

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601519</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/11/2023</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KENAN COTTAGE THOMPSON CHILD &amp; FAMILY FOCI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6736 SAINT PETER'S LANE MATTHEWS, NC 28105</b>
---	--

(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>An annual, complaint and follow up survey was completed on 9-11-23. One complaint was substantiated (#NC00206348) and one was unsubstantiated (#NC00204520). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1800 Intensive Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for nine and currently has a census of six. The survey consisted of audits of three current clients.</p>	V 000	<p><b>Correction:</b></p> <p>1. Staff submitted request to maintenance for special remover to wipe down walls and window to clean substance.</p> <p>2. Program Supervisor provided cleaning supplies to Residential Care Staff to clean toilet bowls and showers. Residential Care Staff are instructed to spray daily. Walk through's will be completed by supervisor by 9/25/23.</p>	8/30/23  9/25/23
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to be maintained in a clean, safe, attractive manner. The findings are:</p> <p>Observation on 8-29-23 at approximately 12:30pm revealed:</p> <ul style="list-style-type: none"> <li>-Bedroom #7 had yellowish substance smeared onto the mirror, and on the walls, base of the toilet was very dirty.</li> <li>-All toilets were dirty at the base, some bowls were dirty.</li> <li>-Bedroom #4 had writing on the windowsills and ledge, broken tile on the floor.</li> <li>-Mold in some corners of the showers.</li> </ul>	V 736	<p><b>Prevention:</b></p> <p>1. Residential Care Staff will assist clients to complete daily cleaning of bedrooms and check off bedroom cleaning checklist. Weekly staff and Clients will complete deep cleaning of cottage to include bedroom and bathrooms</p> <p>2. Residential Coaches to complete checks on cottages using the cottage cleaning checklist and verify deep cleaning has been completed.</p> <p>3. Program Supervisor will ensure that monthly cottage safety checklists are completed by staff and submitted to Chief Facilities Officer.</p>	Ongoing  Ongoing  Ongoing

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Hannah Dunham*

TITLE

Chief Performance & Quality Officer 9/28/2023

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601519</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>09/11/2023</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>KENAN COTTAGE THOMPSON CHILD &amp; FAMILY FOCI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6736 SAINT PETER'S LANE MATTHEWS, NC 28105</b>
---	--

(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 736	<p>Continued From page 1</p> <p>Interview on 8-29-23 with Client #4 revealed: -The mirror in bedroom #7 already had that yellowish substance smeared on it when that client moved in. -His room already had writing on the windowsill and ledge, but he admitted that he did add to it.</p> <p>Interview on 8-29-23 with the Quality Improvement Specialist revealed: -They would ensure that the facility was cleaned and put measures in place to ensure that is stays clean.</p>	V 736	<p><b>Monitor:</b></p> <p>1. Director will complete weekly cottage walk-throughs to ensure facility is safe, clean and in orderly manner.</p> <p>2. Facilities Supervisor and Director will complete monthly at random walk-throughs to monitor conditions of buildings.</p>	<p>Ongoing</p> <p>Ongoing</p>