|                          | IT OF DEFICIENCIES<br>OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |                                                                                |                | E SURVEY<br>PLETED      |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------|----------------|-------------------------|
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                |                |                         |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MHL036-399                                                                                                                                                                                                                                                                                                                                                                 | B. WING                                 |                                                                                | 12/            | 16/2024                 |
| NAME OF F                | PROVIDER OR SUPPLIER                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                            | DDRESS, CITY, ST                        |                                                                                |                |                         |
| CHAPTE                   | R TWO                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            | DODVALE AVEI<br>NIA, NC 28054           | -                                                                              |                |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE | (X5)<br>COMPLET<br>DATE |
| V 000                    | INITIAL COMMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ГS                                                                                                                                                                                                                                                                                                                                                                         | V 000                                   |                                                                                |                |                         |
|                          | on December 16, 2                                                                                                                                                                                                                                                                                                                                                                                                                                                  | plaint survey was completed<br>024. The complaint was<br>ke #NC00223127). A<br>d.                                                                                                                                                                                                                                                                                          |                                         |                                                                                |                |                         |
|                          | category: 10A NCA<br>Treatment Staff Se<br>Adolescents.                                                                                                                                                                                                                                                                                                                                                                                                            | sed for the following service<br>C 27G .1700 Residential<br>cure for Children or                                                                                                                                                                                                                                                                                           |                                         |                                                                                |                |                         |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sed for 4 and has a current<br>urvey sample consisted of<br>clients.                                                                                                                                                                                                                                                                                                       |                                         |                                                                                |                |                         |
| V 109                    | 27G .0203 Privilegi                                                                                                                                                                                                                                                                                                                                                                                                                                                | ng/Training Professionals                                                                                                                                                                                                                                                                                                                                                  | V 109                                   |                                                                                |                |                         |
|                          | QUALIFIED PROF<br>ASSOCIATE PROF<br>(a) There shall be<br>qualified profession<br>(b) Qualified profess<br>professionals shall<br>and abilities require<br>(c) At such time as<br>employment system<br>then qualified profe<br>professionals shall<br>(d) Competence sh<br>exhibiting core skills<br>(1) technical know<br>(2) cultural awaren<br>(3) analytical skills<br>(4) decision-makin<br>(5) interpersonal sh<br>(6) communication<br>(7) clinical skills. | ESSIONALS<br>no privileging requirements for<br>als or associate professionals<br>assionals and associate<br>demonstrate knowledge, skills<br>ed by the population served.<br>a competency-based<br>n is established by rulemaking<br>ssionals and associate<br>demonstrate competence.<br>nall be demonstrated by<br>s including:<br>ledge;<br>less;<br>;<br>g;<br>kills; | 5                                       |                                                                                |                |                         |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 18)(a) are deemed to have                                                                                                                                                                                                                                                                                                                                                  |                                         |                                                                                |                |                         |

| STATEMEN                 | of Health Service Re<br>NT OF DEFICIENCIES<br>OF CORRECTION                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |                                                                                  |                                  | E SURVEY<br>PLETED       |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------|----------------------------------|--------------------------|
|                          |                                                                                                                                                                                                                          | MHL036-399                                                                                                                                                                                                                                                                                                         | B. WING                                 |                                                                                  | 12/                              | 16/2024                  |
| NAME OF I                | PROVIDER OR SUPPLIER                                                                                                                                                                                                     | STREET AD                                                                                                                                                                                                                                                                                                          | DRESS, CITY, ST                         | TATE, ZIP CODE                                                                   |                                  |                          |
| СНАРТЕ                   | R TWO                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    | ODVALE AVE<br>A, NC 28054               |                                                                                  |                                  |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)                                                                                                                                                                                                         | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | ION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| V 109                    | met the requiremer<br>employment system<br>MH/DD/SAS.<br>(f) The governing to<br>develop and impler<br>for the initiation of a<br>plan upon hiring ea<br>(g) The associate<br>supervised by a qui<br>population served f | age 1<br>hts of the competency-based<br>in in the State Plan for<br>body for each facility shall<br>ment policies and procedures<br>an individualized supervision<br>ich associate professional.<br>professional shall be<br>alified professional with the<br>for the period of time as<br>104 of this Subchapter. | V 109                                   |                                                                                  |                                  |                          |
|                          | Based on record re<br>Qualified Professio<br>demonstrate knowl<br>required by the pop<br>are:                                                                                                                            | et as evidenced by:<br>eview and interview, 1 of 1<br>nal (QP)/Licensee failed to<br>edge, skills and abilities<br>pulation served. The findings                                                                                                                                                                   |                                         |                                                                                  |                                  |                          |
|                          | personnel record re<br>-Hire date of 9/1/23<br>-Job title: QP.<br>-Signed job descrip                                                                                                                                    | evealed:<br>3.                                                                                                                                                                                                                                                                                                     |                                         |                                                                                  |                                  |                          |
|                          | -Former Client (FC<br>-"She (FC #3) woul<br>[QP/Licensee] throw<br>floor. (did not know<br>-"I went to my room                                                                                                           | n but I heard him<br>"Get your nasty a** in the                                                                                                                                                                                                                                                                    |                                         |                                                                                  |                                  |                          |

