STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
7.11.2 7.27.11		152111111157111511152111	A. BUILDING: _			
		MHL060-739	B. WING		01/0	9/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
COMMUN	TY TREATMENT ALTER	NATIVES II	ENA DRIVE TTE, NC 28227			
()(1) ID	SLIMMADV ST.	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTIO	N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	000 INITIAL COMMENTS		V 000			
	An annual survey was completed on 1/9/25. Deficiencies were cited.					
	-	d for the following service 27G .1700 Residential re For Children Or				
	This facility is licensed for 4 and currently has census of 4. The survey sample consisted of audits of 3 current client.					
V 296	27G .1704 Residential Staffing	al Tx. Child/Adol - Min.	V 296			
	telephone or page. A able to reach the facil	MINIMUM STAFFING sional shall be available by direct care staff shall be ity within 30 minutes at all				
	required when childre present and awake is	as follows:				
	one, two, three or fou (2) three direct for five, six, seven or	are staff shall be present for r children or adolescents; care staff shall be present eight children or				
	adolescents; and (3) four direct of nine, ten, eleven or two adolescents.	are staff shall be present for velve children or				
	(c) The minimum nur during child or adoles follows:	nber of direct care staff cent sleep hours is as				
	and one shall be awa children or adolescen	are staff shall be present ke for one through four ts; are staff shall be present				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		MHL060-739	B. WING		0.	1/09/2025
	ROVIDER OR SUPPLIER	NATIVES II 4901 R	ADDRESS, CITY, STATE	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 296	children or adolescen (3) three direct of which two shall be asleep for nine, ten, e adolescents. (d) In addition to the care staff set forth in Rule, more direct car the facility based on t individual needs as s plan. (e) Each facility shall supervision of childre are away from the face	ake for five through eight ats; and care staff shall be present awake and the third may be eleven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in the child or adolescent's pecified in the treatment be responsible for ensuring n or adolescents when they cility in accordance with the individual strengths and	V 296			
	facility failed to have for up to four adolesc	ew and interviews, the two direct care staff present ents while the adolescents of affecting 3 of 4 audited				
	<ul> <li>- Admission date: 4/9</li> <li>- Age: 15</li> <li>- Diagnoses: Post-Tra (PTSD); Oppositional Severe; Major Depres</li> </ul>	client #1's record revealed: 9/20 aumatic Stress Disorder Defiant Disorder (ODD), ssive Disorder, Single excoriation (skin picking				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-739	B. WING		01/09/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
COMMUN	ITY TREATMENT ALTER	NATIVES II	ENA DRIVE TE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 296	Continued From page	2	V 296		
	disorder); and Mild In	tellectual Disability			
	disorder); and Mild Intellectual Disability  Review on 1/9/25 of client #3's record revealed: - Admission date: 10/1/24 - Age: 10 - Diagnoses: PTSD; Unspecified Anxiety Disorder; and Major Depressive Disorder, Recurrent, Severe.				
	Review on 1/9/25 of client #4's record revealed: - Admission date: 4/9/20 - Age: 14 - Diagnoses: ODD, Attention-Deficit Hyperactivity Disorder; Enuresis; Encopresis; and Unspecified Trauma and Stressor Related Disorder				
	came to the facility af working On the weekends or worked.	she and the other clients ter school only one staff was			
	staff but one goes how (pm)." - When she woke up there is one (staff) an (staff)."	ith client #3 revealed: me from school "there is two me early like 6 (pm) or 7  in the morning "sometimes d sometimes there is two one staff works the whole			
	- Recently the Progra alone.	ith client # 4 revealed: m Manager/staff #1 worked only one staff worked.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		E SURVEY PLETED		
		MHL060-739		B. WING		01	/09/2025
	ROVIDER OR SUPPLIER	NATIVES II	4901 ROS	DRESS, CITY, STA Ena drive Ite, nc 28227	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED B LSC IDENTIFYING INFORI	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 296	Continued From page Interview on 1/9/25 w Professional revealed - "Normally when I we - "There has been a factor worked."  - When one staff was because the second the second staff was appointment.  Interview on 1/9/25 w Manager/staff #1 revelone on 3rd shift there is worked.  - On 3rd shift there is worked.  - On the weekends "scome in."  Interview on 1/9/25 w Professional revealed - The facility had a "selection of the only time one second staff would the appointment, school of Attempted interview of Professional:  - Left voicemail mession return call.	with the Associate d: ork, I fill in." few times one staff he at the facility it was staff was "running lataking a client to an with the Program ealed: usually one staff who someone might call with the Qualified d: taff shortage." staff there sometime with the Licensee revertaff worked was who ke another client to or day program.	usually ate" or no out and I es." realed: en the an	V 296			
