

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/06/2023
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NAME OF PROVIDER OR SUPPLIER SMITH COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6725 SAINT PETER'S LANE MATTHEWS, NC 28105
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey were completed on 4/6/23. The complaints were substantiated (Intake #NC00197680, #NC00199124). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 9 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all</p>	V 364		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 364	<p>Continued From page 1</p> <p>times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p>	V 364		

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V 364	<p>Continued From page 2</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if</p>	V 364		

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V 364	<p>Continued From page 3</p> <p>there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d)</p>	V 364		
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V 364	<p>Continued From page 4</p> <p>of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on interviews and record review the facility failed to ensure clients had the right to make and receive confidential telephone calls affecting 2 of</p>	V 364		

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V 364	<p>Continued From page 5</p> <p>6 clients (#1, #5). The findings are:</p> <p>Review on 4/4/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 10/7/22; - Age 17; - Diagnoses: Post-Traumatic Stress Disorder, Unspecified; Major Depressive Disorder, Single Episode, Moderate; Oppositional Defiant Disorder; Reactive Attachment Disorder; Stimulant Use Disorder, Severe; Neurodevelopmental Disorder Associated with Prenatal Alcohol/ Fetal Alcohol Syndrome Disorder (FASD); Generalized Anxiety Disorder. <p>Interview on 3/24/23 with client #1 revealed:</p> <ul style="list-style-type: none"> - Was unable to call "advocant and mother" outside of the telephone hours of 3:30-5:30p.m.; - Could not identify the date, unable to call advocant and mother outside of the telephone hours of 3:30-5:30p.m.; - Staff was unaware "it's differnt for me(allowed to make calls outside of 3:30-5:30), I can call before and anytime after 6p.m." <p>Interview on 3/24/23 with client #4 revealed:</p> <ul style="list-style-type: none"> - "Only allowed to use the phone from 3:30-5:30p.m, not able to call anyone outside of the hours." - "Needed to call my GAL (Guardian ad Litem) and Youth Support Partner, staff would not allow me to call." - Could not identify date, unable to call Guardian ad Litem and Youth Support Partner. <p>Interview on 3/24/23 with the Program Supervisor revealed:</p> <ul style="list-style-type: none"> - Free leisure time was from 3:30-5:30; - Clients were allowed to make phone calls from 3:30-5:30p.m., in 15 minute call increments; - "It's situational(depends on a situation with a 	V 364		

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V 364	Continued From page 6 client) if we allow a client to talk outside of those hours." - There were two clients who had accommodations to speak with their guardian outside of the telephone hours of 3:30-5:30p.m. Interview on 4/6/23 with the Residential Program Director revealed: - Clients were allowed to make calls from 3:30-5:30p.m.; - Did not allow clients to make calls outside of the phone hours of 3:30-5:30; - Had a client that would try to make calls during group time to get out of participating in group.	V 364		
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	V 366		

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V 366	<p>Continued From page 7</p> <p>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> <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</p>	V 366		

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V 366	<p>Continued From page 8</p> <p>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:</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:</p>	V 366		

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V 366	<p>Continued From page 9</p> <p>Based on record reviews and interviews, the facility failed to implement, written policies governing their responses to level II incidents affecting 3 of 6 clients(#2, #4, #6). The findings are:</p> <p>Review on 3/24/23 of Incident Response Improvement System (IRIS) from 2/22/23-3/24/23 revealed:</p> <ul style="list-style-type: none"> -No IRIS report, Risk Cause/Analysis , or documentation to support submission of the written preliminary findings of fact to the Local Management Entity (LME)/ Managed Care Organization (MCO) within 5 working days for client #4, who wrote the nurse a note saying that she was planning to kill herself tonight. She went into her bathroom and started scratching her pulse with a pen on 3/22/23; -No IRIS report, Risk Cause/Analysis, or documentation to support submission of the written preliminary findings of fact to the LME/MCO within 5 working days of client #2, who tried to tie a cover around her neck, after the sheets were removed, client #2 removed her socks and tied them around her neck on 3/7/23; -No IRIS report, Risk Cause/Analysis, or documentation to support submission of the written preliminary findings of fact to the LME/MCO within 5 working days of when client #6 reported her throat was closing up after eating food with pepper. Client #6 was given an EpiPen by the nurse and transported by local Emergency Medical Services (EMS) to the local medical center on 2/28/23; -No IRIS report, Risk Cause/Analysis, or documentation to support submission of the written preliminary findings of fact to the LME/MCO within 5 working days of when client #6 slipped in the creek and fell on her wrist. Client #6 had to go to local hospital for treatment on 	V 366		

