

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-217</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/17/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JAMES COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 HASTY ROAD, SUITE F MARSHVILLE, NC 28103</b>
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V 000

**INITIAL COMMENTS**

An annual and complaint survey was completed on 2-17-23. One complaint was unsubstantiated (#NC00197918) and one was substantiated (#NC00198334). Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G 1300 Residential Treatment for Children or Adolescents.

This facility is licensed for twelve and currently has a census of six. The survey sample consisted of audits of three current clients.

V 000

V 108

27G .0202 (F-I) Personnel Requirements

**10A NCAC 27G .0202 PERSONNEL REQUIREMENTS**

(f) Continuing education shall be documented.

(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:

- (1) general organizational orientation;
- (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;
- (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and
- (4) training in infectious diseases and bloodborne pathogens.

(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 trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,

V 108

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 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S  
 SIGNATURE *[Handwritten Signature]*

TITLE *QA Director* (X6) DATE

STATE FORM

6899

NMSV11

If continuation sheet 1 of 24

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Division of Health Service Regulation

<p>V 108</p>	<p>Continued From page 1</p> <p>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 observation the facility failed to train staff to meet the needs of the clients, effecting three of three audited staff (Staff #1, #2, and #3) and one nurse (Nurse #1). The findings are:</p> <p>Review on 2-8-23 of Client #3's record revealed: -Admitted 1-17-23. -Diagnoses include; Adjustment Disorder with mixed disturbance of emotions and conduct, Autism Spectrum Disorder, Attention Deficit/Hyperactivity Disorder combined presentation, Oppositional Defiant Disorder, Unspecified trauma and stressor related Disorder.</p> <p>Review on 2-9-23 of Staff #1's record revealed: -Hire date 10-4-21. -Trainings include; Therapeutic Crisis Intervention (TCI) 7-8-22, Mental Illness for Foster Parents and Caregivers 7-24-22. -No training for people with Autism Spectrum Disorder.</p> <p>Review on 2-9-23 of Staff #2's record revealed: -Hire date of 1-10-22.</p>	<p>V 108</p>	<p>AHS, training specialist will develop, design, and implement a training that is centered around autism spectrum disorder. All staff will receive the training along with a certificate of completion through AHS electronic training system. All new hires will receive the training during new hire orientation.</p>	<p>4/17/2023</p>
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Division of Health Service Regulation

V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Trainings include TCI 7-8-22, Mental Illness for Foster Parents and Caregivers 7-22-22.</li> <li>-No training for people with Autism Spectrum Disorder.</li> </ul> <p>Review on 2-9-23 of Staff #3's record revealed:</p> <ul style="list-style-type: none"> <li>-Hire date of 1-3-23.</li> <li>-Trainings include; TCI 1-15-23, Mental Illness for Foster Parents and Caregivers 1-10-23.</li> <li>-No training for people with Autism Spectrum Disorder.</li> </ul> <p>Review on 2-9-23 of Nurse #1's record revealed:</p> <ul style="list-style-type: none"> <li>-Hire date 4-11-22.</li> <li>-Trainings include; TCI 4-24-22, Mental Illness for Foster Parents and Caregivers 4-13-22.</li> <li>-No training for people with Autism Spectrum Disorder.</li> </ul> <p>Interview on 2-9-23 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-He had not received any training for working with people with Autism Spectrum Disorder. -He did have a son with Autism.</li> </ul> <p>Interview on 2-9-23 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-She had previous experience working with people with Autism Spectrum Disorder.</li> <li>-They train people in TCI at the facility.</li> </ul> <p>Interview on 2-9-23 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-They had had several trainings at the facility.</li> <li>-She had not had any training for working with people with Autism Spectrum Disorder.</li> </ul> <p>Interview on 2-17-23 with the Quality Director revealed:</p> <ul style="list-style-type: none"> <li>-She understood why people would need training in Autism Spectrum Disorder to better</li> </ul>	V 108		
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Division of Health Service Regulation

V 108	Continued From page 3 serve the clients at the facility.	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 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 that and fire drills and a disaster drills was completed at least quarterly on each shift. The findings are:</p> <p>Review on 2-9-23 of documented fire drills from 1-2022 through 1-2023 revealed: -First quarter of 2022 had no third shift fire drill documented. -Third quarter had no third shift fire drill documented. Third quarter had two fire drills with no am or pm time so it was impossible to tell if it was first or second shift. -Fourth quarter had no am or pm documented so it was impossible to tell whether it</p>	V 114	<p>Quality Director will create a yearly, quarterly scheduled for all fire and disaster drills to be conducted by AHS, Facility Manager. The Facility Manager will email the completed drills monthly to the Quality Director to ensure compliance.</p>	4/17/2023

