

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2021
NAME OF PROVIDER OR SUPPLIER MERANCAS COTTAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 An annual, follow up, and complaint survey was completed on 7-19-21. The complaint was unsubstantiated (NC00178842). Deficiencies were cited. This facility is licensed for the following service category: NCAC 10 27G 1900. Psychiatric Residential Treatment Facility for Children and Adolescents	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged	V 132	V132 The Residential Leadership Team will start receiving a summary of weekly incident reports (all levels) via email. The Residential Leadership Team and the PQI Department will begin weekly incident debriefing sessions to ensure all incidents have been reported appropriately. 8/18/2021 Responsible: VP of Residential Services, Program Directors, Clinical Supervisor	8/18/2021/ ongoing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Hannah Dunham, LCSW

Chief Performance & Quality Officer 8/5/2021

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NAME OF PROVIDER OR SUPPLIER
MERANCAS COTTAGE

STREET ADDRESS, CITY, STATE, ZIP CODE
**6750 SAINT PETERS LANE, SUITE 300
MATTHEWS, NC 28105**

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V 132	<p>Continued From page 1</p> <p>acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to notify the Health Care Personnel Registry (HCPR) of all allegations against health care personnel. The findings are:</p> <p>Review on 7-12-21 of level I incident report for Client #1 revealed:</p> <ul style="list-style-type: none"> -Level one incident report completed by Staff #2. -First person aware of the incident was Nurse #1. -"Client states he was in an altercation with staff [Staff #2] and that he went to hit her, and that she twisted his arm and put her knee on his chest to stop him. He showed the RN bruises on his left elbow." -Nurse #1 took pictures and reported it to staff and manager of report "to clarify events." -Description incident..."client (Client #1) 	V 132		

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V 132	<p>Continued From page 2</p> <p>choose to watch TV during leisure time and traded his Nintendo Switch for his peer's shoes. Staff explained that they could not trade personal items and client got upset and refused to transition to his room for relaxation time. ...Client pushed staff and swung at staff out of anger. Staff blocked client's punch and gently grasped client's wrist instructing him to stop. Client got upset and made verbal threats toward staff stating that he was going to 'get her fired.'..."</p> <p>Review on 7-13-21 of Internal Investigation dated 6-9-21 revealed: -"While reviewing the incident reports for [adjoining cottage], QIS (quality Improvement Specialist) came across an incident report on 4-25-21 that indicated an allegation of abuse. The report stated 'Client states that he was in an altercation with staff [Staff #2] and that he went to hit her, and that she twisted his arm and put her knee on his chest to stop him.' -QIS collected statement from Client #1 and Staff #2, reviewed nursing and shift notes. -Camera review was not possible because the cameras have a 30 day time frame. -Investigation was from 6-7-21--6-9-21. -There was insufficient evidence to confirm or deny the allegation of abuse. -No documentation of report the HCPR for the allegation of abuse.</p>	V 132		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the</p>	V 367	<p>V367 The Director of Nursing and Lead Nurse will review incident reporting requirements and expectations in the nurse staffing meeting. Responsible: Director of Nursing, Lead Nurse Maintain compliance through weekly Incident Review with leadership and PQI to ensure reporting requirements are met.</p>	8/30/2021

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V 367	<p>Continued From page 3</p> <p>consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. 	V 367		

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V 367	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that all that a level II incident was reported to the local Management entity (LME) within 72 hours of learning of the incident. The findings are:</p> <p>Review on 7-12-21 of incident report for Client #1 revealed: -Level one incident report completed by Staff #2. -First person aware of the incident was Nurse #1. -"Client states he was in an altercation with staff [Staff #2] and that he went to hit her, and that she twisted his arm and put her knee on his chest to stop him. He showed the RN bruises on his left elbow." -Nurse #1 took pictures and reported it to staff and manager of report "to clarify events." -Description incident..."client (Client #1) choose to watch TV during leisure time and traded his Nintendo Switch for his peer's shoes. Staff explained that they could not trade personal items and client got upset and refused to transition to his room for relaxation time. .Client pushed staff and swung at staff out of anger. Staff blocked client's punch and gently grasped client's wrist instructing him to stop. Client got upset and made verbal threats toward staff stating that he was going to 'get her fired.'..."</p> <p>Interview on 7-13-21 with Client #1 revealed: -No staff had ever twisted his arm. -He had never been hurt during a restraint.</p> <p>Interview on 7-14-21 with Staff #2 revealed:</p>	V 367		

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V 367	Continued From page 6 -She knew that Client #1 had made allegations about her. -She made sure to review the cameras. -Client #1 had "said he was going to make up lies and get me fired." -Client #1 did have some old bruises on his arm. -Client #1 had told the nurse so the nurse sent an email to herself and her supervisor. Interview on 7-15-21 with the former Program Manager revealed: -He had not opened his email so he had not been aware if this incident. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to be maintained in a clean, safe, attractive manner. The findings are: Observation on 7-12-21 at approximately 10:00 am revealed:	V 736	V736 1. The procedure around submitting Help Desk tickets for maintenance/facility needs will be revised and sent out to all residential staff via teams and email. 2. The wall patches were fixed by 7/26/2021. 3. Room #3 bathroom wall was cleaned by 7/23/2021. Responsible: Chief of Facilities and VP of Residential Services Third shift staff have cleaning checklists to complete to ensure cleanliness of the cottage.	8/30/2021

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V 736	Continued From page 7 -Several patches on the walls near the kitchen door. -Debris on the floor in all bathrooms. -In room #3's bathroom a patch of what appeared to be bloody mucus on the wall near the light switch approximately 6 inches by 6 inches. Appears to be multiple applications. Interview on 7-13-21 with Client #3 revealed: -He does wipe bloody mucus on his bathroom wall. -He was not sure if staff knew about the wall. -It is his job to make sure his room is clean, but staff does help him sometimes. Interview on 7-13-21 with Staff #1 revealed: -It is staffs job to check the rooms on every shift to make sure they are clean. Interview on 7-12-21 with the Program Supervisor revealed: -He had seen the bathroom wall and had put a work order in yesterday for the wall to be power washed.	V 736		