

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 and complaint survey was completed on 5/24/24. Two complaints were substantiated (Intake #NC00214681, NC00215173). Three complaints were unsubstantiated (Intake #NC00216223, NC00216381, NC00216383). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1800 Intensive Residential Treatment for Children and Adolescents.</p> <p>The facility is licensed for 9 and currently has a census of 8. The survey sample consisted of audits of 1 current client and 4 former clients.</p> <p>This survey originally closed on 4/23/24 but was reopened on 5/21/24 due to additional complaints.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept</p>	V 118	<p>V118 Correction: Program Supervisor and Nurse will be responsible for setting up a schedule for assigned staff per shift to administer medication. All assigned staff have been trained in medication administration.</p> <p>Prevention: Program Supervisor and Nursing Supervisor will make sure that all staff are trained on medication administration procedures.</p> <p>Monitoring: Nurse will complete MAR and Med Order reviews weekly for compliance.</p> <p>Both Program Supervisor and Nursing Supervisor will continue to monitor medication administration compliance.</p>	<p>7/8/2024</p> <p>7/8/2024</p> <p>Ongoing weekly</p> <p>Ongoing Monthly</p>

**RECEIVED**  
**JUN 28 2024**  
**DHSR-MH Licensure Sect**

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Danielle Mitchell, Disability Impairment Specialist</i>	TITLE <i>4/15/24</i>	(X6) DATE
--	-------------------------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 118	<p>Continued From page 1</p> <p>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <ul style="list-style-type: none"> <li>(A) client's name;</li> <li>(B) name, strength, and quantity of the drug;</li> <li>(C) instructions for administering the drug;</li> <li>(D) date and time the drug is administered; and</li> <li>(E) name or initials of person administering the drug.</li> </ul> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to administer medications as prescribed and failed to keep the MARs current affecting 1 current client (Client #1). The findings are:</p> <p>Review on 4/15/24 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission 3/12/24;</li> <li>- Age 15;</li> <li>- Diagnoses: Oppositional Defiant Disorder (ODD), Moderate; Unspecified Attention Deficit Hyperactivity Disorder(ADHD); Unspecified Trauma-and Stressor-Related Disorder; Childhood-Onset Fluency Disorder;</li> <li>- Physician's Order dated 3/12/24 Guanfacine (ADHD) 3 milligrams (mg), take 1 tablet by mouth daily; Vitamin D (supplement) 50 micrograms (mcg), take 1 capsule by mouth every morning; Fluticasone Spray (allergies) 50mcg, Use 1 spray</li> </ul>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 118	<p>Continued From page 2</p> <p>in each nostril every morning; Docusate Sodium (constipation) Capsule 100mg, take 1 capsule by mouth every morning; Sertraline (mood stabilizer) 50mg, take 1 tablet by mouth every morning.</p> <p>Review on 4/15/24 of Client #1's MARs for March 2024-April 2024 revealed: - No documentation of medication administration for the following medication on 3/30/24 and 4/6/24 for Guanfacine 3mg, take 1 tablet by mouth daily; Vitamin D 50mcg, take 1 capsule by mouth every morning; Fluticasone Spray 50mcg, Use 1 spray in each nostril every morning; Docusate Sodium capsule 100mg, take 1 capsule by mouth every morning; Sertraline 50mg, take 1 tablet by mouth every morning.</p> <p>Review on 4/16/24 of the facility's timesheets for March 30, 2024 and April 6 2024 revealed: - Staff #3 and Staff #4 worked together on the morning of March 30, 2024; - Staff #4 and Staff #17 worked together on the morning of April 6, 2024.</p> <p>Interview on 4/12/24 with Client #1 revealed: - Could not identify if he ever missed any medication.</p> <p>Interview on 4/15/26 with Staff #3 revealed: - Worked 1st shift with Staff #4 on March 30, 2024; - Have not received medication administration; - Do not administer medications; - Not aware of who administered medications on March 30, 2024; - "Normally when I come in, I start doing breakfast, so the other person who is normally med trained give out the meds(medication)."</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 118	<p>Continued From page 3</p> <p>Interview on 4/16/24 with Staff #4 revealed:</p> <ul style="list-style-type: none"> <li>- Worked 1st shift with Staff #3 on March 30, 2024;</li> <li>- On March 30, 2024, "I don't know who gave out medication."</li> <li>- Do not administer medications;</li> <li>- On April 6, 2024, "I don't know who gave out the medications."</li> <li>- " It is usually a third shift staff stays over and administer medications because they know I'm unable."</li> </ul> <p>Interview on 4/17/24 with Staff #17 revealed:</p> <ul style="list-style-type: none"> <li>- Worked on April 6, 2024;</li> <li>- Worked with Staff #4;</li> <li>- "I can't remember who passed out medications."