

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601227</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MERANCAS COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6750 SAINT PETERS LANE, SUITE 300 MATTHEWS, NC 28105</b>
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(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><b>INITIAL COMMENTS</b></p> <p>A limited follow up survey for the Type A1 was completed on August 11, 2022. This was a limited follow up survey, only 10A NCAC 130 .0102 Investigating and Reporting Health Care Personnel (V318) and 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) cross referenced to 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect, or Exploitation (V512) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 130 .0102 Investigating and Reporting Health Care Personnel (V318), 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366), and 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect, or Exploitation (V512). No 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 4 current clients.</p>	V 000		

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