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<p>V 114</p>	<p>Continued From page 4 was first or second shift.</p> <p>Review on 2-9-23 of documented disaster drills revealed: -No 1st shift, second shift, or third shift disaster drills documented for the first quarter of 2022. -No 1st shift, second shift, or third shift disaster drills documented for the second quarter of 2022. -No 1st shift, second shift, or third shift disaster drills documented for the third quarter of 2022. -No second shift, or third shift disaster drills documented for the fourth quarter of 2022.</p> <p>Interview on 2-17-23 with the Quality Director revealed: -She had now set up a schedule for the Maintenance Director to follow that would ensure that both fire and disaster drills were conducted quarterly for each shift.</p>	<p>V 114</p>		
<p>V 132</p>	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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: 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. b. Misappropriation of the property of a resident</p>	<p>V 132</p>		

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V 132	<p>Continued From page 5</p> <p>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> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that Health Care Personnel Registry is notified of any allegations against Health Care Personnel. The findings are: Review on 2-8-23 of Internal Investigation for</p>	V 132	<p>AHS Quality Director will ensure that all HCPR are submitted within 24 hours of allegation discovered. AHS Shift Managers and Program Manager will receive a retraining in IRIS to ensure that all reports are not just saved, but submitted on the supervisor tab in IRIS. Quality Director will retrain shift managers and program managers on the process to notify the Quality Director when a IRIS is submitted to ensure a extra check for submission within the 72 hour timeframe.</p>	4/17/2023

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V 132	<p>Continued From page 6</p> <p>incident on 1-25-23 revealed: -Staff #1 had been accused of abusing Client #3 by grabbing him around his neck and throwing him against the wall.</p> <p>Review on 2-8-23 of Incident Response Improvement System (IRIS) revealed: -No incident had been submitted pertaining to the allegation.</p> <p>Interview on 2-8-23 with the IRIS administrator revealed: -She could see that the incident had been created, but never submitted.</p> <p>Review of IRIS on 2-16-23 revealed: -Incident on 1-25-23 visible in the system.</p> <p>Interview on 2-17-23 with the IRIS administrator revealed: -The incident was originated on 2-7-23 but not submitted until 2-13-23, including the report to the Health Care Registry Personnel</p> <p>Interview on 2-16-23 with the Quality Director revealed: -She didn't know why the incident didn't go through the first time she tried. But she would check with the IRIS administrator if she had any doubts going forward. -She knew that she needed to report all incidents in a timely manner.</p>	V 132		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(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;</p> <p>(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</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;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p>	V 366		

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V 366	<p>Continued From page 8</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 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: (A) the LME responsible for the catchment area where the services are provided pursuant to</p>	V 366		

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V 366	<p>Continued From page 9</p> <p>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 review and interviews the facility failed to implement incident response requirements for Category A and B providers. The findings are:</p> <p>Review on 2-8-23 of facility Internal Investigation revealed: -Staff #1 accused of grabbing Client #3 around the throat and throwing him against the wall.</p> <p>Review on 2-8-23 of facility incident reports revealed: -No incident report available for abuse accusation.</p> <p>Interview on 2-8-23 with the Quality Director revealed: -She had completed an Incident Response Improvement System report, but didn't know why it was not showing up.</p>	V 366		

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V 366	Continued From page 10  -Staff #1 had been suspended during the abuse investigation. -She would check with the system to see if she could find the issue.	V 366	AHS Quality Director will ensure that all HCPR are submitted within 24 hours of allegation discovered. AHS Shift Managers and Program Manager will receive a retraining in IRIS to ensure that all reports are not just saved but submitted on the supervisor tab in IRIS. Quality Director will retrain shift managers and program managers on the process to notify the Quality Director when a IRIS is submitted to ensure a extra check for submission within the 72 hour timeframe.	4/17/2023
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (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. (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:	V 367		

