel	ated to Basic Living				
	Skills, Social Skills,	Inter	dependent Living Skills,				
	Self-Care, Lifestyle	Cha	nges and Recovery				
	Principals, will utilize	e skil	lls learned by displaying				
	an ability to control	beha	vior that is unproductive				
	and/or illegal, expre	ss a	nger in a healthy manner				
	in the moment, und	ersta	and motivations for				
	unproductive behav	ior a	nd display ability to				
	demonstrate approi	oriate	e basic living skills and				
	social skills, and wi	l par	ticipate in therapeutic				
	program services w	hile	complying with all				
	program rules and	decre	easing rule violations in				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING MHL080-223 02/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **512 WEST HORAH STREET** STEPPING STONE SERVICES SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 296 V 296 Continued From page 12 the home, school and community from 5 out of 7 days per week." Review on 2/21/24 of client #2's record revealed: -An admission date of 12/18/23 -Diagnoses of Autism Spectrum Disorder, Conduct Disorder, Oppositional Defiant Disorder (ODD), Severe, ADHD and Encopresis and Borderline Intellectual Functioning -Age 17 -An assessment dated 11/6/23 noted "is a 17 year old 9th grader (special education) who has been referred for residential treatment secondary to verbal and physical aggression, mood swings, impulse control, extreme oppositional defiance, and maladaptive behaviors (fecal smearing, cursing, head banging) which has resulted in a failed group home placement as well as one prior inpatient psychiatric hospitalization in the last year, has successfully completed a residential treatment program and has alleviated his physical and verbal aggression, diminished his maladaptive behaviors to include no instances of fecal smearing or toileting issues, limited amounts of cursing, no instances of head banging and minor amounts of oppositional behaviors, has Autism and does well in an environment that is structured, does a good job of following the rules and helping others understand the important of following rules, was adopted at age 4, has poor social skills and academic problems, needs a level III residential placement, continue to received individual and family therapy, needs to continue to see a psychiatrist for medication management, would also benefit from a Mentor to help him bridge the gap between residential and community living, should continue to attend school in a program commensurate with his level and abilities and would benefit from a school with a strong vocational program and full

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED
		MHL080-223	B. WING		02/21/2024
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, S'  512 WEST HORAH STR  STEPPING STONE SERVICES  SALISBURY, NC 28144					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE COMPLE O THE APPROPRIATE DATE
rain-A	comply with rules and come, community and the next six months be completing schoolwoome, refraining from rugs/contraband, ingarettes and vaping equired, will attend the appointments a ctivities in the home will identify and process concerns self-regulariation and service equired, with the sequired will work towards incommunication by member of his communication by membe	ed 11/29/23 noted "will dexpectations of the group d school consistently over by attending school daily, rk, completing chores in the nuse of any cluding smoking, marijuana, g, will shower daily and as therapy as indicated and medication management and as required, participate in as scheduled and indicated, ess feelings when they occur lation, will process these essions with an identified apport from family, legal a providers, will exhibit safe at necessitate hospitalization, creasing independent life by colunteering, managing im in becoming an active nunity, and will improve his naking informed decisions, mpathizing with others and naging my life in a healthy	V 296		

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 02/21/2024 MHL080-223 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **512 WEST HORAH STREET** STEPPING STONE SERVICES SALISBURY, NC 28144 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRFFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 296 V 296 Continued From page 14 living, anger outbursts and overall behavior, is impulsive and has trouble regulating his emotions, wants to work on his triggers, does not believe the rules apply to him, is in the custody of the Department of Social Services and has no contact with his adoptive family due to sexual assault of the adoptive mother,, has peer conflicts, poor physical boundaries, manipulates others, conflict with caregivers and authority figures." -An updated treatment plan dated 2/13/24 noted "wants to learn to demonstrate the ability to communicate effectively with school staff, his family, authority figures and peers by talking in an appropriate manner being able to express his feelings, being able to share personal details without losing his temper and getting aggressive 90% of the time over the next three months, will learn to increase compliance and communication appropriately with others, will maintain compliance with program rules/expectations by listening, following through with directives within 2 prompts and maintaining respectful communication with staff and peers, will participate in therapeutic activities, appointments and meeting, put forth reasonable efforts to improve the ability to control his behaviors and improve relationships with authority figures, will improve his anger by identifying triggers, learning and implementing effective coping and communication skills when he becomes angry or frustrate without resorting to anger outbursts or acts of unsafe behaviors, will increase focus and attention by responding to directions/directives within two prompts remaining on topic and completing daily tasks, will participate in improving cognitive, physical, social, emotional, team building, hygiene, sportsmanship and independent living skills with same age peers, will go to bed on time, being quiet after lights out and

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ R B. WING MHL080-223 02/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **512 WEST HORAH STREET** STEPPING STONE SERVICES SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 296 V 296 Continued From page 15 going to sleep or restring quietly throughout the night and will not exhibit any incidents of inappropriate behaviors by shift note documentation and staff report after bedtime." Interview on 2/20/24 with client #1 revealed: -Only one staff on 3rd shift. -"When we get up in the morning, there is only one staff." Interview on 2/20/24 with client #2 revealed: -"During sleep hours there is usually 1 staff because there are no issues at night and no behaviors and they stay in the living room..." -"Last night, 2/19/24, there was only one staff working." Interview on 2/20/24 with client #3 revealed: -Staffing depended on how many kids were at the facility. -"At night, there is only one (staff) because we are in bed." -" There have been times when we have only one staff but that's because the other staff go to college." Interviews on 2/20/24 with staff #1 and staff #2 revealed: -On each shift there are 2 staff. Interview on 2/21/24 with the Associate Professional revealed: -"There are usually 2 staff on every shift." Interview on 2/21/24 with the Licensed Professional revealed: -"When I am at the facility, typically, I see two staff on shift ...but I am not there at nighttime." Interview on 2/20/24 with the Qualified

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Professional/Licensee (QP/L) revealed:

## **RECEIVED**

By Pamela S. Pridgen at 3:07 pm, Mar 24, 2024

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: \_ R B. WING 02/21/2024 MHL080-223 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **512 WEST HORAH STREET** STEPPING STONE SERVICES SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 296 V 296 Continued From page 16 -"Staff at the facility when on duty was at all times -"On third shift last night (2/20/24), there was only one staff ..." Owner will ensure there are two staff on third shift. Further interview on 2/21/24 with the QP/L revealed: -For third shift staffing, "I have two (staff) scheduled. Sometimes they call out. What I do is use the college students as 'the sleepers' with the regular staff. They (the sleepers) may leave before the clients wake up. I will continue to have 2 staff on every shift. I have no first shift unless the clients are out of school ... The sleepers have all been trained." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

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