</li> </ul> <p>Interview on 4/17/24 with the Registered Nurse revealed:</p> <ul style="list-style-type: none"> <li>- Staff were responsible for administering medications;</li> <li>- Nursing reviewed MARs;</li> <li>- Unaware of the missing signature on the MARs.</li> </ul> <p>Interview on 4/17/24 with the Program Supervisor revealed:</p> <ul style="list-style-type: none"> <li>- Unaware of missing signature on MARs;</li> <li>- Nursing unit was in charge of medication;</li> <li>- Nursing reviewed the MARs</li> <li>- "Not everyone is med (medication) certified";</li> <li>- Had to call staff from other cottages to come and administer medications;</li> <li>- Sent a list to the registered nurse of everyone who needed medication administration;</li> <li>- Registered nurse goes over medications with staff for new intakes.</li> </ul>	V 118		
V 305	27G .1805 Intensive Res. Tx. Child/ Adol - Operations	V 305		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 305	<p>Continued From page 4</p> <p>10A NCAC 27G .1805 OPERATIONS</p> <p>(a) Each facility shall serve no more than 12 children or adolescents.</p> <p>(b) Family members or other legally responsible persons shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting.</p> <p>(c) Educational services within the facility shall be arranged and designed to maintain the educational and intellectual development of the child or adolescent. Treatment staff shall coordinate with the local education agency to ensure that the child or adolescent's educational needs are met as identified in the education plan.</p> <p>(d) Psychiatric consultation shall be available as needed for each child or adolescent.</p> <p>(e) If an adolescent has his 18th birthday while receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer.</p> <p>(f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.</p> <p>(g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure educational services were made available to meet the clients' needs. The findings are:</p> <p>Review on 4/15/24 of Client #1's record revealed:</p>	V 305	<p>Correction:</p> <p>1. Program Supervisor will be responsible for the educational program and curriculum and ensure all clients get educational services while in placement. 5/7/24</p> <p>2. Program Director reviewed and updated the Residential Educational Services Operating Guideline to reflect that Case Managers will collaborate before admission with legal guardians and the clients LEA to assess educational needs and develop individualized education plans. Staff were trained on the updated procedure. 7/8/24</p> <p>3. The Program Supervisor and coaches will ensure all clients receive appropriate academic support while receiving services as evidence by enrollment in approved curriculum. 6/1/24</p> <p>Prevention:</p> <p>1. Program Supervisor will oversee the implementation of the policy and ensure all clients receive academic support through supervision, program schedule, and available reporting in the curriculum.</p> <p>2. Educational records of clients are required for admission into the program. Case managers will follow up within 7 days of admission if documents are not received. Ongoing</p> <p>Monitoring:</p> <p>1. Program Supervisor will continue to follow up with staff who will be trained to provide on-going educational services to clients while in the CSP Program.</p> <p>2. Residential Coaches will monitor programming weekly.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 305	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- Admission 3/12/24.</li> <li>- Age 15.</li> <li>- Diagnoses Oppositional Defiant Disorder, Moderate; Unspecified Attention Deficit Hyperactivity Disorder (ADHD); Unspecified Trauma-and Stressor-Related Disorder; Childhood-Onset Fluency Disorder.</li> <li>- No development and coordination with the Local Education Agency (LEA) to address the educational and intellectual needs.</li> </ul> <p>Review on 4/15/24 of Former Client #7's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission 1/17/24.</li> <li>- Discharge 3/13/24.</li> <li>- Age 17.</li> <li>- Diagnoses Oppositional Defiant Disorder, Reaction to Stress, Unspecified, Disruptive Mood Dysregulation Disorder, Other Psychoactive Substance dependence, ADHD.</li> <li>- No development and coordination with the LEA to address the educational and intellectual needs.</li> </ul> <p>Review on 4/15/24 of Former Client #8's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission 1/19/24.</li> <li>- Discharge 3/11/24.</li> <li>- Age 16.</li> <li>- Diagnoses Oppositional Defiant Disorder, Conduct Disorder, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, Other Reactions to Severe Stress.</li> <li>- No development and coordination with the LEA to address the educational and intellectual needs.</li> </ul> <p>Review on of Former Client #9's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission 4/22/24.</li> <li>- Discharge 4/26/24.