Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE S COMPLI	
				_			
		MHL0601482		B. WING		06/1	0/2022
NAME OF P	ROVIDER OR SUPPLIER	S	TREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
		6		TERS LANE	,		
CHRIST C	HURCH COTTAGE THOM	MPSON CHILD & FA	IATTHEWS	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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS			V 000			
	on 6-10-22. The comp (#NC00187960). Defi		d				
	This facility is licensed for the following service category: 10A NCAC 27G 1800 Intensive Residential Treatment for Children or Adolescents.						
		d for nine and currently ha survey sample consisted d one former client.					
V 132	G.S. 131E-256(G) HC Allegations, & Protect			V 132			
	G.S. §131E-256 HEA REGISTRY	LTH CARE PERSONNEL	-				
	Department is notified health care personnel						
		ch appear to be related to ivision (a)(1) of this sectio					
	facility or a person to	of a resident in a healthca whom home care service	s				
	as defined by G.S. 13 b. Misappropriation	11E-136 or hospice services 1E-201 are being provide of the property of a reside y, as defined in subsection	ed. ent				
	care services as defir	uding places where home ned by G.S. 131E-136 or lefined by G.S. 131E-201	•				
	c. Misappropriation of healthcare facility.		<b></b>				
	facility or to a patient	s belonging to a health ca or client. ealth care facility or again					

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 1	(X2) MULTIPLE CONSTRUCTION (X3  A. BUILDING:			
		MHL0601482	B. WING		06	6/10/2022
	ROVIDER OR SUPPLIER	MPSON CHILD & FA	REET ADDRESS, CITY, STAT 22 ST PETERS LANE TTHEWS, NC 28105	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 132	a patient or client for providing services). Facilities must have acts are investigated to protect residents fi investigation is in proinvestigations must be	whom the employee is evidence that all alleged and must make every effort rom harm while the gress. The results of all the reported to the re working days of the initial				
	facility failed to notify allegations against he findings are:  Review on 5-27-22 or dated 4-5-22 reveale -"The following inform president of residentity youth himself: -Sometime between staff [Staff #1] about pulling up her shirt to pulled her waistband completely shocked	and record reviews, the the Department of all ealth care personnel. The f Level I incident report d: nation was gathered the vice al services as well as the 3/2-3/7- Conversation with being fat. This led to staff show her stomach and also				

Division of Health Service Regulation

STATE FORM 6899 VOFO11 If continuation sheet 2 of 13

Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY MPLETED
		MHL0601482		B. WING		0	6/10/2022
NAME OF P	ROVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, STA	TE. ZIP CODE	•	
				TERS LANE	,		
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA		S, NC 28105			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATI		PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
V 132	Continued From page 2			V 132			
	-[FC#1] asked another resident (Former Client						
		appened and he stated t	inat				
	he did see the staff fla	ter the incident, [FC#1]					
		understanding about th	Δ				
		1] and she told him she	C				
		ing if he can describe w	hat				
	•	s like. They continued to					
have a discussion about the visual state of her							
private area (waxed vs. unwaxed) and [FC#1]		1]					
	stated this 'threw him	n back' and he did not kr	now				
	how to handle the situation. [Staff #1] did state						
		C#1], it was by accider					
		that other inappropriate	Э				
	comments were mad						
	- On Friday, [FC#1] re		•				
	= -	is situation. According t I him that [Supervisor] h					
		d taken it from his room					
		talk to [Supervisor], but					
	unable to do so.	talle to [oupooo.], suc					
		1] attempted gain inforn	nation				
		bers after learning abou					
	allegation [FC#1] ma	de and [FC#1] and					
	[Staff#1] then became	e participants in an					
	inappropriate verbal a boundaries	argument, both crossing	9				
		eak with [Supervisor] ar	nd for				
		about this situation. He					
	requests that he not l						
		e VP (Vice President) o	f				
		ns on 4/4/22, this matte					
	been addressed. Res						
	` '	al Services) to make a re	eport				
	_	ated an incident report,					
	completed an IRIS (Ir						
		n), separated the accuse					
		C#1] and addressed thi	s				
	issue with all staff inv						
	will complete an Iı	ncident report in Echo to	0				

