

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601226	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2019
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NAME OF PROVIDER OR SUPPLIER PEACE COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6750 SAINT PETER'S LANE, SUITE 200 MATTHEWS, NC 28105
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 3-29-19. The complaint was substantiated (NC 00148096). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 1900 Psychiatric Residential Treatment Facility</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision</p>	V 109		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 109	<p>Continued From page 1</p> <p>plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to assure Qualified Professional (QP) staff demonstrated knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 3/26/19 of Former Client #1 (FC #1) revealed: - Admission date of 9/5/18; - Discharge date of 12/21/18; - Age 14; - Diagnoses of Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder; - Custody of adoptive mother.</p> <p>Interview on 3/26/19 with Staff #1 revealed: - She worked with FC #1 approximately 2-3 years prior at another mental health facility; - Prior to FC #1's discharge from the current facility, she asked if FC #1 could attend a Thanksgiving gathering to connect with peers and staff from the previous residential placement; - Program Supervisor informed her that it had been approved for her to take FC #1 to the Thanksgiving gathering; - She and FC #1 traveled in the company vehicle and stayed at the gathering 2-3 hours;</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>- FC #1 was happy to see everyone, exchanged phone numbers to stay in contact and had no problems during this time.</p> <p>Interview on 3/26/19 with Program Supervisor:</p> <p>- Former Therapists' granted permission for [staff #1] to take [FC #1] to a Thanksgiving gathering with clients and staff she knew from a previous residential placement;</p> <p>- She thought there was a consent form or documentation from the therapist to support the visit with approval from the legal guardian, however was unable to produce the documentation.</p>	V 109	<p>Both clinician and case manager will review all consents obtained from parent/guardian on day of admission of child. Prior to any therapeutic leave scheduled, the clinician/ case manager and the program supervisor will review charts for signed consents to ensure permission for child to participate in off campus visit or activity.</p> <p>Procedure for Off Campus Activities: Prior to Departure reviewed with Clinical Team at team meeting.</p>	<p>4/3/2019</p> <p>4/3/2019</p>