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V 367	<p>Continued From page 11</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential 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). (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;(4) seizures of client property or property in the possession of a client;</p>	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-217</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/17/2023</b>
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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  <b>JAMES COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 HASTY ROAD, SUITE F MARSHVILLE, NC 28103</b>
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V 367	<p>Continued From page 12</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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to submit Level II incident reports to the Local Management Entity within 72 hours as required. The findings are:</p> <p>Review on 2-8-23 of Internal Investigation for incident on 1-25-23 revealed: -Staff #1 had been accused of abusing Client #3 by grabbing him around his neck and throwing him against the wall.</p> <p>Review on 2-8-23 of Incident Response Improvement System (IRIS) revealed: -No incident had been submitted pertaining to the allegation.</p> <p>Interview on 2-8-23 with the IRIS administrator revealed: -She could see that the incident had been created, but never submitted.</p> <p>Review of IRIS on 2-16-23 revealed: -Incident on 1-25-23 visible in the system.</p>	V 367		

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V 367	Continued From page 13  Interview on 2-17-23 with the IRIS administrator revealed: -The incident was originated on 2-7-23 but not submitted until 2-13-23.  Interview on 2-16-23 with the Quality Director revealed: -She didn't know why the incident didn't go through the first time she tried. But she would check with the IRIS administrator if she had any doubts going forward.	V 367	AHS Quality Director will ensure that all HCPR are submitted within 24 hours of allegation discovered. AHS Shift Managers and Program Manager will receive a retraining in IRIS to ensure that all reports are not just saved but submitted on the supervisor tab in IRIS. Quality Director will retrain shift managers and program managers on the process to notify the Quality Director when a IRIS is submitted to ensure a extra check for submission within the 72 hour timeframe.	4/17/2023
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect  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 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.	V 512		

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Division of Health Service Regulation

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V 512	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews Staff #1 abused Client #3 . The findings are:</p> <p>Review on 2-8-23 of Client #3's record revealed: -Admitted 1-17-23. -12 years old. -Diagnoses of Adjustment Disorder with mixed disturbance of emotions and conduct, Autism Spectrum Disorder, Attention-deficit/hyperactivity disorder combined presentation, Oppositional Defiant Disorder, Unspecified trauma and stressor related disorder. - Assessment dated 1-6-23 revealed: escalating aggression...3 hospitalizations since 922-22...attacked his grandparents...attacked school officer.</p> <p>Review on 2-8-23 of Staff #1's record revealed: -Hire date of 10-4-21, termination date of 2-923. -Trainings include: TCI (Therapeutic Crisis Intervention) 7-8-22, Client Rights 7-22-22, Child Abuse and Reporting 7-23-22, Mental Illness for Foster Parents and Caregivers 7-24-22.</p> <p>Review on 2-8-23 of Incident Report dated 1-26-23 and signed by Staff #2 revealed: -Client #3 was being verbally and physically aggressive toward staff. Client #3 tipped over his closet, ripped the doors off the closet, broke the tank cover off of his toilet, and tore the vent cover off the vent. Staff entered room to remove the vent cover, Client #3 continued to kick staff. Client #3 was placed in a restraint until he calmed down. After release from restraint, Client #3 then</p>	V 512		

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V 512	<p>Continued From page 15</p> <p>licked his fingers and tried to put them in an electrical outlet stating he wanted to kill himself. Client #3 did calm down and ate lunch.</p> <p>Review on 2-8-23 of Internal Investigation for the incident on 1-25-23 in the process of being completed by the Quality Director revealed:</p> <ul style="list-style-type: none"> <li>-The Maintenance Director reported that he saw Staff #1 yelling, kicking, grabbing Client #3 around the neck and slamming him against the bathroom wall. He also saw Staff #1 standing on Client #3 because client #3 was grabbing Staff #1's legs.</li> <li>-Staff #1 was placed on administrative leave on 1-25-23 at 3:00pm.</li> <li>-Phone interview on 1-27-23 with Client #3 revealed: "He (Staff #1) slammed my head into the wall and it hurt me."</li> <li>-Interview on 1-26-23 with Staff #1 revealed that Client #3 was very aggressive and had begun hitting the walls with the plastic cover from under the sink in his bathroom. He had tried to take the cover from Client #3 and then left the bathroom and went into Client #3's bedroom.</li> <li>-Interviews on 1-26 and 1-27-23 with Staff #2 revealed that Client #3 was being very aggressive but she did not see Staff #1 choke Client #3. Staff #2 initially denied she had been in the bedroom until confronted with camera footage that showed her walking in and out. She then stated that she had not "seen anything."</li> <li>-Interview on 1-27-23 with Staff #3 revealed that she did not see Staff #1 do anything inappropriate to Client #3.</li> <li>-Series of emails on 1-25-23 between the Maintenance Director and the Quality Director revealed: He (Maintenance Director ) saw Staff #1 grab Client #3 around the neck and slam him against the bathroom wall. He also said that during the same incident Staff #1 stood on Client</li> </ul>	V 512		

