

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2018
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NAME OF PROVIDER OR SUPPLIER
YORKE COTTAGE

STREET ADDRESS, CITY, STATE, ZIP CODE
**6750 SAINT PETERS LANE, SUITE 100
MATTHEWS, NC 28105**

(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 complaint survey was completed on 3/14/18. The complaint NC#00135200 was substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.1900 Psychiatric Residential Treatment Facility. A sister facility is identified in this report, Sister Facility A. Sister Facility staff and clients will be identified using the letter of the facility and a numerical identifier.	V 000	V -314 - CORRECT: 1. Emergency Mitigation plan updated to include designated areas for clients to be relocated. This includes the following: Other cottages would be utilized first. If the other cottages are at capacity or determined clinically inappropriate for clients to be placed in due to behaviors, gender, or sexually aggressive behaviors, the Thompson School or Thompson Gym are backup plans for relocation. 2. After repairs were completed from Sister Facility A, the 2 clients from the Sister Facility A returned to their cottage and Yorke has been operating within their licensed capacity since that time. PREVENT/MONITOR/HOW OFTEN: 1. Overcapacity will be prevented by utilizing alternate locations identified in the event of an emergency. 2. The Safety Committee meets quarterly and reviews any emergency situations and updates the Emergency Mitigation Plan at least annually and more often if needed.	2/12/2018 1/23/2018
V 314	27G .1901 Psych Res. Tx. Facility - Scope 10A NCAC 27G .1901 SCOPE (a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s. (b) A PRTF is one that provides care for children or adolescents who have mental illness or substance abuse/dependency in a non-acute inpatient setting. (c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis. (d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric treatment and specialized substance abuse and mental health therapeutic care. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting. (e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential	V 314	3. It is now written in the Emergency Mitigation Plan of who is responsible for notifying DHSR and completing relocation form in the event of an emergency situation and clients need to be relocated. DHSR will be notified at that time whether or not a facility/cottage will be overcapacity. DHSR - Mental Health APR 30 2018 Lic. & Cert. Section	2/12/2018

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

Nanuah Dunham, Director of Performance + Quality

TITLE

(X6) DATE

4/18/2018

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V 314	<p>Continued From page 1</p> <p>to facilitate treatment.</p> <p>(f) The PRTF shall coordinate with other individuals and agencies within the child or adolescent's catchment area.</p> <p>(g) The PRTF shall be accredited through one of the following; Joint Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities; the Council on Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at http://www.dhhs.state.nc.us/dma/.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to comply with the client capacity of the license. The findings are:</p> <p>Review on 3/5/18 of the facility's 2018 license revealed a client capacity of 6.</p> <p>Review on 3/5/18 of the facility census on 1/19-22/18 was 5.</p> <p>Review on 3/5/18/18 of incident reports from 12/517-3/4/18 revealed: -incident report dated 1/18/18 regarding Client #A1 exhibited fighting behavior with a peer which culminated in Client #A1 climbing on top of a cabinet and pulling the sprinkler system alarm</p>	V 314		

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V 314	<p>Continued From page 2</p> <p>which caused the facility to flood.</p> <p>Interview on 3/13/18 with the Program Manager revealed:</p> <ul style="list-style-type: none"> -facility census was 5 during the time of the relocation of 2 clients (Client #A2, #A3) from sister facility A; -Client #A2 slept in the vacant room and Client #A3 slept on a pallet on the floor. <p>Interview on 3/13/18 with the Nurse Manager revealed:</p> <ul style="list-style-type: none"> -Client #A1 had a behavior on 1/19/18 which resulted in pulling the sprinkler alarm and sister facility A being flooded with about six inches of water; -was aware of the relocation of two of sister facility A clients, (Clients #A2 and 3A3) to the facility during repairs due to flooding (which lasted from Friday thru Tuesday); -was aware of sister facility A staff relocation to support clients; -Client #A2 slept in the vacant room in the facility; -Client #A3 slept on a mattress on the floor. -services were provided to all clients as required. <p>Interview on 3/13/18 with facility therapist revealed:</p> <ul style="list-style-type: none"> -Client #A1 had a behavioral episode on 1/19/18 which resulted in the facility being flooded and subsequent relocation of clients; -Client #A2 and #A3 had relocated to the facility for 2-3 days during repairs; -had met with Client #A1 immediately following incident to process. <p>Interview on 3/13/18 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -was on shift when the relocation of sister facility A Clients #A2, and #A3 occurred due to water damage; 	V 314		