V 536	27E .0107 Client Rigi Int. 10A NCAC 27E .010 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall im	7 TRAINING OF	N	V 536			

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STATE FORM 6899 TMH211 If continuation sheet 4 of 15

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL060-739	B. WING		01/09/2025	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
COMMUNITY TREATMENT ALTERNAT	4901 ROS	ENA DRIVE			
COMMUNITY TREATMENT ALTERNAT	CHARLOT	TE, NC 28227			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES IST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 536 Continued From page 4		V 536			
practices that emphasize to restrictive interventions (b) Prior to providing sendisabilities, staff including employees, students or videmonstrate competence completing training in conditure strategies for creating which the likelihood of immor injury to a person with property damage is preversible (c) Provider agencies shoused on state competent compliance and demonst gathered.  (d) The training shall be conclude measurable learn measurable testing (written behavior) on those object methods to determine paracourse.  (e) Formal refresher train by each service provider annually).  (f) Content of the training provider wishes to employ the Division of MH/DD/SA Paragraph (g) of this Rule (g) Staff shall demonstrate following core areas:  (1) knowledge and people being served;  (2) recognizing and behavior;	vices to people with g service providers, volunteers, shall by successfully mmunication skills and ing an environment in minent danger of abuse disabilities or others or ented.  all establish training incies, monitor for internal crate they acted on data competency-based, sing objectives, en and by observation of tives and measurable ssing or failing the ining must be completed periodically (minimum g that the service y must be approved by AS pursuant to enter the interpreting human interpreting human interpreting human interpreting human interpreting human interpreting positive interpreting with interpreting with interpreting with interpreting with interpreting with interpreting human interpreting positive interpreting minimum interpreting minimum interpreting human interpreting positive interpreting minimum interpreting minimum interpreting human interpreting minimum interpreting human interpreting minimum interpreting minimum interpreting minimum interpreting minimum interpreting minimum interpreting human interpreting minimum interpreting minimum interpreting minimum interpreting minimum interpreting minimum interpreting human interpreting minimum interpreting mi				

Division of Health Service Regulation

STATE FORM 6899 TMH211 If continuation sheet 5 of 15

MHL060-739 B. WING	01/09/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
COMMUNITY TREATMENT ALTERNATIVES II 4901 ROSENA DRIVE	
CHARLOTTE, NC 28227	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EAC	DER'S PLAN OF CORRECTION (X5)  DRRECTIVE ACTION SHOULD BE  COMPLETE  DEFICIENCY)  (X5)  COMPLETE  DATE
V 536 Continued From page 5	
(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/flail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or	

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DIVISION	n nealth Service Negu	ilation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			1		
			D 14/11/2		
		MHL060-739	B. WING		01/09/2025
NAME OF D	DOVIDED OD GLIDDI IED	OTDEET ADI	DESC OITY OTA		<del></del>
NAIVIE OF PI	ROVIDER OR SUPPLIER		ORESS, CITY, STA	II E, ZIF CODE	
COMMUN	ITY TREATMENT ALTER	NATIVES II	ENA DRIVE		
		CHARLOT	TE, NC 28227		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	RIATE DATE
			1	DEFICIENCY)	
V 536	Continued From page		V 536		
V 330	Continued From page	9 0	V 550		
	failing the course.				
	_	t of the instructor training the			
	, ,	_			
	service provider plans				
	• •	sion of MH/DD/SAS pursuant			
	to Subparagraph (i)(5	•			
		instructor training programs			
	shall include but are r	not limited to presentation of:			
	(A) understandii	ng the adult learner;			
		r teaching content of the			
	course;	3			
	*	r evaluating trainee			
	performance; and	Tovaldating trained			
	•	ian procedures			
		ion procedures.			
	` '	all have coached experience			
		ogram aimed at preventing,			
		ting the need for restrictive			
	interventions at least	one time, with positive			
	review by the coach.				
