STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601171	A. BUILDING: _____ B. WING _____	07/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YORKE COTTAGE	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 A complaint and follow up survey was completed on 7/24/18. The complaint was unsubstantiated (Intake #NC140674). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility.	V 000		
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 (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.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure restraints were not included as a planned intervention in the treatment plans affecting 2 of 3 clients (#2, #3). The findings are: Review on 7/19/18 of client #2's record revealed: -admission date of 1/16/18; -diagnosis of Generalized Anxiety Disorder, Attention Deficit Hyperactivity Disorder(ADHD), Intermittent Explosive Disorder, Oppositional Defiant Disorder(ODD) and Post Traumatic Stress Disorder(PTSD); -treatment plan dated 1/5/18 with most recent update of 5/9/18 documented restraints could be utilized if client #2 was a danger to himself or others. Review on 7/19/18 of client #3's record revealed: -admission date of 2/16/18; -diagnosis of ADHD, ODD and PTSD; -treatment plan dated 1/16/18 with most recent update of 5/10/18 documented restraints could be utilized if client #3 was a danger to himself or others. Review on 7/19/18 of the facility incident reports from 5/1/18-7/24/18 revealed the following: -5/3/18 client #3 was restrained for trying to repeatedly attack a peer; -the incident was documented in IRIS as a Level II. Interview on 7/24/18 with the Director of Performance and Quality revealed: -facility does not use restraints as planned interventions;	V 112		

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V 112	Continued From page 2 -clinicians complete the treatment plans; -have been over this with clinicians repeatedly regarding no planned restrictive interventions in the treatment plans; -think there is a template somewhere clinicians are using; -a few new clinicians were hired recently; -will address with clinicians herself and resolve the issue.	V 112		