

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 05/13/2022
--	---	---	---

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	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on 05/13/2022. The complaints were substantiated (Intake #NC00186865, #NC00186866, and #NC00187880). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 5 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

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 05/13/2022
--	---	---	---

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 108	<p>Continued From page 1</p> <p>trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure training in Cardiopulmonary Resuscitation (CPR) and First Aid for 3 of 6 Staff (#1, #2, and #3), training in infectious diseases and bloodborne pathogens for 1 of 6 Staff (#3), and training to meet the MH/DD/SA needs of the client for 1 of 6 Staff (#3). The findings are:</p> <p>Review on 04/26/2022 of Staff #1's personnel record revealed: -Hire date of 11/02/2021. -Job Title of Residential Care Specialist (RCS). -No documentation of completion for CPR and First Aid Training.</p> <p>Review on 04/26/2022 of Staff #2's personnel record revealed: -Hire date of 10/18/2021. -Job Title of RCS. -No documentation of completion for CPR and First Aid Training.</p> <p>Review on 04/25/2022 of Staff #3's personnel</p>	V 108		

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 05/13/2022
--	---	---	---

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 108	<p>Continued From page 2</p> <p>record revealed: -Hire date of 01/13/2022. -Job Title of RCS. -No documentation of completion for CPR and First Aid Training, Bloodborne Pathogens, or MH/DD/SAS/Client Specific Training.</p> <p>Interview on 04/28/2022 with Staff #1 revealed: -Employed for about 6 months. -Trainings were up to date.</p> <p>Interview on 04/28/2022 with Staff #2 revealed: -Employed since October 2021. -All trainings were up to date.</p> <p>Attempted interview on 04/29/2022 with Staff #3 was unsuccessful due to disconnected phone line.</p> <p>Interview on 05/03/2022 with the Residential Supervisor/Qualified Professional (QP) revealed: -"I think our training department does that (schedule staff trainings)." -"Yes, I can give you my stuff, but I have to wait for HR (Human Resources) to send me information (Staff trainings, Health Care Personnel Registry (HCPR) checks, Background checks, and etc.)."</p>	V 108		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be</p>	V 114		

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 05/13/2022
--	---	---	---

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 114	<p>Continued From page 3</p> <p>posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift. The findings are:</p> <p>Review on 05/03/2022 of the facility's fire and disaster drill log from 04/01/2021- 03/30/2022 revealed: -No documentation of 3rd shift (11 pm-7am) fire or disaster drills for 3rd quarter from October 2021-December 2021. -No documentation of 2nd shift (3 pm- 11pm) fire or disaster drills for 1st quarter from April 2021-June 2021.</p> <p>Interview on 05/03/2022 with Client #1 revealed: -Did fire and disaster drills.</p> <p>Interview on 05/03/2022 with Client #2 revealed: -"We do them (fire and disaster drills) often."</p> <p>Interview on 05/03/2022 with Client #3 revealed: -Did fire and disaster drills.</p> <p>Interview on 03/21/2022 and 05/03/2022 with the Quality Improvement Specialist (QIS) revealed: -Prior to 03/13/2022 shifts were ;1st Shift: 7 am-3pm, 2nd: 3 pm-11pm and 3rd: 11 pm-7am.</p>	V 114		

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 05/13/2022
--	---	---	---

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 114	Continued From page 4 -Effective 03/13/2022 shifts changed to; 1st shift: 7 am-7pm and 2nd shift: 7pm-7am. -"I have to go get the drill book." -Did not provide copies of fire and disaster drill logs when initially requested, because the information was in a book.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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 05/13/2022
--	---	---	---

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 118	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure prescription drugs were administered based on the written order of a person authorized by law to prescribe drugs affecting 1 of 4 Clients (Client #2). The findings are:</p> <p>Review on 04/27/2022 and 05/03/2022 of Client #2's record revealed: -Admission date 03/09/2022. -Diagnosed with Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactive Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), Other Reactions to Severe Stress Disorder, Specific Reading Disorder, and Mathematics Disorder. -No Medication (Med) Orders for: -Concerta (ADHD) 54 milligram (mg) tablet (tab), 1 tab by mouth every morning at 8 am. -Desmopressin (Bed wetting) .2 mg tab, 1 tab by mouth at bedtime at 8 pm. -Omeprazole (Indigestion) 20 mg tab, 1 tab by mouth every morning at 8 am. -Vitamin D3 (Vitamin D deficiency) 25 microgram (mcg) tab, 1 tab by mouth every morning at 8 am.</p> <p>Review on 04/25/2022 and 05/03/2022 of Client #2's MARs for March 2022 and April 2022 revealed: Documented administration for: -Concerta 54 mg tab from March 15, 2022-March 23, 2022 at 8 am and April 1, 2022-April 30, 2022.</p>	V 118		

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 05/13/2022
--	---	---	---

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 118	<p>Continued From page 6</p> <p>-Desmopressin .2mg tab from March 09, 2022-March 22, 2022 and April 1, 2022, April 3-April 30, 2022.</p> <p>-Omeprazole 20 mg tab from March 09, 2022-March 23, 2022 and April 1, 2022-April 30, 2022.</p> <p>-Vitamin D3 25 mcg tab from March 10, 2022-March 23, 2022 and April 1, 2022-April 30, 2022.</p> <p>Observation on 05/03/2022 between 12:15 pm-1:00 pm of Client #2's Medications revealed:</p> <p>-Concerta 54 mg tab, 1 tab by mouth every morning at 8 am.</p> <p>-Desmopressin .2 mg tab, 1 tab by mouth at bedtime at 8 pm.</p> <p>-Omeprazole 20 mg tab, 1 tab by mouth every morning at 8 am.</p> <p>-Vitamin D3 25 mcg tab, 1 tab by mouth every morning at 8 am.</p> <p>Interview on 05/03/2022 with the facility's Nurse revealed:</p> <p>-Provided all current med orders for Client#2.</p> <p>*Several requests for current med orders made. Licensee did not provide all current med orders for Client #2.*</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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 05/13/2022
--	---	---	---

