

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-223	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER STEPPING STONE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 512 WEST HORAH STREET SALISBURY, NC 28144		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on April 25, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the	V 111	Stepping Stone has created a pre-assessment form to be completed during interview of a new consumer.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6869

ENPF11

If continuation sheet 1 of 10

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V 111	<p>Continued From page 1</p> <p>client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete an admission assessment with the required information and developed prior to the delivery of services. The findings are:</p> <p>Review on 4/24/25 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 1/10/25. -Diagnoses of Conduct Disorder, Oppositional Defiant Disorder, and Attention-Deficit Hyperactivity Disorder. -Age: 12 years old. -No documentation of an admission assessment for Client #1 which included: <ul style="list-style-type: none"> -Presenting problem(s) for which services were needed. -Treatment needs and strengths. -A pertinent social, family and medical history. -Reference to evaluations or assessments regarding Client #1's needs. -An admission assessment date prior to the delivery of services. -The name of staff responsible for the completion of an admission assessment. <p>Interview on 4/24/25 with the Licensee/Director/Qualified Professional</p>	V 111			

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V 111	Continued From page 2 revealed: -An admission interview was conducted with a potential client and others in the potential client's system of care by use of a communications platform that allows users to connect with video, audio, phone and chat. -The interview did not include notes. -He received evaluations and assessments for review when considering an individual for admission. -He would make certain admission assessments were completed with the required information and prior to each client admission. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and	V 112	There have been added into our pre-assessment form that we have completed.	

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V 112	<p>Continued From page 3</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop a treatment plan within 30 days of admission for 2 of 3 clients (Clients #1 and #2). The findings are:</p> <p>Review on 4/24/25 of Client #1's record revealed: -Admission date of 1/10/25. -Diagnoses of Conduct Disorder, Oppositional Defiant Disorder, and Attention-Deficit Hyperactivity Disorder (ADHD). -Age: 12 years old. -No documentation of a treatment plan within 30 days of admission.</p> <p>Review on 4/24/25 of Client #2's record revealed: -Admission date of 3/11/25. -Diagnoses of Disruptive Mood Dysregulation Disorder, ADHD, Post-Traumatic Stress Disorder, and Conduct Disorder. -Age: 14. -No documentation of a treatment plan within 30 days of admission.</p> <p>Interview on 4/23/25 with Client #1 revealed: -He did not know if he had treatment goals.</p>	V 112	<p><i>Treatment plans will be update within 30 days of new clients arrival.</i></p>	

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V 112	Continued From page 4 -"I guess control my anger ..." was his response when asked about his treatment goals. Interview on 4/23/25 with Client #2 revealed: -"I don't have any yet" was his response about his treatment goals. Interview on 4/24/25 with the Licensee/Director/Qualified Professional revealed: -As a Qualified Professional, he developed the short-term client goals and strategies to meet the goals. -Clients #1 and #2's next service authorizations had not come up yet to update Clients #1 and #2's plans. -Their (Clients #1 and #2) authorizations started on their admission dates.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.	V 114	Stepping Stone has updated the fire and disaster plan to where it shows when the disaster drill begun and end, also what type of disaster drill and where they met.	

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V 114	<p>Continued From page 5</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, it could not be determined if disaster drills were conducted separate from fire drills due to the failure to accurately document disaster drills. The findings are:</p> <p>Review on 4/24/25 of the fire and disaster drill log from 5/19/24 to 4/18/25 revealed:</p> <ul style="list-style-type: none"> -During 1st quarter (January, February, March), documentation was missing: <ul style="list-style-type: none"> -A disaster drill on 1st shift in January 2025 and a disaster drill on 2nd shift in February 2025. -A specified time when a disaster drill was conducted from the fire drill on 3rd shift in March 2025. -During 2nd quarter (April, May, June), documentation was missing: <ul style="list-style-type: none"> -A specified time when a disaster drill was conducted from the fire drill on 1st shift in April 2025. -A type of drill conducted on 2nd shift in May 2024. -A disaster drill on 3rd shift in June 2024. -During 3rd quarter (July, August, September), documentation was missing: <ul style="list-style-type: none"> -A disaster drill having been conducted on 1st shift in July 2024, on 2nd shift in August 2024, and 3rd shift in September 2024. -During 4th quarter (October, November, December), documentation was missing: <ul style="list-style-type: none"> -A specified time when a disaster drill was 	V 114	<p>Fire and disaster drill log has been updated. - See page 6</p>		