Division of Health Service Regulation

STATE FORM 6899 VOFO11 If continuation sheet 3 of 13

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPL	
		MHL0601482	B. WING		06/10/2022	
	ROVIDER OR SUPPLIER HURCH COTTAGE THO	MPSON CHILD & FA	RESS, CITY, STA ETERS LANE S, NC 28105	TE, ZIP CODE		
(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 132	Interview on 6-9-22 w Specialist revealed: -She thought tha doneShe knew the al reported to the Health -They would mak future.  Interview on 6-9-22 w -The former Vice Services had told her situation and put the	ion and document the state-level IRIS and the the allegation."  with the Quality Improvement an IRIS report had been legations should have been a Care Personnel Registry. See sure in was done in the  with the Supervisor revealed: President of Residential that he would handle the report in IRIS. would have reported it to the	V 132			
V 366	implement written pol response to level I, II shall require the provi (1) attending to of individuals involved (2) determining (3) developing measures according timeframes not to exc (4) developing to prevent similar inci specified timeframes	B INCIDENT REMENTS FOR PROVIDERS providers shall develop and icies governing their or III incidents. The policies der to respond by: the health and safety needs d in the incident; the cause of the incident; and implementing corrective to provider specified	V 366			

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 4 of 13 VOFO11

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  6722 ST PETERS LANE  MATHEWS, NO. 23105  PROVIDERS PLAY CORRECTION  PRESIDE AND CORRECTION  (EACH CORRECTION OR LISC IDENTIFYING INFORMATION)  V 366  Continued From page 4  for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in Cs. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, LCF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 3 40 and B providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider is delivering a billable service or while the client is on the provider for respond by:  (A) obtaining the client record: (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team will collect it and who were not responsible for the client's services at the time of the incident. The internal review team will complet all of the activities as		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
CHRIST CHURCH COTTAGE THOMPSON CHILD & FA MATTHEWS, NO. 28105    MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   NO. 28105   MAINTERN   MAIN			MHL0601482	B. WING		06/1	0/2022
CANID   CANI	NAME OF PI	ROVIDER OR SUPPLIER			TE, ZIP CODE		
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 366  Continued From page 4  for implementation of the corrections and preventive measures;  (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and  (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.  (b) In addition to the requirements set forth in Paragraph (a) of this Rule, CFIMR providers shall address incidents as required by the federal regulations in 42 CFR Parts 38 Subpart I.  (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICFIMR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the client is on the provider's premises. The policies shall require the provider to respond by:  (1) immediately securing the client record by:  (A) obtaining the client record;  (B) making a photocopy;  (C) certifying the copy's completeness; and (D) transferring the copy's completeness; and review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team then of the incident. The internal services at the time of the incident. The internal review team then of the incident and who	CHRIST C	HURCH COTTAGE THOM	MPSON CHILD & FA				
for implementation of the corrections and preventive measures;  (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and  (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.  (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.  (c) In addition to the requirements set forth in Paragraph (a) of this Rule, CEF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.  (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a levell III incident that occurs while the provider is delivering a billable service or while the provider is on the provider's premises. The policies shall require the provider to respond by:  (1) immediately securing the client record by:  (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and the	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
follows:  (A) review the copy of the client record to determine the facts and causes of the incident	V 366	for implementation of preventive measures; (6) adhering to set forth in G.S. 75, A 42 CFR Parts 2 and 3 164; and (7) maintaining Subparagraphs (a)(1) (b) In addition to the Paragraph (a) of this shall address incident regulations in 42 CFR (c) In addition to the Paragraph (a) of this providers, excluding I develop and implement their response to a lewhile the provider is cor while the client is cor while the provider is cor while the client is correctly in the correctly	confidentiality requirements rticle 2A, 10A NCAC 26B, 3 and 45 CFR Parts 160 and documentation regarding a through (a)(6) of this Rule. requirements set forth in Rule, ICF/MR providers as a required by the federal a Part 483 Subpart I. requirements set forth in Rule, Category A and B CF/MR providers, shall not written policies governing wel III incident that occurs delivering a billable service on the provider's premises. Luire the provider to respond the copy to an internal a hours of the incident. The shall consist of individuals d in the incident and who for the client's direct care or all oversight of the activities as opp of the client record to	V 366			

