STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601227	A. BUILDING: _____ B. WING _____	10/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERANCAS COTTAGE	6750 SAINT PETERS LANE, SUITE 300 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 survey was completed on 10-26-20. The complaint was unsubstantiated (NC00170043) A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G 1900 Psychiatric Residential Treatment Facility.	V 000		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable	V 537	V537: 1. Residential Care Specialists are required to complete Therapeutic Crisis Intervention (TCI) training prior to working in ratio on the floor. This new hire training is facilitated by a certified TCI trainer. All Residential Care Specialists are required to adequately perform the physical intervention portion of TCI training in front of a certified trainer. TCI trainer maintains certification through Cornell University. Training for residential staff is documented and tracked in the Relias system and monitored by the Program Supervisors to ensure timely completion. 2. Competence following completion of initial TCI training is assessed/monitored by an employee's directsupervisor. This is completed through ongoing assessment by observation by Supervisors, and weekly incident debriefing reviews the employee involved in the restrictive intervention and, if necessary, reviews camera footage to assess competence. On the job coaching is completed by Supervisors to provide employees with support on deescalating techniques to minimize the occurrence of restraints.	Ongoing Ongoing Ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601227	A. BUILDING: _____ B. WING _____	10/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERANCAS COTTAGE	6750 SAINT PETERS LANE, SUITE 300 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 537	Continued From page 1 methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and	V 537	3. Competence is also assessed during quarterly TCI updates. The trainer facilitates quarterly TCI updates which comprise of a physical intervention refresher. This refresher requires that an employee exhibits proper TCI restraint techniques. All employees must display proper restraint techniques to receive a completion. Residential Specialists are required to receive 12 hours of training per year to maintain updated TCI certification. 4. Licensed clinicians discuss deescalation interventions specific to individual client related needs monthly in staffing meetings with Residential Care Specialists. Prevention strategies to avoid restrictive interventions are discussed during this time. Quality Improvement Specialists conduct biannual internal reviews of Merancas Cottage.	Ongoing/ quarterly Ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601227	A. BUILDING: _____ B. WING _____	10/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERANCAS COTTAGE	6750 SAINT PETERS LANE, SUITE 300 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 537	Continued From page 2 (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. (6) Acceptable instructor training programs shall include, but not be limited to, presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) evaluation of trainee performance; and (D) documentation procedures. (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.	V 537		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601227	A. BUILDING: _____ B. WING _____	10/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERANCAS COTTAGE	6750 SAINT PETERS LANE, SUITE 300 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 537	Continued From page 3 (8) Trainers shall be currently trained in CPR. (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach. (10) Trainers shall teach a program on the use of restrictive interventions at least once annually. (11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcome (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that one of one former staff (former staff #1 (FS#1) demonstrate	V 537		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601227	A. BUILDING: _____ B. WING _____	10/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERANCAS COTTAGE	6750 SAINT PETERS LANE, SUITE 300 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 537	Continued From page 4	V 537		

competence when performing restraints. The findings are:

Review on 10-20-20 of FS#1 personnel record revealed:
-Hire date 1-7-19
-Separation date 9-16-20
-Trainings include: TCI (Therapeutic Crisis Intervention) last completed 8-16-20

Review on 10-20-20 of video of restraint revealed:
-Client #1 came out of what appeared to be an office or closet FS#1 was outside the door. Therapist came in through the door. Client #1 jumped onto FS#1, FS#1 and Client #1's arm's were flailing. It appears FS#1 trying to catch Client's arms. FS#1 and Client #1 arms were locked with both pushing each other. FS#1 pushes Client #1 into office and outside of camera range. Client #1's arms are visible Client #1 trying to kick staff multiple times. Therapist tries to pull Client #1 out of office. FS#1 and Client #1 do come out of office. Therapist takes Client #1 a few feet away, FS#1 continues to approach therapist keeps them separated, FS#1 leaves the room.