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V 114	Continued From page 6 conducted from the fire drill on 1st shift in October 2024, November 2024, and December 2024. Interview on 4/23/25 with Client #1 revealed: -He had participated in a tornado drill by going upstairs and away from the windows. Interview on 4/23/25 with Client #2 revealed: -He did not remember participating in a disaster drill but he had not been at the facility "too long." Interview on 4/23/25 with Client #3 revealed: -"We (Clients #1-#3) go in hallway and get into a curled position and wait until staff tells us to get up." Interview on 4/24/25 with the Associate Professional revealed: -The fire and disaster drills were conducted with one drill occurring right after the other drill. Interview on 4/24/25 with the Licensee/Director/Qualified Professional revealed: -The facility fire and disaster log needed to be modified for staff to document the separate times disaster drills and fire drills were conducted. -He planned to start the modified fire and disaster drill log next month (May 2025).	V 114			
V 736	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.	V 736			

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V 736	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to be maintained in a clean and attractive manner. The findings are:</p> <p>Observation of the facility on 4/24/25 from 3:17 pm to 3:45 pm revealed:</p> <ul style="list-style-type: none"> -In Client #1's bedroom: <ul style="list-style-type: none"> -An oval shaped hole approximately 3-4 inches in length and 2-3 inches in width in the wall on the left side of his clothing closet. -2 holes approximately 12 inches in width x 12 inches in height and located side-by-side in the exterior left support wall at the bottom of his closet. -4 separate areas of peeled paint located on his wall toward the foot of his bed with a green color exposed. The largest area was approximately 6-8 inches in height and 3 inches wide and the smallest area 1 ½ inches wide and 2 inches in height. -2 black-colored streaks on the carpet, one toward the middle of the room and the other streak near his bedside table which were both about 10-12 inches in length with numerous black and brown particles loose on his carpet. -In the downstairs client-shared bathroom: <ul style="list-style-type: none"> -A white-colored plastered squared area approximately 16" x 18" with multiple cracks in the plaster was located above the sink vanity light fixtures. -A loose ceiling tile above the bathroom door. -In the living room and dining room, the beige-colored carpet had multiple wrinkles and multiple brown and black-colored stains. <p>Interview on 4/23/25 with Client #1 revealed:</p> <ul style="list-style-type: none"> -The hole next to his closet was there when he was admitted. 	V 736	<p>Carpet is being cleaned in the living room and in client's room. Also, the hole in client's closet and the paint.</p>	

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V 736	<p>Continued From page 8</p> <ul style="list-style-type: none"> -He did not disclose about the 2 holes on the other side of his closet wall. -The peeling paint on the walls came from the house being "old." -The black marks on his bedroom carpet came from his black marker he used for art projects. -He did not identify problems in the client bathroom, living room or dining room. <p>Interview on 4/23/25 with Client #2 revealed: -No repair needs.</p> <p>Interview on 4/23/25 with Client #3 revealed: -No repair needs.</p> <p>Interview on 4/24/25 with the Associate Professional revealed: -The holes in Client #1's closet walls were due to him having hit the wall next to the closet and having kicked the closet wall on the side. The peeling paint may have been caused by Client #1's picking at the paint areas and the black marks on his carpet were due to Client #1 having used a black marker while working on his arts and crafts.</p> <ul style="list-style-type: none"> -He was not certain why the plastered wall area above the sink vanity in the shared client bathroom had not been smoothed out and repainted. The condition of the wall had been this way "for a while." -He just noticed the ceiling tile was loose and this could be fixed quickly. -The carpet wrinkles in the living room and dining room seemed to be from normal "wear and tear" and the stains likely came from liquids having spilled on the carpet. <p>Interview on 4/24/25 with the Licensee/Director/Qualified Professional revealed:</p>	V 736	<p>- Both closet hole and paint are being repaired.</p> <p>- Bathroom plastered will be smoothed out.</p> <p>- Carpet will be cleaned</p>	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

STEPPING STONE SERVICES

**512 WEST HORAH STREET
SALISBURY, NC 28144**

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V 736	Continued From page 9 -He would follow up and address the conditions of the facility that needed repair.	V 736		