Division of Health Service Regulation

STATE FORM 6899 VOFO11 If continuation sheet 5 of 13

Division of Health Service Regulation

STATEMEN	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL0601482	B. WING		06/10/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA	PETERS 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 366	Continued From page	e 5	V 366		
	and make recomment occurrence of future in (B) gather other (C) issue written within five working day preliminary findings of LME in whose catchrolocated and to the LM if different; and (D) issue a final owner within three may final report shall be sucatchment area the public document area the public document include all public documents include available within three LME may give the prothree months to submit (3) immediately (A) the LME result area where the service Rule .0604; (B) the LME with different; (C) the provide for maintaining and use treatment plan, if differenting the client's applicable; and	incidents; er information needed; en preliminary findings of fact ays of the incident. The of fact shall be sent to the ment area the provider is ME where the client resides, I written report signed by the conths of the incident. The ent to the LME in whose provider is located and to the extresides, if different. The all address the issues and review team, shall the uments pertinent to the take recommendations for rence of future incidents. If the order of the incident, the covider an extension of up to mit the final report; and y notifying the following: sponsible for the catchment design are provided pursuant to the extreme the client resides, if the responsibility podating the client's event from the reporting			

Division of Health Service Regulation

STATE FORM 6899 VOFO11 If continuation sheet 6 of 13

Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER	o.   `	•	CONSTRUCTION	(X3) DATE SI COMPLE	
		MHL0601482	В	s. WING		06/1	0/2022
	ROVIDER OR SUPPLIER	MPSON CHILD & FA	STREET ADDRES 6722 ST PETE MATTHEWS, N	RS LANE	TE, ZIP CODE	, , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULI 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 366	Continued From page	÷ 6	,	V 366			
	facility failed to impler for incidents. The find Review on 6-11-22 of record revealed: -Admitted 10-21-17 years oldDiagnoses inclu Dysregulation, Oppos Borderline Intellectua Depressive DisorderAssessment dat "Previously reported people attacking him into his behavior is lin impairedspends corposturing for peers by brazen manner to sta	ews and interviews, the ment corrective measure lings are:  Former Client #1's (FC#21.  de: Disruptive Mood sitional Defiance Disorder Functioning, Major led 12-16-21 revealed: paranoid ideation involvir or talking about himlns nited, judgement is nsiderable amount of time or speaking in a defiant arff."	r, ng ight e				
	-Hire date of 1-4- -Trainings include Intervention (TCI) 1-7 Relationship Enhance	Staff #1's record revealed 22. e: Therapeutic Crisis -22, CARE (Child-Adult ement) training 1-13-22, , New Employee Orienta					
	4-5-22 revealed: -"The following inform president of residential youth himself:	Level I incident report denation was gathered the value services as well as the 3/2-3/7- Conversation wi	vice				

