(X6) DATE

| Division of Health Service Regulation   |   |  |                     |   |                     |                                 |  |
|---|---|--|---------------------|---|---------------------|---------------------------------|--|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |   | (X2) MULTIPLE CONSTRUCTION A. BUILDING:  |                     | (X3) DATE SURVEY<br>COMPLETED   |                     |                                 |  |
|   |   | MHL0601171   | B. WING             |   | 03/1                | 8/2021                          |  |
| NAME OF P   | ROVIDER OR SUPPLIER   | STREET AL  | DDRESS, CITY, ST    | ATE, ZIP CODE   |                     |                                 |  |
| YORKE C   | OTTAGE  | 6750 SAI   | NT PETERS LA        | NE, SUITE 100   |                     |                                 |  |
| TORREC  | OTTAGE  | MATTHE   | WS, NC 28105        |   |                     |                                 |  |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>.SC IDENTIFYING INFORMATION)                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)   | BE                  | (X5)<br>COMPLETE<br>DATE        |  |
| ∨ 000   |   | as completed on March 18,<br>was substantiated (Intake   | V 000               | V315 - 1-Chief of Programs created a group s concerns email address to encourage to submit any concerns related to staff All residential staff were informed of ne  | staff<br>ing/ratio; | 3/12/21                         |  |
|   | The facility is licensed  | d for the following service<br>27G. 1900 Psychiatric   |                     | avenue to voice concerns.  2-VP of Residential Services created numbers policy specific to ratio and distributed to all residential staff.  |                     | 3/12/21                         |  |
| V 315   | 27G .1902 Psych. Re   | s. Tx. Facility - Staff  | V 315               | 3-VP of Residential/Program Director v<br>Train Program Supervisors on the follo<br>policies:ratio, administrator on call, sch  | owing               | 3/16/21                         |  |
|   | physician board-eligik<br>psychiatry or a genera  | be under the direction a<br>ble or certified in child<br>al psychiatrist with                              |                     | supervision, and attendance.  4-Program Supervisors will train all Re Care Specialist on the following policie ratio, administrator on call, scheduling,  | esidential          | 3/29/21                         |  |
|   | members shall be pre<br>or adolescents in eac   | ntal illness.<br>ast two direct care staff<br>esent with every six children<br>h residential unit.         |                     | supervision, and attendance. 5- Program Director instituted daily sta calls with supervisors 6-Program Director conducts biweekly   | _                   | 3/10/21,<br>ongoing<br>3/15/21, |  |
|   | specifically assigned<br>responsibilities separa<br>an acute medical unit<br>(d) A psychiatrist sha<br>consultation to review | ate from those performed on or other residential units.  Ill provide weekly or medications with each child |                     | camera review across all shifts to ensure ratio is met. Program Director t weekly to VP of Residential Services 7-Program Supervisors publish schedules on consistent scheduling platform (Teams) that is accessible to |                     | ongoing<br>3/29/21              |  |
|   | or adolescent admitte<br>(e) The PRTF shall p<br>coverage by a registe  | rovide 24 hour on-site   |                     | residential employees and leadership. 8-Program Director to complete weekly level interviews with residential care specialists  |                     | 3/29/21                         |  |
|   | This Rule is not met  |  |                     | Weekly Plan of Correction meeting with Program Director, VP of Residential Set to review staff/scheduling and monitoric Plan of Correction.   | ervices             | 3/15/21                         |  |

Januah Dunham

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

Based on record reviews, interviews, and observations, the facility failed to ensure that two direct care staff were present with every 6

Chief Performance & Quality Officer 5/4/21

TITLE

STATE FORM 6899 If continuation sheet 1 of 5 WJ0N11

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | '                   | (X2) MULTIPLE CONSTRUCTION A. BUILDING:   |            | (X3) DATE SURVEY<br>COMPLETED |  |
|---|---|--|---------------------|---|------------|-------------------------------|--|
|   |   | MHL0601171   | B. WING             |   | 03/18/2021 |                               |  |
|   |   | 6750 SAIN  | DRESS, CITY, STA    |   | •          |                               |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY) | BE         | (X5)<br>COMPLETE<br>DATE      |  |
| V 315   | PROVIDER OR SUPPLIER  6750 SAINT F  MATTHEWS,  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION) |  | V 315               |   |            |                               |  |