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 131	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 1 of 6 current Staff (#2) and 1 of 1 Former Staff (FS #6). The findings are:</p> <p>Review on 04/26/2022 of Staff #2's personnel record revealed: -Hire date of 10/18/2021. -Job Title of Residential Care Specialist (RCS). -No HCPR check.</p> <p>Review on 04/25/2022 of FS #6's personnel record revealed: -Hire date of 10/04/2021. -Termination date of 03/08/2022. -Job Title of RCS. -No HCPR check.</p> <p>Review on 04/22/2022 of Email Correspondence dated 04/22/2022 from the Quality Improvement Specialist (QIS) to the Division of Health Service Regulation (DHSR) Surveyor revealed: -"Waiting for follow up regarding HCPR and BC (Background check) for [FS #6] will send when received."</p> <p>Interview on 04/28/2022 with Staff #2 revealed: -Employed with Thompson since (Licensee) October 2021. -Served as a Residential Care Specialist (RCS).</p>	V 131		

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 05/13/2022
--	---	---	---

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 131	Continued From page 8 Attempted Interview on 04/28/2022 with FS #6 was unsuccessful due to no return call. Interview on 04/26/2022 with Quality Improvement Specialist (QIS) revealed: -"Yes, I can give you my stuff, but I have to wait for HR (Human Resources) to send me information (Staff trainings, HCPR checks, Background checks, and etc.)." Copy of documents to support HCPR access was not received by exit date of 05/13/2022.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record	V 133		

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 05/13/2022
--	---	---	---

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 133	<p>Continued From page 9</p> <p>check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider .</p>	V 133		

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 05/13/2022
--	---	---	---

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 133	<p>Continued From page 10</p> <p>All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith,</p>	V 133		

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 05/13/2022
--	---	---	---

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 133	<p>Continued From page 11</p> <p>complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public</p>	V 133		

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 05/13/2022
--	---	---	---

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 133	<p>Continued From page 12</p> <p>Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p>	V 133		

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 05/13/2022
--	---	---	---

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 133	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to request the required statewide criminal records check no later than five business days after the individual began conditional employment for 1 of 1 Former Staff (FS #6). The findings are:</p> <p>Review on 04/25/2022 of FS #6's personnel record revealed: -Hire date of 10/04/2021. -Termination date of 03/08/2022. -Job Title of Residential Care Specialist (RCS). -No documentation of request for statewide criminal records check.</p> <p>Review on 04/22/2022 of Email Correspondence dated 04/22/2022 from the Quality Improvement Specialist (QIS) to the Division of Health Service Regulation (DHSR) Surveyor revealed: -"Waiting for follow up regarding HCPR (Health Care Personnel Registry) and BC (Background check) for [FS #6] will send when received."</p> <p>Attempted Interview on 04/28/2022 with FS #6 was unsuccessful due to no return call.</p> <p>Interview on 04/26/2022 with the Quality Improvement Specialist (QIS) revealed: -"Yes, I can give you my stuff, but I have to wait for HR (Human Resources) to send me information (Staff trainings, Health Care Personnel Registry (HCPR) checks, Background checks, and etc.)."</p> <p>*Copy of document to support statewide criminal record check was not received by exit date of 05/13/2022.*</p>	V 133		

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 05/13/2022
--	---	---	---

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 318	<p>130 .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify Health Care Personnel Registry (HCPR) within 24 hours of learning about allegations of abuse affecting 1 of 1 Former Staff (FS #6). The findings are:</p> <p>Review on 04/25/2022 of FS #6's personnel record revealed: -Hire date of 10/04/2021. -Job Title of RCS. -Termination date of 03/8/2022.</p> <p>Review on 04/21/2022 of the facility's Incident Reports revealed: -One Level II incident report regarding the allegation of abuse involving FS #6 dated 03/07/2022 and completed by the facility's</p>	V 318		

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 05/13/2022
--	---	---	---

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 318	<p>Continued From page 15</p> <p>Registered Nurse (RN). -No notification to HCPR regarding the allegation of abuse involving FS #6 within 24 hours of the facility's RN learning of the abuse allegation.</p> <p>Review on 04/21/2022 of the facility's Internal Investigation revealed: -"[Facility's RN] was notified of this (03/05/2022) incident on 03/05/2022 and reported as a serious occurrence on 03/07/2022." -The allegation of abuse against FS #6 was substantiated.</p> <p>Interview on 04/28/2022 with the facility's RN revealed: -" ...I am not sure if I reported it immediately. I am not sure if he (Client #4) reported it (03/05/2022 incident) when I was getting off and I didn't have time, but I would have reported it immediately. I would have sent an email to administration." -"[Client #4] didn't report it to me until after the 5th (March). [Client #4] told me on the 7th (March). I know me and I would not have waited to report. Let me see if I can find out. What is going on here, is there repercussions if I did not report immediately?" -"[Client #4] reported at 6pm on the 5th (March). My shift ends at 5:45 pm and that is not an excuse. I don't have a good reason for why I waited to report. I hate that I didn't report it then ..." -Did not notify Facility's Administration or the HCPR within 24 hours of learning of the allegation of abuse incident against Former Staff #6.</p> <p>Interview on 04/26/2022 with the Quality Improvement Specialist (QIS) revealed: -Facility's RN was notified by Client #4 of an allegation of abuse against FS #6 on 03/05/2022 and reported the allegation of abuse incident</p>	V 318		

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 05/13/2022
--	---	---	---

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 318	Continued From page 16 against FC #6 to the facility's Administration on 03/07/2022, 48 hours after the initial report. -Facility's Administration notified HCPR on 03/07/2022. This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.	V 318		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible 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	V 366		

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 05/13/2022
--	---	---	---

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 366	<p>Continued From page 17</p> <p>shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(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 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 to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal 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 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 shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the</p>	V 366		

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 05/13/2022
--	---	---	---

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 366	<p>Continued From page 18</p> <p>owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to level III incidents, determine the facts and causes of the incident and make recommendations for minimizing the</p>	V 366		

