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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL080-235	B. WING		10/23/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
STEPPING STONE AT FULTON  612 NORTH FULT SALISBURY, NC				REET			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS	3	V 000				
	An annual survey was deficiency was cited.	s completed on 10/23/24. A					
	-	d for the following service 27G .1700 Residential on or Adolescents.					
	•	d for 3 and has a current yey sample consisted of ents.					
V 503	27D .0103 Client Rigit Policy	hts - Search And Seizure	V 503				
	invasion of privacy.  (b) The governing beinder which searches area may occur, and for seizure of the clien in the possession of to the commentation shall to the possession of the commentation shall the possession of the commentation shall the possession of the commentation shall the comm	be free from unwarranted ody shall develop and a specifies the conditions s of the client or his living if permitted, the procedures nt's belongings, or property the client. seizure shall be documented. include: earch;					
	deficiency was cited.	as evidenced by: s completed on 10/23/24. A d for the following service					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		MUI 000 225	B. WING			NO212024
MHL080-235				10	0/23/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
STEPPING	G STONE AT FULTON		RTH FULTON STRE	ET		
	T	SALISB	URY, 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 OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 503	Continued From page 1		V 503			
	Treatment for Childred This facility is licensed census of 3. The survaudits of 3 current clid Based on observation interviews, the staff facility's policy on sease belongings, or proper 3 clients (#2, #3). The maintain documentat seizures. The finding Observation at approact 10/21/24 revealed:  -Clients #2 and #3 reschool, handed their who searched the bo-Clients #2 and #3 st	d for 3 and has a current vey sample consisted of ents.  ns, record review and ailed to implement the arches and seizure of rty in the possession of 2 of e facility staff also failed to ion of all searches or s are:  eximately 3:13pm on turned to the facility after book bags over to staff #3 ok bag.  ood in front of staff #3 and " of the legs and ankles for d from school.				
	and seizures docume	n/23/24 of the facility's search entation revealed: f search and seizures.				
	-"It's fine (searching onever bring anything -His book bag had go	with client #2 revealed: of book bags) because I and I never will." otten searched everyday in late August of 2024.				
	#3 revealed: -He had been search the facility from school in late August of 2024 -He had no thoughts,	ation on 10/21/24 with client led as soon as he returned to ol daily since school started 4.  he shrugged his shoulders earch and seizure at the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
		MHL080-235	B. WING		10	/23/2024	
	ROVIDER OR SUPPLIER	612 NOF	ADDRESS, CITY, STATI RTH FULTON STRE URY, NC 28144				
(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 ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 503	facility.  Interview on 10/22/24 Professional revealed -"They (clients) come for contrabandsea down' around the and pockets out." -"No paperwork is co the book bags or per  Interview on 10/22/24 Professional revealed -The facility had staff do completed a "pat contraband was brout -"No hesitation from of the things we do." -"No formal documer	4 with the Associate d: e in we do a routine search arch the book bags, 'pat kles and they pull the impleted after the search of son."  4 with the Qualified d: f to searched book bags, and down" to make sure no	V 503				

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STATE FORM STATE FORM 16899 3XRW11 If continuation sheet 3 of 3