

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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>A complaint survey was completed on 12/21/2022. The complaints (intake #NC00193844, #NC00193961) were substantiated and (intake NC#00194753, #NC00196186) were unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1800 Intensive Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 9 and currently has a census of 6. The survey sample consisted of audits of 2 former clients.</p> <p>This survey originally closed on 12/16/2022 but was reopened on 12/21/2022 due to additional complaints.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by</p>	V 110		

Division of Health Service Regulation

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

TITLE

(X6) DATE

[Redacted Signature]

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 110	<p>Continued From page 1</p> <p>exhibiting core skills including:</p> <ul style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 8 Staff (#2) demonstrated competency in knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 11/08/2022 of Former Client (FC) #7's record revealed: -Admitted 04/24/2005. -Diagnosed with Major Depressive Disorder, Reaction to Severe Stress Disorder, Conduct Disorder, Adolescent-Onset Type, and Cannabis Abuse. -Age 17.</p> <p>Review on 11/03/2022 of Staff #2's personnel record revealed: -Hire date 08/08/2022. -Job title Residential Care Specialist (RCS). -Boundaries in the Treatment Relationship</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 110	<p>Continued From page 2</p> <p>Training 9/10/2022. -Understanding Sexual Behaviors in Children & Sexually Reactive Youth Training 9/10/2022.</p> <p>Review on 11/02/2022 of a document titled Investigation Report dated 09/30/2022 and completed by Quality Improvement Specialist (QIS) #1 revealed: - "...RE: Allegation of inappropriate boundaries crossing by staff and client. -The Complaint/Allegations; Date: 09/29/2022. -Incident (s): [Program Supervisor] was notified that [Staff #2] may have crossed some client rights boundaries with a particular client in Williamson Cottage [FC #7]. -Other Actions Taken: [Staff #2] was notified that he could not work at Williamson Cottage pending the internal investigation. -Conclusions: Based on staff/client interviews, it is evident that staff (Staff #2) and client (FC #7) engaged in some form of communication through social media via [social media]. Staff communicated with [FC #7] and other peers once they went AWOL (Absent without leave) from the cottage but did not notify Supervisors of this communication until after the incident."</p> <p>Attempted interviews on 11/08/2022 and 12/16/2022 with FC #7's Guardian was unsuccessful due no response to Division of Health Service Regulation surveyor's phone calls.</p> <p>Interview on 11/16/2022 with FC #11 revealed: -"He (Staff #2) used to give her candy and stuff like that." -"[Staff #2] liked her (FC #7) and followed her on Social media. She sent him a picture of all us." -" ... Their [social media] messages. He (Staff #2) gave her (FC #7) his [social media]. We would not come back, and he said he would stop texting</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 110	<p>Continued From page 3</p> <p>her."</p> <p>Interview on 11/23/2022 with Staff #1 revealed: -"I had concerns about the way they (FC #7 and Staff #2) were engaging. [FC #7] was laid back and mature like female. One day, when I came into work he was there, and it was like they acted like they knew each other. How she engaged with him was different, kind of like attention seeking behavior." -" ... I saw her (FC #7) eating out of his plate. I mentioned to him that I felt like [FC #7] liked him and so I told him to be mindful of how he engaged with her because she like him and there are whispers in the Cottage."</p> <p>Interview on 11/16/2022 with Staff #2 revealed: -Job Title RCS. -Employed for 3 months. -FC #7 went AWOL on 09/26/2022 and contacted him. -"She (FC #7) made contact with me on [social media] and I replied." -Did not remember what FC #7's social media message to him said. -Messaged FC #7 back telling her to come back to the facility. -Did not retain the messages between he and FC #7. -Gave all the clients at the facility candy. -Allowed FC #7 to eat from his plate. -Gave FC #7 lotion. -" ...they (Management) recommended that I read the boundaries policy and I have not worked over there (Williamson Cottage) since."</p> <p>Interview on 11/16/2022 with the Shift Lead revealed: -"He (Staff #2) gave candy to all the clients and [FC #10] started a rumor about him and [FC #7]</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 110	<p>Continued From page 4</p> <p>liking each other."