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 05/13/2022
--	---	---	---

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 366	<p>Continued From page 19</p> <p>occurrence of future incidents, submit written preliminary findings of fact to the Local Management Entity (LME)/Managed Care Organization (MCO) within five working days of the incident affecting 1 of 5 Clients (#5). The findings are:</p> <p>Review on 04/26/2022 of the facility's records revealed: -Level III incident report for allegation of abuse incident dated 03/28/2022. -No root cause analysis for allegation of abuse incident dated 03/28/2022. -No written preliminary findings of fact report sent to the LME within five working days of the incident.</p> <p>Review on 04/26/2022 of Incident Response Improvement System (IRIS) from 10/01/2021-03/31/2022 revealed: -Level III incident report submitted for Client #5 for allegation of abuse incident dated 03/28/2022.</p> <p>Review on 04/25/2022 of the facility's Internal Investigation Reports revealed: -No written preliminary findings of fact report for the allegation of abuse incident dated 03/28/2022.</p> <p>Interview on 04/26/2022 with Quality Improvement System (QIS) revealed: -Did not complete a written preliminary findings of fact report for the allegation of abuse incident dated 03/28/2022. -Did not complete root cause analysis for allegations of abuse incident dated 03/28/2022. -Did not submit the written preliminary findings of fact report to the Local Management Entity (LME) within five working days of the incidents. -"Due to [Residential Director] reviewing the video, she terminated the staff (Staff #4), so an</p>	V 366		

