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dits of 3 current cli	vey sample consisted of			
	ents.			
S. 122C- 62 Addit	ional Rights in 24 Hour	V 364		
Facilities				
	al Rights in 24-Hour			
cilities.				
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		BERTH IO, TION NONDER.	A. BUILDING:			
		MHL0601400	B. WING		C 04/06/2023	
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
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	TIAGE	MATTHE	EWS, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 364	Continued From page	e 1	V 364			
	times keeps the right	to:				
		e confidential telephone				
		e calls shall be paid for by				
	0	of making the call or made				
	collect to the receiving party;					
	(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					
		g shall not take precedence				
	over therapies;	d moot under enprenriete				
	(3) Communicate and meet under appropriate supervision with individuals of his own choice					
	upon the consent of the individuals;					
	(4) Make visits outside the custody of the facility					
	unless:					
	a. Commitment pro	ceedings were initiated as				
		t's being charged with a				
	violent crime, includir	ng a crime involving an				
	assault with a deadly	-				
	-	d not guilty by reason of				
	insanity or incapable					
	b. The client was v	-				
		lity while under order of				
	commitment to a corr	ection of the Department of				
	Public Safety; or	cealon of the Department of				
		ng held to determine capacity				
	to proceed pursuant					
		pressly authorize visits				
	otherwise prohibited by the existence of the					
	conditions prescribed					
	. ,	daily and have access to				
	facilities and equipme several times a week	ent for physical exercise				
		; ited by law, keep and use				
		l possessions, unless the				
		determine capacity to				
	proceed pursuant to					
	(7) Participate in reli	,				

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		MHL0601400	B. WING		04	C 04/06/2023	
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V 364	Continued From page	e 2	V 364				
	 own money; (9) Retain a driver's prohibited by Chapter and (10) Have access to i his private use. (c) In addition to the 122C-51 through G.S 122C-59 through G.S 122C-59 through G.S who is receiving treat 24-hour facility has th proper adult supervis recognition of the min individual, the minor s opportunities to enab emotionally, intellectuvocationally. In view of and intellectual imma 24-hour facility shall also, reasonable efforts to client receives treatm adult clients unless the minor client dictate of Each minor client dictate of Each minor client who habilitation from a 24-(1) Communicate ar guardian or the agence custody of him; (2) Contact and consort of his legally recommended and the section of the section of the section of the facility, legiphysicians, private medisabilities, or substation for his legally response to the facility response to the facility recommended and consort to the facility, legiphysicians, private medisabilities, or substation for his legally response to the facility response to	 2. 122C-61, each minor client ment or habilitation in a le right to have access to ion and guidance. In oor's status as a developing shall be provided le him to mature physically, ually, socially, and of the physical, emotional, turity of the minor, the provide appropriate and control consistent with e minor pursuant to this Part. where practical, make ensure that each minor lent apart and separate from the treatment needs of the cherwise. b is receiving treatment or -hour facility has the right to: nd consult with his parents or cy or individual having legal sult with, at his own expense esponsible person and at no 					