	_	all teach a training program			
	` '	reducing and eliminating the			
		terventions at least once			
	annually.	to volitions at least office			
	•	all complete a refrecher			
		all complete a refresher			
	instructor training at le				
	(j) Service providers				
		ial and refresher instructor			
	training for at least the	-			
	(1) Docume	entation shall include:			
		ated in the training and the			
	outcomes (pass/fail);	-			
		vhere attended; and			
	(C) instructor's				
		n of MH/DD/SAS may			
	` '				
	•	nis documentation any time.			
	(k) Qualifications of (				
		nall meet all preparation			
	requirements as a tra				
	(2) Coaches sh	nall teach at least three times			
	the course which is being coached.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		MHL060-739	B. WING		01	/09/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
COMMUN	ITY TREATMENT ALTER	NATIVES II	SENA DRIVE TTE, NC 28227			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 536	competence by comp train-the-trainer instru	all demonstrate letion of coaching or	V 536			
	facility failed to ensure alternatives to restrict annually affecting 3 o Professional (QP), As	ews and interviews, the e staff completed training on ive interventions at least				
		he QP's record revealed: n alternatives to restrictive				
	- Alternatives to restri was completed by a le training was not a No	he AP's record revealed: ctive interventions training ocal school on 1/7/25. The rth Carolina Division of ed curricula for restrictive				
		he LP's record revealed: n alternatives to restrictive				
	Attempted interview of	on 1/9/25 with the LP:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE S COMPL		
		MHL060-739		B. WING		01/0	09/2025
	ROVIDER OR SUPPLIER	NATIVES II	4901 ROSE	RESS, CITY, STA NA DRIVE TE, NC 28227	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 536	return call.  Interview on 1/9/25 w - She had not completo restrictive intervent - "We should be due  Interview on 1/9/25 w - She had completed restrictive intervention  Interview on 1/9/25 w - She did not know the have training on alter interventions. She the the LP would implemedients if needed.	with the QP revealed: eted training on alternations in a year. for another one." with the AP revealed: training on alternative ins "a week or so ago." with the Licensee reveal at the LP was suppose natives to restrictive ought the staff present ent the training with the	es to ' aled: ed to at with e	V 536			
V 537	ISOLATION TIME-OU (a) Seclusion, physic time-out may be emp been trained and hav competence in the pr to these procedures. staff authorized to emprocedures are retraicompetence at least (b) Prior to providing disabilities whose traincludes restrictive in service providers, em	TRAINING IN CAL RESTRAINT ANI JT cal restraint and isolati loyed only by staff wh e demonstrated oper use of and altern Facilities shall ensure apploy and terminate th ned and have demons annually. direct care to people value of the staff inclusted	on o have eatives e that ese strated with n ding	V 537			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL060-739	B. WING		01/09/2025
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	,
		4901 ROS	SENA DRIVE	,	
COMMUN	ITY TREATMENT ALTER	NATIVES II CHARLO	TTE, NC 28227		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETE
V 537	and shall not use thestraining is completed demonstrated.  (c) A pre-requisite for demonstrating competraining in preventing, the need for restrictive (d) The training shall include measurable lemeasurable testing (with behavior) on those of methods to determine course.  (e) Formal refresher by each service proving annually).  (f) Content of the train provider plans to empthe Division of MH/DE Paragraph (g) of thisting (g) Acceptable training but are not limited to, (1) refresher into the use of restrictive in (2) guidelines of (understanding imminothers);  (3) emphasis of rights and dignity of a concepts of least restrictive intervention (4) strategies for of restrictive intervention.	straint and isolation time-out se interventions until the and competence is a taking this training is stence by completion of a reducing and eliminating se interventions. Se competency-based, sarning objectives, written and by observation of objectives and measurable expassing or failing the straining must be completed der periodically (minimum ming that the service oloy must be approved by O/SAS pursuant to Rule.  Ing programs shall include, presentation of: formation on alternatives to interventions; on when to intervene ment danger to self and an intervention and an intervention); or the safe implementation ions; mergency safety	V 537	DEFICIENCY)	
	psychological well-be	itoring of the physical and ing of the client and the safe shout the duration of the			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S			
AND PLAN (	OF CORRECTION	IDENTIFICATI	ON NUMBER:	A. BUILDING: _		COMPL	ETED
		MHL060-	739	B. WING		01/0	9/2025
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			4901 ROSE	NA DRIVE			
COMMUN	ITY TREATMENT ALTER	NATIVES II		ΓE, NC 28227			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFIC		·	PROVIDER'S PLAN OF CORRECTION	)N	(VE)
(X4) ID PREFIX		Y MUST BE PRECE		ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING IN	IFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF	PRIATE	DATE
					DEFICIENCY)		
V 537	Continued From page	e 10		V 537			
	rootrictive intervention						
	restrictive intervention (6) prohibited p						
		strategies, includ	ding their				
	importance and purpo		ang trien				
		tion methods/pr	ocedures				
	(h) Service providers	•					
	documentation of initi		r training for				
	at least three years.		J				
		tion shall includ	le:				
	(A) who particip	ated in the train	ning and the				
	outcomes (pass/fail);						
		vhere they atter	nded; and				
	(C) instructor's						
		n of MH/DD/SA	-				
	review/request this do						
	(i) Instructor Qualification	ation and Traini	ng				
	Requirements:	-11 -1					
	` '	all demonstrate	•				
	by scoring 100% on t aimed at preventing,						
	need for restrictive in	_	iniliating the				
		all demonstrate	competence				
	by scoring 100% on t		•				
	teaching the use of se						
	and isolation time-out	t.					