</li> <li>- Age 16.</li> <li>- Diagnoses Oppositional Defiant Disorder,</li> </ul>	V 305		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 305	<p>Continued From page 6</p> <p>ADHD, Anxiety Disorder, Unspecified, Mild Intellectual Disability.</p> <p>- No development and coordination with the LEA to address the educational and intellectual needs.</p> <p>Review on 4/16/24 of emails from the Quality Improvement Specialist dated 4/16/24 to the Division of Health Service Regulation (DHSR) Surveyor revealed:</p> <p>- "CSP (Crisis Short Term Programs) (Intensive Residential Treatment for Children or Adolescents) does not require school for clients. However, staff do GED (General Education Diploma) prep (preparation) with the older clients and they also have access to [Educational Curriculum]."</p> <p>- "As far as education components, CSP is not receiving any educational programming at this time. In the past, they (clients) had access to [Educational Curriculum], but that has changed. If you are not familiar with [Educational Curriculum] just let me know and I can send something."</p> <p>Review on 4/18/24 of an email from the Quality Improvement Specialist dated 4/18/24 to the DHSR Surveyor revealed:</p> <p>- "As for the education piece, CSP has "school" on their daily schedule, but it's not a formal program that they (facility) use. They do worksheets, GED prep, etc. I was under the impression they (clients) had access to [Educational Curriculum], but they don't."</p> <p>Review on 5/21/24 of an email from the Quality Improvement Specialist dated 5/21/24 to the DHSR Surveyor revealed:</p> <p>- No Educational Coordinator in place since 11/16/23.</p>	V 305		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 305	<p>Continued From page 7</p> <p>Review on 4/18/24 of the facility's CSP Schedule revealed: - "School" listed Monday-Thursday from 4:00pm-5:00pm.</p> <p>Interview on 4/23/24 with Client #1 revealed: - No school for CSP. - "When we (clients) have our groups, we do worksheets (hygiene, stress, math and reading)."</p> <p>Interview on 4/23/24 with Client #2 revealed: - "Don't do schoolwork."</p> <p>Interview on 4/23/24 with Client #4 revealed: - "No schoolwork." - "We do like group," "no math, spelling or social studies."</p> <p>Interview on 4/23/24 with Client #5 revealed: - Completed schoolwork "sometimes during group." - "Some kindergarten stuff, math, reading, no science."</p> <p>Interview on 4/23/24 with Client #6 revealed: - "No school, that's for the long-term people (clients there longer than 45 days). [Program Supervisor] told me that." - "Yesterday did a worksheet on hygiene. We haven't done any (worksheets) on math, science or anything like that."</p> <p>Interview on 4/17/24 with Former Client #7 revealed: - "We didn't have school."</p> <p>Interview on 4/18/24 with Former Client #8 revealed: - "There was no school."</p>	V 305		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 305	<p>Continued From page 8</p> <p>Interview on 4/232/4 with Former Client #9 revealed: - No schoolwork; - "Last time I was here was a year ago. Prior to that, a year and 6 months ago. No schooling then." - "Over the 3 times I been here, never had any schooling."</p> <p>Interview on 4/16/24 with Staff #1 revealed: - "Education is not so much what they are focused on because the program (Intensive Residential Treatment for Children or Adolescents) is so short." - "We (staff) go through GED programs with them (clients)." - "They stopped [Educational Curriculum] program because the clients were not doing what they were supposed to do under staff supervision."</p> <p>Interview on 4/22/24 with Staff #2 revealed: - "They (clients) don't have school but we have groups that are educational based from math to critical thinking." - "Up to staff to do education component." - "We had folders and work that we would do with the kids (clients) while the education person was employed." - "No legal guardian has ever said anything to me about an education program." - "Honestly speaking when you talk to kids, they don't be worried about that, some worry about it, some don't, some don't want to participate in classroom setting."</p> <p>Interview on 4/15/24 with Staff #5 revealed: - "We come up with our own stuff, math, science, coping skills."</p>	V 305		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 305	<p>Continued From page 9</p> <p>Interview on 5/22/24 with Staff #17 revealed: - "We used to do groups with quote of the day, math, English, different worksheets, documentary and reflection." - When started, "there was no educational program, they (clients) had no education at all, they (management) said they had laptops (educational use) downstairs." - "They never told me nothing about education when I started."