TATEMENT OF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
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V 364 Co	ontinued From page	e 3	V 364				
The resuma (d) of the (1) of the (1) distingtion (2) with (2) with (3) vision (2) with (3) vision (4) v	stricted by the facil ay exercise these r) Except as provid this section, each r eatment or habilitati e right to:) Make and receiv stance calls shall b ne of making the ca ceiving party;) Send and receiv iting materials, pos- nen necessary;) Under appropria sitors between the f m. for a period of a urs of which shall I siting shall not take erapies;) Receive special ining in accordance) Be out of doors of creation, and physi sis in accordance) Except as prohit risonal clothing and propriate supervisi d to determine cap S. 15A-1002;) Participate in rel) Have access to e safekeeping of period	n this subsection may not be ity and each minor client ights at all reasonable times. ded in subsections (e) and (h) minor client who is receiving ion in a 24-hour facility has re telephone calls. All long e paid for by the client at the all or made collect to the re mail and have access to stage, and staff assistance te supervision, receive hours of 8:00 a.m. and 9:00 t least six hours daily, two be after 6:00 p.m.; however precedence over school or education and vocational e with federal and State law; daily and participate in play, ical exercise on a regular with his needs; bited by law, keep and use d possessions under ion, unless the client is being pacity to proceed pursuant to igious worship; individual storage space for ersonal belongings; and spend a reasonable sum ad					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY COMPLETED		
IND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ		
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V 364	Continued From page 4		V 364				
	by the qualified profest formulation of the cliest plan. A written statem client's record that ind for the restriction. The reasonable and relate habilitation needs. A set period not to exceed each restriction shall qualified professional at which time the rest Each evaluation of a documented in the cliest rights may be renewed statement entered by the client's record that renewal of the restrict client who has not be in each instance of ar of a restriction of righ by the client shall, up be notified of the rest it. In the case of a min adult client, the legall be notified of each inso or renewal of a restrict reason for it. Notificat individual or legally re documented in writing	ed to the client's treatment or restriction is effective for a 30 days. An evaluation of be conducted by the at least every seven days, riction may be removed. restriction shall be ent's record. Restrictions on ed only by a written the qualified professional in t states the reason for the tion. In the case of an adult en adjudicated incompetent, n initial restriction or renewal ts, an individual designated on the consent of the client, riction and of the reason for nor client or an incompetent y responsible person shall stance of an initial restriction etion of rights and of the ion of the designated as in the client's record.					
		and record review the facility s had the right to make and					

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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V 364	Continued From pag	e 5	V 364			
	6 clients (#1, #5). Th	e findings are:				
	 Admitted 10/7/22; Age 17; Diagnoses: Post-Tr Unspecified; Major D Episode, Moderate; O Disorder; Reactive A Stimulant Use Disord Neurodevelopmental Prenatal Alcohol/ Fet Disorder (FASD); Get Interview on 3/24/23 Was unable to call outside of the telepho - Could not identify the advocant and mother hours of 3:30-5:30p.r Staff was unaware to make calls outside 	ttachment Disorder; der, Severe; I Disorder Associated with tal Alcohol Syndrome eneralized Anxiety Disorder. with client #1 revealed: "advocant and mother" one hours of 3:30-5:30p.m.; ne date, unable to call r ouside of the telephone m.; "it's different for me(allowed e of 3:30-5:30), I can call				
	 "Only allowed to us 3:30-5:30p.m, not ab the hours." "Needed to call my and Youth Support P me to call." Could not identify d ad Litem and Youth S Interview on 3/24/23 revealed: 	with client #4 revealed: e the phone from le to call anyone outside of GAL (Guardian ad Litem) artner, staff would not allow ate, unable to call Guardian Support Partner. with the Program Supervisor				
	3:30-5:30p.m., in 15	as from 3:30-5:30; d to make phone calls from minute call increments; ends on a situation with a				

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If continuation sheet 6 of 15

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY PLETED	
		MHL0601400	B. WING		04	C 04/06/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		6725 SA	INT PETER'S LANE	E			
SMITH CO	JTIAGE	MATTHE	WS, NC 28105				
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V 364	Continued From page 6		V 364				
	client) if we allow a c hours." - There were two clie accommodations to s outside of the telepho Interview on 4/6/23 w Director revealed: - Clients were allowe 3:30-5:30p.m.; - Did not allow clients phone hours of 3:30- - Had a client that wo	lient to talk outside of those onts who had speak with their guardian one hours of 3:30-5:30p.m. with the Residential Program d to make calls from s to make calls outside of the					
V 366	10A NCAC 27G .060 RESPONSE REQUII CATEGORY A AND I (a) Category A and E implement written po	REMENTS FOR 3 PROVIDERS 3 providers shall develop and licies governing their	V 366				
	shall require the prov (1) attending to of individuals involve (2) determining (3) developing measures according timeframes not to exe (4) developing to prevent similar inc specified timeframes (5) assigning p for implementation of preventive measures (6) adhering to set forth in G.S. 75, 4	b the health and safety needs d in the incident; g the cause of the incident; and implementing corrective to provider specified ceed 45 days; and implementing measures idents according to provider not to exceed 45 days; berson(s) to be responsible f the corrections and					