</p> <p>Interview on 11/18/2022 with the Residential Supervisor/Qualified Professional (QP) revealed: -"I had gotten a call from [Staff #2] asking me if I needed help (searching for the clients that went AWOL). I think I told him that he could look for the girls. I guess his sister (Shift Lead) told him that the girls had ran." -" ... I was notified that the girls found him on social media and sent him a picture. He asked if he should say anything. I said ask them where they are? He said 'nothing' (did not respond)." -"He (Staff #2) did not show me the picture, because he said it was deleted." -"The clients were saying that he (Staff #2) was giving [FC #7] more candy than he gave the other clients. She (FC #10) was like he let [FC #7] eat out of his plate." -Staff #2 brought food to give to FC #7, but other facility staff would not let him give it to her. -After the allegation, Staff #2 was no longer permitted to work at Williamson Cottage.</p> <p>Interview on 11/03/2022 the QIS #1 revealed: -Did not find evidence of an actual inappropriate relationship between FC #7 and Staff #2. -Staff #2 was removed from the facility and can no longer work at Williamson Cottage. -Staff #2 reviewed and re-signed the facility's Boundary Policy.</p>	V 110		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a</p>	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 5</p> <p>health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 1 of 8 audited Staff (#1). The findings are:</p> <p>Review on 11/03/2022 of Staff #1's personnel record revealed: -Hire date 06/06/2022. -Job title Residential Care Specialist. -HCPR check 06/30/2022.</p> <p>Interview on 11/23/2022 with Staff #1 revealed: -Employed since mid-May 2022.</p> <p>Interview on 11/16/2022 with the Quality Improvement Specialist #1 revealed: -Human Resource (HR) Department was responsible for HCPR checks.</p> <p>Interview on 12/16/2022 with the HR Representative revealed: -Responsible for HCPR checks. -"The HCPR check for [Staff #1] was delayed for 1 of 2 reasons; pre-employment package was received late or the previous HR staff may not have uploaded the original document and we had to re-run."</p>	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 132	Continued From page 6	V 132		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 132	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to ensure that the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel and protect clients during an internal investigation. The findings are:</p> <p>Review on 11/02/2022 of the facility's record revealed: -Internal investigation dated 09/30/2022 for allegation of inappropriate boundaries crossing by Staff #2 against Former Client (FC) #7. -No documentation of notification to HCPR for the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 for incident dated 09/29/2022.</p> <p>Review on 11/02/2022 of Incident Response Improvement System (IRIS) from 08/01/2022-10/31/2022 revealed: -No documentation of notification to HCPR for the allegation of inappropriate boundaries crossing by Staff #2 against Former Client (FC) #7 for incident dated 09/29/2022.</p> <p>Review on 11/03/2022 of Staff #2's personnel record revealed: -No documentation of notification to HCPR for the allegation of inappropriate boundaries crossing by</p>	V 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 132	Continued From page 8 Staff #2 against Former Client (FC) #7 for incident dated 09/29/2022. Interview on 11/03/2022 the Quality Improvement Specialist #1 revealed: -At the time that it (allegation of inappropriate boundaries crossing by staff (Staff #2) and client (FC #7)) happened, we (Performance Quality Improvement(PQI) Department) looked at the IRIS (Incident Response Improvement System) manual and decided it was an HR (Human Resource) incident... and HCPR report was not needed."	V 132		
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	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 9</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</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; (B) making a photocopy; (C) certifying the copy's completeness; and (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; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 10</p> <p>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 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</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 11</p> <p>facility failed to implement written policies governing their response to level I, II, and III incidents affecting 1 of 2 audited Former Clients (FC #7). The findings are:</p> <p>Review on 11/02/2022 of Incident Response Improvement System (IRIS) from 08/01/2022-10/31/2022 revealed: -No incident report, Risk/Cause/Analysis, or documentation to support submission of the written preliminary findings of fact to the Local Management Entity/Managed Care Organization (LME/MCO) within five working days for the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 for incident dated 09/29/2022.