Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVE	Y
ANDILAN	or dortheorion	IDENTIFICATION NOMBER.	A. BUILDING: _	<del></del>	JOHN EETED	
		MHL0601227	B. WING		08/27/20	18
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
MERANC	AS COTTAGE	6750 SAIN	T PETERS LAN	NE, SUITE 300		
III LIVATO	AO OOTTAOL	MATTHEW	S, NC 28105			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE CO	(X5) MPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	The complaint was su 141423). A deficiency This facility is licensed	d for the following service 27G .1900 Psychiatric				
V 314	27G .1901 Psych Res	s. Tx. Facility - Scope	V 314			
	residential treatment (b) A PRTF is one the or adolescents who he substance abuse/depinpatient setting.  (c) The PRTF shall penvironment for childrent not meet criteria for a require supervision at on a 24-hour basis.  (d) Therapeutic interfunctional deficits assadolescent's diagnosi treatment and special mental health therapetherapeutic intervention designed to address the necessary to facilitate community setting.  (e) The PRTF shall set for whom removal frocommunity-based residential to facilitate treatment.  (f) The PRTF shall conditional and agency adolescent's catchments.	Section apply to psychiatric facilities (PRTF)s. at provides care for children ave mental illness or endency in a non-acute rovide a structured living ren or adolescents who do cute inpatient care, but do not specialized interventions eventions shall address ociated with the child or is and include psychiatric lized substance abuse and services shall be the treatment needs a move to a less intensive erve children or adolescents in home or a sidential setting is essential coordinate with other sies within the child or				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		MHL0601227	B. WING	· · · · · · · · · · · · · · · · · · ·	08	3/27/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E. ZIP CODE	•	
			INT PETERS LANE			
MERANC	AS COTTAGE	MATTHE	EWS, NC 28105	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 314	of Healthcare Organi Accreditation of Reha Council on. Accredita accrediting bodies as Medical Assistance Or Psychiatric Residenti including subsequent A copy of Clinical Poat no cost from the D	commission on Accreditation stations; the Commission on abilitation Facilities; the ation or other national set forth in the Division of Clinical Policy Number 8D-1, ital Treatment Facility, it amendments and editions. licy Number 8D-1 is available vivision of Medical Assistance widhhs.state.nc.us/dma/.	V 314			
	interviews, the facility and specialized inter 24-hour basis and the designed to address with the child or adol-5 of 5 audited clients findings are:  Review on 8/17/18 or -admission date of 2/ (Psychiatric Residen cottage on the same same parent agency -transferred to this Pl-diagnoses of Attention Disorder (ADHD) and Disorder (ODD); -age 12 years;	view, observations and y failed to ensure supervision ventions were provided on a erapeutic interventions were functional deficits associated escent's diagnosis affecting (#1, #2, #3, #4 and #5). The f client #1's record revealed: /27/18 to a sister PRTF tial Treatment Facility) campus licensed by the				

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Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	JRVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			B. WING			
		MHL0601227	B. WING		08/27	7/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		6750 SAII	NT PETERS LAI	NE. SUITE 300		
MERANCA	AS COTTAGE		VS, NC 28105	,		
	OUR MAR DV OT		<u>,                                      </u>	PROVIDENCE DI AMOS CORRECTION	. 1	
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
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				DEFICIENCY)		
1/044			1/044			
V 314	Continued From page	2	V 314			
	perceived slights will	posture and respond with				
	-	of the time, frequent power				
		eers and adults, his birth				
	mother stabbed her b	•				
		ssault, his birth mother also				
	suffered from untreated schizophrenia; -at the sister PRTF, exhibited behaviors including hitting a peer, not following directions, defiant, "his natural response is being aggressive," profanity, charges staff, head butted staff, bullies with his body, when he becomes aggressive he is					
	•	during restraints, refuse to				
	_	ts, very disrespectful, has				
	•	his anger towards peers,				
	-	in therapy, tends to bully his				
		feels they are weaker then				
		oha male by constantly				
	challenging his peers	-				
	shattered windows;	, thed to choke stail,				
	,	1/30/18 with last update				
	8/1/18 documented th	-				
		ment in symptoms of anger				
		al/physical aggression and				
		to manage past trauma				
	without being overwh	- ·				
	thoughts, reduce sym	_				
	-	and defiance, decrease				
		pecially towards other				
	peers;	pediany towards outer				
	•	ded teaching coping skills,				
	pro-social skills, decis					
		nagement skills, behavioral				
		nt interventions, therapeutic				
	•	ess depression, anxiety,				
		eem and inter-personal				
		n sleeping hours, weekly				
		ily therapy, provide DBT				
	merapy including faili	ny micrapy, provide DDT	1			

