STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601226	A. BUILDING: _____ B. WING _____	11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE COTTAGE	6750 SAINT PETER'S LANE, SUITE 200 MATTHEWS, NC 28105

(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	INITIAL COMMENTS An annual and complaint survey was completed on 11/30/23. One complaint was substantiated and one complaint was unsubstantiated (Intake #NC00207502, #NC00209458). Deficiencies were cited. This facility is licensed for the following service category 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
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;	V 367	RECEIVED DHSR-MH Licensure Sect	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Hannah Dunham, Chief Performance & Quality Officer | Hannah Dunham Signer ID: PNAWEUNN11... | 12/28/23

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V 367	Continued From page 1 (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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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.	V 367		

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V 367	Continued From page 2 The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all critical 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 1 of 3 audited clients (#1). The findings are: Review on 11/7/23 of Client #1's record revealed: - Admission date 10/13/23; - Age 13;	V 367		

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V 367	Continued From page 3 - Diagnoses Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder. Review on 11/3/23 of Incident Response Improvement System (IRIS) from August 3, 2023-November 3, 2023 for Client #1 revealed the following incidents were not reported within the required time: -Incident #1- Completed by the Shift Coach; - Originally submitted date 11/2/23; - Date Provider learned of the incident 10/25/23; - Client behavior, - Client #1 was outside in the back end of the fenced-in area with peer. Both clients were prompted to stay away from the back end of the fence and to stop interacting with male clients. Staff approached client #1 and Client #1 took out a screw from the fence. Client #1 started cutting her arm in front of staff, and staff gave her several verbal prompts to put the screw down. 2 more staff arrived at the scene and were able to retrieve the screw from Client #1 hand. Client #1 started looking for and picking up other objects from the floor and using them to self harm. Staff notified Client #1 that she would be placed in a restraint of she picked up another item. 3 staff participated in the restraint while the supervisor talked to Client #1 and calmed her down. -Incident #2- Completed by the Shift Coach; - Originally submitted date 11/1/23; - Date Provider learned of the incident 10/27/23; - Client behavior, self -harm - Client #1 was involved in a physical altercation with a peer during leisure time in common area. Client #1 was still upset after staff intervening and begin to yell and cuss at staff. Client #1 continued to escalate and begin to self	V 367		

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V 367	Continued From page 4 harm by scratching her arms. Staff prompted client to stop. Due to refusal by client, staff initiated a supine restraint to ensure safety of client; -Incident #3- Completed by the Residential Coach - Originally submitted date 11/1/23; - Date Provider learned of the incident 10/28/23; - Client behavior, Self-Injurious Behavior; - [Client #1] wanted to enter the cottage to fight another peer. Staff informed her that was not appropriate. She got frustrated because staff wouldn't let her into the cottage. Client #1 then started screaming "let me in before I find something to harm myself." Client #1 then scratched old unhealed wounds on forearm and started bleeding. Staff stated she needed to take client #1 to the nurse. Upon entry, client #1 refused treatment and started kicking in door to get outside while wiping blood on door and wall to prevent staff from intervening. Upon entry to cottage, client #1 threw staff's laptop and started to engage in property destruction. Client #1 tried to break the TV to get glass to cut herself, then grabbed the wires to wrap around herself, and eventually broke tv stand where she obtained a broken piece of wood and started cutting at her forearms. -Authorities Contacted-No Guardian or Clinical Home/Treatment Plan Team contacted Interview on 11/9//23 with the Qualified Professional revealed: - Was responsible for documenting incidents in IRIS; - Incident reports were to be documented in IRIS in "2 days"; - "There was so much happening, I forgot to put incidents into IRIS."	V 367	V367 Correction: 1. Quality Improvement Specialist reviewed incident reporting procedures and protocols with program supervisor to ensure compliance with reporting timelines. 2. Incident Reporting Policy will be reviewed by Supervisor at the next staff meeting. Prevention: 1. Program Supervisor will facilitate Incident reporting refreshers will be completed quarterly to ensure staff are aware of incident reporting procedures and expectations are met. 2. Incident Reporting Policy will be placed in resource binder in staff office. Monitoring: 1. Program Supervisors will review all incidents to ensure that all components of the report have been completed to include prevention/mitigation and notification of legal guardians, LME, and other authorities required by law. 2. Program Director will monitor adherence to the Incident Reporting Guidelines. 3. Performance and Quality Improvement Department will conduct regular internal reviews of incidents to ensure compliance.	12/12/2023 01/03/2024 01/101/2024 12/282023 ongoing ongoing ongoing

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