	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					с	
		MHL0601519	B. WING			24/2024
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		CHILD & FAMILY FOC	INT PETER'S LANE	E		
	STAGE THOMPSON	MATTHE	WS, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
	The complaint was	was completed on 5-24-24. unsubstantiated (intake deficiency was cited.				
	category: 10A NC/	sed for the following service AC 27G .1800 Intensive ent For Children Or				
	•	sed for 9 and currently has a survey sample consisted of clients.				
V 305	27G .1805 Intensiv Operations	e Res. Tx. Child/ Adol -	V 305			
	children or adolesc (b) Family membe persons shall be in in order to assure a restrictive setting. (c) Educational se be arranged and de educational and int child or adolescent coordinate with the ensure that the chil needs are met as in (d) Psychiatric con needed for each ch (e) If an adolescent for six months or un year, whichever is	all serve no more than 12 eents. rs or other legally responsible volved in development of plans a smooth transition to a less rvices within the facility shall esigned to maintain the rellectual development of the treatment staff shall local education agency to ld or adolescent's educational dentified in the education plan. isultation shall be available as hild or adolescent. It has his 18th birthday while t in the facility, he may remain intil the end of the state fiscal longer.				
	age-appropriate pe	dolescent shall be entitled to prsonal belongings unless such ter-indicated in the treatment				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		MHL0601519	B. WING		05	C 5/24/2024	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
ENAN C	OTTAGE THOMPSON CI	HILD & FAMILY FOC	INT PETER'S LANE	E			
			WS, 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 C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 305	Continued From page	e 1	V 305				
		l operate 24 hours per day, and each day of the year.					
	facility failed to ensur	as evidenced by: ews and interviews, the re educational services were set the clients' needs. The					
	-Date of admission: 3 -Age: 12. -Diagnoses: Attentior Disorder (ADHD) cor Emotional Regulatior -Person Centered Pla and updated 3-14-24	n Deficit Hyperactivity nbined Type; Difficulty with n; Defiant Behaviors. an completed on 9-12-23 revealed: Goal: "[Client #1] Il day (8am-2:45p) of school					
	-Date of admission: 4 -Age: 15. -Diagnoses: ADHD; Disorder (ODD).						
	-Date of admission: 1 -Date of discharge: 4 -Age: 15.	-25-24. ombined Type; ODD; Major					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL0601519	B. WING		C 05/24/2024	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
	OTTAGE THOMPSON CH	6736 SA	NT PETER'S LANE	E		
	OTTAGE THOMPSON CP	MATTHE	WS, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	DER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BE CO ERENCED TO THE APPROPRIATE DEFICIENCY)	
V 305	Continued From page 2		V 305			
	2-23-24: "Non-Treatm recommended that re previous school place psychiatric and health but not limited to IEPs Program), 504 Plans. -Review on 5-21-24 c -Date of admission: 3 -Date of discharge: 5 -Age: 16. -Diagnoses: Major De Intermittent Explosive -CCA (Comprehensiv dated 4-1-24: "Non-T It is recommended th all previous school pla	a care providers including s (Individualized Education " of client #4's record revealed: -5-24. -13-24. epressive disorder; e Disorder; ODD. e Clinical Assessment) reatment Recommendation: at records be obtained from acements,mental health, n care providers including				
	Review on 5-21-24 of client #5's record revealed: -Date of admission: 2-29-24. -Date of discharge: 4-24-24. -Age: 13. -Diagnoses: Disruptive Mood Dysregulation Disorder; ADHD; Reaction to Severe Stress. -CCA dated 3-27-24: "Non-Treatment Recommendation: It is recommended that records be obtained from all previous school placements,mental health, psychiatric and health care providers including but not limited to IEPs, 504 Plans"					
	-Date of admission: 2 -Date of discharge: 4 -Age: 15	-21-24 -25-24. umatic Stress Disorder;				