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL0601400	B. WING		04	C I/06/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
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	1	MATTHE	EWS, NC 28105			
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V 366	Continued From page	e 7	V 366			
	164; and					
		documentation regarding				
	()) through (a)(6) of this Rule.				
		requirements set forth in				
	()	Rule, ICF/MR providers				
	• • • • •	•				
	shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.					
	(c) In addition to the requirements set forth in					
	Paragraph (a) of this Rule, Category A and B					
		CF/MR providers, shall				
	· •	ent written policies governing				
	• •	vel 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:					
	•	/ securing the client record				
	-	e client record;				
	(B) making a p					
		ie copy's completeness; and				
		the copy to an internal				
	review team:					
	(2) convening a	a meeting of an internal				
	review team within 24	hours of the incident. The				
	internal review team	shall consist of individuals				
	who were not involve	d 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 cor follows:	nplete all of the activities as				
	(A) review the c	opy of the client record to				
		nd causes of the incident				
	and make recommen	dations for minimizing the				
	occurrence of future i					
		r information needed;				
		n preliminary findings of fact				
	. ,	lys of the incident. The				
	-		1			1

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED			
		MHL0601400	B. WING		C 04/06/2023				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE					
	TTACE	6725 SA	INT PETER'S LANE	E					
SMITH COTTAGE MATTHEWS, NC 28105									
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V 366	Continued From page	e 8	V 366						
	LME in whose catchn located and to the LM if different; and (D) issue a final owner within three mo final report shall be se catchment area the p LME where the client final written report sha identified by the intern include all public doct incident, and shall ma minimizing the occurr all documents needed available within three LME may give the pro- three months to subm (3) immediately (A) the LME res area where the servic Rule .0604; (B) the LME wh different; (C) the provide for maintaining and u treatment plan, if differ provider; (D) the Departm (E) the client's applicable; and	erent from the reporting							
	This Rule is not met	as evidenced by:							

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 04/06/2023	
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NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
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	TAGE	MATTHE	WS, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 366	Continued From page	Continued From page 9				
	facility failed to impler governing their respo	ews and interviews, the ment, written policies nses to level II incidents s(#2, #4, #6). The findings				
	revealed: -No IRIS report, Risk documentation to sup written preliminary fin Management Entity (I Organization (MCO) v client #4, who wrote t she was planning to k into her bathroom and pulse with a pen on 3 -No IRIS report, Risk documentation to sup written preliminary fin LME/MCO within 5 w tried to tie a cover and sheets were removed	(IRIS) from 2/22/23-3/24/23 Cause/Analysis , or port submission of the dings of fact to the Local _ME)/ Managed Care within 5 working days for he nurse a note saying that till herself tonight. She went d started scratching her /22/23; Cause/Analysis, or port submission of the				
	written preliminary fin LME/MCO within 5 wr #6 reported her throa food with pepper. Clie by the nurse and tran Medical Services (EM center on 2/28/23; -No IRIS report, Risk documentation to sup written preliminary fin LME/MCO within 5 wr	port submission of the dings of fact to the orking days of when client t was closing up after eating ent #6 was given an EpiPen sported by local Emergency IS) to the local medical Cause/Analysis, or port submission of the				