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(Dialectical Behavior Therapy) and TF-CBT (Trauma Focused Cognitive Behavioral Therapy); -treatment plan updates for 6/14/18, 7/12/18 and

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	I ' '	SURVEY PLETED
			A. BOILDING.			
		MHL0601227	B. WING		08	/27/2018
NAME OF PROVIDER OR SUPPL	ER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MERANCAS COTTAGE			IT PETERS LAI VS, NC 28105	NE, SUITE 300		
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on peer restrict during activities much as possis feedback on the struggles with physical aggreer restrained for a remains on peeminimizes the more appropriate shows little to behaviors, does actions, physical escalate, legal of aggression addentified by peers and reductions of the structure of	nted the ion (see is, outing the period to the way to remain a period to the way to the way to remain a period to the way to the	ne following issues: often is parated from targeted peers ags and in the cottage as d does not accept positive d to improve peer relations, and displays of verbal and owards staff and peers, was ag a peer and a staff, rictions with multiple peers, of drain off his emotions in a dy and justifies his actions, orse for his current ake accountability for his ression continues to be due to recurrent incidents operty destruction has been duradian.  If client #2's record revealed: 13/18;  ODD and Post Traumatic  If 6/6/18 documented the only with daily routines and hypm activities, reduce and aggressive behaviors, authority, accept authority, accept authority, and yellow interactions with gative peer engagement; ded support, redirection, rompts, praise, guidance, a management strategies, and healing environment, and utilizing coping skills and fective communication skills	V 314			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILDING: _			
		MHL0601227	B. WING		08.	27/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		6750 SAII	NT PETERS LAN	NE, SUITE 300		
MERANCAS COTTAGE MATTHE			WS, NC 28105			
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 314	Continued From page	e 4	V 314			
	8/3/18 documented the struggles with following verbal and physical aphysical aphysical altercations and physical altercations and physical altercations and physical altercations and physical altercation determined by the series of the struggles of the struggles of the series of the struggles of the struggles of the series of the struggles of th	ne following issues: ng staff direction, increased ggression towards peers, and increased opposition.  f client #3's record revealed: 8/18; Disruptive Mood er (DMDD) and Generalized  1 7/2/18 documented the oly with daily routines and n/pm activities, learn to on of physical aggression, n to use coping skills, ngs and emotions, increase ith peers, reduce verbal and				
		7/18 at approximately ed on a large campus with ing the school, outside				
		pel, gym, administration				
	_	our wings with four separate				
	PRTF cottages on ea	•				
	tnis PRTF cottage io building;	cated on one wing of the				
	_	h one door to a small lobby,				
		locked door leading to a				
	commons area;					
	-located in the commo	ons area are the nursing oom, play room and staff				

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Division of	Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL0601227	B. WING		08/27/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
			INT PETERS LAN			
MERANCA	AS COTTAGE		WS, NC 28105			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
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TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	RIATE	
14044		_	1,,,,,			
V 314	Continued From page 5		V 314			
	offices;					
		ocked door to an area with				
	the staff bathroom, th	erapist office and storage				
	areas;					
	•	ocked door into this PRTF				
	cottage.					
	Finding #1:					
	~	with client #2 revealed:				
	-been at this PRTF co					
	-been in "many fights	" with client #1;				
	-"beat my butt so mar	ny times, I try to beat him, I				
	can't;"					
		1 wanted some money from				
		at client #1 was talking				
	about;	ff blooked bine but be get in				
	a few good hits;"	ff blocked him but he got in				
	•	t, client #1 ran into his room,				
	hit him in the stomach					
		ame in and stopped him,				
		desk for 30 minutes to an				
	hour, staff stood there	e the whole time, guarded				
	my door;"					
	-"I was scared, can't s	· · ·				
	-"Don't feel safe in the					
		much at all about fights;				
	, ,	s around staff, too fast; his MP3 player, flushed his				
		and stole his basketball				
	card;	and stole the backetball				
		ses other clients, always				
	wants to fight;	,				
	-client #1 starts fights	with everyone;				
	-client #1 slapped a p					
	reason;					
	-client #1 also got in a	a fight with client #3.				