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V 366	<p>Continued From page 10</p> <p>2/22/23.</p> <p>Interview on 3/24/23 with the Program Supervisor revealed:</p> <ul style="list-style-type: none"> - Responsible for completing IRIS reports; - Completed IRIS reports for client #6 going to the hospital after use of an EpiPen. <p>Interview on 4/6/23 with the Residential Program Director revealed:</p> <ul style="list-style-type: none"> - Was aware of only 1 incident not completed in IRIS in a timely manner; - "Coached" the Program Supervisor on the importance of completing IRIS reports. <p>This deficiency constitutes a re-cite deficiency and must be corrected within 30 days.</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> <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> <p>(1) reporting provider contact and</p>	V 367		

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V 367	<p>Continued From page 11</p> <p>identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <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> <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).</p>	V 367		

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NAME OF PROVIDER OR SUPPLIER SMITH COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6725 SAINT PETER'S LANE MATTHEWS, NC 28105
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	<p>Continued From page 12</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> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report level II incidents in the Incident Response improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment areas where services were provided within 72 hours of becoming aware of the incident affecting 3 of 6 clients(#2, #4, #6). The findings are:</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 13</p> <p>Review on 3/24/23 of the IRIS from 2/22/23-3/24/23 revealed:</p> <ul style="list-style-type: none"> - No IRIS report submitted for the allegation of client #4, who wrote the nurse a note saying that she was planning to kill herself tonight. She went into her bathroom and started scratching her pulse with a pen on 3/22/23; - No IRIS report submitted for the allegations of client #2, who tried to tie a cover around her neck, after the sheets were removed, client #2 removed her socks and tied them around her neck on 3/7/23; - No IRIS report submitted for the allegations client #6 reported her throat was closing up after eating food with pepper. Client #6 was given an EpiPen by the nurse and transported by local Emergency Medical Services (EMS) to the local medical center on 2/28/23; - No IRIS report submitted for the allegation of client #6 slipped in the creek and fell on her wrist. Client #6 had to go to local hospital for treatment on 2/22/23. <p>Review on 3/24/23 of the facility's records revealed:</p> <ul style="list-style-type: none"> - No documentation of the LME/MCO notification of client #4, who wrote the nurse a note saying that she was planning to kill herself tonight. She went into her bathroom and started scratching her pulse with a pen on 3/22/23; - No documentation of the LME/MCO notification of client #2, who tried to tie a cover around her neck, after the sheets were removed, client #2 removed her socks and tied them around her neck on 3/7/23; - No documentation of the LME/MCO notification of client #6 reported her throat was closing up after eating food with pepper. Client #6 was given an EpiPen by nurse and transported by local Emergency Medical Services (EMS) to the local 	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/06/2023
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V 367	<p>Continued From page 14</p> <p>medical center on 2/28/23; - No documentation of the LME/MCO notification of client #6 slipped in the creek and fell on her wrist. Client #6 had to go to local hospital for treatment on 2/22/23;</p> <p>Interview on 3/24/23 with the Program Supervisor revealed: - Responsible for completing IRIS reports; - Completed IRIS reports for client #6 going to the hospital after use of EpiPen.</p> <p>Interview on 4/6/23 with the Residential Program Director revealed: - Was aware of only 1 incident not completed in IRIs in a timely manner; - Coached the Program Supervisor on the importance of completing IRIS reports.</p> <p>This deficiency constitutes a re-cite deficiency and must be corrected within 30 days.</p>	V 367		