PRINTED: 07/22/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WING MHL0601227 07/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6750 SAINT PETERS LANE, SUITE 300 **MERANCAS COTTAGE** MATTHEWS, NC 28105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on 7-18-22. Two Complaints were substantiated (#NC 00189431 and #NC00189071) and one complaint was unsubstantiated (#NC00189893). RECEIVED Deficiencies were cited. By cvhicks at 9:19 am, Aug 04, 2022 This facility is licensed for the following service category: 10A NCAC 27G 1900 Psychiatric Residential Treatment for Children and Adolescents. This facility is licensed for six and currently has a census of five. The survey sample consisted of three current clients. V 314 V 314 27G .1901 Psych Res. Tx. Facility - Scope Correction: 1. Therapist completed a safety plan with the client on 6/30/2022 and provided it to the 10A NCAC 27G .1901 SCOPE 7/3/2022 cottage supervisor and team. (a) The rules in this Section apply to psychiatric 2. The client was removed from 1:1 residential treatment facilities (PRTF)s. 7/3/2022. (b) A PRTF is one that provides care for children or adolescents who have mental illness or **Prevention:** substance abuse/dependency in a non-acute 1. PRTF leadership team will review and inpatient setting. consolidate policies and procedures for 9/18/2022 suicide prevention and 1:1 in addition to (c) The PRTF shall provide a structured living communication plan to ensure needs are environment for children or adolescents who do conveyed to all staff providing care to the not meet criteria for acute inpatient care, but do client. require supervision and specialized interventions 2. PRTF team will review language of orders on a 24-hour basis. to ensure all staff understand the (d) Therapeutic interventions shall address requirements and adequate staff are functional deficits associated with the child or available to meet client needs. adolescent's diagnosis and include psychiatric

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community setting.

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

treatment and specialized substance abuse and

therapeutic interventions and services shall be

necessary to facilitate a move to a less intensive

(e) The PRTF shall serve children or adolescents

mental health therapeutic care. These

designed to address the treatment needs

Hannah Dunham, Chief Performance & Quality Officer 8/3/2022

Januah Dunham

Monitoring:

1. Clinician, nursing, and MD, will work

reassess client every 24-48 hours to

determine need and ensure staffing

requirements are met.

closely with direct care team to monitor and

(X6) DATE

9/18/2022

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL0601227	B. WING		07	7/18/2022
	ROVIDER OR SUPPLIER AS COTTAGE	6750 SA	DDRESS, CITY, STATE INT PETERS LANE WS, NC 28105			
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V 314	to facilitate treatment (f) The PRTF shall continuous and agency adolescent's catchment (g) The PRTF shall but the following; Joint Conference of Healthcare Organiz Accreditation of Rehad Council on. Accreditation accrediting bodies as Medical Assistance Constitution of Residential including subsequent A copy of Clinical Polat no cost from the Discontinuous and subsequent at the property of the	m home or a sidential setting is essential coordinate with other cies within the child or ent area. The accredited through one of commission on Accreditation cations; the Commission on oblitation Facilities; the tion or other national set forth in the Division of linical Policy Number 8D-1,	V 314			
	facility failed to ensur	as evidenced by: and record reviews the e coordination of care, lients (Client #1). The				
	Review on 6-27-22 of Client #1's record revealed: -Admitted 3-9-2213 years oldDiagnoses of Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, Attention-Deficit Hyperactivity Disorder, combined type, Specific Learning Disorder, with impairment in reading, and Specific Learning Disorder, with impairment in mathematics, and					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED	
MHL0601227		B. WING		07/18/2022			
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
		6750 SAIN	IT PETERS LAI	NE, SUITE 300			
MERANCA	AS COTTAGE	MATTHEV	VS, NC 28105				
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V 244	0 " 15	0	1/ 244				
V 314	Continued From page	2	V 314				
	other reactions to sev	vere stress.					
		Clinical Assessment dated 8					
		e youth stated he starts to					
		gets over being mad, and					
		gain. The youth stated he					
		ad on a wall. The youth					
		stab himself in the past but with it." The youth stated he					
		about wanting to die or kill					
		t did not mean what he said.					
	According to the psychological evaluation from 5/20/21, the youth has a history of swallowing rocks, hitting himself with items, attempting to cut himself, stab himself with scissors and pencils, and running into busy roadways. According to the						
		tion from 5/20/21, the youth					
		leeping in his bed while					
	"clinching scissors."	d Diam last wadstad C 24 22					
		d Plan last updated 6-21-22 recently taken to Novant					
		ent on 5/30/2022 after					
		m by wrapping a shoelace					
		nt is in need of continued					
	intensive supportgo	oals include; will learn and					
	implement anger management skills that reduce						
	irritability, anger, and	aggressive behavior.					
		ety order requested by					
	-	and signed by the doctor					
		#1 have 1:1 supervision					
	until evaluated again.						
	Interview on 6-27-22 with Client #1 revealed: -He had never had 1:1 supervision. -He had never tried to injure himself with pencils or paperclips but did try to wrap a shoelace around his neck and hang himself.						
	revealed:	with Clients #2, #3, and #4					
		ow anything about a client					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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V 314	Continued From page 3		V 314			
	getting 1:1 supervisio	n.				
	Interview on 6-27-22 with Staff #1 revealed: -He had never seen Client #1 self harm, but had heard him talk about it to get staff attention. -He had not seen any client get 1:1 supervision. Interview on 6-27-22 with Staff #2 revealed: -He had never seen Client #1 self harm. -He has never seen Client #1 with scratches or blood to indicate he had self harmed. -They supervise him closely. Interview on 6-29-22 with Registered Nurse #1 revealed: -Client #1 was supposed to be on 1:1 supervision but he was not. -There was not supposed to be anything in his room, but they would find things like scissors that he has sneaked from the class room. -Client #1 had a history of self harm, but had not harmed himself in "awhile." Interview on 7-18-22 with the Chief Performance and Quality Officer revealed: -They had addressed the situation and would be changing the language of the orders to reflect that the clients would be under close supervision but not necessarily 1:1 supervision. -They were also improving communication to insure that everyone was aware of medical orders for the clients.					
V 738	27G .0303(d) Pest Co	3 LOCATION AND	V 738			