Interview on 8/17/18 with staff #1 revealed: -works as needed at the cottage, was full time

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Division of Health Service Regulation				FORM	1 APPROVED		
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601227	B. WING		08/2	27/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
MEDANC	AS COTTAGE	6750 SAI	NT PETERS LAN	NE, SUITE 300			
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE		
V 314	Continued From page	÷ 6	V 314				
	can't be around each can't compete, must be between them at all ti-fights start with client makes client #1 angry-had a recent one on working at cottage wit-she was in the kitche coming out of the kitc something and client client #2 started laugh punched client #2; -they started fighting a separate them to no sclients to get staff #2; -staff #2 had stepped rest room; -staff #2 came and he clients; -sometimes can see prometimes can't, do response to the staff of the staff was a see prometimes can't, do response to the staff was a see prometimes can't, do response to staff; and the staff was a see prometimes can't, do response to staff; and the staff was a see prometimes can't, do response to staff; and the staff was a see prometimes can't, do response to staff wa	other, can't play together, one at least 8-10 feet times; t #2 making racial slurs, y; 7/31/18 when she was th staff #2; en with client #1, they were then, client #2 said #1 said something back, hing and then client #1 and she was trying to success, yelled for the other tout of the cottage to use the elped her separate the problems escalate,					

-"mainly physical" issues in the cottage between

-work first and second shift;

Interview on 8/21/18 with staff #2 revealed:

client #1 and client #2;

-have to try to keep client #1 and client #2 separated;

still taunting client #1 through the door;

-on peer restriction but client #2 "won't abide;" -had stepped out of cottage to use the restroom on 7/31/18, staff #1 was in cottage with clients; -not sure how it started but when she returned, found client #1 and client #2 in "a tussle;" -got client #2 out of the cottage but client #2 was

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  ### A BUILDING:    B. WING		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  6750 SAINT PETERS LANE, SUITE 300  MATTHEWS, NC 28105  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 314  Continued From page 7  -when 3 staff are scheduled in the cottage, it works better; -Supervisor will schedule extra staff for the next day if staff had a bad time the day before; -this past week, client #1 tried to beat up client #2 over some money he claimed client #2 owed him; -client #1 was swinging at client #2, there was a lot of staff in the area, keep them separated; -client #1 is hard to handle, he will not comply with any intervention, redirecting him does not				A. BUILDING: _	<del></del> -		
MERANCAS COTTAGE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 314  Continued From page 7  -when 3 staff are scheduled in the cottage, it works better; -Supervisor will schedule extra staff for the next day if staff had a bad time the day before; -this past week, client #1 tried to beat up client #2 over some money he claimed client #2 owed him; -client #1 was swinging at client #2, there was a lot of staff in the area, keep them separated; -client #1 is hard to handle, he will not comply with any intervention, redirecting him does not			MHL0601227	B. WING		08	/27/2018
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE      V 314	NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 314  Continued From page 7  -when 3 staff are scheduled in the cottage, it works better; -Supervisor will schedule extra staff for the next day if staff had a bad time the day before; -this past week, client #1 tried to beat up client #2 over some money he claimed client #2 owed him; -client #1 was swinging at client #2, there was a lot of staff in the area, keep them separated; -client #1 is hard to handle, he will not comply with any intervention, redirecting him does not	MERANC	AS COTTAGE			NE, SUITE 300		
-when 3 staff are scheduled in the cottage, it works better; -Supervisor will schedule extra staff for the next day if staff had a bad time the day before; -this past week, client #1 tried to beat up client #2 over some money he claimed client #2 owed him; -client #1 was swinging at client #2, there was a lot of staff in the area, keep them separated; -client #1 is hard to handle, he will not comply with any intervention, redirecting him does not	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	COMPLETE
Review on 8/20/18 of nursing notes revealed no injuries for client #2 and client #1 as a result of the fight on 7/31/18.  Interview on 8/21/18 with staff #4 revealed:works third shift at the cottage; -the day before there was a planned paid outing, there was a problem regarding client #1 said client #2 owed him money; -client #1 got in trouble and did not get to go on his outing; -at 5:45am the next day on 8/16/18, was working with staff #6 in the cottage; -thought all the clients were asleep, staff #6 stepped out of the cottage to use the restroom; -had heard earlier client #1 said he was going to beat client #2 up every day until he gets his money; -she was sitting at the end of the hallway in the dayroom near the kitchen entrance so she had full view of the commons area where all the rooms were; -client #1's room was across the commons area from client #2; -client #1 came out of his room and walked straight across into client #2's room; -she asked client #1 where he was going; -when he entered client #2's room she jumped up	V 314	-when 3 staff are scheworks better; -Supervisor will sched day if staff had a bad this past week, client over some money he client #1 was swinging lot of staff in the area client #1 is hard to have with any intervention, work.  Review on 8/20/18 of injuries for client #2 at the fight on 7/31/18.  Interview on 8/21/18 -works third shift at the day before there there was a problem client #2 owed him medient #2 owed him medient #1 got in troub his outing; -at 5:45am the next dwith staff #6 in the conthought all the clients stepped out of the conhad heard earlier cliebeat client #2 up even money; -she was sitting at the dayroom near the kith full view of the comm rooms were; -client #1's room was from client #2; -client #1 came out or straight across into clieshe asked client #1 to	dule extra staff for the next time the day before; that tried to beat up client #2 claimed client #2 owed him; and at client #2, there was a keep them separated; andle, he will not comply redirecting him does not for the staff #4 revealed in the cottage; was a planned paid outing, regarding client #1 said oney; le and did not get to go on lay on 8/16/18, was working stage; seere asleep, staff #6 ttage to use the restroom; ent #1 said he was going to ry day until he gets his end of the hallway in the chen entrance so she had ons area where all the across the commons area of his room and walked lient #2's room; where he was going;	V 314	DETICIENC	• *	