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V 314	<p>Continued From page 3</p> <p>-sister facility staff worked in the facility to provide supervision to sister facility clients.</p> <p>Interview on 3/13/18 with Staff #A1 revealed: -Client #A2 and #A3 relocated to facility for 3-4 day due to flooding and needed repairs; -Client #A2 stayed in a vacant client room; -Client #A3 slept on mattress on the floor; -worked 3 days in facility providing supervision to sister facility clients.</p> <p>Interview on 3/13/18 with Client #1 revealed: -client #A2 and #A#3 stayed at the facility while the sister facility was being repaired.</p> <p>Interview on 3/13/18 with Client #2 revealed: -two clients from sister facility A stayed at the facility due to water damage, unable to identify sister facility clients were.</p> <p>Interview on 3/13/18 with Client #A2 revealed: -stayed in facility 2-3 weeks ago when sister facility A was flooded and had water damage.</p> <p>Interview on 3/13/18 with Client #A3 revealed: -had relocated to the facility for 4-5 days in 1/18 due to water damage.</p> <p>Interview on 3/8/18 with the Quality Management Specialist revealed: -was aware of the relocation of two sister facility A clients (Client #A2, and #A3) due to water damage in sister facility A on 1/19-22/18 with the then current census of the facility of five.</p>	V 314		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p>	V 736	<p>V736 CORRECT: 1. Areas of patches and painting needed in the drywalls have been patched and painted.</p>	3/31/2018

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V 736	<p>Continued From page 4</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to be maintained in an safe and attractive manner. The findings are:</p> <p>Observation on 3/8/18 at 2:45 pm revealed: -numerous patches of puttied drywall that had not been painted at the entrance of the facility on the wall with the water fountains and the wall immediately across from the water fountains: -hole on the right wall area close to the entrance of the kitchen and numerous patches of puttied drywall that had not been painted.</p> <p>Interview on 3/8/18 of Nurse revealed: -clients in the cottage had physical aggression which led to hitting and kicking the walls; -not sure how long the hole had been in the wall or the patched areas of drywall that had not been painted, but longer than 2-3 weeks.</p> <p>Interview on 3/13/18 with the Program Manager revealed: -clients in the cottage kick and hit the walls; -process for repair is to put in a maintenance request.</p> <p>Interview on 3/13/18 with Staff #1 revealed: -most clients have difficulty with anger management and often exhibit property destruction; -process for repair is to tell program manager for maintenance repair.</p>	V 736	<p>736 Continued... PREVENT, MONITOR, HOW OFTEN: 1. Program Supervisors will continue to follow the maintenance request process of completing a helpdesk ticket as soon as possible after damages occur in the cottage. This triggers maintenance to come and repair the damages. Response to help desk tickets are completed within 24 hours of request. 2. Program Supervisors will be retrained in this process to ensure timely repairs are made. 3. Chief of Facilities are investigating alternative wall coverings in those high need areas that may be more durable and not easily broken. 4. The Performance & Quality Department will conduct quarterly reviews and assess any needs for repairs and monitor timeliness of repairs.</p>	5/1/2018

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V 736	Continued From page 5 Interview on 3/13/18 with Staff #2 revealed: -often have property destruction when cottage clients become upset; -process for repair was to put in a request to maintenance. Interview on 3/14/18 with the Director of Performance and Quality revealed: -would ensure that repairs are completed to meet rule requirement.	V 736		
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on record review, observation, and interviews, the facility failed to ensure the minimum furnishings affecting 1 of 1 Sister Facility A clients, (Client #A3). The findings are: Observation on 3/8/18 at 2:45 pm revealed:	V 774	V-774 - CORRECT: 1. Client #A3 has had a bed in Sister Facility A since admission. 2. Cots were purchased on 4/18/18 in case there is a need for future emergency placements. PREVENT: 1. Emergency Mitigation Plan updated to include utilization of cots (in the event of an emergency if clients need to be relocated and beds were not available). The Emergency Mitigation plan was also updated to include providing clients storage containers if needed during an emergency relocation. Cots and Storage containers will be stored in the Maintenance Shop below the gym. MONITOR AND HOW OFTEN? 1. Performance & Quality Department conducts quarterly internal reviews of the PRTF in which every bedroom will be checked for proper bedroom furnishings and documentation review.	4/18/2018 4/18/2018