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V 512	<p>Continued From page 16</p> <p>#3 because Client #3 grabbed his leg. When asked to give more detail he stated that Client #3 was laying on his back and Staff #1 stood on him and told him that when Client #3 let go of his leg, Staff #1 would let him up. He also stated that Staff #2 had said that she saw Client #3's feet off of the floor and that Staff #1 had Client #3 around his neck.</p> <p>-Nursing note dated 1-27-23 about the incident on 1-25-23 revealed: Client #3 stated that "he was choked and pushed against the wall by the black man." Client #3 did let the nurse briefly check him for injuries and he had no swelling or bruising.</p> <p>Review on 2-3-23 and 2-15-23 of the IRIS (Incident Response Improvement System) revealed;</p> <p>-2-3-23-no incident for allegation of staff abuse.</p> <p>-2-15-23-incident, including report to Health Care Personnel Registry had been submitted.</p> <p>Observation on 2-9-23 at approximately 4:00 pm revealed:</p> <p>-Dent in the sheetrock of Client #3's bathroom wall.</p> <p>-Dent was approximately two feet above the towel rack.</p> <p>-Dent did not break through the sheetrock.</p> <p>Interview on 2-8-23 with the IRIS administrator revealed:</p> <p>-She could see the incident had been created but not submitted.</p> <p>Interview on 2-8-23 with Client #3 revealed:</p> <p>-Client #3 was currently in the hospital waiting for a placement to be found.</p> <p>-"I hate there." (The facility)</p>	V 512		

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V 512	<p>Continued From page 17</p> <ul style="list-style-type: none"> <li>-Stated that Staff #1 had grabbed him around his neck and threw him against the wall. - He was kicking and biting Staff #1.</li> <li>-"I was crying, I was on the floor. He (Staff #1) took my stuff and said he would throw it away."</li> <li>-He was lying on his stomach and Staff #1 put his foot on his back and held him down.</li> <li>-He couldn't remember what the other staff had been doing.</li> </ul> <p>Interviews on 2-3-23 and 2-8-23 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-He did not want to talk about other clients.</li> </ul> <p>Interview on 2-8-23 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-He had never seen any staff mistreat any of the clients.</li> </ul> <p>Interview on 2-9-23 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-He had already talked with Child Protective Services about the incident.</li> <li>-Client #3 was very upset.</li> <li>-There are covers over the pipes in the bathroom and Client #3 had removed one.</li> <li>-He had removed the cover from Client #3's hand, Client #3 was kicking and aggressive and that could have been what the Maintenance Director saw.</li> <li>-There had been no physical aggression from him.</li> <li>-They had removed things from his room because of his aggression.</li> <li>-Client #3 had put a dent in the wall.</li> </ul> <p>Interview on 2-9-23 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-Client #3 had only been at the facility a short time.</li> <li>-He had a lot of physical aggression and had spit in her face before.</li> </ul>	V 512		

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V 512	<p>Continued From page 18</p> <ul style="list-style-type: none"> <li>-He is uncontrollable. We try to redirect with him, process, and give him options."</li> <li>-The last day Client #3 was there he was very aggressive. Items were taken out of his room because he was using them for weapons.</li> <li>-He had been restrained that day, but she had not been in the room for that, but the nurse observed it.</li> <li>-His aggression was major."</li> <li>-She did not see Staff #1 do anything inappropriate.</li> <li>-She had been in and out of the room, monitoring.</li> <li>-She thinks the dent in the bathroom wall had been caused by Client #3.</li> <li>-She did see Client #3 threaten the Qualified Professional with the vent cover.</li> <li>"Everybody gets along, we are a team, you have to be to work here. Even just eye contact communication."</li> </ul> <p>Interview on 2-9-23 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-She had worked the day of the incident but had not seen "anything."</li> <li>-Client #3 had gotten angry because he believed another client had taken some of his game cards.</li> <li>-Client #3 went into his bathroom and started banging on the wall.</li> <li>-She asked Client #3 to stop, but he ignored her.</li> <li>-She then asked Staff #1 to go into Client #3's bedroom to ask him to stop banging on the wall.</li> <li>-Staff #1 told him to stop, "that was all I seen."</li> <li>-Client #3 remained agitated and she did not see him again after that shift.</li> </ul> <p>Interview on 2-10-23 with Nurse #1 revealed:</p>	V 512		