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DIVISION	or riealth Service Negu	ialion				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
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MERANCA	AS COTTAGE		NT PETERS LAI	NE, SUITE 300		
		MATTHE	WS, NC 28105	T.		
(X4) ID	_	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
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				DEFICIENCY)		
V 738	Continued From page	2.4	V 738			
V 730	Continued From page	5 4	V 730			
	rodents.					
	This Rule is not met	as syldeneed by:				
		-				
	Based on record reviews and interviews the facility failed to be maintained free from insects. The findings are:					
				Correction:		
	The infairigs are.			1. The client's room was heat trea		
	Review on 7-14-22 of email from Construction Section of Department of Health and Human			an exterminator and professionall	y	Completed 7/12/2022
				cleaned.		1/12/2022
	Services dated 7-14-			The client's room was repainted new bed frame and mattress were		
				replaced by facilities team.	,	
	-"I have only bee	n briefed on the findings and		3. Room was heat treated for bed	bugs	
	have not reviewed the			by facilities team with heat treatm		
	Deficiencies) yet. The	summary is that		equipment before moving new clie	ent into	
	[Construction Section	Surveyor] the Construction		the room.		
	Section surveyor, is s	substantiating the complaint		Prevention:		
	_	ad bed bugs based on the		New clients' belongings will be	heat	
		d because he saw two dead		treated for bed bugs in "Heat Box	before	Ву
		cated bedroom that had		being moved into the room.		9/18/2022
		s findings indicate that the		If new activity is discovered in e spaces the room will be professio		
	•	been effective at removing		treated and subsequently heat tre		
		them from getting worse,		the facilities team. Clients' person		
		d signs of them nesting or		will be heat treated and bed frame		
		stains, eggs or other life		mattress will be replaced.		
	stages. The citation will likely be based on them			Monitoring		
	not having cleaned up the debris and dead bed bugs after treatment. We will be expecting them			Monitoring: 1. Rooms will be checked weekly	during	By
		o include treatment and		weekly walk through for bed bugs		9/18/2022
		o that new activity can be		addition to other facility related co		
	rapidly identified and			by the facilities team.		
	minimize the effect or					
	Review on 6-29-22 of	f Exterminator bill dated				
	3-14-22 revealed:					
	-Exterminators h	ad been out on three]
occasions and treated for bedbugs.]	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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MHL0601227		B. WING	B. WING		18/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE			
		6750 SAI	NT PETERS LAI	NE, SUITE 300			
MERANC	AS COTTAGE		WS, NC 28105	•			
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V 738	Continued From page	e 5	V 738				
	Interview on 6-27-22	with Staff #1 revealed:					
	-He had been at	the facility since march					
	2022.						
		eral times it was bedbugs. It					
		have got rid of that and					
	•	changed the whole bed. It					
		and another kid had it. They					
	got it quick."						
	Interview on 6-27-22 with Staff #2 revealed:						
	-He had never seen any bedbugs.						
		,					
	Interview on 6-27-22 with Client #1 revealed:						
	-His room had bedbugs and he had bites all						
	over his arms.						
		prayed his room, but that					
	had not worked.	a le a de cons					
	-His room still ha	is beabugs.					
	Interview on 6-27-22	with Client #3 revealed:					
	-The bedbugs had been in his room, but they						
	gave him a new bed and he hasn't seen any						
	since.						
	l-t						
	Interview on 6-27-22 with Client #4 revealed:						
	-The bedbugs had not been in his room, but in one of the other client's room						
	-The facility had replaced that bed.						
	Interview on 6-29-22 with Former Staff #3						
	revealed:						
	-The bedbugs had never been treated by a						
	professional.						
		t had bedbugs all over his					
room. -One of the clients had showed him bites "all over" his hands and feet.							
	Interview on 7-1-22 with the Exterminator						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 1	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL0601227	B. WING		07	//18/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	FE, ZIP CODE		
MERANC	AS COTTAGE		INT PETERS LAN EWS, NC 28105	IE, SUITE 300		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 738	we were out there a cabout 9 months ago. seen one yet. The last everything. These guroutside. I never saw of treated by a profession times when ever they Interview on 7-1-22 warevealed: -She had seen the Client #1's roomClient #1 had con in his room again. Interview on 7-18-22 and Quality Officer reached.	ove more than one invoice, couple of times It started I got a complaint. I never st visit that I went, I treated ys (facility) took everything one but it was definitely onal, me. It was treated 3-4 got a complaint." With Registered Nurse #1 The bedbugs in the room in complained about the bedbugs With the Chief Performance	V 738			

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