</p> <p>Interview on 11/03/2022 the Quality Improvement Specialist #1 revealed: -"At the time that it (allegation of inappropriate boundaries crossing by staff (Staff #2) and client (FC #7) happened, we (Performance Quality Improvement Department (PQI)) looked at the IRIS (Incident Response Improvement System) manual and decided it was an HR (Human Resource) incident and that an incident report ...was not needed." -Did not complete incident report, Risk/Cause/Analysis, or submit the written preliminary findings of fact to the LME/MCO within five working days for the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 for incident dated 09/29/2022.</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 367	<p>Continued From page 12</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 367	<p>Continued From page 13</p> <p>information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 367	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II and III incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident affecting 1 of 2 audited Former Clients (FC #7). The findings are:</p> <p>Review on 11/02/2022 of the facility records revealed: -Internal investigation dated 09/30/2022 for allegation of inappropriate boundaries crossing by Staff #2 against FC #7. -No IRIS report for the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 for incident dated 09/29/2022. -No documentation of LME/MCO notification.</p> <p>Review on 11/02/2022 of the IRIS from 08/01/2022-10/31/2022 revealed: -No IRIS report submitted for the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 for incident dated 09/29/2022.</p> <p>Review on 11/03/2022 of emailed correspondence from the Quality Improvement Specialist (QIS) #1 to the Division of Health Service Regulation Surveyor dated 11/03/2022 revealed: -"There wasn't an IRIS completed on the incident regarding [Staff #2] and [FC #7] due to the fact</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 367	<p>Continued From page 15</p> <p>that that it doesn't fit the criteria of a level 2 or 3 IRIS report. There was no abuse reported, but rather it was a professional boundaries issue. Staff was removed from the cottage and received a coaching from his supervisor, which I submitted to you yesterday."</p> <p>Interview on 11/18/2022 with the Residential Supervisor/Qualified Professional (QP) revealed: -Became aware of the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 for incident dated 09/29/2022 on 09/29/2022. -Reported the allegation to the Performance Quality Improvement (PQI) Department on 09/29/2022. -"They (Residential Director and PQI Department) told me that they did not feel there was anything to report and to leave that part out (suspicion of an inappropriate relationship)..." -Did not complete an IRIS report or notify the LME/MCO within 72 hours of becoming aware of the incident for the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 incident dated 09/29/2022.</p> <p>Interview on 11/03/2022 the QIS #1 revealed: -Became aware of the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 incident dated 09/29/2022 on 09/29/2022. -Conducted an internal investigation into the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 incident dated 09/29/2022 on 09/30/2022. -Did not complete an IRIS report or notify the LME/MCO within 72 hours of becoming aware of the incident for the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 incident dated 09/29/2022.</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 500	Continued From page 16	V 500		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 500	<p>Continued From page 17</p> <p>involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all incidents of alleged abuse are reported to the County Department of Social Services (DSS). The findings are:</p> <p>Review on 11/02/2022 of the facility records revealed: -No notification to the DSS for the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 incident dated 09/29/2022.</p> <p>Review on 11/02/2022 of the Incident Response Improvement System from 08/01/2022-10/31/2022 revealed:</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 500	<p>Continued From page 18</p> <p>-No notification to the DSS for the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 incident dated 09/29/2022.</p> <p>Interview on 11/18/2022 with the Residential Supervisor/Qualified Professional revealed: -Was instructed by Management not to notify DSS of the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 incident dated 09/29/2022.</p> <p>Interview on 11/03/2022 the Quality Improvement Specialist #1 revealed: -Did not notify the DSS of the allegation of inappropriate boundaries crossing by Staff #2 against FC #7 incident dated 09/29/2022.