</p> <p>Interview on 5/22/24 with the Legal Guardian of Client #4 revealed: - "I was blankly told that they don't have anything educationally for him (client #4) and they could not provide transportation." - "They don't transport clients to school." - "They don't have anyone assigned to facility from school system to teach the clients." - Tried to get school in place for client #4 but due to "forms not being completed in timely manner by medical physician and therapist," client #4 now had to complete some worksheets and turn them in for a grade with local school.</p> <p>Interview on 5/23/24 with the Legal Guardian of Client #3 revealed: - "I was told there was no education component, they just do groups."</p> <p>Interview on 4/17/24 and 5/22/24 with the Program Supervisor revealed: - No educational curriculum when started in February 2023. - "When I first came, they had a program (educational) in each cottage and it was, some of them (clients) did this and some did that (educational program), but there was no structure." - "Only PRTF (Psychiatric Residentail Treatment</p>	V 305		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 305	<p>Continued From page 10</p> <p>Facility) had formal education, then we got [Educational Curriculum] and honestly to this day I still don't know what [Educational Curriculum] is."</p> <ul style="list-style-type: none"> <li>- Former Educational Coordinator "was gone" (no longer employed with agency) on planned date to learn about educational curriculum.</li> <li>- "We don't have formal education but we try to put something together (for clients)."</li> <li>- Clients "feel like they are here (facility) and they are falling behind."</li> <li>- "We don't know how they are doing (academically) or how much school they missed before they got here, so I said let me put something together."</li> <li>- "I'm beating myself up every day trying to find something for them (clients) to do. We (staff) are pulling up things the night before, again no structure."</li> <li>- Former Educational Coordinator "would drop off packets for the clients in the morning," "some education is better than no education."</li> <li>- Former Educational Coordinator met with the Program Director weekly and was aware there was no educational curriculum;</li> <li>- "Started in February 2023 and yes, by June 2023 it (no educational curriculum) was brought up in the weekly tactical meeting."</li> </ul> <p>Interview on 5/21/24 with the Program Director revealed:</p> <ul style="list-style-type: none"> <li>- "There were no educational services when started position in April 2022."</li> <li>- Purchased an educational curriculum around May or June of 2022.</li> <li>- Implementation of the educational curriculum was not good.</li> <li>- Unaware when the educational curriculum had stopped being used.</li> <li>- There was a lot of transition on campus and</li> </ul>	V 305		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 305	<p>Continued From page 11</p> <p>focus was on the PRTF with coordinating with DPI (Department of Public Instruction) and the school.</p> <ul style="list-style-type: none"> <li>- Contract was not renewed for the CSP program due to the firing of the educational coordinator.</li> <li>- Recently found out there was no educational curriculum being used.</li> <li>- "[Educational Curriculum] should have been in place in August 2023."</li> <li>- "Program Supervisor] was always saying I got it (educational curriculum), but not to say we don't have nothing and maybe she wasn't fully aware of the requirements (educational requirements)."</li> <li>- Unaware what was told to the legal guardian about the education component of the program by the Admissions Supervisor.</li> <li>- A lot of the time they are not enrolled in school and don't have "educational information" when they come to the facility.</li> <li>- "Schools don't want to work with us, like our kids don't matter."</li> <li>- "We get kids from all over and the problem is that some of their schools don't want to coordinate virtual services."</li> </ul> <p>Interview on 5/21/24 with the Admissions Supervisor revealed:</p> <ul style="list-style-type: none"> <li>- Completed referral process for the crisis program.</li> <li>- "If I got questions at intake about education ..., I would usually say yes there was an educational component, but I didn't know."</li> </ul> <p>Interview on 5/21/24 with the Chief Performance Quality Officer revealed:</p> <ul style="list-style-type: none"> <li>- Was aware of educational rules for the CSP program.</li> <li>- "I can't answer how long we have been without an educational program because I was not aware that we did not have an education program."</li> </ul>	V 305		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 305	<p>Continued From page 12</p> <ul style="list-style-type: none"> <li>- Don't know specifically what guardians were told about the educational component upon enrollment.</li> <li>- "A lot of them (clients) are not in school or may be homeless."</li> <li>- Some clients haven't been in school for months prior to coming to facility.</li> <li>- "Getting student records and documentation has been difficult."