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 05/13/2022
--	---	---	---

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 366	<p>Continued From page 20</p> <p>internal investigation was not completed."</p> <p>Attempted interviews on 04/25/2022 and 04/26/2022 with the Residential Director was unsuccessful due to missed return call from Residential Director on 04/25/2022. Surveyor returned Residential Director's call, left voice message and followed up with text message on 04/25/2022. No response received. Voice message left on 04/26/2022. No response received.</p> <p>Interview on 05/13/2022 with the Chief Performance and Quality Officer revealed: -Written preliminary findings of fact report was not required for the allegation of abuse incident dated 03/28/2022. -Staff #4's termination served as documentation of the allegation of abuse incident dated 03/28/2022.</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 366		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLIGENCE OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 21</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, 2 of 6 current Staff (#3 and #4) and 1 of 1 Former Staff (FS #6) abused 3 of 6 Clients (#3, #4 and #5), 1 of 1 Registered Nurse (RN) neglected 1 of 6 Clients (#4) and failed to protect 6 of 6 Clients (#1, #2, #3, #4, #5, and #6) from abuse. The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 130.0102 Investigating and Reporting Health Care Personnel (V318). Based on interview and record review, the facility's failed to notify Health Care Personnel Registry (HCPR) within 24 hours of learning about all allegations of abuse affecting 1 of 1 Former Staff (FS #6).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366).Based on record reviews and interviews, the facility failed to implement written policies governing their response to level III incidents, determine the facts and causes of the incident and make recommendations for</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 22</p> <p>minimizing the occurrence of future incidents, submit written preliminary findings of fact to the Local Management Entity (LME)/Managed Care Organization (MCO) within five working days of the incident affecting 1 of 5 Clients (#5).</p> <p>Findings #1:</p> <p>Review on 04/27/2022 of Client #3's record revealed: -Admission date of 09/03/2021. -Diagnosed with Oppositional Defiant Disorder (ODD), Attention-Deficit/Hyperactivity Disorder (ADHD), Unspecified, Other Trauma and Stressor Related Disorder and Other Specified Schizophrenia Spectrum Disorder. -Age 14. -Comprehensive Clinical Assessment (CCA) Addendum dated 08/21/2021 specified; Client #3 had a history of blaming others, becoming easily annoyed, spiteful, destruction of property, anger, resentfulness, disregards rights of others, argues or defies authority, chronic lying, bullying, physical and verbal aggression.</p> <p>Review on 04/25/2022 of Staff #3's personnel record revealed: -Hire date of 01/13/2022. -Job title of Residential Care Specialist (RCS). -Therapeutic Crisis Intervention (TCI) Training dated 01/14/2022.</p> <p>Review between 04/26/2022-05/10/2022 of the facility's video surveillance for incident dated 04/02/2022 revealed: -Merancas Common area; 22:04 minutes; 4:44 pm- 5:07 pm. -Staff #5 engaged with 4 clients in the common area. Staff #3 came out of Client #3's room and closed the door. 2 clients and Staff #3 went to</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 23</p> <p>another area of the cottage out of camera's view. Staff #5 and 2 other clients engaged in a game. Staff #3 came back into view, sat down and looked at his cell phone. He remained seated for roughly 3 minutes, got up, walked to Client #3's room, opened the door, entered the room, and began to remove items (comforter, sheets, and etc.) out of Client #3's room.</p> <p>-Staff #5 brought Staff #3 a trash bag. Staff #3 began to place Client #3's personal items in the trash bag. Staff #5 walked off, sat down, and continued to engage with 2 other clients. Staff #3 entered Client #3's bedroom and started to place items in trash bag. Client #3 stood and observed Staff #3 as he placed a full trash bag outside the door, grabbed the second trash bag and continued to gather Client #3's belongings. Client #3 continued to stand and observed. Staff #3 placed Client #3's mattress outside the bedroom door.</p> <p>-Client #3 stood in same place in camera's view. Staff #3 exited the bedroom, closed the door, and walked off. He re-emerged into camera's view while talking on his cell phone.</p> <p>-Staff #3 stood in front of Client #3's closed door looking at his phone. He opened the door, entered the bedroom and removed a wooden panel from Client #3's bedroom. Staff #5 walked to Client #3's bedroom, stood at the door, and observed. Client #3 stood on the wooden bed frame. Staff #3 extended his arms, grabbed Client #3 around the shoulders and forcefully swung Client #3 off the bed frame and out of view of the camera for roughly 20-30 seconds. Staff #5 redirected another client who attempted to see what was going on.</p> <p>-Staff #3 came back into camera view and continued to remove the bed frame with the assistance of Staff #5.</p> <p>-Staff #5 walked to another area out of camera</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 24</p> <p>view. Client #3 was not in camera's view. Staff #3 continued to go in and out of Client #3's bedroom alone and out of view of the camera roughly 20-45 seconds at a time.</p> <p>-Client #3 was seated on the floor against wooden bedframe and Staff #3 stood with his arm perched on the door frame as he engaged in conversation with Client #3 for roughly 3-4 minutes.</p> <p>-Staff #3 entered Client #3's bedroom, walked over and towered over Client #3 as he sat on the ground. Staff #3 bent over in Client #3's personal space and remained in that position for roughly 20-30 seconds. Staff #3's hands or upper torso was not visible to the camera. His lower body moved as he engaged Client #3.</p> <p>-Staff #3 walked out of the room and closed the bedroom door.</p> <p>Review between 04/26/2022 of the facility's Incident Report for Client #3 revealed:</p> <p>-"Completed by Program Supervisor.</p> <p>- Date of incident: 04/02/2022.</p> <p>-Provider learned of incident on 04/04/2022.</p> <p>-Incident includes allegation against facility."</p> <p>-Physical Abuse box checked.</p> <p>-"Describe the cause of this incident: 4/05/2022 Client (Client #3) was redirected due to making inappropriate comments in the common area. Client was asked to take time away in his room. Client did not comply. Staff member (Staff #3) came to his room and began speaking with client. Staff member began removing items from client's bedroom. Client alleged that staff member put his arm around his neck and pushed him to the ground.</p> <p>-Incident Prevention 4/05/2022 Employee was up to date in training expectations and had recently signed off on numerous documents related to client rights, boundaries, therapeutic</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 25</p> <p>environment, and employment expectations."</p> <p>Review between 04/21/2022-05/10/2022 of a document titled Investigation Report dated 04/05/2022 and completed by Quality Improvement Specialist (QIS) revealed:</p> <ul style="list-style-type: none"> -RE: Allegation of Abuse. -The Complaint/Allegations; Date: 04/04/2022. -Incident (s): [Program Supervisor] was informed by [therapist] that [Client #3] made an allegation against staff while in session. [Program Supervisor] notified QIS that client alleged [Staff #3] choked him over the weekend. -Evidence/Documents Reviewed: Camera footage was reviewed from [Monitoring System] (Merancas Common Room) for Saturday 4/2/2022 (4:54p-4:56p), Training Transcript reviewed for [Staff #3], HR review of staff documentation for [Staff #3], Incident Report for 4/2/2022 (Incident for injury no incident for client behaviors, property destruction etc.), 7a-7p shift note (Note not entered at time of review) -Conclusions: During interviews with the client and staff present it was determined that a verbal exchange occurred between [Staff #3] and the consumer that escalated when client was sent to his room. The client reports that staff choked him in his room by grabbing him from behind with his arm wrapped around his neck. This narrative was not observed on video nor supported by staff when interviewed. While video observation did not show staff placing his arm around the consumer's neck, he was observed out of compliance with approved training interventions and employee expectations for conduct and therapeutic engagements. As a result of observed actions staff will be terminated from his position as a Residential Care Specialist. -Date/Time the Investigation Was Completed: 04/05/2022." 	