STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601171	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YORKE COTTAGE	6750 SAINT PETERS LANE, SUITE 100 MATTHEWS, NC 28105

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A limited follow up for the Type A2 and complaint survey was completed on was completed on 8-11-22. The complaints were substantiated (NC00191446, NC00191099, NC00191077, and NC00191023). This was a limited follow up survey, only 10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (517) from the survey completed 6-23-22 were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices Used for Behavioral Control (517). A follow up from the survey completed 5-12-22 was also completed 8-11-22. No deficiencies were cited. This facility is licensed for six and currently has a census of two. The survey sample consisted of two current clients.	V 000		