	(3) Trainers sha	all demonstrate	competence				
	by scoring a passing	grade on testing	g in an				
	instructor training pro						
	(4) The training						
	competency-based, in						
	objectives, measurab	<b>U</b> (	•				
	observation of behav						
	measurable methods	to determine pa	assing or				
	failing the course.	t of the instructs	or training the				
	' '	t of the instructo	-				
	service provider plans approved by the Divis						
	to Subparagraph (j)(6		uno puisuaili				
		instructor traini	na nroarame				
	(5) / toocptable		ng programs				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL060-739	B. WING		01/09/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
COMMUN	ITY TREATMENT ALTER	NATIVES II	ENA DRIVE TE, NC 28227		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 537	of: (A) understanding (B) methods for course; (C) evaluation of (D) documentati (7) Trainers sha annually and demons of seclusion, physical time-out, as specified Rule. (8) Trainers sha CPR. (9) Trainers sha in teaching the use of least two times with a coach. (10) Trainers sha use of restrictive internanually. (11) Trainers sha instructor training at le (k) Service providers documentation of initi training for at least the (1) Documentation of initi training for at least the (1) Documentation of initi training for at least the (1) Documentation of initi training for at least the (1) Documentation of initi training for at least the (1) Documentation of initi training for at least the (2) The Division review/request this documentation of C1) Qualifications of C1) Coaches sh requirements as a tra (2) Coaches sh times, the course white	be limited to, presentation  Ing the adult learner; In teaching content of the  Ing the adult learner; In teaching content of the  Ing the adult learner; In teaching content of the  Ing the adult learner; In teaching content of the  Ing the adult learner; In teaching content of the  Ing the adult learner; In teaching procedures.  Ing the adult learner; In teach at least Ing the adult learner; Ing the adul	V 537		
		ch is being coached. Iall demonstrate			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				A. BOILDING				
MHL060-739		MHL060-739		B. WING		01/09/2025		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
COMMUN	ITY TREATMENT ALTER	NATIVES II	4901 ROSE					
			CHARLUT	TE, NC 28227				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 537	Continued From page 12			V 537				
	competence by comp train-the-trainer instru (m) Documentation s preparation as for tra	oletion of coaching or uction. shall be the same						
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff completed training in restrictive interventions for 3 of 3 staff (Qualified Professional (QP), Associate Professional (AP) and Licensed Professional (LP)). The findings are:  Review on 1/8/25 of the QP's record revealed: - No current training in restrictive interventions		ied P)					
	- Restrictive intervent by a local school on a North Carolina Divis	the AP's record revealed tions training was comple 1/7/25. The training was sion of Mental Health r restrictive interventions	eted not					
	Review on 1/8/24 of the LP's record revealed: - No current training in restrictive interventions							
		on 1/9/25 with the LP: age and did not receive	a					
	Interview on 1/9/25 w - She had not comple interventions in a yea - "We should be due	eted training in restrictive er.						