</p>	V 500		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (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</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 19</p> <p>Subchapter 10A NCAC 27E of this Chapter. (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, 1 of 8 audited Staff (#1) abused 1 of 2 Former Clients (FC #7). The findings are:</p> <p>Reviews on 11/08/2022 of FC #7's record revealed: -Admitted 08/31/2022. -Diagnosed with Major Depressive Disorder, Reaction to Severe Stress, Conduct Disorder, and Cannabis Abuse. -Age 17. -Comprehensive Clinical Assessment (CCA) dated 06/08/2022 revealed: "Verbal/physical aggression: [FC #7] reported her verbal aggression consist of cussing. [FC #7] reported her physical aggression is mostly towards her child's father. [FC #7] reported she was aggressive with her mother when she would not let her in the house. [FC #7] reported she attempted to beat the door down to get in her mother's home in March 2022. [FC #7] reported she had a physical altercation on yesterday with a peer. [FC #7] reported the physical altercation was motivated by the peer saying something about her child's father."</p> <p>Review on 11/03/2022 of Staff #1's personnel record revealed: -Hire date 06/06/2022. -Job title Residential Care Specialist (RCS). -TCFF (Thompson Child & Family Focus) Policy: Reporting Suspected Abuse, Neglect or</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 20</p> <p>Exploitation Policy 6/18/2022.</p> <p>-Therapeutic Crisis Intervention (TCI) Training 5/20/2022.</p> <p>-Therapeutic Crisis Intervention (TCI) Update 10/12/2022.</p> <p>Reviews on 11/04/2022, 11/08/2022, 11/16/2022 and 12/14/2022 of the facility's video surveillance for incident dated 09/29/2022 revealed:</p> <p>-Thursday, September 29, 2022.</p> <p>-Camera: Williamson Sunroom; 9 minutes; 6:01 pm- 6:10 pm.</p> <p>-Staff #1 looked at her cellular phone and Staff #4 ate potato chips while seated at a circular table. FC #7 and other clients were seated at the adjacent table eating.</p> <p>-Staff #1 and FC #7 engaged in a verbal exchange. Staff #7 walked into the room and sat at the table with Staff #1 and Staff #4 and looked at her phone. Verbal exchange continued between Staff #1 and FC #7. FC #7's agitation increased. Staff #6 walked into the room (3 minutes in). Verbal exchange between Staff #1 and FC #7 continued. Staff #1 and FC #7 agitation increased; both their heads shook, necks rolled, eyed each other and then turning away swiftly. Staff #5 walked into the room, stood at the door, and looked at her cellular phone.</p> <p>-FC #7 stood up, approached Staff #1 abruptly, threw a carton of milk at Staff #1. Staff #1 stood up.</p> <p>-FC #7 and Staff #1 stood face to face, both began to swing and punch each other, Staff #1 grabbed FC #7 by the hair and with a swift forceful motion slammed FC #7's body to the floor. FC #7 punched and held on to Staff #1's hair as she fell to the floor.</p> <p>-Staff #6 stood against the wall and watched as Staff #1 and FC #7 fought. Staff #4, Staff #5, Staff #7 and an unidentified client attempted to grab</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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>Staff #1 while she was on top of FC #7. FC #7 laid on her back on the floor as her legs kicked in the air.</p> <p>-Staff #1 and FC #7 held each other's hair. FC #7 maneuvered off her back into a seated position on the floor and continued to grip Staff #1's hair. Staff #1 and FC #7 continued to hold the grip on each other's hair and fought. Staff #1 continued to grip FC #7's hair, FC #7 maneuvered from a seated position to her knees, to a standing position. FC #7 had Staff #1's hair in one hand and swung at Staff #1 with the other until both (Staff #1 and FC #7) were against the wall. FC #7 and Staff #1 continued to grip each other's hair and fight. Staff #1 had FC #7 pinned against the wall. Staff #1 and FC #7 continued to fight. Staff #4 placed her hands in the air.</p> <p>-Shift lead entered the room, separated Staff #1 and FC #7 and removed FC #7 from the room.</p> <p>Review on 11/02/2022 of a document titled Investigation Report dated 10/03/2022 and completed by Quality Improvement Specialist (QIS) #2 revealed:</p> <p>- "...RE: Altercation.</p> <p>-The Complaint/Allegations; Date: 09/29/2022.</p> <p>-Incident (s): [Program Director] called QIS on 09.29 to report that an altercation had taken place in the cottage between a client (FC #7) and a staff member (Staff #1) in the sunroom.</p> <p>-Other Actions Taken: Staff member [Staff #1] was placed on administrative leave. DSS (Department of Social Services) report and guardian notification was made by supervisor. Camera review was completed by supervisor and QIS on 09.30.</p> <p>-Evidence/Documents Reviewed: Camera Footage was viewed on [Monitoring System] for evening of 9.29 (Williamson Sunroom) 6:05-6-10 pm. Training transcripts for staff members</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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>present.