Division of Health Service Regulation

STATE FORM 6899 WJ0N11 If continuation sheet 2 of 5

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | ` '                 | CONSTRUCTION   | (X3) DATE SURVEY<br>COMPLETED |  |
|---|--|--|---------------------|--|-------------------------------|--|
| MHL0601171  |  | B. WING  |                     | 03/18/2021   |                               |  |
| NAME OF PROVIDER OR SUPPLIER STREET ADDR            |  |  | DRESS, CITY, STA    | TE, ZIP CODE   |                               |  |
| YORKE C   | OTTAGE   |  | NT PETERS LAN       | NE, SUITE 100  |                               |  |
|   |  | MATTHEN  | NS, NC 28105        |  | T                             |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETE                   |  |
| V 315   | Continued From page  | 2  | V 315               |  |                               |  |
|   | Interview on 2-22-21 with Client #2 revealed: -4 staff worked this morning; -2 staff worked during the afternoons and overnights; -always 2 or more staff.  Interview on 2-22-21 with Client #3 revealed: -usually had 2 or 3 staff in the mornings; -"sometimes only 1 staff if we can't go to school because of behaviors, then 1 staff will stay back with me;" -2 or 3 staff worked in the afternoons; -2 staff worked during the overnights.  Interview on 2-22-21 with Staff #1 revealed: -used to be a time when there was 1 staff scheduled for the cottage but it has been 1-2 months ago and had been corrected; -this past Sunday, I worked by myself for a total of 2 hours due to a mix-up in the schedule; -it was rare that 1 staff was scheduled to work.  |  |                     |  |                               |  |
|   |  |  |                     |  |                               |  |
|   |  |  |                     |  |                               |  |
|   | -there had been times scheduled and 1st sh with coverage; -in the past, had work hour shift alone but noticed improve last couple of months -"I was scheduled to was scheduled t | ift would stay over to help  ed a few times the full 8 othing had happened; ments in staffing within the ; work by myself on (date ft came in to help me and I |                     |  |                               |  |
|   | - when Staff #3 was s<br>Staff #3 called the on  | d by myself was February;"<br>cheduled to work alone,  |                     |  |                               |  |

Division of Health Service Regulation

Staff #3;

