	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
			A. BUILDING:			
		MHL0601400	B. WING		05	/05/2021
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
мітн со	TTAGE		INT PETER'S LANE EWS, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	INCIES ID PROVIDER'S PLAN OF D BY FULL PREFIX (EACH CORRECTIVE AC			(X5) COMPLET DATE
V 000	INITIAL COMMENT	6	V 000			
	An annual, follow up and complaint survey was completed 5-5-21. The complaint was unsubstantiated (#NC00175292). Defeciencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 1900 Psychiatric Residential Treatment Facility for Children and Adolescents.					
V 112	PLAN (c) The plan shall be		V 112			
	of admission for clier receive services bey (d) The plan shall in (1) client outcome(s achieved by provision projected date of act (2) strategies; (3) staff responsible (4) a schedule for r annually in consultat responsible person of	clude: s) that are anticipated to be n of the service and a nievement; s; eview of the plan at least ion with the client or legally				
	responsible party, or provider stating why obtained.	nt; and or agreement by the client or a written statement by the such consent could not be /SUPPLIER REPRESENTATIVE'S SIGNATU	RF	TITLE		(X6) DATE
	nuah Dunham	AND A LIEN NEI RESENTATIVE S SIGNATU		IIILE		(NO) DATE

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION (2	X3) DATE SU COMPLET	
		MHL0601400	B. WING		05/05	5/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, ST	ATE, ZIP CODE		
SMITH CO		6725 SA	INT PETER'S LA	NE		
SMITTICC		MATTH	EWS, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETE DATE
V 112	Continued From page	e 1	V 112	V112: Plan of Action:		
	This Rule is not met as evidenced by: Based on record reviews and interviews the facilty failed to strategies were included in the treatment plans, effecting two of eight clients (Clients #1 and #2) and one of one former client (Former Client #9). The findings are: Review on 4-28-21 of Former Client #9's record revealed: -Admitted 8-4-20, discharged 1-22-21. -18 years old. -Diagnoses include: Post Traumatic Stress Disorder, Borderline Personal Disorder, Persistent Depressive Disorder with anxious distress -Person Centered Plan last updated 11-2-20 revealed; Crisis Plan strategies; Spend one-on-one time with me, remind me to use my coping skills, which are listening to music and talking to someone I trust. - No strategies in place addressing writing or receiving notes with staff.			<ol> <li>Clinical Supervisor will meet with clini to review and retrain on all components treatment plan and ensure clinical staff are documenting all treatment interventi</li> </ol>	ofa	6/2/2021
				<ul><li>2. Client #2's crisis plan will be updated include writing notes to individuals to he her express her feelings in a healthy wa receiving notes.</li><li>Compliance:</li></ul>	elp	5/21/202
				<ol> <li>Clinical Supervisor will conduct intern reviews of client treatment plans to ensu standards are being met.</li> </ol>		Quarterly
				2. PQI will conduct internal reviews of cl documentation for compliance.	lient	Biannua
	-Admitted 10-2-2 -14 years old. -Diagnoses inclu Disorder, Generalize disorder. -Person Centere revealed: Crisis Plan is supposed to journa	ide Major Depressive d anxiety disorder, purging ed Plan last updated 4-19-21 Strategies; she shares she				

STATE FORM

ND PLAN OF CORRECTION IDENTIFICATI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL0601400	B. WING		05	6/05/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SMITH CC	TTAGE	6725 SA	INT PETER'S LANE	E		
SWITH CC	TAGE	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 OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 112	Continued From page	e 2	V 112			
	- No strategies ir receiving notes with s	n place addressing writing or staff.				
	Review on 4-28-21 of Client #2's record revealed: -Admitted 12-8-20. -15 years old. -Diagnoses include Major Depressive Disorder, single episode, Separation Anxiety Disorder, ODD (provisional), Borderline Intellectual Functioning, History of neglect, History of Sexual Child Abuse. -Review of Client #2's Person Centered Plan completed on 11-12-20, last updated 5-29-21 revealed; coping skills include art, music and games -No strategies in place addressing writing or receiving notes with staff. Interview on 4-21-21 with Client #1 revealed:					
	- Staff is "amazir -She was never	It the facility for six months. ng." uncomfortable around staff. blems she was one of Client				
	-"At the end it se seemed sad." - "I would write h	emed it seemed likeshe er nice notes she would write would say thank you, your				
	hugs mean more that - She has kept th show them to anyone					
		anybody complained about anyone else was writing				
	-She had been a 2020.	with Client #2 revealed: It the facility since December g to run away and self-harm.				