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ATEMENT	f Health Service Regu OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY	
	FCORRECTION	IDENTIFICATION NOWDER.	A. BUILDING:				
		MHL0601519	B. WING			C 05/24/2024	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		6736 SA	INT PETER'S LANE	E			
ENAN CO	OTTAGE THOMPSON CI	HILD & FAMILY FOCT MATTHE	WS, NC 28105				
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN O (EACH CORRECTIVE AC		(X5) COMPLET	
TAG	(LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE	
V 305	Continued From page	e 3	V 305				
	-CCA dated 3-18-24:	"Non-Treatment					
	Recommendation: It	is recommended that					
		from all previous school					
		ealth, psychiatric and health					
	-	ing but not limited to IEPs,					
	504 Plans"						
	Attempted interview of	on 4-24-24 with client #1					
	-	nt was AWOL (absent without					
	leave).						
	,	urn to the facility prior to exit					
	(5-24-24).						
		nt on 4-16-24 (4:12pm),					
	· · · /	d 5-21-24 (3:06pm) from the					
		Specialist to the Division of lation (DHSR) surveyor					
		erm Program) (Intensive at for Children or					
		ot require school for clients.					
		ED (General Education					
	. ,	aration) with the older clients					
		ccess to [Educational					
	Curriculum]."						
		components, CSP is not					
		ional programming at this y had access to [Educational					
	•	has changed. If you are not					
		onal Curriculum] just let me					
	know and I can send						
		n piece, CSP has "school" on					
		but it's not a formal program					
		do worksheets, GED prep,					
		mpression they had access					
	-	culum], but they don't. I've					
		e that [Program Supervisor]					
	provided to me."	rdinator in place sizes					
	-No Educational Cool 11-16-23.	rdinator in place since					
	Ith Service Regulation					<u> </u>	