STATE FORM WJ0N11 If continuation sheet 3 of 5

| Division of Health Service Regulation                 |  |  |                     |  |      |                          |  |
|---|--|--|---------------------|--|------|--------------------------|--|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA |  | (X2) MULTIPLE CONSTRUCTION                                 |                     | (X3) DATE SURVEY   |      |                          |  |
| AND PLAN OF CORRECTION ID                             |  | IDENTIFICATION NUMBER:                                     | A. BUILDING: _      | A. BUILDING:   |      | COMPLETED                |  |
|   |  |  | B. WING             |  |      |                          |  |
|   |  | MHL0601171   | B: Willo            |  | 03/1 | 8/2021                   |  |
| NAME OF PI  | ROVIDER OR SUPPLIER  |  | DRESS, CITY, STA    |  |      |                          |  |
| YORKE C   | OTTAGE   |  | NT PETERS LAI       | NE, SUITE 100  |      |                          |  |
|   |  |  | VS, NC 28105        |  |      |                          |  |
| (X4) ID<br>PREFIX<br>TAG                              | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) |  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE   | (X5)<br>COMPLETE<br>DATE |  |
| V 315   | Continued From page  | ; 3  | V 315               |  |      |                          |  |
|   | "-lately I feel like more  | e of an effort is being made                               |                     |  |      |                          |  |
|   | to make sure that the  | staff feel supported."                                     |                     |  |      |                          |  |
|   | Interview on 3-3-21 w  | vith Staff #4 revealed:                                    |                     |  |      |                          |  |
|   | -"have worked on the   | floor by myself due to being                               |                     |  |      |                          |  |
|   | understaffedsometii  |  |                     |  |      |                          |  |
|   | <ul> <li>-did not recall how ma<br/>worked by themselves</li> </ul>  |  |                     |  |      |                          |  |
|   | -staffing had improved   |  |                     |  |      |                          |  |
|   | -"I guess they realized  |  |                     |  |      |                          |  |
|   | understaffed;"   | Deteff conjugated to work confe                            |                     |  |      |                          |  |
|   |  | 2 staff assigned to work each ad been 3 staff on 3rd shift |                     |  |      |                          |  |
|   | in the cottage.  | ad boom o clair on ord orint                               |                     |  |      |                          |  |
|   | Interview on 3-4-21 w  | rith Staff #5 revealed:                                    |                     |  |      |                          |  |
|   |  | selfit's not an option for                                 |                     |  |      |                          |  |
|   | me;"<br>-"I won't be out of ration   | 0."  |                     |  |      |                          |  |
|   |  | d and that is why I go over                                |                     |  |      |                          |  |
|   | there to support them  |  |                     |  |      |                          |  |
|   | Interview on 3-2-21 w  | rith Staff #6 revealed:                                    |                     |  |      |                          |  |
|   |  | ed to work on each shift;                                  |                     |  |      |                          |  |
|   | -"I am normally the 3r   | •  |                     |  |      |                          |  |
|   |  | he monthly staff schedules;                                |                     |  |      |                          |  |
|   | the monthly schedule   | hours are not included in                                  |                     |  |      |                          |  |
|   |  | e been here, there may                                     |                     |  |      |                          |  |
|   |  | he cottage on 3rd shift but                                |                     |  |      |                          |  |
|   |  | nere would have been a                                     |                     |  |      |                          |  |
|   |  | he cottages if that was the                                |                     |  |      |                          |  |
|   |  | ue of any shift with 1 staff on                            |                     |  |      |                          |  |

Division of Health Service Regulation

revealed:

duty or 1 staff in the cottage with the boys;

Interview on 3-9-21 with the Program Supervisor

-the floor supervisors completed the monthly staff schedules and submitted to him for review;

STATE FORM WJ0N11 If continuation sheet 4 of 5

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Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |                          |
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|   |  | MHL0601171   | B. WING                                 |   | 03/18/2021                    |                          |
| NAME OF PROVIDER OR SUPPLIER STREET AD              |  |  | DRESS, CITY, STA                        |   |                               |                          |
| YORKE C   | OTTAGE   |  | T PETERS LAN<br>'S, NC 28105            | NE, SUITE 100   |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY) | BE                            | (X5)<br>COMPLETE<br>DATE |
| V 315   | -reached out to PRN for vacancies in the s -staff should notify the window when calling -the Floor Supervisors or Director had worke vacancies; -"was not aware of ar the floor by themselved Interview on 3-9-21 w -the Floor Supervisors and submitted the sch Supervisors for review -the Floor Supervisor coverage could not be -"ask the staff to give are calling out of work-was not aware of any schedules; -"not aware of any staff to give are of any staff to give are calling out of work-was not aware of any staff to give are calling out of work-was not aware of any staff to give any schedules; -"not aware of any staff to give any staff to give are calling out of work-was not aware of any staff to give any staff | staff or regular staff to cover chedule; e facility within an 8 hour out of work; s, the Program Supervisor, d the floor due to staff by time that staff had to work es."  with the Director revealed: s made the staff schedules hedules to the Program weach month; should step in if staff e located; us an 8 hour notice if they c." | V 315                                   |   |                               |                          |

Division of Health Service Regulation

STATE FORM 6899 WJ0N11 If continuation sheet 5 of 5