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL0601400	B. WING		04	C I/06/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
SMITH CC	TTAGE		INT PETER'S LANE EWS, NC 28105	E			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN		(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLETE	
V 366	Continued From page	Continued From page 10					
	2/22/23.						
	revealed: - Responsible for con	orts for client #6 going to the					
	Director revealed: - Was aware of only IRIS in a timely mann - "Coached" the Prog importance of comple	ram Supervisor on the eting IRIS reports.					
	This deficiency const and must be correcte	itutes a re-cite deficiency d within 30 days.					
V 367	27G .0604 Incident R	eporting Requirements	V 367				
	level II incidents, exc the provision of billab consumer is on the p incidents and level II to whom the provider 90 days prior to the ir responsible for the ca services are provided becoming aware of th be submitted on a for Secretary. The repor in person, facsimile of	REMENTS FOR PROVIDERS providers shall report all ept deaths, that occur during le services or while the roviders premises or level III deaths involving the clients rendered any service within heident to the LME atchment area where within 72 hours of he incident. The report shall					

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If continuation sheet 11 of 15

TATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL0601400	B. WING		04	C /06/2023
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
мітн со	TTAGE		INT PETER'S LANE	1		
	-	MATTHE	EWS, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 367	Continued From page 11		V 367			
	identification informat	tion [.]				
	(2) client identification information;					
	(3) type of incid					
	(4) description					
		e effort to determine the				
	cause of the incident; and					
	(6) other individuals or authorities notified					
	or responding.					
		3 providers shall explain any				
	•	e information. The provider				
	shall submit an updated report to all required report recipients by the end of the next business					
	day whenever:					
	(1) the provider has reason to believe that					
	information provided					
	-	g or otherwise unreliable; or				
		r obtains information				
	required on the incide	ent form that was previously				
	unavailable.					
		B providers shall submit,				
		LME, other information				
	obtained regarding th	-				
		ords including confidential				
	information;	than authoritical and				
	• • •	other authorities; and r's response to the incident.				
		B providers shall send a copy				
	.,	reports to the Division of				
		opmental Disabilities and				
		rvices within 72 hours of				
	becoming aware of th	ne incident. Category A				
	providers shall send a					
	-	client death to the Division of				
		lation within 72 hours of				
	•	ne incident. In cases of				
		ven days of use of seclusion				
		der shall report the death				
	.0300 and 10A NCAC	ired by 10A NCAC 26C C 27E .0104(e)(18).				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
					C		
	MHL0601400		B. WING	04	04/06/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	, ZIP CODE			
SMITH CC	DTTAGE		NNT PETER'S LANE EWS, NC 28105				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLET THE APPROPRIATE DATE		
V 367	Continued From page 12		V 367				
	report quarterly to the catchment area when The report shall be su by the Secretary via a include summary info (1) medication definition of a level II (2) restrictive in the definition of a level (3) searches of (4) seizures of the possession of a c (5) the total nu- incidents that occurre (6) a statement been no reportable in incidents have occurr meet any of the criter (a) and (d) of this Rul through (4) of this Pa This Rule is not met Based on record revi- facility failed to report Incident Response in and notify the Local M (LME)/Managed Care responsible for the ca- services were provide	errors that do not meet the or level III incident; nterventions that do not meet el II or level III incident; f a client or his living area; client property or property in dient; mber of level II and level III ed; and t indicating that there have noticents whenever no red during the quarter that ia as set forth in Paragraphs le and Subparagraphs (1) ragraph. as evidenced by: ews and interviews, the t level II incidents in the nprovement System (IRIS) Management Entity e Organization (MCO) atchment areas where					