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 26</p> <p>-No witness statements from Clients (#1, #2, or #6).</p> <p>Review on 04/21/2022 of Emailed Correspondence dated 04/05/2022 from Staff #3 to the QIS revealed: -"RE: Witness Statements. -After being instructed to take time away in his room for being combative with [Staff #5], [Client #3] went to his room and started banging on his window which staff used planned ignoring and allowed him to do it. Shortly after I heard things in [Client #3]'s room being smashed against the wall. I went into [Client #3] room to see that he started breaking random things against his wall which I started clearing out of his room. I then left out of his room I think heard [Client #3] screaming and doing more banging and again I heard more stuff being smashed against his wall. I went back to [Client #3] room to see what it was because I felt like I cleared the things he could use to smash. Myself and [Staff #5] then discovered that [Client #3] had broken the wood on his bed I cleared the wood out of his room and [Client #3]'s behaviors continued. [Client #3] began to flush things down the toilet and tear off pieces from his sink I attempted to talk to [Client #3] but he continued to curse me out and remained escalated. [Client #3] then began to hit his head on the wall but it was very superficial so it was no real concern at the time. [Client #3] then started actually hitting his head on the wall like he was a ram. I pulled [Client #3] away from the wall and told him he needed to stop which he did for a short period of time he then started hitting his head with his hands and then made his way back to the wall and started hitting his head superficially again, and then again started aggressively hitting his head I again pulled him away from the wall. I explained to [Client #3]</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 27</p> <p>about his safety and why what he was doing was dangerous to himself which he replied that he doesn't care and that someone should kill me. I was able to make any progress with [Client #3] as far as his anger in that current moment but I was able to make sure that he was no longer being unsafe."</p> <p>Review on 04/21/2022 of Emailed Correspondence dated 04/05/2022 from Staff #5 to the QIS revealed: -[Staff #3] in response to this behavior instructed [Client #3] to go to his room. [Client #3] became angry, walked to his room and violently slammed his door. [Staff #3] followed him and I think he said, 'you can do better than that.' [Client #3] began to utter a slur of invectives in such an angry, violent and disrespectful manner. [Client #3] repeatedly and angrily said to [Staff #3], 'get the F out of my room', 'I will F you up', etc. During a brief period, [Client #3] tried to flood his room, he began breaking his bed apart, and engaging in several violent and destructive behaviors. [Staff #3], in turn removed his mattress, beddings and other materials he deemed could be weaponized. Once his [Client #3] room was stripped and left bare, [Staff #5] left [Client #3] in his room." -[Client #3] later return to calm and came to talk with me. He then informed me, he needed the nurse. I inquired why. [Client #3] informed me he was bleeding on the top of his head. I asked how did he get the injury. [Client #3] said, 'I was banging my head'. I immediately sought support from another [Staff #1] who had just walked into the cottage. I asked [Staff #1] to take [Client #3] to see the Nurse as I attended to the other clients who by this time had become anxious and irritated as well."</p> <p>Interview on 05/03/2022 with Client #1 revealed:</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 28</p> <p>"I did not see everything. But [Staff #3] didn't put his hands on him. I saw in the room when the door was opened. I know [Staff #3] would not hit a child."</p> <p>Interview on 05/03/2022 with Client #2 revealed: -"[Client #3] got upset and [Staff #3] was yelling at him. [Client #3] asked [Staff #3] to stop yelling and [Staff #3] went in the room and restrained him even though he was not being aggressive." -"Yes, I was looking out the door being nosy. He (Staff #3) slammed him (Client #3) on the floor when he had restrained him."</p> <p>Interview on 05/03/2022 with Client #3 revealed: -"We had come out of reflection and were talking about terms. [Staff #3] came up from nowhere and told me to go to my room. Then during that situation, I had started throwing stuff around my room. He said stop touching stuff and he slammed me on the floor and choked me. I got more upset and he put his arms around my neck and started choking me again. The staff was there, but he didn't see because he was playing cards with the other kids. I was choking and couldn't breathe. I told my therapist and [Residential Supervisor] and told some other people who came like you (Surveyor) that asked the same question."</p> <p>Interview on 05/03/2022 with Client #6 revealed: -"I was peeping in the doorway to try to look, but I did not see it. I know [Client #3]'s head was bleeding but I don't know if [Staff #3] did it."</p> <p>Attempted interview on 04/29/2022 with Staff #3 was unsuccessful due to disconnected phone line.</p> <p>Interview on 04/28/2022 with Staff #5 revealed:</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 29</p> <p>-"[Client #3] and I were having a conversation and he had confusion about the word 'f****t' that he used. He was getting more agitated because he did not think the word was offensive. [Staff #3] tried to process with him. He (Staff #3) told him (Client #3) to go to his room and he began to curse at staff. He started to tear his room apart; breaking his bed and flooding his room." -Observed Client #3 trying to put items in the toilet to flood his room. -"... I would have approached it (the situation) differently. But, I don't think [Staff #3] did anything wrong."</p> <p>Interview on 05/03/2022 with the Program Supervisor/Qualified Professional (QP) revealed: -"He (Staff #3) was terminated because [Client #3] said he was extremely aggressive with him. The camera showed some questionable activity in the room. So, he (Staff #3) was terminated.</p> <p>Interview and observation on 05/10/2022 between 12:30 pm-1:30 pm with the facility's TCI Instructor while reviewing video footage of the 04/02/2022 incident revealed: -Items should only be removed from a client's room if there is a safety concern. -"I am not sure what he grabbed the client (Client #3) for. That was not a TCI move." -" ... give the kid time and space to calm down."</p> <p>Findings #2: 03/05/2022</p> <p>Review on 04/27/2022 of Client #4's record revealed: -Admission date of 06/16/2021. -Discharge date of 03/22/2022. -Diagnosed with Post Traumatic Stress Disorder (PTSD), ADHD, and ODD. -Age 13.</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 30</p> <p>-Psychiatric Assessment dated 04/15/2021 specified; Client #4 had a history of early childhood neglect and abuse, 2 state psychiatric hospitalization, one community psychiatric hospitalization, 32 different placements and continued decompensation in the community.</p> <p>Review on 04/25/2022 of FS #6's personnel record revealed: -Hire date of 10/04/2021. -Job Title of RCS. -Termination date of 03/8/2022.</p> <p>Review on 04/26/2022 of the facility's Registered Nurse (RN) personnel record revealed: -Hire date of 04/05/2021. -Job Title of RN. -Trained in Reporting Suspected Abuse, Neglect or Exploitation Policy on 10/13/2021.</p> <p>Review on 04/21/2022 of the facility's records revealed: -No surveillance footage of the 03/05/2022 incident.