Division of Health Service Regulation

STATE FORM 6899 VOFO11 If continuation sheet 7 of 13

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	' '	E SURVEY PLETED
		MHL0601482		B. WING		06	6/10/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
				TERS LANE			
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA		S, NC 28105			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLÉTE DATE
V 366	Continued From page	e 7		V 366			
	staff [Staff #1] about b	peing fat. This led to st	aff				
		show her stomach and					
	pulled her waistband						
	l -	Former Client #1 (FC#	1)]				
		used about what happ					
	-[FC#1] asked anoth	er resident (Former Cli	ent				
		ppened and he stated	that				
	he did see the staff fla	<b>9</b>					
	- A couple of days after the incident, [FC#1] attempted to gain an understanding about the incident with [Staff #1] and she told him she						
	_	ring if he can describe					
	•	s like. They continued to					
		out the visual state of h					
	'	rs. unwaxed) and [FC# back' and he did not k	_				
		uation. [Staff #1] did sta					
		C#1], it was by accider					
		that other inappropriat					
	comments were made		_				
	- On Friday, [FC#1] re	equested to talk to					
		s situation. According t	0				
		him that [Supervisor] h					
	his notebook and had	I taken it from his room	. He				
	continued to want to t	alk to [Supervisor], but	was				
	unable to do so.						
	,	l] attempted gain inforn					
		pers after learning abou					
		de and [FC#1]and [S	-				
	I	ants in an inappropriate					
	_	n crossing boundaries					
		eak with [Supervisor] ar about this situation. He					
	requests that he not be		5 a15U				
		e VP (Vice President) c	of				
	•	ns on 4/4/22, this matte					
	been addressed. Res		1 1145				
		l Services) to make a r	eport				
		ited an incident report,	Sport				
	completed an IRIS (Ir						

Division of Health Service Regulation

STATE FORM 6899 VOFO11 If continuation sheet 8 of 13

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	. ,	E SURVEY PLETED
				7. BOILBING: _			
		MHL0601482		B. WING		06	6/10/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			6722 ST PE	TERS LANE			
CHRIST	CHURCH COTTAGE THO	MPSON CHILD & FA	MATTHEWS	S, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 366	Continued From page 8			V 366			
V 3000	Improvement System staff member from [F issue with all staff invwill complete an Ir document this allegat Residential's report to DSS report regarding Review on 6-3-22 of dated 4-8-22 and sign revealed:  -"There was no expensed on interviews of concerns with the staff member is reinappropriate boundard Interview on 6-2-22 we -FC#1 had previews."	n), separated the accus C#1] and addressed the colved. Incident report in Echo to the state-level IRIS and the allegation."  an Internal Investigation and by the Supervisor devidence to substantiate to seed her private parts conducted. There are suff members boundaries becommended to go three aries training."	is o nd the n e that ome s and ough	V 300			
	being flirtatious with him. She reported this to her supervisor and was told to not be alone with him, which she complied with.  -She then came to work later and was told that FC#1 had accused her of sexual assault.  -Her supervisor then told her she shouldn't talk about personal issues with the clients.						
	-"I didn't know, I' -Later FC#1 wen boyfriend doesn't des black man up" referri -"He (FC#1) said -"I said let's run t -She had not red boundries, either befo Email dated 6-7-22 fr Specialist reveled: -"After conferring	m young." nt into crisis and said th serve me, trying to lock ng to Staff #1. d I showed him my vagi	a na." :: ement				

Division of Health Service Regulation

STATE FORM 6899 VOFO11 If continuation sheet 9 of 13

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL0601482	B. WING		06	10/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA	ETERS LANE			
		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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 366	Continued From page	9	V 366			
	not receive the recom	nmended training as a result ship during the time of this				
V 367	27G .0604 Incident R	eporting Requirements	V 367			
	level II incidents, except the provision of billab consumer is on the princidents and level II to whom the provider 90 days prior to the ir responsible for the caservices are provided becoming aware of the besubmitted on a for Secretary. The report in person, facsimile of means. The report shinformation:  (1) reporting pridentification informat  (2) client identification informat  (3) type of incident;  (4) description  (5) status of the cause of the incident;  (6) other individent or responding.  (b) Category A and Best missing or incomplete shall submit an updat report recipients by the day whenever:	REMENTS FOR B PROVIDERS B providers shall report all ept deaths, that occur during le services or while the roviders premises or level III deaths involving the clients rendered any service within acident to the LME atchment area where within 72 hours of the incident. The report shall improvided by the tray be submitted via mail, or encrypted electronic hall include the following covider contact and ion; fication information; lent; of incident; effort to determine the				