Interview on 10-20-20 with Client #1 revealed:
-"She (FS#1) got mad at me, I don't remember why, she pushed me, I pushed her."
-The two of them went back back and forth, pushing each other.
-"She hit me in my eye but it didn't hurt."
-" I didn't do no aggression till she touched me."
-This was the first time this had happened and all the other staff treat him well.
-The therapist separated them.
-" I didn't stop until she got me away from her.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601227	A. BUILDING: _____ B. WING _____	10/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERANCAS COTTAGE	6750 SAINT PETERS LANE, SUITE 300 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 537	Continued From page 5 [Therapist] got her away that's really all." Interview on 10-20-20 with the Therapist revealed: -He was a therapist at the time of the incident, he was now a supervisor. - He heard a commotion in the next room, he was walking in the door, FS#1 said the Client #1 was "about to get put down" meaning restrained. -Client #1 comes out of the office and a struggle between FS#1 and Client #1 ensues. -Client #1 was trying to attack FS#1, Client #1 kicked her, they "locked up" and went into a small staff office. -He saw FS#1 appear to try to grab Client #1's face, but did not see her hit or grab Client #1's face. -He heard Client #1 say, "Oh, you want to hit me B***h." -"The scuffle continued I was trying to break apart. They were engaged, had to pull him out of room." -He and Client #1 walked away and he believes he told FS#1 to leave the cottage. -Client #1 remained agitated, he was cursing at FS#1. -A nurse did examine Client #1 for injuries, but Client #1 did not have any injuries. -Before this incident he had "constantly" reminded FS#1 about her tone of voice, which was loud and aggressive. Interview on 10-20-20 with FS#1 revealed: -Client #1 had become upset when they were outside. -She started to process with him and transitioned him inside. -Client #1 locked himself in an office, and only the supervisors had keys to the offices. She called over the walkie talkie for some assistance	V 537		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601227	A. BUILDING: _____ B. WING _____	10/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERANCAS COTTAGE	6750 SAINT PETERS LANE, SUITE 300 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 537	Continued From page 6	V 537		

and a restraint order.

-The therapist came in and she asked him to open the office door, but she didn't know if he opened it, or if Client #1 came out on his own.

- "He (Client #1) came out attacking me. I attempted to put him in a small child hold. The therapist got involved which was unusual. He interrupted my restraint."

-Client #1 was hitting. He went into the staff office. I had my hands open the entire time.

-The only time her hands were closed was when Client #1 was trying to bite her and she was doing what was called "feeding the bite."

-She was trying to take Client #1's shoes because he was trying to kick her, but the therapist would not allow her to do that.

-She thought it was important to note that the therapist was transitioning to be a supervisor and wanted to keep the number of restraints completed low.

-She went to get assistance but Client #1 continued to try to attack them so she went and got two male staff and swapped out with them.

-She knew that Client #1 had said that she had hit him in the face but she had not done that.

-Client #1 had often yelled things when he was being restrained, "he has yelled he is being raped, he has said things."

-She went to see the therapist after the incident was over and told him that he had interrupted her restraint.

Interview on 10-26-20 with the TCI Instructor revealed:

-He has retrained everyone in the cottage but hasn't seen video.

-"We tell staff, you have to do risk management, if you can't safely control a child, don't initiate a restraint."

-For a small child hold it is initiated from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601227	A. BUILDING: _____ B. WING _____	10/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERANCAS COTTAGE	6750 SAINT PETERS LANE, SUITE 300 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 537	Continued From page 7 behind and staff presses the clients arms close to their side and wrap their arms around them. They balance and move to the ground. -All staff are trained that is the client is the aggressor, to step back, they have to back up, a small child hold is not initiated from the front. -Staff are trained to put their hands up in a defense and back up. -If it looks like the staff is the aggressor, if they are grabbing the client, it is not appropriate. -"The basic principle is maximum care and minimum force." -"In this situation it sounds like she could not control the client safely."	V 537		