</p> <p>Review on 04/26/2022 of the facility's Incident Report for Client #4 revealed: -"Completed by Family Partner. -Date of incident 03/05/2022. -Provider learned of incident 03/05/2022. -Incident includes allegation against facility." -Physical Abuse box checked. -"3/7/2022 [Client #4] approached nurse's station with staff member to request water after being outside playing basketball. He told the nurse that during his crisis earlier in the day, he had been "choked" by RCS staff. [Client #4] stated that during the crisis he grabbed a gold chain on staff's neck at which point staff, staff grabbed him by the neck and [Client #4] felt like he 'couldn't</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 31</p> <p>breathe for a second'. Two faint red marks were noted and photographed. Client in no distress. -Describe the cause of this incident: 3/7/2022 Allegation towards staff. -Incident Prevention 3/7/2022 By providing appropriate training, adequate staffing, support as well as activities and resources for the client. By not keeping client past the time in which he has reached baseline and is no longer receiving benefits from the program."</p> <p>Review between 04/21/2022-05/10/2022 of a document titled Investigation Report dated 03/07/2022 and completed by the QIS revealed: -"RE: Abuse. -The Complaint/Allegations; Date: [RN] was notified of this incident on 3/5/2022 and reported as a serious occurrence on 3/7/2022. -Incident (s): On Saturday 3/5/2022 the consumer approached the nurse's station with a staff member to request water after being outside playing basketball. The consumer reported that during a crisis earlier in the day, he had been "choked" by staff. Pre-Investigation Actions: QIS informed the program director that this incident should have been reported immediately instead of as a serious occurrence days later. Employee and Witness Interviews: [FS #6] (Residential Care Specialist) 3/8/2022 @ 11:34a, [RN] (RN) 3/8/2022 @ 12p, [Staff #2] (Residential Care Specialist) 3/8/2022 @ 2:45p, [Staff #1] (Residential Care Specialist) 3/9/2022 @ 3:30p, [Client #4] (Client) 3/9/2022 @ 3:45p. -Evidence/Documents: Reviewed nursing note and incident report for 3/5/2022, Reviewed Training Transcript for [FS #6] (DOH (Date of Hire) 10/21/2021), Camera Footage could not be viewed due to system being down at time of alleged incident</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 32</p> <p>-Conclusions: During the preliminary course of this investigation Supervisor [Program Supervisor/Qualified Professional (QP)] made QIS and program director aware that while informing staff member of the investigation and removing him from the schedule he admitted to striking the consumer. As a result of this admission the staff member was terminated from his position on 3/8/2022. During interviews with staff, it was reported that there was a power struggle between the staff member and the client; however, no abuse was observed. The client reported that the staff member choked him while in his room because he had broken his necklace during a crisis. The client noted that the nurse was present but was unsure if she saw anything.</p> <p>-Date/Time the Investigation Was Completed: 03/09/2022."</p> <p>Review on 04/21/2022 of Emailed Correspondence dated 03/08/2022 from the Program Supervisor/QP to the Residential Director revealed:</p> <p>"I just wanted to inform you. I spoke with [QIS] last night ... I alerted [FS #6] that Performance Quality Improvement Department (PQI) will be contacting him due to an allegation and he will be removed from the schedule until the investigation is completed. [FS #6] stated that he slapped [Client #4] due to him consistently spitting on him while in crisis. I was informed that Department of Social Services (DSS) came late that evening to speak with [Client #4] and left the attached."</p> <p>Interview on 05/03/2022 with Client #1 revealed: -"He (Client #4) said that (FS #6 choked him), they (Staff) did not do anything to him."</p> <p>Interview on 05/03/2022 with Clients #2 and #3 revealed:</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 33</p> <p>-Did not witness the incident.</p> <p>Interview on 05/03/2022 with Client #6 revealed: -"[FS #6] put [Client #4] in a restraint. [Client #4] is gone though. And [FS #6]." -Did not see what happened.</p> <p>Attempted interview on 05/02/2022 with Client #4's Guardian was unsuccessful due to no response to phone call or email.</p> <p>Interview on 04/28/2022 with Staff #1 revealed: -"I did not see the incident that transpired. I spoke with Client #4 after the incident transpired and he said he needed to get out because staff [FS #6] had choked him. I was not in the cottage, but I think the nurse was there when they were processing him. I am pretty sure there were 3 staff present (2 staff and the nurse). I came back 30 minutes later and [Client #4] told me what happened and I took him to the nurse station and he told the nurse. I stood in the door and she (RN) looked at him. I don't think I saw any marks."</p> <p>Interview on 04/28/2022 with Staff #2 revealed: -"I believe I provided a verbal statement to the QIS (during internal interview process)." -"I was there from start to finish, but I stepped out for 2 minutes because the client (Client #4) spit in my face. [Staff #1], myself and the nurse was there at first. [Staff #1] got upset and walked out. Me and the nurse was by ourselves with the client. Then, [FS #6] came in as my support. There was a power struggle with the client. We had to apply pressure to the door to get in the room. We (Staff #2 and FS #6) both went into the room to remove the bed. The client was hitting, biting, spitting, and trying to physically hurt us. The nurse was standing at the door to monitor.</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 34</p> <p>She was the on phone with my supervisor [Program Supervisor]." -Did not see FS #6 choke Client #4. -"I didn't see anything happen. His (FS #6) shirt was ripped and he had to work the entire shift like that."</p> <p>Attempted interview on 04/21/2022 with FS #6 was unsuccessful due to no answer to phone call, voice message, or text message.</p> <p>Interview on 04/28/2022 with the facility's RN revealed: -" ...I am not sure if I reported it immediately. I am not sure if he (Client #4) reported it when I was getting off and I didn't have time, but I would have reported it immediately. I would have sent an email to administration." -"[Client #4] didn't report it to me until after the 5th (March). [Client #4] told me on the 7th (March). I know me and I would not have waited to report. Let me see if I can find out. What is going on here, is there repercussions if I did not report immediately?" -"[Client #4] reported at 6pm on the 5th (March). My shift ends at 5:45 pm and that is not an excuse. I don't have a good reason for why I waited to report. I hate that I didn't report it then ..." -Was present during the restraint of Client #4. Did not see [FS #6] do anything inappropriate to Client #4 during the restraint process. -Had concerns about the way FS #6 and Staff #2 entered Client #4's bedroom to initiate the restraint.</p> <p>Interview on 04/26/2022 with the QIS revealed: -Facility's RN was notified by Client #4 of an allegation of abuse against FS #6 on 03/05/2022 and reported the allegation of abuse incident</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 35</p> <p>against FC #6 to the facility's Administration on 03/07/2022, 48 hours after the initial report.</p> <p>-Did not obtain witness statements from staff or clients.</p> <p>-"I will call the staff, then send an email for them to complete their statement. Sometimes they get it back to me and sometimes they don't."</p> <p>-"She (RN) reported it (03/05/2022 incident) as an occurrence (level II incident). It should have been reported as a level 3. She said she didn't think it was necessary to complete a written statement, because it is the same information from the occurrence she completed. So, I just forwarded you (Surveyor) the form she sent me."</p> <p>Interview on 05/03/2022 with the Program Supervisor/QP revealed:</p> <p>-"I came into the Cottage and [Client #4] was telling people that [FS #6] hit him. I told [FS #6] to write up the incident if something happened and he said something did happen. 