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL0601227	B. WING		08/27/2018
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NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
MERANCA	AS COTTAGE	6750 SAI	NT PETERS LAN	NE, SUITE 300	
MENANO	10 001 IAOL	MATTHE	WS, NC 28105		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	V (X5)
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TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE
V 314	4 Continued From page 8		V 314		
	and ran after him;				
		nto client #2's room, client			
	-	ned client #2 three to four			
		was sleeping in his bed;			
		nt #1 and client #2, client #1			
		minutes then went and sat			
		minutes then went and sat			
	in a chair; -staff #6 was in the cottage by then and talked to client #1, stayed with client #1 the remainder of the shift; -she stood in front of client #2's door to prevent client #1 from entering client #2's room again;				
		ms between client #1 and			
	client #2 prior to this i				
		cottage in the mornings,			
	yells at the peers to g				
		ey are scared of him;"			
	-client #1 is the bully				
	-	cards with client #1 to try to			
	distract him, keep him				
	,р				
	Interview on 8/21/18	with staff #6 revealed:			
	-works third shift at th	e cottage;			
		o in the early mornings;			
	-get clients up at 730a	am in the mornings when			
	out of school;				
	-last week on 8/16/18	he stepped out of the			
	cottage to use the res				
	-staff #4 was still in th	e cottage, appeared all the			
	clients were asleep;				
	-when he came back	to the unit, found client #1			
	sitting in a chair and t				
	-asked client #1 why	he attacked client #2 and			
		some money client #2			
	owed him;				
	• •	1 from going into client #2's			
		lent, client #1 had said "I'm			
	going to get him(clien	• 1			
	-client #1 and client #	2 are already on peer			

restriction, keep monitoring them;

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		MHL0601227	B. WING		08/27/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
MERANCA	AS COTTAGE	6750 SAI	NT PETERS LAN	NE, SUITE 300	
		MATTHE	WS, NC 28105		
(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 CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 314	Continued From page	9	V 314		
V 314	-told by supervisor to transitions, communic oncoming staff; -in the mornings, try to client #2 by playing care.  Review on 8/20/18 of injuries for client #2 a attack by client #1 on Finding #2 Interview on 8/20/18 and the staff #2 in the bully client #1 is the bully client #1 and client #1 and client #1 attacked him; -staff #5 did not do ar client #1 punched him neck; -fight ended when client #1 and client #1 in the colon in the	complete good shift cate with outgoing and o keep client #1 away from ards and keeping him busy.  Inursing notes revealed no is a result of the physical 8/16/18.  with client #3 revealed: ient #1] in the cottage; of the cottage; get into fights; lient #1 in the library; his client #1, client #5 and in, he pushed client #1, client hything to break up the fight; min the nose, face and lent #1 just stopped hitting from this injuries, got ice for the stage when client #1 gets are on peer restriction; and client #2 to stay away	V 314		
	from each other, opposeparate activities;	osite sides of the cottage, er restriction, had client #1,			

