

MAY 14 2025

Community Treatment Alternatives 1
2005 Breezewood Drive, Charlotte, NC 28262

DHSR-MH Licensure Sect

Survey Completed 4/22/2025

V 513: QP reviewed each member's plan. Treatment Team meeting was held to review, discuss and modify member's goals on plans to reflect alarms being placed on bedroom doors. Provider's Client's Right Committee (CRC) met to review and discuss each member's plan and address alarm boxes attached to member's bedroom doors. CRC completed rights restriction review for each member. Provider's QA/QI Committee will review CRC meeting minutes on a quarterly basis to ensure that CRC meeting minutes reflect the reviewing and addressing of rights restrictions. CRC will continue to meet on a quarterly basis and review each member's plan to ensure that rights restrictions are being addressed. QP will review each member's plan on a monthly basis to ensure that goals are reflective of alarms being placed on bedroom doors and that goal is properly monitored and addressed with member and member's treatment team each month. **Completed 4/24/2025. Ongoing.**

V 750: 27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems

All smoke detectors throughout the home were immediately checked. Dead or missing batteries were replaced within 24 hours. Units found to be malfunctioning were replaced entirely. Batteries in all smoke detectors will be replaced every six months, regardless of battery life status. A master maintenance calendar will include automatic reminders for battery replacement. Smoke detectors will be tested monthly by Safety Committee. Any malfunctioning units will be replaced or repaired within 24 hours. Smoke detector logs will be reviewed quarterly by the QA/QI Committee in efforts of ensuring electrical system is in good operations and issues, if any, have been addressed. **Completed 4/24/2025. Ongoing.**

V 774: 27G .0304(d)(7) Minimum Furnishings

Executive Director/QP immediately assessed member's bedrooms following identification of deficiency. Temporary portable storage solutions were provided to rooms lacking a dresser. Inventory of all bedrooms was completed within 24 hours to document deficiencies in furnishings. A purchase order was submitted for appropriate dressers to ensure compliance with minimum furnishings requirements. All furnishings will be documented in a centralized log and maintained by the Safety Committee. A quarterly room inspection checklist has been developed and implemented to ensure that all rooms contain minimum furnishings. Safety Committee will conduct monthly unannounced room inspections. Deficiency findings will be discussed during monthly leadership and QA/QI meetings. **Completed 4/23/2025. Ongoing.**