S8VP11

|                          | NT OF DEFICIENCIES<br>OF CORRECTION                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |                                                                                                       |                                   | E SURVEY<br>PLETED       |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|
|                          |                                                                                                                                                                                             | MHL036-399                                                                                                                                                                                 | B. WING                                 |                                                                                                       | 12/                               | 16/2024                  |
| NAME OF F                | PROVIDER OR SUPPLIER                                                                                                                                                                        | STREET A                                                                                                                                                                                   | DDRESS, CITY, ST                        | TATE, ZIP CODE                                                                                        |                                   |                          |
| СНАРТЕ                   | R TWO                                                                                                                                                                                       |                                                                                                                                                                                            | ODVALE AVEN<br>IIA, NC 28054            | -                                                                                                     |                                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY                                                                                                                                                                            | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)                                                                                                        | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC <sup></sup><br>CROSS-REFERENCED TO <sup></sup><br>DEFICIENC | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| V 109                    | Continued From pa                                                                                                                                                                           | ge 2                                                                                                                                                                                       | V 109                                   |                                                                                                       |                                   |                          |
|                          | -"I don't know who I<br>to."                                                                                                                                                                | he (QP/Licensee) was talking                                                                                                                                                               |                                         |                                                                                                       |                                   |                          |
|                          | -"I heard screaming<br>say "Get out of bed<br>shower.""                                                                                                                                     | 4 with Client #2 revealed:<br>g and heard him (QP/Licensee<br>and get her nasty a** in the<br>) said "Y'all are f****** nasty.""<br>per the date.                                          | )                                       |                                                                                                       |                                   |                          |
|                          |                                                                                                                                                                                             | v on 12/5/24, 12/9/24 and<br>3, but was unsuccessful due to<br>turning calls.                                                                                                              | )                                       |                                                                                                       |                                   |                          |
|                          | -"[FC #3] was refus<br>[QP/Licensee] spok<br>hygiene. (did not re<br>-Did not witness the                                                                                                   | xe to her (FC #3) about her<br>member the date)"<br>e QP/Licensee curse at FC #3.<br>e QP/Licensee throw FC #3's                                                                           |                                         |                                                                                                       |                                   |                          |
|                          | Professional (AP) r<br>-FC #3 had a proble<br>was refusing to sho<br>-"[QP/Licensee] add<br>hygiene). He (QP/L<br>was going to showe<br>-Could not rememb<br>-Did not recall hear<br>FC #3. | em with her hygiene (FC #3<br>ower).<br>dressed it (FC #3's bad<br>icensee) told her (FC #3) she<br>er."<br>oer the date.<br>ing the QP/Licensee curse at<br>Licensee throwing FC #3's bed |                                         |                                                                                                       |                                   |                          |
|                          | revealed:<br>-"[FC #3] had issue<br>-"I never said "Get <u>y</u>                                                                                                                            | 24 with the QP/Licensee<br>s with her hygiene."<br>your nasty a*s in the shower."<br>e her (FC #3) up to shower                                                                            |                                         |                                                                                                       |                                   |                          |

STATE FORM

If continuation sheet 3 of 4

| 12/16/20           |                                                                                               |                             |                                                                                                |                                              |                          |
|--------------------|-----------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------|
| 12/16/20           | A. BUILDING:                                                                                  |                             |                                                                                                |                                              |                          |
|                    |                                                                                               | B. WING                     | MHL036-399                                                                                     |                                              |                          |
|                    |                                                                                               | DDRESS, CITY, ST            |                                                                                                | PROVIDER OR SUPPLIER                         | NAME OF F                |
|                    |                                                                                               | ODVALE AVEI<br>NA, NC 28054 |                                                                                                | R TWO                                        | CHAPTE                   |
| CTION SHOULD BE CC | PROVIDER'S PLAN OF COR<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE A<br>DEFICIENCY) | ID<br>PREFIX<br>TAG         | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)              | (EACH DEFICIENCY                             | (X4) ID<br>PREFIX<br>TAG |
|                    |                                                                                               | V 109                       | ge 3                                                                                           | Continued From page                          | V 109                    |
|                    |                                                                                               |                             | not handle it anymore (the<br>refusing to shower)."<br>e date.<br>3's bed linens on the floor. | odor due to FC #3 r<br>-Could not recall the |                          |
| If continuation    | 8VP11                                                                                         | 6899                        |                                                                                                | ealth Service Regulation                     | vision of He             |

S8VP11