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Division o	of Health Service Regu	lation			FORM	1 APPROVED
STATEMENT	of Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
		MHL0601227	B. WING		08/2	7/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
MERANCA	AS COTTAGE		NT PETERS LAN WS, NC 28105	E, SUITE 300		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO	BE	(X5) COMPLETE DATE
V 314	the library in the scho-was only staff with the client #1 and client # verbal redirection; client #1 and client # client #1 and client # faces; the fight began, he tradid not physically interestaff was at the chad no prior issues we need two staff to sepboth clients were sward gone for him to physically interestaff was at the chad no prior issues we need two staff to sepboth clients were sward gone for him to physically interestaff was a staff to sepboth clients were sward gone for him to physically interestaff was a perfect with the staff of the computer at the library reddened; "  -no bleeding noted; states was hit in the misalignment; cice pack given to appreciate the client #3 states was hit in the misalignment; cice pack given to appreciate was not client #3.	client at the computer lab in sol; aree clients in the library; 3 were arguing, he provided 3 were ignoring his prompts; 3 got up into each others' ried to verbally redirect them, arvene; a cottage; with client #1 and client #3; parate clients' fighting; inging, fight was "too far ically intervene; aries to each client. If a nursing note dated feer 'beat me up' over a y;" fooral swollen areas, anoseno discoloration or oly; alf hours later and no further	V 314			

why.

Further interview on 8/17/18 with client #2

Further interview on 8/20/18 with client #3

-got in a fight with client #3 one time, got hit in the eye and head by client #3;
-staff #3 was there, did not run at his full speed to stop fight between him and client #3, don't know

STATE FORM S52311 If continuation sheet 11 of 19

Division of	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL0601227	B. WING		08/27/2018
NAME OF D	ROVIDER OR SUPPLIER	CTDEET A	DDRESS, CITY, STA	TE ZID CODE	
NAME OF F	NOVIDER OR SUFFLIER		, ,	•	
MERANCA	AS COTTAGE		NT PETERS LAN	NE, SUITE 300	
			WS, NC 28105		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	(/
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	
				DEFICIENCY)	
V 314	Continued From page	e 11	V 314		
	revealed:				
	-he and client #2 got	_			
		other client were outside on			
	the bike trail with staf				
	•	about the other client			
	behind his back;	ant #2 was talking about the			
		ent #2 was talking about the			
	other client behind his				
	-client #2 got into client #3's face; -client #3 pushed client #2, client #2 pushed client				
	•	nt #2, client #2 pushed client			
	#3 back; -client #2 rode off on his bike then came back,				
	cussed client #3, calle				
		#2's face, client #2 punched			
	client #3 in the face;	mediado, diiditi me parionoa			
	-client #3 got on top of	of client #2 and kept			
	punching him;	·			
	· -	rate them as much as			
		between them, radioed for			
	assistance.				
		with staff #3 revealed:			
		2 are on peer restriction,			
		break up into two groups to , try to keep client #1 busy,			
	one staff with three cl				
		ce on walkies, supervisors			
		pervisors can step in if			
	needed;				
	•	ht between client #2 and			
	client #3 on the week				
	-was only staff with cl				
	another peer on a bik	e ride on the campus;			
		client #3 have verbal			
	altercations, nothing	ohysical;			
		3 were going back and forth			
		me a scuffle, he called for			
	assistance and broke				

Division of Health Service Regulation

-think some injuries, went to the nurse.