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OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED C 04/06/2023	
MHL0601400		B. WING		04		
ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
TTAGE			E			
	MATTHE	EWS, NC 28105				
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Continued From pag	e 13	V 367				
 7 Continued From page 13 Review on 3/24/23 of the IRIS from 2/22/23-3/24/23 revealed: 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. Review on 3/24/23 of the facility's records revealed: 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; 						
of client #2, who tried neck, after the sheet removed her socks a	t to tie a cover around her s were removed, client #2					
- No documentation of client #6 reported after eating food with	her throat was closing up pepper. Client #6 was given					
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag Review on 3/24/23 o 2/22/23-3/24/23 reve - No IRIS report subr client #4, who wrote she was planning to into her bathroom an pulse with a pen on 3 - No IRIS report subr client #2, who tried to neck, after the sheet removed her socks a neck on 3/7/23; - No IRIS report subr client #6 reported he eating food with pep EpiPen by the nurse Emergency Medical medical center on 2/2; - No IRIS report subr client #6 slipped in th Client #6 had to go to on 2/22/23. Review on 3/24/23 o revealed: - No documentation o of client #4, who wrote that she was plannin went into her bathrood pulse with a pen on 3 - No documentation of of client #2, who tried removed her socks a neck on 3/7/23; - No documentation of of client #4, who wrote that she was plannin went into her bathrood pulse with a pen on 3 - No documentation of of client #2, who tried removed her socks a neck on 3/7/23; - No documentation of of client #6 reported after eating food with	IDENTIFICATION NUMBER: MHL0601400 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 Review on 3/24/23 of the IRIS from 2/22/23-3/24/23 revealed: 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. 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She went into her bathroom and started scratching her pulse with a pen on 3/22/23; V 367 - 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 alo go to local hospital for treatment on 2/22/23. Review on 3/24/23 of the facility's records revealed: 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 wen	OPE CORRECTION DENTIFICATION NUMBER: A BUILDING: MHL0601400 B. WING TTAGE STREET ADDRESS, CITY, STATE, ZIP CODE TTAGE 6725 SAINT PETER'S LANE MATTHEWS, NC 28105 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST PROCEDED PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREVIDER'S PLAN O (EACH OFFICIENCY MUST REVIEW ON 3/24/23 of the IRIS from 2/22/23-3/24/23 revealed: PREVIEW O (EACH OFFICIENCY MUST NO IRIS report submitted for the allegation of client #4, who wrote the nurse a note saying that she was planning to kill herself unight. She went into her bathroom and started scratching her pulse with a pen on 3/22/23; V 367 - No IRIS report submitted for the allegations of client #2, who tried to the 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 subpert due throat was closing up after eating food with pepper. 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		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:			
MHL0601400		B. WING		C 04/06/2023	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
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Continued From page 14		V 367			
 No documentation of of client #6 slipped in wrist. Client #6 had to treatment on 2/22/23 Interview on 3/24/23 revealed: Responsible for conditional conditional for completed IRIS rephospital after use of E Interview on 4/6/23 w Director revealed: Was aware of only of IRIs in a timely manning Coached the Progratimportance of complete This deficiency constitution 	of the LME/MCO notification the creek and fell on her o go to local hospital for ; with the Program Supervisor npleting IRIS reports; borts for client #6 going to the EpiPen. with the Residential Program 1 incident not completed in ter; am Supervisor on the eting IRIS reports. itutes a re-cite deficiency				
	Continued From page medical center on 2/2 - No documentation of of client #6 slipped in wrist. Client #6 had to treatment on 2/22/23 Interview on 3/24/23 revealed: - Responsible for cor - Completed IRIS rep hospital after use of f Interview on 4/6/23 w Director revealed: - Was aware of only IRIs in a timely mann - Coached the Progra importance of comple	OF CORRECTION IDENTIFICATION NUMBER: MHL0601400 MHL0601400 ROVIDER OR SUPPLIER STREET A OTTAGE 6725 SA MATTHE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 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; 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. Interview on 4/6/23 with the Residential Program	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	PF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL0601400 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TTAGE 6725 SAINT PETER'S LANE MATTHEWS, NC 28105 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN O (EACH CORRECTIVE AC (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN Continued From page 14 V 367 Continued From page 14 V 367 Interview on 3/28/23; - 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; V 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. 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. IDEFICIENT This deficiency constitutes a re-cite deficiency IDEFICIENT	PF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: