(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	A. BUILDING:		COMPL	EIED	
		MHL0601400	B. WING		05/0	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SMITH CO	TTAGE		PETER'S LAI S, NC 28105	NE		
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	completed 5-5-21. Th unsubstantiated (#NC were cited.	00175292). Defeciencies				
	category: 10A NCAC	d for the following service 27G 1900 Psychiatric t Facility for Children and				
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112			
	PLAN (c) The plan shall be assessment, and in plegally responsible per of admission for clien receive services beyond (d) The plan shall incompose the projected by provision projected date of achieved by provision projected date of achieved by a staff responsible; (3) staff responsible; (4) a schedule for reannually in consultation responsible person of the projected date of achievements (b) written consent of the projected date of achievements (c) basis for evaluation outcome achievements (d) written consent of the projected date of the pro	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days. Blude: I that are anticipated to be a of the service and a dievement; I view of the plan at least on with the client or legally or both; I to the service and a dievement of the service and a dievement;				

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

Chief Performance & Quality Officer 5/18/2021

TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601400	B. WING		05/0	05/2021	
SMITH COTTAGE 6725 SAINT			DDRESS, CITY, ST. INT PETER'S LA				
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 112	facilty failed to strategy treatment plans, effect (Clients #1 and #2) are (Former Client #9). The Review on 4-28-21 of revealed: -Admitted 8-4-20 -18 years old.	as evidenced by: ews and interviews the gies were included in the sting two of eight clients and one of one former client are findings are: Former Client #9's record and discharged 1-22-21.	V 112	V112: Plan of Action: 1. Clinical Supervisor will meet with cl to review and retrain on all componen treatment plan and ensure clinical star are documenting all treatment interversed. Client #2's crisis plan will be update include writing notes to individuals to her express her feelings in a healthy verceiving notes. Compliance: 1. Clinical Supervisor will conduct interviews of client treatment plans to enstandards are being met. 2. PQI will conduct internal reviews of	ts of a ff ntions. ed to help vay and rnal isure	6/2/2021 5/21/2021 Quarterly	
	Disorder, Borderline R Persistent Depressive distress -Person Centerer revealed; Crisis Plan one-on-one time with coping skills, which at talking to someone I t - No strategies in receiving notes with s Review on 4-28-21 of -Admitted 10-2-2 -14 years oldDiagnoses inclu- Disorder, Generalized disorderPerson Centerer revealed: Crisis Plan is supposed to journa	d Plan last updated 11-2-20 strategies; Spend me, remind me to use my re listening to music and rust. place addressing writing or taff. Client #1's record revealed: 0. de Major Depressive anxiety disorder, purging d Plan last updated 4-19-21 Strategies; she shares she		documentation for compliance.		Diamilia	

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DIVISION	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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			D WING			
		MHL0601400	B. WING		05/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
TO THE OT THE	NOVIBER OR GOLF EIER					
SMITH CO	TTAGE		NT PETER'S LA	NE		
		MATTHEN	NS, NC 28105			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE DATE	
				DEI IOIEROT)		
V 112	Continued From page	e 2	V 112			
	 No strategies ir 	n place addressing writing or				
	receiving notes with s	staff.				
	Review on 4-28-21 of	f Client #2's record revealed:				
	-Admitted 12-8-2	.0.				
	-15 years old.					
		de Major Depressive				
		ode, Separation Anxiety				
	Disorder, ODD (provi					
	Intellectual Functionir	· · · · · · · · · · · · · · · · · · ·				
	History of Sexual Child AbuseReview of Client #2's Person Centered Plan					
		20, last updated 5-29-21				
		s include art, music and				
	games					
		place addressing writing or				
	receiving notes with s	staff.				
	Interview on 4-21-21	with Client #1 revealed:				
	-She had been a	t the facility for six months.				
	- Staff is "amazin	ıq."				
		uncomfortable around staff.				
		blems she was one of Client				
	#1's favorites.					
		emed it seemed likeshe				
	seemed sad."	omod it doomod intoono				
		er nice notes she would write				
		would say thank you, your				
	hugs mean more than					
		ne notes and would be willing				
		e, but she did want to keep				
	the notes.					
		anybody complained about				
	it. She didn't know if a	anyone else was writing				
	notes.					
	Interview on 4-21-21	with Client #2 revealed:				
	-She had heen a	t the facility since December				

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2020.