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V 512	<p>Continued From page 19</p> <ul style="list-style-type: none"> <li>-She had gone down to monitor Client #3 because he was having a behavior.</li> <li>-Client #3 was kicking.</li> <li>-Staff #1 had been there and he had held Client #3's feet to stop him from kicking.</li> <li>-The previous day, Client #3 had told his grandmother that someone had banged his head on a wall.</li> <li>-She did examine him, but there were no marks on his head and he wouldn't let her look further.</li> <li>-She did not see Staff #1 do anything other than holding his legs. Client #3 was already on the ground when she got to the facility.</li> <li>-She went down to the facility twice that day for the same situation.</li> </ul> <p>Interview on 2-8-23 with the Maintenance Director revealed:</p> <ul style="list-style-type: none"> <li>-He had been in the facility working and he went into Client #3's room.</li> <li>-Staff #1 grabbed Client #3 by the throat from the front with one hand and slammed him into the wall.</li> <li>-This was in Client #3's bathroom and it broke the sheetrock in the bathroom when Staff #1 slammed Client #3's head against the wall.</li> <li>-Client #3 fell to the floor crying.</li> <li>-Staff #1 went into Client #3's bedroom and when Client #3 came out of the bathroom, Staff #1 stuck one leg out and "clotheslined him." - Client #3 hit the floor again.</li> <li>-Client #3 was kicking from the floor.</li> <li>-Staff #1 stood on him with one leg and said for Client #1 to let go of his leg and he would get off of him.</li> <li>-Staff #1 was standing on his stomach.</li> <li>-"I am [Staff #1]'s buddy outside, but wrong is wrong."</li> <li>-The other staff were not intervening.</li> </ul>	V 512		

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V 512	<p>Continued From page 20</p> <ul style="list-style-type: none"> <li>-Staff #2 said that she saw Clients #3's feet 2 feet off the ground. Neither staff stepped in to help.</li> <li>-He had walked up to the administrative building and reported it.</li> <li>-Staff #1 had been suspended immediately.</li> </ul> <p>Interview on 2-14-23 with Client #3's Social Worker/Guardian revealed:</p> <ul style="list-style-type: none"> <li>-Client #3 will "misconstrue" facts.</li> <li>-Client #3 had gotten assaulted at his last placement, so she is not sure if he is telling the truth about this incident.</li> <li>-"I did catch him in a lie yesterday, yesterday he said the hospital threw him on the floor and then said [facility] did it."</li> </ul> <p>Interview on 2-8-23 with the Residential Director revealed:</p> <ul style="list-style-type: none"> <li>-Client #3 had been in crisis for hours.</li> <li>-Staff had tried to calm him down but couldn't.</li> <li>-She did go down to the facility and saw that he had been placed in a restraint with the nurse present.</li> <li>-Client #3 continued to have behaviors of spitting and biting.</li> <li>-While this was going on she received a message from the Maintenance Director that a staff had abused Client #3 so she got the nurse to do a body check.</li> <li>-The Maintenance Director said that he saw staff pick up Client #3 and drop him to the floor. He said Staff #1 took him (Client #3) to the wall and dropped him to the floor.</li> <li>-After that she passed the allegation to the Quality Director who started the Internal Investigation.</li> <li>-She then went to the magistrate to have Client #3 involuntarily committed.</li> <li>-The hospital called her around midnight and</li> </ul>	V 512		