STATE FORM

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TF1Z11

If continuation sheet 4 of 16

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		BENNI IOANON NOWBEN.	A. BUILDING:			
		MHL0601519	B. WING		05	C 5/24/2024
AME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
ENAN CO	OTTAGE THOMPSON CI	HILD & FAMILY FOC	INT PETER'S LANE	E		
			WS, NC 28105	PROVIDER'S PLAN		(25)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 305	Continued From page	e 4	V 305			
	-"I been here (facility -"I wake up at 8:30, e activities like quotes the day to learn) ther -"We don't do any ed science, reading) righ (clients) stated that w some (other clients) a (educational activities work). Some kids (do kids) have asked for for any worksheets y school? I don't want already know everyth how to count and read Interview on 4-24-24 -"I've been here (facil -"We do group with [s create spaceship, foo do paperwork about a Sometimes we do ed reading worksheets) print off stuff (worksh -"I'm the main one do work (school work). U work (worksheet) beo Friday."	ucational stuff (no math, nt now, but one of the kids ve do sheets (worksheets) ask about stuff to do s) so we don't forget (school bes not remember which worksheets. I haven't asked et. Do I have to have to go to to go to school because I hing. I'm 15 years old. I know id."				
	home school."	on 4-24-24 with Client #5				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601519	B. WING	B. WING		C / 24/2024
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
ENAN C	OTTAGE THOMPSON C	HILD & FAMILY FOC	INT PETER'S LANE WS, NC 28105			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
V 305	Continued From page	9 5	V 305			
	-Has worked at the faresidential care specie -No formal education. -"They (clients) break for programing (thera groups, projects)." -"Our groups will do e Prior to last week (be doing education (wor -"Two years ago whe (clients) were doing [I every day." -"They (clients) had la assessed (tested to s were on) and there w they did their work." -"I think they (clients) time to work on a spe component) and whe they would go to the that was that for the o -"After routine in the r and medication admin staff) would go downs school, It (school) wo until around lunch tim -"I have no idea what not being school (at t -"Some clients do as they don't go to an ac -"Whatever we (staff) they'll get." -"I don't understand w The longer they are o	alist. al program. into groups during the day py, goals, expectations, educational things with them. fore 4-29-24) we (staff) were ksheet) with them." In I first started to work, they Educational Curriculum] aptops, they had to be we what grade level they ere teachers talking while had sessions (an allotted ecific educational in each session was over next one, when they finished day." morning (hygiene, breakfast inistration), we (clients and stairs, set up laptops to start buld go from after breakfast ie." clients were told about there he facility)" c about school and are told stual school." can provide that's what why they don't have school. but (of school) the more they are not getting the education				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:				
		MHL0601519	B. WING		05	C 05/24/2024	
AME OF PF	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE			
	OTTAGE THOMPSON CH		INT PETER'S LANE				
		MATTHE	WS, 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 ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 305	Continued From page	e 6	V 305				
	Interview on 5-22-24	with staff #4 revealed:					
	-Has worked in the facility for about a month and						
	two weeks, as a direc	-					
	-"What education? [S	Staff #8] may give them					
	something that might	be mathematical. [Staff #8]					
	may come out with a						
	documentary. Everyd	•					
		she (program supervisor)					
	mentioned the educa	•					
	-	ting in the cottages) really tional part with the kids."					
	•	ucational component)					
) greatly, I'm keen on					
		v kids (clients), even though					
	they are here for a sh						
	(education) is very im	portant for them to have. It					
	gives them something	g to focus on to keep					
	behaviors at a minim						
	-"Education can give behavior"	hope and change					
		with staff #6 revealed:					
	-Has worked for the p 2024.	provider for two years in May					
		cility a few months as a					
	residential care speci						
		n I started, they (clients) did					
		on laptops with teachers,					
		sn't long (the education					
	month or two."	ng), didn't last long maybe a					
		unknown date) we had a					
		col (PRTF) who made					
		sive Residential Treatment					
		scents) never really had					
	school."	-					
		e that (no formal education					
		ls (clients) are not with us for					
	long."						
		o parents (no education					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		BERTH TO/TTOT NOMBER.	A. BUILDING:			
		MHL0601519	B. WING		05	C 6/ 24/2024
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ENAN CO	OTTAGE THOMPSON C	HILD & FAMILY FOC	INT PETER'S LANE WS, NC 28105	E		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN (OF CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLET DATE
V 305	Continued From pag	le 7	V 305			
		had social workers ask (why				
	there is no school)." -"Some clients ask about school. We've had					
	clients that only have	•				
		n write but can't read."				
		ant to fail their last grade so				
	•	chool or they may ask about				
	getting their GED."	nts) suppose to be in some				
	schooling."	nis) suppose to be in some				
	•	about schoolwork, and I'll				
		from [internet program] to				
	keep their mind stim					
	•	s don't want to go to school				
	but still want to get a					
	-"For some, it (not ha					
		se a crisis (behaviors).				
		with staff #8 revealed:				
		ty for a little over a year as a				
	residential specialist					
	-	the cottage for education of				
		(education curriculum). Not				
	•	n Curriculum] is. There are no				
	computers, not since					
		le (impact of clients not				
	having a educational					
		ave requested to go to				
		l 'were working on it.'				
	. ,	he time (tell management eded for the clients). We				
		story or math, we are not				
	. ,	hen the issue is raised (with				
		ment) we are told 'we're				
	trying to get this (edu					
	-"There is no educati					
	Interview on 5-22-24	with staff #9 revealed:				
	-Has worked at the fa					
		30am. They do hygiene,				
ion of Hea	Ith Service Regulation	обант. тпеу чо пуулене,	1			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		MHL0601519	B. WING		05	C 05/24/2024	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
ENAN CO	OTTAGE THOMPSON CH	HILD & FAMILY FOC	INT PETER'S LANE				
04 0 ID			WS, NC 28105	PROVIDER'S PLAN (0(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE	
V 305	Continued From page 8		V 305				
	Continued From page 8 clean their room, and they have a family style breakfast and then programming. Programing consist of [Staff #8's] corner. [Staff #8] is a pastor so we do Bible study, worksheets, math, English, prevention and intervention, long and short term goals" -"You got some kids that will come in and get with the program (the worksheets and activities that staff put together for the clients) and others that say it's not real school, I'm not doing this. At least it is something for them instead of doing nothing." -"Some of the kids since I've been here, have mentioned it (school) and said I'm falling behind,' but some kids take it like a vacation." -"We had one kid (unknown) that hadn't been in school in 7 months." -"Worksheets come from [Staff #8]. [Staff #8] has been doing this (working with kids) for a while and he has a whole book of stuff (worksheet and activities), he will make copies and the kids enjoy him."						
	(2-7-23). -Educational Coordin	revealed: / for a year and a half ator was responsible for the					
	place. Each cottage educational programi -"When I first came (F	ured educational program in was doing different ng. February 2023) they had a					
	some of them (clients (different programing (no formal plan).") in each cottage and it was,) did this and some did that), but there was no structure					
	(FEC)]. I had staff that of the computer (dow	Educational Coordinator at would be pulling things off nloading worksheets and) for my girls (clients at a					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL0601519	B. WING		05	C 5/24/2024
ME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ENAN C	OTTAGE THOMPSON CI	6736 SA	INT PETER'S LAN	E		
		MATTHE	WS, 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 ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 305	Continued From page	e 9	V 305			
	sister facility) depend	ling on what level they were				
	at but nothing formal only PRTF had formal					
	education. Then we					
		estly to this day, I still don't				
		nal Curriculum] is. At [sister				
		(clients) that needed GEDs				
	and stuff. But formal education? No. The day					
	(unknown date) we w	vere supposed to meet				
	(Program Supervisor	and FEC) so she (FEC)				
	could show me the [E	Educational Curriculum], she				
1		longer worked for the				
	- ,	old a reason or given a				
	explanation (about Fl					
		ning with my leads (lead staff				
	÷ ,	people that had been here				
	•	e could put together. We				
		ucation but we try to put				
	something together."	and staff download				
	-Program Supervisor	ets from the internet for the				
	clients.					
		nly here for up to 45 days so				
	• • •	ething from their school, that				
		the educational person."				
		[sister facility] and my girls				
		ty] all they ask about is				
		feel like they are here and				
	they are falling behin	dI'm beating myself up				
	every day trying to fir	nd something for them to do.				
	We are pulling up thi	ngs (worksheets) the night				
	before, again no stru					
	-No one went over th					
	Residential Treatmer					
	,	ith her when she took the				
	position.					
		on was supposed to be in				
	-	ormal education? No"				
		upposed to be an educational				
	-	ad packets (worksheets and				
	activities downloaded	I from the internet and put				1

