

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-219</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/22/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PENA COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 HASTY ROAD, SUITE E MARSHVILLE, NC 28103</b>
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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 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 6-22-23. One complaint was substantiated (#NC0020259) and two complaints were unsubstantiated (#NC00202842, and #NC00202476). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for twelve and currently has a census of five. The survey sample consisted of two current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be</p>	V 112		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 112	<p>Continued From page 1</p> <p>obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop and implement strategies to address the needs of the clients, effecting two of three clients (Clients #1 and Client #2) the findings are:</p> <p>Review on 5-23-23 of Incident reports for Client #1 revealed: -Client #1 went AWOL (absent without leave) on 2-19-23, 3-7-23, 5-11-23, 5-4-23, 5-15-23, 5-16-23, and 5-17-23.</p> <p>Review on 5-23-23 of Client #1's record revealed: -Admitted 3-13-23 to current facility, transferred from sister facility. -Diagnoses include Post Traumatic Stress Disorder (PTSD) and Oppositional Defiant Disorder (ODD). -Assessment dated 3-10-23 revealed: "...has had two elopements in the past 30 days..." -Person Centered Plan completed on 4-12-22 and reviewed on 3-6-23 revealed: "...has been putting her health in jeopardy by eloping multiple times..." -Goals include reducing symptoms of PTSD. -No goals to address Client #1's AWOL behavior.</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>Review on 5-23-23 of Incident reports for Client #2 revealed: -Client #2 went AWOL on 2-20-23 (from sister facility), 5-16-23, and 5-17-23.</p> <p>Review on 5-23-23 of Client #2's record revealed: -Admitted 11-29-22. -Diagnoses include: ODD, Unspecified trauma and stressor related Disorder, Major Depressive Disorder, Adjustment Disorder. -Person Centered Plan dated 4-24-23 revealed: goals include; will agree to learn alternative ways to think about and manage his anger , learn to terminate all acts of aggression. -Person Centered Plan had not been updated to address Client #2's AWOL behavior.</p> <p>Interview on 6-8-23 with Client #1 revealed: -He had been given his 30 day notice because of his AWOL's. -He was going to go to a foster family.</p> <p>Interview on 5-18-23 with Client #2 revealed: -He had only gone AWOL "2-3 times." -He went with other people and either he would come back on his own or the police brought him back.</p> <p>Interview on 6-8-23 with Staff #1 revealed: -They had been trained on AWOL procedure . -They were to call the supervisor if the client was gone for 15 minutes. -They tried to prevent the clients from going AWOL by watching them and processing with them if it seemed like they were going to go AWOL.</p> <p>Interview on 6-8-23 with Staff #2 revealed: -They monitor the clients, especially the ones with AWOL behavior.</p>	V 112		

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V 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-They try to process with clients if they might be thinking about going AWOL.</li> <li>-They did find a big tree that had fallen on the fence, giving the clients a way out of the facility.</li> </ul> <p>Interview on 6-8-23 with the Residential Director revealed:</p> <ul style="list-style-type: none"> <li>-All staff were trained on AWOL protocol, and they go over it during staff meetings.</li> <li>-Client #1 was given his 30 day discharge notice due to his AWOL behavior.</li> <li>-They walked the grounds and found that a large tree had fallen on the fence, giving the clients an easy way out of the facility.</li> <li>-They no longer take clients with AWOL behavior, but Client #1 and Client #2 arrived before that policy was in place.</li> <li>-Client #2 stopped his AWOL behavior when the other clients left.</li> </ul> <p>Interview on 6-22-23 with the Quality Assurance Director revealed:</p> <ul style="list-style-type: none"> <li>-They have had no AWOL's in the month of June.</li> <li>-They are being more proactive to prevent the AWOL's from occurring.</li> <li>-Client #1 and Client #2 should have had goals addressing their AWOL behavior and she would talk with the Clinical Director to make sure she knows that the Person Centered Plan needs to be updated to reflect the changing needs of the clients.</li> </ul>	V 112		