</p> <p>-Conclusions: During interviews conducted with both staff and clients present it was noted that the client [FC #7] and the staff member [Staff #1] engaged in a verbal altercation before the client threw a carton of chocolate milk and proceeded in the direction of the staff. The staff engaged in the incident with the client reports that she was attempting to restrain the client [FC #7] after she had thrown the milk but she slipped. The staff also reported that she did obtain a hold of the client's hair during the struggle. The other staff members present also report that the staff was attempting to restrain the client and asking for client to release her hair and that they were all 'slipping all over' because the floor was wet from the milk being thrown. The client admits to hitting the staff and that they were fighting. Review of the camera shows the events as reported by both staff and clients. As a result of evidence reviewed on video and the interviews it is noted that staff did pull the consumer's hair during the altercation while attempting to restrain the client."</p> <p>Review on 11/18/2022 of the facility's document titled Nursing Note dated 09/29/2022 revealed: -"Time: 8:30 am Location: Cottage. -Comment: Client (FC #7) c/o (complains of) right sided back pain secondary to an unwitnessed altercation. Client states that she fell on her side. No injuries noted. No immobility noted. Client received an ice pack and states that she will be okay. Ongoing supervision in progress."</p> <p>Review on 11/18/2022 of a document titled Local Hospital Emergency Department (ED) After Visit Summary for FC #7 dated 10/02/2022 revealed: -"Reason for visit: Rib pain. -Diagnosis: Contusion of left chest wall, initial encounter.</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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>-Imaging Tests: XR (X-Ray) Cervical Spine AP (Anterior-Posterior) lateral and Odontoid and XR Ribs Left W (Wide) PA (Posterior-Anterior) Chest."</p> <p>Attempted interviews on 11/08/2022 and 12/16/2022 with FC #7's Guardian was unsuccessful due no response to Division of Health Service Regulation surveyor's phone calls.</p> <p>Interview and observation on 12/13/2022 between 3:09 pm-4:00 pm with the facility's TCI Instructor while reviewing video footage of the 09/29/2022 incident revealed:</p> <ul style="list-style-type: none"> -TCI Instructor since 2017. -TCI methodology included verbal de-escalation techniques (prevention) and restrictive interventions. -Staff #1, #4, #5, #6, and #7 did not use TCI interventions during the verbal and physical altercation with Staff #1 and FC #7. -"The goal of TCI is to always de-escalate the client. Whether that is to change the environment or remove the trigger. Staff (Staff #1) was the trigger." -"It looks like she (Staff #1) went with her natural instinct ... In this case, we did not do what we needed to do to de-escalate. When the client was on the ground and staff (Staff #1) was over her and other staff were standing around, that was the part when a restrictive intervention should have been used." -"Staff (#4, #5, #6, and #7) reported confusion about the policy and when to use TCI. But the policy has always been safety is the #1 priority to reduce risk to client and staff." -"This is what we (management) would have wanted staff (#4, #5, #6, and #7) to do, what she (Shift Lead) just did; separate client (FC #7) and staff (Staff #1) by removing the client from the 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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>room."</p> <p>Interview on 11/23/2022 with Staff #1 revealed: -"I can say that [FC #7] was different that day. She had come back from AWOL (Absent without leave) ... She said she missed me. I have never had to redirect [FC #7] ..." -"[FC #7] cursed me out and I walked away. I prepared dinner. As I passed out dinner, some of the other cottages (boys) walked by and they (Williamson Cottage clients) started making inappropriate comments. I redirected the peer and [FC #7] chimed in. She and I started having words. When I thought about removing myself, the other staff walked in, [FC #7] got up from the table and threw milk in my face and started to fight me." -"I can remember staff (#4, #5, #6, and #7) standing around me. We (Staff #1 and FC #7) fell, and I remember staff pulling my hair." -"The staff that was there did not feel comfortable touching a client because of the rules. So, I was trying to free myself." -"The camera did not show how much we (Staff #1 and FC #7) were wrapped up and I was trying to remove myself as she was scratching, biting, and spitting." -"I went outside to talk to the police. I got my nails cleaned up and went home." -"From my understanding the investigation was over within a couple of days. I was basically out on workman comp (compensation); I was not suspended." -Did not work for 3 weeks. -"It was also explained to the staff (#4, #5, #6, and #7) that safety is first and they are to intervene when someone's health and safety is at risk. The trainer (TCI Instructor) said that it has always been protocol for staff to intervene, but I guess that staff just needed to hear that."