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	OF DEFICIENCIES OF CORRECTION	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL0601519	B. WING		05	C 05/24/2024	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	OTTAGE THOMPSON CH	HILD & FAMILY FOC	NT PETER'S LANE WS, NC 28105	E			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	FCORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET	
V 305	Continued From page	e 10	V 305				
	together by staff)."						
		n up for failure because they					
		not getting education."					
	-Program Supervisor						
	•	gether for the clients.					
	-"The packages were	-					
		ngsome education is					
	better than no educat	•					
		ent of Social Services)					
	· ·	anything (from the clients					
	-	ited me to follow up on to let					
	me know."						
		rdians) we (facility) don't					
		as far as education, so if					
		ey ended (last school					
	workers didn't have a	e it to memost social					
		ents educational plan). They just dropping them (client)					
	off."	gust dropping them (client)					
	-"CSP (Intensive Res	idential Treatment for					
	Children or Adolescer	nts) didn't talk about					
	education. I have bo	ught this up (to supervisor					
	and others in adminis	stration) several times.					
	[FEC] knew from day						
	educational compone						
	Residential Treatmen	t for Children or					
	Adolescents)."						
		educational person that					
		irector]. There were tactical					
		m meetings) when I brought					
	that up (no education						
	-"[Program Manager]						
	supervisor) director w						
		uary (2023) and yes, by June					
		up in the weekly tactical					
	-	out [Educational Curriculum]					
	but thought that was						
		the packets would come					
	(uff, maybe some reading)				1	

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TF1Z11

If continuation sheet 11 of 16

TATEMENT	of Health Service Regu OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL0601519	B. WING	B. WING		C 5/24/2024
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		6736 SA	INT PETER'S LANE	E		
	OTTAGE THOMPSON CI	MATTHE	WS, NC 28105			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 305	Continued From page	e 11	V 305			
	to me. They (the p	ackets) were like for 1st				
		that she (FEC) used to				
		dy packets." I was told (by				
	FEC), 'Well that's what					
	Interview on 5-21-24	with the Program Director				
	revealed:	-				
	-"When I started (Apr	il 2022) there was no				
	education services. I	had to put one into place.				
	-	I purchased everything				
	(Educational Curricul	•				
		is with implementing the				
	educational curricului					
		t for Children or Adolescents				
	programs. "[Educatio					
	implementation is not	•				
	-"Where was the ball	••				
		tion changes on campus)."				
		ome and in two weeks they				
	are gone." "The feelue was on F	PRTF with DPI (Department				
		and the school all of it just				
	flopped somewhere i					
		on the reports (from staff) we				
		were good (education				
		e). This is the effects of the				
	transition."	,				
		the educational curriculum				
		provider was informed by				
		itional plan was not in place.				
		aff) this was handled),"				
	-	at the guardians are told at				
		e a program booklet and it				
	talks about our suppo					
		me they (clients) are not				
	enrolled in school, we					
		h and Human Services) and				
		ts; at lot of time they (DHHS				
	workers) don't have t	neir educational				
	information."		1			