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V 774	<p>Continued From page 6</p> <p>-common area with 7 chairs, wall mounted television, games, telephone for client use; -no couches or larger sitting furniture in the facility.</p> <p>Review on 3/5/18 of incident reports dated 12/5/17-3/4/18 revealed: -incident report dated 1/19/18 regarding Client #A1 exhibited an escalation of behaviors including fighting with a peer; -Staff #A1 intervened which resulted in Client #A2 going to his room; -Client #A1 was upset and climbed on top of a cabinet in the common room; -he refused redirection from Staff #A1 and stuck an object in the ceiling sprinkler system which resulted in water flooding the facility; -all clients and staff were escorted out of the facility to ensure safety.</p> <p>Review on 3/8/18 of Client #A3's record revealed: -age 9 years; -admission date of 1/18/18; -diagnoses of Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder - Combined; -admission information of verbal and physical aggression, mood swings, memory problems, witness of domestic violence, temper tantrums, self injurious behaviors of head banging.</p> <p>Interview on 3/13/18 with the Program Manager revealed: -Client #A3 slept on a mattress on the floor in the common area during 1/19-22/18 when water damage was being repaired at Sister Facility A; -Client #A2 slept in the vacant room in the facility.</p> <p>Interview on 3/13/18 with Sister Facility A Facility Supervisor revealed:</p>	V 774		

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V 774	<p>Continued From page 7</p> <p>-Client #A2 and #A3 had relocated to the facility 1/19-22/18; -Client #A3 had slept on a mattress on the floor during the relocation.</p> <p>Interview on 3/13/18 with facility therapist revealed: -Client #A2 and #A3 had relocated to the facility for 2-3 days during repairs; -Client #A3 had slept on a mattress on the floor in the common area during the relocation.</p> <p>Interview on 3/13/18 with Staff #2 revealed: -was on shift when the relocation of sister facility A Clients #A2, and #A3 occurred due to water damage; -Client #A2 slept in a vacant room; -Client #A3 slept on a mattress on the floor in the common area.</p> <p>Interview on 3/13/18 with Staff #A1 revealed: -Client #A2 and #A3 relocated to facility for 3-4 days due to flooding and needed repairs; -Client #A2 stayed in a vacant client room; -Client #A3 slept on mattress on the floor in the common area; -worked 3 days in facility providing supervision to sister facility clients.</p> <p>Interview on 3/13/18 with Client #1 revealed: -client #A2 and #A#3 stayed at the facility while the sister facility was being repaired; -one of the clients slept in the vacant room and the other on a mattress on the floor in the common area.</p> <p>Interview on 3/13/18 with Client #2 revealed: -two clients from sister facility A stayed at the facility due to water damage, unable to identify sister facility clients were;</p>	V 774		

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V 774	<p>Continued From page 8</p> <p>-one of the clients slept on a mattress on the floor in the common area.</p> <p>Interview on 3/13/18 with Client #A2 revealed: -stayed in facility 2-3 weeks ago when sister facility A was flooded and had water damage; -stayed in a vacant room; -Client #A3 slept on a mattress on the floor in the common area.</p> <p>Interview on 3/13/18 with Client #A3 revealed: -had relocated to the facility for 4-5 days in 1/18 due to water damage; -slept on a mattress on the floor in the common area.</p> <p>Interview on 3/14/18 with the Director of Performance and Quality revealed: -would develop a emergency management plan for relocation that ensured furnishings per rule requirement.</p>	V 774		



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

March 28, 2018

Ms. Hannah Dunham, Director of Performance and Quality
Thompson Child and Family Focus
6750 Saint Peters Lane – Suite 100
Matthews, NC 28105

Re: Complaint and Annual Survey completed March 14, 2018
Yorke Cottage, 6750 Saint Peters Lane - 100, Matthews, NC 28105
MHL # 060-1171
E-mail Address: hdunham@thompsonsccff.org
Intake # NC00135200

Dear Ms. Dunham:

Thank you for the cooperation and courtesy extended during the complaint and annual survey completed March 14, 2018. The complaint was substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is May 15, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

WWW.NCDHHS.GOV

TEL 919-855-3795 • FAX 919-715-8078

LOCATION: 1800 UMSTEAD DRIVE • WILLIAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2718 MAIL SERVICE CENTER • RALEIGH, NC 27699-2718

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 704-596-4072.

Sincerely,

Lea Martin

Lea A. Martin, MSW
Facility Survey Consultant I
Mental Health Licensure & Certification Section

Cc: Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
File