</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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>Interview on 11/23/2022 with Staff #4 revealed: -Was present during the physical altercation between Staff #1 and FC #7 on 09/29/2022. -Was seated at the table with Staff #1 before the altercation started. -"[Staff #1] was talking to another client and then [FC #7] intervened. [FC #7] was cursing back and forward with [Staff #1]. [FC #7] threw a milk carton at [Staff #1] and [FC #7] continued to hit [Staff #1]. [Staff #1] was trying to unlock her braids and was telling [FC #7] to stop, and she was in a rage and continued with her aggression." -"I was trying to stand in between them (Staff #1 and FC #7), because I could not touch [FC #7]. I was trying to get in the middle of them, but unfortunately it was so aggressive I could not." -"I was under the impression that I could not touch the client if the nurse was not there." -"I did not leave the scene. I stayed with [FC #7] and [Staff #1]." -"[Staff #1] was not fighting [FC #7], she was telling [FC #7] to stop and was not fighting her at all." -"They (management) had a meeting with us and told us that we can intervene as long as we contact the nurse. I am scheduled to take that (TCI Refresher). I am scheduled for the 6th of December 2022."</p> <p>Interview on 11/23/2022 with Staff #5 revealed: -Was present during the physical altercation between Staff #1 and FC #7 on 09/29/2022. -" ... It (incident between Staff #1 and FC #7) was like months ago. So, I don't remember step by step." -"Me and another staff were in the common area and heard a lot of loud noise and went into the cafeteria. I heard [FC #7] say shut the f**k up. [FC #7] stood up, charged staff (Staff #1) and</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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>threw milk." -"I tried to get [FC #7]'s hands off staff (Staff #1). Then, I got the other kids from around the area." -"The policy was that you cannot do restraints without a doctor's order. So, I was not able to restrain her (FC #7)." -"We (staff present during the incident with Staff #1 and FC #7) had to do another restraint training and CARE training."</p> <p>Interview on 11/23/2022 with Staff #6 revealed: -Was present during the physical altercation between Staff #1 and FC #7 on 09/29/2022. -"I walked into eating area. I heard [FC #7] and [Staff #1] exchanging words and things escalated. The situation kept going and I took the other clients in the other area. The cops were called, and they came to help. I believe [Staff #7] called the cops." -Did not attempt to intervene in the altercation between Staff #1 and FC #7. -"It (TCI Refresher Training) was offered but I did not take it. Because I had literally just taken it."</p> <p>Interview on 11/23/2022 with Staff #7 revealed: -Was present during the physical altercation between Staff #1 and FC #7 on 09/29/2022. -"[FC #7] was okay until she was redirected in group by staff and that's when her mood change. When we moved into dinner. [FC #7]'s peer was redirected and that's when [FC #7] started being irate with [Staff #1]." -"We could not touch the kids. So, we could only touch [Staff #1]. [FC #7] kept fighting. [Staff #1] was not fighting. So, I was trying to keep [FC #7] away from her. It seemed like [FC #7] was trying to hurt her (Staff #1)." -"[FC #7] said her back was hurting. The nurse looked at her and told us to give her an ice pack." -FC #7 was taken for medical attention 4 to 5</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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>days after the incident between she and Staff #1. -Completed TCI Refresher Training.</p> <p>Interview on 11/16/2022 with the Shift Lead revealed: -Was not present when the physical altercation between Staff #1 and FC #7 on 09/29/2022 started but came in the room at the end and separated Staff #1 and FC #7. -Broke up the physical altercation between Staff #1 and FC #7. -" ...So, they (Staff #4, #5, #6, and #7) were confused at breaking it (physical altercation between Staff #1 and FC #7) up. [Staff #6] said she did not know what to do, because she had never witnessed anything like that before." -Facility's policy was for staff to contact the nurse before initiating a restraint. -Staff #1 should have been removed from the room by other facility staff when the verbal altercation between Staff #1 and FC #7 started. -"I believe the on the ground part was [Staff #1] trying to restrain her (FC #7). I am not sure. I think the slamming on the ground part was wrong." -Staff #1's reaction was in response to FC #7 actions. -"The nurse looked at her (FC #7). I think she went to urgent care." -Staff #1 was sent home after the incident and returned a month later. -Staff (#1, #4, #5, #6, and #7) completed a TCI Refresher Training after the incident.