DIVISION OF	Health Service Regu	lation		a chicago localoni	(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COMPLETED	
AND FLAN OF	JOHNEOHON		A. BUILDING: _		
		MHL080-235	B. WING		10/23/2024
NAME OF PRO	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	
		612 NO	RTH FULTON STR	REET	
STEPPING	STONE AT FULTON	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 ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE COMPLETE O THE APPROPRIATE DATE
V 000	INITIAL COMMENTS	6	V 000		
	deficiency was cited.				
	category: 10A NCAC Treatment for Childre				
	This facility is license census of 3. The sur audits of 3 current cl	ed for 3 and has a current vey sample consisted of lients.			
∨ 503	27D .0103 Client Rig Policy	ghts - Search And Seizure	V 503	All searche Stopped.	s has
	invasion of privacy. (b) The governing be implement policy that under which search area may occur, and for seizure of the cli in the possession of (c) Every search or Documentation shat (1) scope of state (2) reason for (3) procedure (4) a description and (5) an account property.	I be free from unwarranted body shall develop and at specifies the conditions es of the client or his living d if permitted, the procedures ent's belongings, or property f the client. The seizure shall be documented. Il include: Search; The search; The shall be documented in the search; T		Searches wafter guard signed and	s has sill resume lians has gave permission.
	deficiency was cite	vas completed on 10/23/24. A d. sed for the following service			

Division o	f Health Service Regu	lation			T	(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			COMPLETED	
AND PLAN OF CORRECTION			A. BUILDING:				
		MUU 000 005	B. WING			10/23/2024	
		MHL080-235					
NAME OF PE	ROVIDER OR SUPPLIER		DRESS, CITY, STATE				
STEPPING	STONE AT FULTON		TH FULTON STRE	Εľ			
STEFFING			RY, NC 28144	PDOV/	DER'S PLAN OF CORRECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	DERRECTIVE ACTION SHOULD BEFERENCED TO THE APPROPRING DEFICIENCY)	BE COMPLETE	
V 503	Continued From page	e 1	V 503				
	category: 10A NCAC 27G .1700 Residential						
	Treatment for Childre	ed for 3 and has a current					
	census of 3. The sur	vey sample consisted of					
	audits of 3 current cli	ients.					
		ns, record review and failed to implement the					
	facility's policy on se	arches and seizure of					
	belongings, or prope	erty in the possession of 2 of					
	3 clients (#2, #3). The facility staff also failed to maintain documentation of all searches or seizures. The findings are:						
	seizures. The illiding	gs are.					
	Observation at approximately 3:13pm on 10/21/24 revealed: -Clients #2 and #3 returned to the facility after school, handed their book bags over to staff #3						
	who searched the be	ook bag.					
	-Clients #2 and #3 s	stood in front of staff #3 and					
	received a "pat down" of the legs and ankles for search on contraband from school. -No contraband was found.						
	Attempt review on 1	0/23/24 of the facility's search					
	and seizures docum	nentation revealed: of search and seizures.					
	-NO documentation	or scaron and solearon					
	Interview on 10/21/2	24 with client #2 revealed:					
	-"It's fine (searching	g of book bags) because I					
	never bring anythin	g and I never will." gotten searched everyday					
	since school started	d in late August of 2024.					
		rvation on 10/21/24 with client					
	#3 revealed:	ched as soon as he returned to					
	the facility from sch	nool daily since school started					
	in late August of 20)24.					
1	-He had no though	ts, he shrugged his shoulders					
1	when asked about	search and seizure at the					

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Division o	f Health Service Regu	lation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
AND PLAN OF CORRECTION			A. BOILDING.			
		MHL080-235	B. WING		10	0/23/2024
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STATE	, ZIP CODE		
STEDDING	STONE AT FULTON		H FULTON STRE	ET		
STEFFING	TONE ATTOETON	SALISBUF	RY, NC 28144		of confidence	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI CROSS-REFERENC	LAN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	COMPLETE DATE
V 503	Continued From page	e 2	V 503			
	facility.					
	Interview on 10/22/24	4 with the Associate				
	Professional revealed	d:				
	for contrabandsea	e in we do a routine search arch the book bags, 'pat				
	down' around the an	kles and they pull the				
	pockets out." -"No paperwork is co	empleted after the search of				
	the book bags or per					
	Interview on 10/22/2	4 with the Qualified				
	Professional reveale	d:				
	-The facility had star do completed a "pat	f to searched book bags, and down" to make sure no				
	contraband was brou	ught into the facility.				
	of the things we do."	clients, they know that's one				
	-"No formal docume	ntation is completed," of the res that were completed.				
	searches and seizur	es that were completed.				

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