Division of Health Service Regulation

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(er no re Int Of -S Ct -S Ct -"I an that	educational plan), bu					
nc re Int Of -S C: Ct -"I an that		r] was always saying I got it				
re- Int Of -S CS Ct -"I an that	othing, and maybe s	it did not say we don't have				
Int Of -S Ct -"I an that		nothing, and maybe she wasn't fully aware of the				
Of -S Ct -"I an that	requirements."					
Of -S Ct -"I an that						
-S Ct Ct -"I an that	Interview on 5-21-24 with the Chief Performance Officer revelaed:					
CS Cł -"I an tha	-She was aware of the education rules for the					
Cł -"I an tha	CSP (Intensive Residential Treatment for					
-"I an tha	Children or Adolescents program).					
an tha	-"I can't answer how long we have been without					
tha	an educational program because I was not aware					
	that we did not have an education program."					
-	-"I don't know specifically what guardians are told					
ab	about the educational component upon					
en	enrollment."					
	-"Impact of not receiving educational component?					
	(what was the impact of clients not receiving their					
cli	education while at the facility), continuity of clients' education."					
		t in school or may be				
	homeless. This is a Crisis Stabilization Program					
	ome haven't been in					
		ords and documentation				
	•	hool) has been difficult." tional Curriculum] stopped				
	is an online resource					
	nterview on 5-21-24	with the Admission				
	Supervisor revealed:					
	-Has worked for the facility for about 4.5 years.					
	-Completed the referral process for the crisis					
	program (Intensive Residential Treatment for					
	Children or Adolescer					
		ssion package sent (to				
	uardians for complet	estions at intake about				
	เฉเนเออเปน), แ T QUL QU	(clients/guardians) that				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601519			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		05	C 05/24/2024		
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
ENAN C	OTTAGE THOMPSON CH	HILD & FAMILY FOC		E			
			WS, NC 28105				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	EACH CORRECTIVE AC (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	O THE APPROPRIATE DAT		
V 305	Continued From page	e 13	V 305				
	(education curriculum) was part of it; I would usually say yes there was an educational component, but I didn't know (if there was a education component)." -"Yes", He was aware of 1800 (Intensive Residential Treatment for Children or Adolescents) rules.						
	revealed: -She was informed or admission, during the program did not have place. -She was not concern	with client #3's guardian n client #3's date of e intake process that the e an educational program in ned about the educational client #3 is home schooled.					
	revealed: -"Yes", she knew that	with client #4's guardian					
	,						
	1 or 2 (weeks) after h	"maybe a couple of weeks, e had been there." ncerned about not getting					
	school while he was a school."	at the facility, "No, he hates					
	would start to affect h						
	revealed:	with client #6's guardian d that the program did not					
	have a educational co -"He (client #6) had a	omponent. Iready been there about 3					
	school. I was talking	but he was not going to to him on the phone one mber the date) and I asked					

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED C 05/24/2024	
		MHL0601519				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	-
		6736 SA	INT PETER'S LANE	Ē		
KENAN C	OTTAGE THOMPSON C	HILD & FAMILY FOC	WS, NC 28105			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE COMPL D THE APPROPRIATE DAT	
V 305	Continued From pag	e 14	V 305			
	him if he was going to school and he said no they don't have school."					
	-" Talked to a couple of people about his school (does not remember who she spoke with). He					
	needed to be in school. I was concerned because he already had to stay back when he					
	was in the 2nd grade and I didn't want him to get					
	behind and have to repeat another year cause he					
	is real sensitive abou grades."	It having to repeat his				
	Review on 4-29-24 of the facility's plan of protection dated 4-29-24 and completed by the					
	Quality Improvement Specialist revealed:					
	"What immediate action will the facility take to					
	ensure the safety of the consumers in your care? 1. Effective 4/29/24, Program Supervisor will					
	send an email out to all Kenan (facility) staff that					
	all clients will begin utilizing an educational program. The education plan will be reviewed at					
	the next staff meeting on May 1, 2024.					
	 Program Supervisor will review active Kenan 					
	client's records to ins	pect for educational records.				
		ucational records, the				
		will ensure by 5/3/24 that all				
	active Kenan clients.	nave been requested for				
		ents will be enrolled in the				
	educational program					
	Describe your plans	to make sure the above				
	happens.					
	•	will provide documented				
	evidence that the email was sent to staff. Read receipts will be requested to ensure staff have					
	read the email."					
	The facility served cli	ents ranging in age from 12				
		diagnoses including Attention				
		Disorder, Defiant Behaviors,				
	Emotional Regulatior	n, Oppositional Defiant				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
MHL0601519			A. BUILDING:		С		
		B. WING		05/24/2024			
	ROVIDER OR SUPPLIER	6736 SA	ADDRESS, CITY, STATE				
		MATTHE	EWS, NC 28105				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE CO TO THE APPROPRIATE		
V 305	Continued From pag	Continued From page 15					
	Explosive Disorder. clients for a period of a year and a half the formal educational s direct care staff who educational staff weil from the internet on Program Supervisor educational for the of Program Supervisor teacher. There was assigned to the Inter programs and there other team members and school officials r for the clients. This deficiency cons which is detrimental	n, Anxiety and Intermittent The program served up to 9 of up to 45 days. For at least e facility failed to provide support for the clients. The owere not qualified as re downloading worksheets their personal phones. The thad to find something clients to do however the twas not qualified as a no educational coordinator nsive Residential Treatment was no coordination with s such as case managers, regarding educational support stitutes a Type B rule violation to the health, safety and s and must be corrected					