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Division of	of Health Service Regu	lation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:			
		MHL0601227	B. WING		08/27/2018	3	
NAME OF D	DOVIDED OD SLIDDLIED	CTDEET A	DDDESS CITY STA	TE ZIR CODE	•		
NAME OF FI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  STREET ADDRESS, CITY, STATE, ZIP CODE						
MERANCAS COTTAGE 6750 SAINT PETERS LANE, SUITE 300 MATTHEWS, NC 28105							
	OLUMBA DV OT				.,		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	,	(5) PLETE	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		NTE.	
				DEFICIENCY)			
V 314	Continued From page	e 12	V 314				
	Review on 8/20/18 of	a nursing note dated					
	7/29/18 revealed:	a naising note dated					
	-client #2 was hit by c	lient #3:					
	-had a large knot on h						
	-no pain, denied head	lache, monitored;					
		with his right hand, swollen,					
	limited range of motio	•					
		s hand in one hour, able to					
	_	, pain much better doing					
arts and crafts with right hand; -rechecked again same day, normal range of							
	motion, observed using hand no limitations.						
	motion, obocived don	ig nana no imitationo.					
	Finding #4:						
	Interview on 8/17/18 v	with client #4 revealed:					
	-been at the facility fo						
	_	mostly involved client #1;					
		2 got into a fight, don't know					
		g, turned his head and					
	-	were fighting, don't know					
	who started it; -everyone gets "bullie	d by Iclient #11:"					
		in fights, tells peers to shut					
	up, smacks and cusse	•					
		y know what he's(client #1)					
	doing, we try to defen	d ourselves, we get in					
	trouble;"						
	-don't feel safe around	•					
		in his room one time and it					
	•	client #1 and restrain him;					
	-client #1 punched hir know when, "staff did	n in eye one time, don't					
	Know when, Stall 010	nouning.					
	Interview on 8/17/18 v	with client #5 revealed:					
	-been at the facility fo						
	-client #1 slapped him						
	-client #1 bullies clien						

happen;"

-client #1 and client #2 get into fights; -"sometimes staff break it up, sometimes lets it

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Division (	of Health Service Regu	lation			FORM AP	PPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		VEY ED	
MHL0601227		B. WING		08/27/2	2018	
NAME OF PROVIDER OR SUPPLIER STREET ADD		DRESS, CITY, STA	TE, ZIP CODE			
MERANC	AS COTTAGE		IT PETERS LAN	NE, SUITE 300		
		MATTHEV	VS, NC 28105			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE C	(X5) COMPLETE DATE
V 314	Continued From page	<del>:</del> 13	V 314			
	threats; -sometimes client #1 not; -"staff don't restrain [c-client #1 is "out of co Interview on 8/17/18 v -been at the cottage a -been in fights with clie- smacked client #5 in -made a bet with clier and owes him money -told client #2 to give -staff told them no be -got into a fight, threw -have one staff and the times; -he gets into the most -fights with client #2 to lies too much; -feels safe in the cottage - "staff told them to be -got into a fight, threw - have one staff and the times; - he gets into the most - fights with client #2 to	with client #1 revealed: a couple of months; ient #2; the face because he lied; nt #2, client #2 lost the bet ; him his twenty dollars; ts allowed; v punches but staff broke up; nree clients in the cottage at t fights; he most because client #2				

Supervisor revealed: -client #1 is the bully of the cottage;

-was in another cottage, bullied there, moved to this cottage because older clients but since those older clients have been discharged and new younger clients have been admitted, now same situation;

-total new group in the cottage, younger clients; -client #1 has problems putting things together, set in his ways, no matter how things are put; -client #1 has mentality "have to get" this peer, hold grudges;

-peer restriction put in place for client #1 and client #2 due to ongoing conflict;

-they are kept separated as much as can, separate activities, separate peer groups, kept at