Division of Health Service Regulation STATE FORM

STATEMEN	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL0601400	B. WING		05	5/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SMITH CO	OTTAGE	6725 SAI	NT PETER'S LANE	E		
		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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETE DATE
V 112	Continued From page	e 3	V 112			
	-Some of the clie Staff #1 and she was -Staff #1 did not fantasies about her. -Client #3 said th restraints. -"I don't think [Cl -Staff #1 had wri -"I gave them to what they said, but th -She wanted Sta	know the clients had nat Staff #1 likes to put her in ient #3] likes [Staff #1]."				
	Interview on 4-21-21 -"[Staff #1] is def place he whole weigh -"She has put he touched one girls but -"They looked at happened." -The Supervisor leave is her "best frie -Staff #1 didn't lik -"Whenever she	with Client #4 revealed: initely a pervert. She would at on my arm and body." or face in my boobs, she t." the camera and it currently out on medical nd" and she "loves him."				
	-She left the cott the process of helping campus. -She had been th some of her duties we scheduling needs we -She was the onl clients to doctors app staff would refuse.	re filled ly person that would take the pointment because the other n the cottage had not liked				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL0601400	B. WING		05	5/05/2021
NAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
ѕмітн со	TTAGE		INT PETER'S LANE EWS, NC 28105			
(X4) ID	SUMMARY ST		ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	COMPLET
V 112	Continued From pag	e 4	V 112			
	said there was no pro	oblem.				
		nts get close to me because I				
		ship. There have been staff				
	that didn't like clients	•				
	-The notes "all b	egan when I first working				
	there I had a client we started passing notes. This was a client staff didn't want them in my face (wanted to process with me etc. play games). I					
	know [Staff #2] had a issues (with she and clients					
	exchanging notes.)"	,				
	-I spoke with therapist in regard to situation. I					
	asked her if we could engage in notes so we					
	wouldn't have to process with me. I went to					
	[Therapist] and that is how it began.					
	- "No client has ever told me (they had a					
	crush on her) but I could tell those clients were getting inapproriate. Anything in the notes other					
		ng in the notes said anything				
		iving crush on me. They were				
		and did find a note saying				
	she was in love with me. But it was not shared."					
	Interview on 4-27-21	with Staff #2 revealed:				
	-She had been v	working at the cottage for				
	•	she was a Residential Care				
	Specialist.					
		en floor supervisor "she had				
		priate things that staff				
		do. Like passing notes I				
	have seen notes. So it wasn't sexual but					
	inappropriate but the					
	communicated. Stuff like feelings, things you					
	shouldn't be talking about with clients." -Inappropriate boundaries ex: "picture of her					
		client legs were across hers.				
	•	s a lot of different pictures				
		at is a HIPPA violation.				
		own. I actually had a picture				
		nem to some pictures to				
	some lady."		1			