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 10 of 13 VOFO11

Division of Health Service Regulation

	(X1) PROVIDER/SUPPLIER/CLIA	1 '		(X3) DATE SURVEY COMPLETED
OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
	MHL0601482	B. WING		06/10/2022
ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
	6722 ST PI	ETERS LANE		
HURCH COTTAGE THO	MPSON CHILD & FA MATTHEW	S, NC 28105		
SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
Continued From page	e 10	V 367		
information provided erroneous, misleading (2) the provider required on the incide unavailable.  (c) Category A and B upon request by the L obtained regarding th (1) hospital recinformation;  (2) reports by 0 (3) the provider (d) Category A and B of all level III incident Mental Health, Develous Substance Abuse Serbecoming aware of the providers shall send a incidents involving a complete the commediately, as required to the catchment area when the catchment area when the report quarterly to the catchment area when the report shall be suby the Secretary via 6 include summary informediately and the catchment area when the report shall be suby the Secretary via 6 include summary informediately and the suby the Secretary via 6 include summary informediately and the suby the Secretary via 6 include summary informediately and secretary via 6 include summary informed	in the report may be g or otherwise unreliable; or r obtains information ent form that was previously a providers shall submit, LME, other information is incident, including: ords including confidential other authorities; and r's response to the incident. By providers shall send a copy reports to the Division of copmental Disabilities and rvices within 72 hours of the incident. Category A a copy of all level III client death to the Division of ation within 72 hours of the incident. In cases of eigenicident. In cases of eigenicident. In cases of eigenicident are death fired by 10A NCAC 26C control 27E .0104(e)(18). By providers shall send a expression and shall send and sha	V 367		
-				
	SUMMARY ST.  (EACH DEFICIENC REGULATORY OR IN EQUILATORY OR IN EXAMPLE OF THE TOTAL OR IN EXAMPLE	MHL0601482  ROVIDER OR SUPPLIER  STREET ADE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 10  information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable.  (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:  (1) hospital records including confidential information;  (2) reports by other authorities; and  (3) the provider's response to the incident.  (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 0.300 and 10A NCAC 27E .0104(e)(18).  (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:  (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;	ROVIDER OR SUPPLIER  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STA  FLURCH COTTAGE THOMPSON CHILD & FA  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 10  information provided in the report may be erroneous, misleading or otherwise unreliable; or  (2) the provider obtains information required on the incident form that was previously unavailable.  (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:  (1) hospital records including confidential information;  (2) reports by other authorities; and  (3) the provider's response to the incident.  (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  0.300 and 10A NCAC 27E .0104(e)(18).  (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:  (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 client property or property in the possession of a client or his living area;  (4) seizures of client property or property in the possession of a client.	STOUDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  ### STATEMENT OF DEFICIENCIES  ### CANTINE OF THE STATEMENT OF CORRECTION  ### CANTINE OF CORRECTION

Division of Health Service Regulation

STATE FORM 6899 VOFO11 If continuation sheet 11 of 13

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3			X3) DATE SURVEY COMPLETED		
		MHL0601482		B. WING		06	/10/2022
NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA		TERS LANE S, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL .SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 367	been no reportable in incidents have occurr meet any of the criter	d; and indicating that there have cidents whenever no ed during the quarter tha ia as set forth in Paragra e and Subparagraphs (1	at aphs	V 367			
	facility failed to ensur- were reported to the l catchment area were	as evidenced by: ews and interviews the e that all Level II inciden; _ME responsible for the services are provided w of the incident. The findir	ithin				
	4-5-22 revealed: -"The following inform president of residenticy youth himself: -Sometime between staff [Staff #1] about to pulling up her shirt to pulled her waistband completely shocked [and he was a bit conf-[FC#1] asked another #4) if he saw what had he did see the staff flater.	Former Client #1 (FC#1) used about what happer er resident (Former Clier ppened and he stated thashing [FC#1]. e VP (Vice President) of as on 4/4/22, this matter	vice ith if also  l ned. nt				

Division of Health Service Regulation

STATE FORM 6899 VOFO11 If continuation sheet 12 of 13

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	
		A. BUILDING: _				
MHL0601482		B. WING		06/	06/10/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CHRIST CHURCH COTTAGE THOMPSON CHILD & FA  MATTHEWS, NC 28105						
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Division of Health Service Regulation

STATE FORM 6899 VOFO11 If continuation sheet 13 of 13