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V 512	<p>Continued From page 21</p> <p>she told them that Client #3 needed to be evaluated, but they were planning on having him return to the facility.</p> <ul style="list-style-type: none"> <li>-When the facility tried to pick him up, the hospital would not let him go without approval from Department of Social Services.</li> <li>-They later found out that Client #3 had bruises on his body.</li> <li>-She thinks it was from all the behaviors that he was having at the facility.</li> <li>-They had an emergency Child and Family Treatment Team meeting and Client #3's Social Worker/Guardian said the reason he was removed from his last placement was he had bruising.</li> <li>-The team decided that he won't be coming back and his Social Worker/Guardian will try to get him a higher level of care.</li> </ul> <p>Interview on 2-8-23 and 2-17-23 with the Quality Director revealed:</p> <ul style="list-style-type: none"> <li>-She had started the Internal Investigation on 1-25-23 and had immediately suspended Staff #1.</li> <li>-She had been out a couple days with Covid, and then she was trying to get the hospital records to finish the investigation.</li> <li>-Staff #1 had never been back to the facility to work.</li> <li>Staff #1 had been terminated on 2-9-23 when she finished the investigation.</li> <li>-Staff had attended a meeting on 2-16-23 and an additional meeting is scheduled for 2-22-23 concerning interactions with clients.</li> <li>-She felt they had done everything they could to keep the clients safe.</li> </ul> <p>Review on 2-17-23 of the Plan of Protection dated 2-17-23 and signed by the Quality Director revealed:</p>	V 512		

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V 512	<p>Continued From page 22</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>AHS (Anderson Behavioral Health, Inc., Licensee) staff was put on administrative leave immediately on 1/25/2023 when allegation was disclosed. Any staff that is accused of an allegation of abuse or neglect is put on administrative leave immediately upon the disclosure. Resident was admitted to the hospital on 1/25/2023 to receive a body assessment and address his self-harming behaviors. AHS will continue to take allegations of sexual and physical abuse serious by continuing to begin our internal investigations as soon as the allegation is disclosed. AHS will continue to retrain and direct care staff on TCI and population specific training. AHS will continue to address what are appropriate and inappropriate engaging interactions with residents.</p> <p>Describe your plans to make sure the above happens.</p> <p>AHS conducted an direct care re-training on 2/16/2023, an additional direct care re-training is scheduled for 2/22/2023, and will continue to conduct all residential staff meetings to address appropriate and inappropriate interactions with residents.</p> <p>AHS will continue to conduct all investigations in a timely manner to ensure that all evidence is reviewed thoroughly to ensure residents safety. AHS staff will continue to receive the initial TCI training prior to engaging in ratio and receive a minimum of 12 hours of TCI refreshers per year."</p>	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-217</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/17/2023</b>
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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**JAMES COTTAGE**

**1915 HASTY ROAD, SUITE F**

**MARSHVILLE, NC 28103**

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V 512	<p>Continued From page 23</p> <p>Client #3 was diagnosed with Adjustment Disorder with mixed disturbance of emotions and conduct, Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder combined presentation, Oppositional Defiant Disorder, Unspecified trauma and stressor related disorder. Client #1 had a history of escalating aggression, with attacks on family and community members, resulting in three hospitalizations since 9-22-22. On 1-25-23 Client #3 was being verbally and physically aggressive toward staff. The Maintenance Director observed Staff #1 yelling, kicking, and grabbing Client #3 around the neck and slamming him against the bathroom wall with enough force to leave a dent in the sheetrock. He also observed Staff #1 standing on Client #3's stomach. Client #3 was taken to the hospital and involuntarily committed due to his behaviors. Hospital staff reported that Client #3 had bruises on his body. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty of \$1,500.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day,</p>	V 512	<p>AHS staff was put on administrative leave immediately on 1/25/2023 when allegation was disclosed. Any staff that is accused of an allegation of abuse or neglect is put on administrative leave immediately upon the disclosure. Resident was admitted to the hospital on 1/25/2023 to receive a body assessment and address his self-harming behaviors. AHS will continue to take allegations of sexual and physical abuse serious by continuing to begin our internal investigations as soon as the allegation is disclosed. AHS will continue to retrain and direct care staff on TCI and population specific training. AHS will continue to address what are appropriate and inappropriate engaging interactions with residents.</p> <p>AHS conducted an direct care re-training on 2/16/2023, an additional direct care re-training is scheduled for 2/22/2023, and will continue to conduct all residential staff meetings to address appropriate and inappropriate interactions with residents.</p> <p>AHS will continue to conduct all investigations in a timely manner to ensure that all evidence is reviewed thoroughly to ensure residents safety.</p> <p>AHS staff will continue to receive the initial TCI training prior to engaging in ratio and receive a minimum of 12 hours of TCI refreshers per year.</p>	3/12/23