Division of Health Service Regulation STATE FORM

6899

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL0601400	B. WING		0	5/05/2021
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
SMITH CC	DTTAGE		INT PETER'S LANE WS, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 112	Continued From pag	e 5	V 112			
	inappropriately touch one accusation was y she was rubbing on h supposed to be alone clientI know that th sexual dreams and w -"It was a lot of li we deemed that was cottage I think she w Interview on 5-3-21 w -She has worked -Client #2 likes t processes things. Sh songs. -There had been about one staff. -The staff at the -"The staff get al job. There was one in	with Staff #3 revealed: d at the facility for two years. o write things down when she he makes up poems and in an internal investigation facility get along "quite well." long quite well. They do the incident. The one who the ionshe didn't work well				
	-She usually wo does work second sh	with Staff #4 revealed: rk third shift, but when she nift, she has never seen any opropriate with the clients.				
	-She had been v approximately one ye -"All the kids hav	with the Therapist revealed: vorking at the facility for ear. ve sexual issues. We frame it ner been exploited or high				
	-"Girls may deve these girls the only re sexual so when they think it must be sexua	elop crush on staff. A lot of elationship they have had is have a relationship they al." processing about				

STATE FORM

298H11

If continuation sheet 6 of 8

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL0601400	B. WING		0	5/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
SMITH CO	TTAGE		INT PETER'S LANE 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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page	e 6	V 112			
	may have led to exper pretty ongoing." -"Our floor super 8 months ago. She is engaging them in a n -Because of Stat clients did say they h -The Therapist is clients write notes an -"A lot of girls ha verbally so I suggeste nothing appropriate." -This coping skill treatment plans or an should be." -"We used to have they would go to for n have separate conver notes." -The other staff a working there for a lo -The facility "is a strong. It was a lot of and deteriorated. [Such her to give coaching relationships. It had g return. I think brining other women." -"Never saw a si about [Staff #1] being -" I just want to si	ff #1's sexuality some of the ad a crush on Staff #1. s the one that suggested the d staff write notes in return. ve trouble expressing ed notes. I reviewed them, I was not written in the hywhere else, "I guess it ve a staff advocate one staff needs. Their roles was to rsations with them, to write at the facility have been ng period of time. group of women that is very push back, that continued pervisor] and I sat down with suggestions to build staff gotten to the point of no her in as supervisor, the tuation she was worried g inapproriate." ay these are high risk girls o not believe anything in				
V 738	27G .0303(d) Pest C	ontrol	V 738			
	10A NCAC 27G .030 EXTERIOR REQUIR					

STATE FORM

	OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA       (X2) MULTIPLE CONSTRUCTIO         DF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:				(X3) DATE SURVEY COMPLETED		
		MHL0601400	B. WING		05/05/202	<b>:1</b>	
NAME OF P	ROVIDER OR SUPPLIER	6725 SA	ET ADDRESS, CITY, STATE, ZIP CODE SAINT PETER'S LANE ITHEWS, NC 28105				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COM	(X5) IPLETE DATE	
V 738	<ul> <li>(d) Buildings shall be rodents.</li> <li>This Rule is not met Based on observation failed to be kept free are:</li> <li>Observation on 4-29-revealed: <ul> <li>An abundance of fresh, some dried, ur kitchen area.</li> </ul> </li> <li>Interview on 4-21-21 <ul> <li>No clients or starecently seen mice.</li> </ul> </li> <li>Interview on 5-5-21 v and quality officer revealed revealed revealed.</li> <li>The Chief Facility had the exterminator with mice, but the bu was hard to keep mice.</li> </ul>	as evidenced by: n and interview the facility from rodents. The findings -21 at approximately 3:30 pm of mouse dropping, some nderneath both sinks in the and 4-29-21 revealed: aff reported that they have with the Chief performance vealed: ities Officer reported that they out several times to deal ilding was 50 years old so it	V 738	<ul> <li>DEFICIENCY)</li> <li>V738- Plan of Action: <ol> <li>Facility team is checking the traps regand inspecting the area where the mice droppings were seen weekly.</li> </ol> </li> <li>Facilities staff have done a sweep of texterior of the building and sealed any vholes/cracks in the building. Compliance: <ol> <li>Contracting with an Exterminator to pservices to the building once a month.</li> </ol> </li> <li>Residential Staff will continue to notify Facilities team if any rodents are seen.</li> </ul>	the risible 5/11/2 rovide Mont	2021	