'I (FS #6) slapped him (Client #4)'. He said that [Client #4] kept spitting on him. I sent him home and next day he was fired. We didn't need to investigate he admitted it and he was gone. [Client #4] said that he broke [FS #6]'s necklace and the staff got upset and choked."</p> <p>Findings #3:</p> <p>Review on 05/04/2022 of Client #5's record revealed:</p> <p>-Admission date of 01/22/2021.</p> <p>-Discharge date of 04/29/2022.</p> <p>-Diagnosed with Opposition Defiant Disorder, Pyromania, Attention Deficit Hyperactivity Disorder (ADHD), and Intermittent Explosive Disorder.</p> <p>-Age 12.</p> <p>-CCA Addendum dated 01/10/2022 specified;</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 36</p> <p>Client #5 had a trauma history of sexual and physical abuse and neglect. He also has a history of suicidal and homicidal ideations, recurrent placement disruptions and intrusive thoughts.</p> <p>Review on 04/26/2022 of Staff #4's record revealed: -Hire date of 06/15/2020. -Termination date 03/29/2022. -Job title of RCS. -TCI Training dated 11/18/2021.</p> <p>Review between 04/26/2022-05/10/2022 of the facility's video surveillance for incident dated 03/28/2022 revealed: -Merancas Common area; 28 second video; 8:14 pm - 08:15 pm. -2 Staff (#1 and an unidentified staff) stood and conversed. -Staff #4 was seated in chair in front of a client's bedroom door. -Client #5 walked around the dining room table. He stood up, walked rapidly toward Client #5 with his arm extended and finger pointed. Client #5 stopped walking in front of a chair as he observed Staff #4 coming toward him. Client #5 and Staff #4 were face to face. -Staff #4 gripped Client #5 by his neck and shoved his neck and head backwards. Client #5's body bent back slightly over the chair with the motion. -Staff #1 intervened and grabbed Staff #4 off of Client #5. He then ushered Client #5 to his bedroom. Staff #4 stood, spoke, and attempted to go after Client #5. -Staff #1 grabbed Staff #4 and walked with him to another area of the home. -Unidentified staff walked off as the above events unfolded.</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 37</p> <p>Review 04/26/2022 of the facility's Incident Report for Client #5 revealed: -"Completed by Program Supervisor. -Date of incident: 03/28/2022. -Provider learned of incident on 03/29/2022. -Incident includes allegation against facility." -Physical Abuse box checked. -"Describe the cause of this incident: 3/30/2022 Client (Client #5) was in a behavioral crisis and was struggling with following staff directives. Client was verbally lashing out at staff (Staff #4) and then alleged that the staff member reacted physically. -Incident Prevention: 3/30/2022 Employee was up to date in all agency training including de-escalation training, restrictive intervention training, and resiliency training. Employee had received adequate supervision and was aware of all expectations related to therapeutic interactions and environment for youth."</p> <p>Review on 04/26/2022 of the facility's records revealed: -No Internal Investigation report (written preliminary findings of fact report) for the abuse incident dated 03/28/2022. -No witness statements from staff or clients present during the 03/28/2022 incident.</p> <p>Interview on 05/03/2022 with Client #1 revealed: -"I don't know (about the 03/28/2022 incident). There is no staff by that name here."</p> <p>Interview on 05/03/2022 with Client #2 revealed: -"I was in my room for that. I did not see what happened. All I know is that [Client #5] spit on [Staff #4] and splashed toilet water in his face. He was a good staff."</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 38</p> <p>Interview on 05/03/2022 with Client #3 revealed: -Did not know what happened.</p> <p>Attempted interview on 05/11/2022 with Client #5 was unsuccessful due to his hospitalization.</p> <p>Interview on 05/03/2022 Client #6 revealed: -"They told me to go to my room and I didn't see all of it (03/28/2022 incident with Client #5 and Staff #4). Everybody you (Surveyor) named are gone."</p> <p>Interview on 05/11/2022 with Client #5's Guardian revealed: -Client #5 had been hospitalized since discharge from the facility. -Was notified verbally of the 03/28/2022 incident. -Never received written documentation of the 03/28/2022 incident. -Had requested formal documentation of the 03/28/2022 incident. -Not certain if criminal charges were filed against Staff #4. -Had received phone calls from local Police Department.</p> <p>Interview on 04/28/2022 with Staff #1 revealed: -"I can honestly say without a doubt that I had to get him [Staff #4] out of the way. He did grab [Client #5] by the neck and mush him." -"[Client #5] was trying to physically assault the client in room #1. [Staff #4] was seated at the client's room door with his back facing out. First, [Client #5] tried to go over [Staff #4] and ended up spitting on [Staff #4]'s head and right ear. Then the client (Client #5) backed up and tried to hit another client, but punched [Staff #4], who was still seating, in the back of the head. I saw [Staff #4] get up and walk to room #6 with his finger out and yelling (don't you ever or something like that).</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 39</p> <p>I said to myself, I better intervene. I got in between him and [Client #5]. I grabbed [Staff #4] and walked him away."</p> <p>"I can't remember (what happened next). Cause it was crazy. [Staff #4] usually work overnights and I really felt for him. We went to the kitchen and I talked to him."</p> <p>"They (organization) made a huge shift in administration and it caused things to really go down. The culture has changed. It has also caused the kids to become very aggressive and it is extremely difficult to do that job. We (staff) are under attack by the kids and administration."</p> <p>Interview on 04/26/2022 with the QIS revealed: -"Due to [Residential Director] reviewing the video she terminated the staff (Staff #4), so an internal investigation was not completed."</p> <p>Interview on 05/03/2022 with Program Supervisor/QP revealed: -"The client (Client #5) stated the allegation to me and we did protocol. It was substantiated by video and he (Staff #4) was terminated.</p> <p>Attempted interviews on 04/25/2022 and 04/26/2022 with the Residential Director was unsuccessful due to missed return call from Residential Director on 04/25/2022. Surveyor returned Residential Director's call, left voice message and followed up with text message on 04/25/2022. No response received. Voice message left on 04/26/2022. No response received.</p> <p>Interview on 05/13/2022 with the Chief Performance and Quality Officer revealed: -Staff #4 was terminated.</p> <p>Interview and observation on 05/10/2022 between</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 40</p> <p>12:30 pm-1:30 pm with the facility's TCI Instructor while reviewing video footage of the 03/28/2022 incident revealed: -Staff #4's hands around Client #5's neck was not part of TCI.</p> <p>Review on 05/13/2022 of the Plan of Protection (POP) dated and signed by the Chief Performance and Quality Officer on 05/13/2022 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -Staff members who abused clients was terminated. 4/19/2022 and 4/21/2022 - TCI Refresher Trainings (in person 3-hour trainings) completed for staff on TCI Modules - Assessing a Crisis Situation, Safety Interventions, and Practicing Protective Interventions & Restraints with Resistance. 3/24/2022 - Director and PQI provided training to Residential Supervisors on Allegations of Abuse 3/25/2022 - Email from PRTF Director of Client Rights Manual and education of clients rights and prohibited behaviors sent to all residential staff. 3/30/2022 - Email to all residential staff from VP (Vice President) of Residential services regarding concerns of recent allegations of abuse 4/2/2022 - 4/14/2022 - Client Rights Manual acknowledgement sent out to all residential staff to sign and acknowledge via DocuSign 4/25/2022 - Residential Incident Reporting Operating Guidelines/protocols reviewed and updated by Residential Leadership. 5/2/2022 - Directors provided training to Residential Supervisors on Incident Reporting protocols Program Supervisors will have Boundaries Guide and Code of Ethics reviewed/re-signed off on by all RCS staff in their individual supervisions by</p>	V 512		