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TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 314  Continued From page 14  a physical distance; -client #2 refuses to go by peer restriction at times because he wants to do activities with client #1; -client #2 often tries to provoke client #1; -client #1 often acts like nothing is wrong, waits and then goes off; -only have pm(as needed) staff to work with right now, short staffed; -in process of hiring more staff; -client #1 reported he and client #2 made a bet and client #2 lost the bet and owed him some money; -client #1 was making threats he would beat up client #2 until he got his money; -had an incident when client #1 went after client #2 the day of the paid outing to a local amusement park; -client #1 was restrained after he tried to attack client #2, threatened and attacked staff, kicked out a window and tried to get in front of the van with other clients leaving for the outing;	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MERANCAS COTTAGE  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (X3) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (FACH CORRECTION SHOULD BE CROSS-R	MHL0601227 B. WING				08/27/2	018	
MATTHEWS, NC 28105   MATTHEW	NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 314  Continued From page 14  a physical distance; -client #2 refuses to go by peer restriction at times because he wants to do activities with client #1; -client #2 often tries to provoke client #1; -client #1 often acts like nothing is wrong, waits and then goes off; -only have pm(as needed) staff to work with right now, short staffed; -in process of hiring more staff; -client #1 reported he and client #2 made a bet and client #2 lost the bet and owed him some money; -had an incident when client #1 went after client #2 the day of the paid outing to a local amusement park; -client #1 was restrained after he tried to attack client #2, threatened and attacked staff, kicked out a window and tried to get in front of the van with other clients leaving for the outing;	MERANCA	AS COTTAGE			IE, SUITE 300		
a physical distance; -client #2 refuses to go by peer restriction at times because he wants to do activities with client #1; -client #2 often tries to provoke client #1; -client #1 often acts like nothing is wrong, waits and then goes off; -only have pm(as needed) staff to work with right now, short staffed; -in process of hiring more staff; -client #1 reported he and client #2 made a bet and client #2 lost the bet and owed him some money; -client #1 was making threats he would beat up client #2 until he got his money; -had an incident when client #1 went after client #2 the day of the paid outing to a local amusement park; -client #1 was restrained after he tried to attack client #2, threatened and attacked staff, kicked out a window and tried to get in front of the van with other clients leaving for the outing;	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE C	OMPLETE
-talked to client #1 about the incident to try to resolve the issue, client #1 smirked, said he still wanted his money.  Interview on 8/17/18 with client #1's therapist revealed: -trying to find client #1 a more appropriate placement, applied for a lateral move to another PRTF, denied by LME(local management entity) and was told to find a level III group home; -LME recommended a wilderness camp, applied and wilderness camp turned client #1 down; -sending in more information to try again to get authorization for a lateral move to another PRTF,	V 314	a physical distance; -client #2 refuses to getimes because he was #1; -client #2 often tries to client #1 often acts lied and then goes off; -only have prn(as need now, short staffed; -in process of hiring reclient #1 reported he and client #2 lost the money; -client #1 was making client #2 until he got lend an incident when #2 the day of the paid amusement park; -client #1 was restrain client #2, threatened out a window and tried with other clients leaved to client #1 above the issue, clied wanted his money.  Interview on 8/17/18 revealed: -trying to find client # placement, applied for PRTF, denied by LMI and was told to find a -LME recommended and wilderness campesending in more info	go by peer restriction at ints to do activities with client or provoke client #1; ke nothing is wrong, waits eded) staff to work with right more staff; and client #2 made a bet bet and owed him some of threats he would beat up his money; in client #1 went after client douting to a local med after he tried to attack and attacked staff, kicked and attacked staff, kicked and to get in front of the van wing for the outing; bout the incident to try to ent #1 smirked, said he still with client #1's therapist 1 a more appropriate or a lateral move to another E(local management entity) level III group home; a wilderness camp, applied turned client #1 down; rmation to try again to get	V 314			

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Interview on 8/24/18 with the Vice President of

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			D. MANAGO			
		MHL0601227	B. WING		08/2	7/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MERANCAS COTTAGE 6750 SAINT			PETERS LAN	NE, SUITE 300		
WERANCA	43 COTTAGE	MATTHEWS	S, NC 28105			
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 314	Continued From page	e 15	V 314			
V 3114	Residential Services and Quatakes these matters all clients will be safethad put things in place client #1 prior; -was not aware these unsuccessful; -client #1 has been as more suitable for his attransferred on 8/27/18-started in their currenew hires; -have new leadership-making a lot of changalso starting a new pstaff will be trained in -working towards impedients in all areas.  Review on 8/24/18 of 8/24/18 and complete Performance and Quatate following docume "1. Effective 8/24/18, staff 1:1 until discharge Three staff will be on #1] is discharged. Baseottage, Thompson wensure the safety of a assessment of the ned one through weekly climate surveys of the by PRTF leadership s 2. Effective 8/24/18, 3 nurse on duty to provito exit the cottage to the safety of a sa	and The Vice President of ality Improvement revealed: very seriously; e; ce to address issues with interventions were excepted to another PRTF needs and will be 3; nt positions only this year as and management; ges; rogram for staff to use, all this new program; roving the services to the a Plan of Protection dated ad by the Vice President of ality Improvement revealed need: [client #1] will be assigned a ge on Monday 8/27/18. 1st and 2nd shift until [client sed on the needs of the will increase staffing ratios to all clients. Moving forward, eds of the cottage will be incident reviews and weekly exclients in the cottage done staff. Ord shift staff will contact the ide relief when a staff needs use the restroom. This will	V 314			
	done through weekly climate surveys of the by PRTF leadership s 2. Effective 8/24/18, 3 nurse on duty to prov to exit the cottage to a	incident reviews and weekly e clients in the cottage done staff.  Brd shift staff will contact the ide relief when a staff needs				