-She keeps trying to run away and self-harm.

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DIVISION	n nealth Service Negu	ialion				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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NAME OF D	ROVIDER OR SUPPLIER	STREET AN	DRESS, CITY, STA	TE ZIR CODE		
TVAIVIL OF T	NOVIDER OR GOLT EIER					
SMITH CO	TTAGE		T PETER'S LA	NE		
		MATTHEW	S, NC 28105	-		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	MAIE DAIL	
				,		
V 112	Continued From page	÷ 3	V 112			
	-Staff was "good	when I first got here."				
		ent s had sexual feeling about				
		<u> </u>				
	Staff #1 and she was	know the clients had				
	fantasies about her.	know the clients had				
		-1 Ot-# #4 Ille 1 t i				
		at Staff #1 likes to put her in				
	restraints.					
	_	ent #3] likes [Staff #1]."				
	-Staff #1 had writ					
	_	[Staff #2]. I don't remember				
	what they said, but they made me feel good."					
		ff #1 to "be her girlfriend."				
	-Staff #1 never to	old her anything like that.				
	Interview on 4 21 21	with Client #4 revealed:				
		with Client #4 revealed:				
		initely a pervert. She would				
		t on my arm and body."				
		r face in my boobs, she				
	touched one girls but					
		the camera and it				
	happened."					
		currently out on medical				
		nd" and she "loves him."				
	-Staff #1 didn't lik					
		(Staff #1) was having				
		friend she would take it out				
	on us."					
	Interview on 4 20 21	with Staff #1 revealed:				
		age in early march and is in g open up a new cottage on				
		g open up a new collage on				
	campus.	ne Floor Supervisor and				
		•				
	some of her duties we					
	scheduling needs we					
		y person that would take the				
		ointment because the other				
	staff would refuse.					
	-The other staff i	n the cottage had not liked				

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her, but when she tried to address the issue, they