	Interview on 1/9/25 w	vith the AP revealed:						

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OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	MUI 060 720	B. WING		04/00/2025	
	MHL060-739			01/09/2025	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
TY TREATMENT ALTERI	NATIVES II				
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
Continued From page	: 13	V 537			
- She had completed interventions "a week Interview on 1/9/25 w - She did not know the have training in restrict thought the staff prescimplement the training - She thought that the	training in restrictive or so ago."  ith the Licensee revealed: at the LP was supposed to ctive interventions. She ent with the LP would g with the clients if needed. at QP had current training in				
10A NCAC 27G .0303 EXTERIOR REQUIRE (c) Each facility and it maintained in a safe,	B LOCATION AND EMENTS s grounds shall be clean, attractive and orderly	V 736			
Based on observation was not maintained in manner. The findings  Observation on 1/8/24 the exterior of the facility.  - A car in the driving the wheels.  - A car door leaning usure - Car parts in the grassing - A shower door was lexterior of the facility.  - A sticker on the driven No Parking-Towing." Interview on 1/9/25 where Professional revealed.	as and interviews the facility a a safe and attractive a are:  4 at 10:08 am - 10:10 am of dity revealed: hat was missing both back p against the fence. as. eaning up against the er's side window, "Warning Date on sticker was "8/6/24."  ith the Qualified d:				
	ROVIDER OR SUPPLIER  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From page - She had completed interventions "a week  Interview on 1/9/25 w - She did not know the have training in restrict thought the staff press implement the training - She thought that the restrictive intervention  27G .0303(c) Facility  10A NCAC 27G .0303 EXTERIOR REQUIRE (c) Each facility and it maintained in a safe, manner and shall be I odor.  This Rule is not met a Based on observation was not maintained in manner. The findings  Observation on 1/8/24 the exterior of the facility and the exterior of the facility A car in the driving the wheels A car door leaning u - Car parts in the grass - A shower door was I exterior of the facility A sticker on the driving. Interview on 1/9/25 w Professional revealed.	MHL060-739  ROVIDER OR SUPPLIER  STREET A 4901 RO CHARLO  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 13  - She had completed training in restrictive interventions "a week or so ago."  Interview on 1/9/25 with the Licensee revealed: - She did not know that the LP was supposed to have training in restrictive interventions. She thought the staff present with the LP would implement the training with the clients if needed She thought that the QP had current training in restrictive interventions.  27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a safe and attractive manner. The findings are:  Observation on 1/8/24 at 10:08 am - 10:10 am of the exterior of the facility revealed: - A car in the driving that was missing both back wheels A car door leaning up against the fence Car parts in the grass A shower door was leaning up against the	ROVIDER OR SUPPLIER  TY TREATMENT ALTERNATIVES II  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 13  - She had completed training in restrictive interventions "a week or so ago."  Interview on 1/9/25 with the Licensee revealed: - She did not know that the LP was supposed to have training in restrictive interventions. She thought the staff present with the LP would implement the training with the clients if needed She thought that the QP had current training in restrictive interventions.  27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a safe and attractive manner. The findings are:  Observation on 1/8/24 at 10:08 am - 10:10 am of the exterior of the facility revealed: - A car door leaning up against the fence Car parts in the grass A shower door was leaning up against the exterior of the facility A sticker on the driver's side window, "Warning No Parking-Towing." Date on sticker was "8/6/24."  Interview on 1/9/25 with the Qualified Professional revealed:	MHL060-739  SOUDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4901 ROSENA DRIVE CHARLOTTE, NC 28227  SUMMARY STATEMENT OF DEFICIENCES REQULATORY OR LSC IDENTIFYING INFORMATION)  REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 13  - She had completed training in restrictive interventions "a week or so ago."  Interview on 1/9/25 with the Licensee revealed: - She did not know that the LP was supposed to have training in restrictive interventions and interview in the VP had current training in restrictive interventions. She thought the staff present with the LP would implement the training with the CP had current training in restrictive interventions.  27G. 0303(c) Facility and Grounds Maintenance  10A NCAC 27G. 0303 LOCATION AND EXTERIOR RECUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a safe and attractive manner. The findings are:  Observation on 1/8/24 at 10:08 am - 10:10 am of the exterior of the facility revealed: - A car in the driving that was missing both back wheels A car of the driving that was missing both back wheels A car of the facility revealed: - A car of the facility A sticker on the driver's side window, "Warning No Parking-Towing." Date on sticker was "8/6/24." Interview on 1/9/25 with the Qualified Professional revealed:	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		MHL060-739	B. WING		01/	09/2025			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
COMMUNITY TREATMENT ALTERNATIVES II  CHARLOTTE, NC 28227									
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE			
V 736	facility driveway was a subset of the second	her car. t near the facility in August	V 736						

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