Division of Health Service Regulation

3. Re-training of Residential Care Specialist

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Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		MHL0601227	B. WING		08/2	27/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		6750 SAIN	IT PETERS LAN	NE, SUITE 300		
MERANCA	AS COTTAGE	MATTHEV	/S, NC 28105	·		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLETE DATE
V 314	Continued From page	e 16	V 314			
V 314	(RCS) to document a fighting ad to notify the check for injuries. RC immediately of fightin Communication of thi 8/24/18 to all RTF states. A. Re-training PRTF sintervene during crisis re-training on engagin and during activities. staff on Monday 8/24 5. During bedtime, staffont of bedroom dooi identified ads having close supervision. Dushares issues and str 2nd shift to identify cl support. 3rd shift staff communication logs to may have occurred the cottage. Staff will post [client #1's] bedroom discharge. Staff training during the night if the they can be prepared offer outlet games to 6. Two months ago, 7 hiring practices of RC identify staff members create an engaging e	Il Level I incidents to include the nurse immediately to a will notify the supervisor g/Level I incidents as well. Is expectation occurred on the sepisodes. To prevent crisis, and with clients in the milieu to the sepisodes. To prevent crisis, and with clients in the milieu to the sepisodes. To prevent crisis, and with clients in the milieu to the sepisodes. To prevent crisis, and with clients in the milieu to the sepisodes. To prevent crisis, and with clients in the milieu to the sepisodes. To prevent crisis, and with clients in the sepisodes. To prevent crisis, and with clients who have been a difficult day and needing the sepisodes that occurred during the sepisodes. The sepisodes that occurred during the sepisodes that the sepisodes the sepisodes that the sepisodes the sepisodes that th	V 314			
	Plans to ensure the a 1. Documentation of	bove happens. the training of staff will be				
		ed to PRTF leadership and				
	VP of Performance a					
	2. Review of docume	ntation of incidents.				
		I through our in-person and				
	video surveillance pla	<del>-</del>				
		nent in shift notes and/or				
	communication log w					
	supervision during be	edtime for the identified				

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			= 0.==			
			D WING			
		MHL0601227	B. WING		08/27/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
			INT PETERS LA	•		
MERANC	AS COTTAGE			NE, 3011E 300		
	Г	MATTHE	WS, NC 28105	T		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		
IAG	TREGOLATION ON	Lee Belvin Tine in Grammien,	IAG	DEFICIENCY)	Will	
			+			
V 314	Continued From page	e 17	V 314			
	client DDTE leadersh	nip will review shift and logs.				
		ion meetings with RCS staff				
	that occur at least mo	onthly.				
	Olione #4 boothoodia	anness of Attention Deficit				
		gnoses of Attention Deficit				
		r(ADHD) and Oppositional				
		responds to his peers with				
	1	justifies his actions, shows				
		r his assaultive behaviors,				
		tability for his actions and				
		nt #2 has a diagnoses of				
	ADHD, ODD and Pos	st Traumatic Stress Disorder,				
	displays verbal and p	hysical aggression towards				
	peers and physical al	tercations. Client #3 has the				
	diagnoses of ADHD,	Disruptive Mood				
	Dysregulation Disorde	er (DMDD) and Generalized				
	Anxiety Disorder, has	physical altercations with				
	peers, minimizes his	conflicts, has rationale for				
	actions and struggles	with consistency with peer				
	relations. From the da	ates of 7/12/18 to 8/16/18,				
	there were four episo	des of physical altercations				
	between clients #1, #	2 and #3 resulting in the				
		nt #3 had a swollen hand, a				
		ehead and a knot on the				
	temple of client #2. T	hese physical altercations				
		with different staff. Four of				
	five clients reported for					
	· · · · · · · · · · · · · · · · · · ·	by client #1 and staff failed				
		Staff reported needing more				
		violent aggression of the				
		rventions in place to address				
	· ·	e to provide more intensive,				
		ons to address the ongoing				
		between clients constitutes a				
		for serious neglect and				
	must be corrected wit	<u>-</u>				
	administrative penalty	y of \$1,000.00 is imposed. If				

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the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL0601227	B. WING		08/27/2018	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
MERANCAS COTTAGE 6750 SAINT PETERS LANE, SUITE 300 MATTHEWS, NC 28105					
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES BY BE PRECEDED BY FULL SENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE	
V 314 Continued From page 18 day will be imposed for early of compliance.	ich day the facility is out	V 314			

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