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 05/13/2022
--	---	---	---

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 512	<p>Continued From page 41</p> <p>5/31/2022.</p> <p>Learning & Development Specialist will re-assign the Client Rights training in Relias to [Sister Facility] staff with a completion date for everyone by 5/31/2022.</p> <p>PRTF Director will re-post the compliance hotline # in Microsoft Teams channel so that staff are more clear on avenues to report abuse or concerns by 5/16/2022.</p> <p>PRTF Director will email residential staff information about Thompson's (Licensee) Employee Assistance Program (employee benefit) by 5/16/2022 for counseling resources. Describe your plans to make sure the above happens.</p> <p>-Some Actions have already been completed including termination of staff, training, communication to staff/emails, updated protocols. During weekly residential leadership meeting will review POP to ensure remaining actions are completed by deadline. If actions are not taken by the deadline, appropriate employee coaching and progressive discipline policy will be utilized."</p> <p>The facility served 6 Clients (#1, #2 #3, #4, #5, #6) with diagnoses to include but not limited to; Oppositional Defiant Disorder (ODD), Attention-Deficit/Hyperactivity Disorder (ADHD), Post-Traumatic Stress Disorder (PTSD), Specified Schizophrenia Spectrum Disorder, and Intermittent Explosive Disorder. They had extensive risk histories of early childhood neglect and abuse, defying authority, physical and verbal aggression. Staff #3 grabbed Client #3 by the shoulders and with a quick forceful movement swung Client #3 off the bed frame. He later approached and towered over Client #3 as he sat on the floor, bent over, invaded Client #3's personal space as his (Staff #3) lower body moved. Staff #5 did not intervene and in several</p>	V 512		

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 05/13/2022
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 512	Continued From page 42 instances served as an on looker as the events transpired between Staff #3 and Client #3. Client #4 reported an allegation of abuse to the facility's Registered Nurse (RN) on 03/05/2022. The facility's RN neglected to report the allegation of abuse until she returned to work, which was two days later. She reported the incident as a level II to the Licensee's Administrators. In addition, the facility's RN failed to protect clients from abuse. FS #6 continued to work and remained on the Licensee's schedule in service of clients until 03/08/2022 after he admitted to slapping Client #4. Staff #4 aggressively charged at Client #5, gripped him by the neck. The Licensee failed to conduct an Internal Investigation for 03/28/2022 incident involving Client #5 and Staff #4. This deficiency constitutes a Type A1 rule violation for serious abuse and neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		
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:	V 736		

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 05/13/2022
--	---	---	---

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 736	<p>Continued From page 43</p> <p>Based on observations and interviews, the facility was not maintained in a safe, attractive and orderly manner. The findings are:</p> <p>Observation of the facility on 05/03/2022 from approximately 11:40 am-12:30 pm revealed:</p> <p>Entrance wall: -14 pencil to dime sized holes in the wall.</p> <p>Kitchen: -Strong odor of old rotten trash.</p> <p>Dining Area: -Floor with dirt and grime stains throughout.</p> <p>Bedroom #2: -Floor with paper pieces and dirt throughout. -Mirror with residue and grime.</p> <p>Bedroom #2's bathroom: -No working bathroom light. -Mirror with residue and grime.</p> <p>Bedroom #4; -One 3-4 inch rectangle shaped and one 5-6 inch square spaced caulked area on the cement wall. -Floor with paint splatter throughout.</p> <p>Bedroom #5: -Floor with paper, dirt, and paint splattered throughout the room. -Faint smell of urine.</p> <p>Bedroom #5's bathroom: -Toilet filled with brown calcium rings and grime. -Shower with 3 feet long caulked area, dirt stains and residue on the shower wall and floor.</p> <p>Interview on 05/03/2022 with Client #1 revealed: -Did not know how long caulking was on the wall.</p> <p>Interview on 05/03/2022 with Client #6 revealed: -Light in bathroom stopped working the day before.</p> <p>Interview on 05/03/2022 with the Quality Improvement Specialist (QIS) revealed:</p>	V 736		

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 05/13/2022
--	---	---	---

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 736	<p>Continued From page 44</p> <ul style="list-style-type: none"> -Clients responsible for cleaning their rooms. -Was just made aware of light not working in Client #6's bathroom. -Probably paint on Client #2's floor. <p>Interview on 05/03/2022 with the Residential Supervisor revealed:</p> <ul style="list-style-type: none"> -Was responsible for entering work order tickets. -Program Supervisors and Facility Manager do a walkthrough of the facility every Monday. -"The boys are to wake up and clean their rooms. Staff is supposed to check behind clients to ensure cleanliness." -"Every Sunday is a deep clean for the facility with chemicals. Staff monitors the clients as they clean their room. Staff is responsible for keeping outside common area and kitchen clean. Night shift is responsible for sweeping and mopping those different areas." <p>Interview on 05/03/2022 with the facility's Chief Facilities Officer revealed:</p> <ul style="list-style-type: none"> -Holes in the entrance wall "had been there". -The facility passed annual inspection. <p>Interview on 05/03/2022 with the facility's Chief Facility Officer revealed:</p> <ul style="list-style-type: none"> -Holes in the entrance wall "had been there". -The facility passed annual inspection. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		