</p> <p>Interview on 11/18/2022 with the Residential Supervisor/Qualified Professional (QP) revealed: -Was not present during the physical altercation between Staff #1 and FC #7 on 09/29/2022. -"They (staff) called me and I pulled it (camera footage) up on my phone. It (incident between</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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>Staff #1 and FC #7) had already started and was still going on at the time when I was watching." -"I think the video it does not show what really occurred. There was a policy change in June that said a nurse had to be present to initiate a restraint. So, between then and the time of the incident staff felt that they could not restrain to protect themselves." -"[Staff #1] was trying to restrain her [FC #7] and other staff (Staff #4, #5, #6, and #7) refused to intervene because of the policy. They were trying to avoid touching the child and was pulling the staff member." -"She (Staff #1) was placed on administrative leave. She was really messed up. Her eye and hand were messed up. I sent her home immediately and she did not return for 3 to 4 weeks later." -"The child (FC #7) stated that she was hurting. So, DSS required that we take her for x-rays. She went to the hospital on the 1st (October 2022)." -"All staff went for a TCI Refresher Training on 10/04/2022 and 10/10/2022. I sent information out to the staff about behavior management and how to break up a fight."</p> <p>Interviews on 11/16/2022 and 12/13/2022 the QIS #1 revealed: -"She (FC #7) attacked our staff (Staff #1)." -"Was not sure if FC #7 saw the nurse after the 09/29/2022 incident." -"The now ex-Residential Supervisor/QP said that her staff (#4, #5, #6, and #7) were confused. She brought to my attention that staff thought they could not intervene."</p> <p>Review on 12/16/2022 of the Plan of Protection (POP) dated 12/16/2022 and signed by the QIS #1 revealed: "What immediate action will the facility take to</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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>ensure the safety of the consumers in your care? On 12/19/2022, [Residential Director], will hold a mandatory meeting with all residential supervisors to review the camera footage of the 09/29/2022 incident and discuss lack of engagement and TCI techniques utilized by staff. Director will also review TCI responses and when to interview. She will re-review the 'Breaking up the Fight' TCI handout. On 12/20/2022, [Residential Director], will update Restrictive Intervention procedure to include language about staff being attacked, not just clients, being harmed and action steps to reduce risk. On 12/21/2022, Program Supervisor will re-train all Residential Care Specialist on breaking up a fight including reviewing the footage of the incident on how to respond and when to intervene. **As of 12/9/2022, 1 of the 2 staff who had not had TCI training in response to the incident received the training. The 2nd staff is no longer with Thompson.</p> <p>Describe your plans to make sure the above happens.</p> <p>Quality Improvement Specialist will follow up Program Director and Program Supervisor to request documentation of the trainings provided on 12/20 and 12/21 including sign in sheets and agenda. Quality Improvement Specialist will also receive a copy of the updated Restrictive Intervention procedure to ensure it was completed."</p> <p>FC #7 was a 17-year-old female diagnosed with Major Depressive Disorder, Reaction to Severe Stress, Conduct Disorder, and Cannabis Abuse. Her risk history includes verbal and physical aggression. Staff #1 was trained in TCI, which includes verbal de-escalation techniques (prevention) and restrictive interventions. Staff #1 failed to use verbal de-escalation techniques and</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601487	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSON COTTAGE-THOMPSON CHILD A	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 SAINT PETERS LANE 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 30 restrictive interventions with FC #7 on 09/29/2022. Staff #1 engaged in a verbal exchange with FC #7 that persisted for approximately 3 minutes after FC #7 exhibited clear signs of increased agitation by verbal and behavioral escalation. FC #7 threw a carton of milk at Staff #1. Staff #1 stood up and grabbed FC #7 by the hair and with a swift forceful movement slammed FC #7 to the ground. Staff #1 and FC #7 engaged in physical altercation that continued for approximately 6 minutes, which resulted in FC #7 being treated at a local Emergency Department for a bruised rib. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty of \$1500.00 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		