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· · · · · · · · · · · · · · · · · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:	A. BUILDING:		
		MHL0601400	B. WING		05	5/05/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
			NT PETER'S LAN			
SMITH CO	OTTAGE		WS, NC 28105			
()(1) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	APPECTION .	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page	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	•				
		egan when I first working				
		e started passing notes. This				
		't want them in my face				
	(wanted to process w	rith me etc. play games). I				
	know [Staff #2] had a	issues (with she and clients				
	exchanging notes.)"					
		rapist in regard to situation. I				
		engage in notes so we				
		ess with me. I went to				
	[Therapist] and that is					
		ever told me (they had a				
		ould tell those clients were				
		Anything in the notes other				
		ng in the notes said anything ving crush on me. They were				
		and did find a note saying				
		me. But it was not shared."				
	Interview on 4-27-21	with Staff #2 revealed:				
		orking at the cottage for				
		she was a Residential Care				
	Specialist.					
		en floor supervisor "she had				
	done a lot of inapprop	•				
	shouldn't or wouldn't	do. Like passing notes l				
	have seen notes. So					
	inappropriate but the	way it was being				
		like feelings, things you				
	shouldn't be talking a					
		oundaries ex: "picture of her				
	_	client legs were across hers.				
		s a lot of different pictures				
	1 '	at is a HIPPA violation.				
		wn. I actually had a picture				
		em to some pictures to				
	some lady."					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		MHL0601400	B. WING		05/05/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SMITH CO	TTAGE	6725 SAIN	T PETER'S LA	NE		
	TIAGE	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 112	Continued From page	÷ 5	V 112			
	-When asked if Sinappropriately touched one accusation was wishe was rubbing on his supposed to be alone client I know that the sexual dreams and with we deemed that was recottage I think she were little with the sexual dreams and wi	staff #1 had ever ed a client.: "I don't think the valid but one client did say er back. You are not e with client. I know another at client said she was having anted her for a girlfriend." ttle things boundary wise that n't OK. She went to another ent to DJJ." with Staff #3 revealed: at the facility for two years. o write things down when she e makes up poems and an internal investigation facility get along "quite well." ong quite well. They do the icident. The one who the onshe didn't work well				
	Interview on 5-3-21 with Staff #4 revealed: -She usually work third shift, but when she does work second shift, she has never seen any					
	staff member be inap	propriate with the clients.				
	-She had been w approximately one ye -"All the kids hav as girls that have eith risk."	e sexual issues. We frame it er been exploited or high				
	"-"Girls may develop crush on staff. A lot of these girls the only relationship they have had is sexual so when they have a relationship they think it must be sexual." -"We do a lot of processing about					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601400	B. WING		05/0	5/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SMITH CO	TTAGE		PETER'S LA	NE		
		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 112	Continued From page	e 6	V 112			
	relationships attachm may have led to expepretty ongoing." -"Our floor super 8 months ago. She is engaging them in a mage and she clients did say they have a strong. It was a lot of and deteriorated. [Supher to give coaching selections and they would go to for an an and they would go to for an an an and they would go to for an	ent and how their past lives ct them to be sexual. This is visor (Staff #1) started about very engaging with girls she leaningful way." If #1's sexuality some of the ad a crush on Staff #1. The one that suggested the distaff write notes in return. If the one that suggested the distaff write notes in return. If the one that suggested the distaff write notes in return. If the one that suggested the distaff write notes in return. If the one that suggested the distaff write notes in return. If the one that suggested the distaff write notes in return. If the one that suggested the distaff advocate one staff leeds. I reviewed them, If the facility have been one period of time. If the facility have been one period of time. If the facility have been one period of time. If the facility have been one period of time. If the facility have been one period of time. If the facility have been one period of time. If the facility have been one period of time. If the facility have been one period of time. If the facility have been one period of time. If the facility have been one period of time. If the facility have been one period of time. If the facility have been one period of time. If the facility have been one period of time. If the facility have been one staff one one of the facility have been one period of time. If the facility have been one staff one of the facility have been one period of time. If the facility have been one staff one of the facility have been one of t				
V 738	27G .0303(d) Pest Co	ontrol	V 738			
	10A NCAC 27G .0303 EXTERIOR REQUIRE					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601400	B. WING		05/0	05/2021
SMITH COTTAGE 6725 SAINT		RESS, CITY, STA PETER'S LA S, NC 28105	NE	•		
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 738	Continued From page (d) Buildings shall be rodents.	e 7 kept free from insects and	V 738	V738- Plan of Action: 1. Facility team is checking the traps re and inspecting the area where the mic droppings were seen weekly. 2. Facilities staff have done a sweep o exterior of the building and sealed any	e f the	Ongoing/ weekly 5/11/2021
Based on observ failed to be kept are:		as evidenced by: and interview the facility from rodents. The findings 21 at approximately 3:30 pm		holes/cracks in the building. Compliance: 1. Contracting with an Exterminator to services to the building once a month.		Monthly
	revealed: -An abundance of fresh, some dried, unkitchen area. Interview on 4-21-21: -No clients or starecently seen mice. Interview on 5-5-21 wand quality officer reventhe Chief Facilith had the exterminator with mice, but the built was hard to keep mice.	of mouse dropping, some derneath both sinks in the derneath both sinks in the and 4-29-21 revealed: If reported that they have dealed: It the Chief performance ealed: It ies Officer reported that they out several times to deal ding was 50 years old so it		2. Residential Staff will continue to not Facilities team if any rodents are seen.		as needed

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