</li> <li>- Unsure why [Educational Curriculum] was stopped as an online resource.</li> </ul> <p>Review on 4/23/24 of the facility's Plan of Protection dated 4/23/24 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?"</p> <ol style="list-style-type: none"> <li>1. Effective 4/23/24, Program Supervisor will send an email out to all Christ Church staff that clients will begin utilizing an educational program. The education plan will be reviewed at the next staff meeting on May 1, 2024.</li> <li>2. Program Supervisor will review active Christ Church client's records to inspect for educational records. For those missing educational records, the Program Supervisor will ensure by 4/27/24 all educational records have been requested for active Christ Church clients.</li> <li>3. By 5/7/24 the clients will be enrolled in the educational program.</li> </ol> <p>Describe your plans to make sure the above happens. Program Supervisor will provide documented evidence that the email was sent to staff. Read receipts will be requested to ensure staff have read the email."</p> <p>The facility served clients with diagnoses of Oppositional Defiant Disorder, Conduct Disorder,</p>	V 305		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 305	Continued From page 13  Attention Deficit Hyperactivity Disorder and Disruptive Mood Dysregulation Disorder ranging in age 12-17 years old. At a minimum of a year there has been no formal education provided to the clients to help maintain the client's educational and intellectual development. There was no coordination with the local education agency regarding educational support for the clients.  This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.	V 305		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect  10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.	V 512	Correction: 1. Program Supervisor/Coaches will continue to be responsible for ensuring DSS is contacted for any allegation of abuse/neglect.  4/23/24  1. Upon completion of the internal investigation, recommendations were made by PQI to retrain staff surrounding Abuse and Neglect Reporting, Code of Conduct and Ethics training, along with incident report training which was completed by Program Supervisor and staff on 4/23/24.  4/23/24  2. All CSP staff were also re-educated during a staff meeting that there is to be no horse-playing of any kind with clients.  Prevention: 3. PQI upon completion of the internal investigation will meet and discuss findings and recommendations with the Program Supervisor.  Monitoring: Staff will meet with Program Supervisor/coaches weekly to check in regarding staff interactions with clients as well as support surrounding policies and procedures.  Ongoing	4/23/24  4/23/24  Ongoing

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 512	<p>Continued From page 14</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews 1 of 3 audited direct care staff (staff #1) abused 1 of 1 audit client (client #1). The findings are:</p> <p>Review on 4/15/24 of Client #1's record revealed: - Admission 3/12/24. - Age 15. - Diagnoses: Oppositional Defiant Disorder, Moderate; Unspecified Attention Deficit Hyperactivity Disorder; Unspecified Trauma-and Stressor-Related Disorder; Childhood-Onset Fluency Disorder.</p> <p>Review on 4/15/24 of Staff #1's record revealed: - Hire date 7/20/20. - Job Title Residential Care Specialist.</p> <p>Review on 4/12/24 of the Incident Response Improvement System (IRIS) dated 3/20/24 revealed: - "Date of Incident 3/18/24. - Date last submitted 3/20/24. - Completed by Residential Coach. - Provider learned of incident on 3/19/24. - Incident Comments: The client (client #1) reported that a staff (Staff #1) member pulled the string of his hoodie while in the café at the facility which resulted in a scratch on his neck."</p> <p>Review on 4/12/24 of the facility's Internal Investigation dated 3/20/24 revealed: -"The Complaint Allegations:</p>	V 512		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 512	<p>Continued From page 15</p> <p>Incident: QIS (Quality Improvement Specialist) received word of the allegation of abuse (3/18/24) from staff member [Program Supervisor] and [Residential Coach] via email at 9:35pm on 3/19/24 stating "Good evening [QIS], I received a call from my coach, [Residential Coach] informing me that a client (client #1) stated that the mark on his neck is a result of a staff (staff #1) person grabbing his sweatshirt and pulling it tight around his neck. When asked who the staff person was and where this happened and why he stated that it was [staff #1] from Christ Church Cottage and that it happened in the cafeteria. He stated that [Staff #1] did not like the way that he was looking at her (staff #1) and she pulled his (client #1) sweatshirt. Upon myself and [Residential Coach] watching the video for yesterday Monday, at 12:10 PM in the cafeteria, you can see her (staff #1) grabbing his (client #1) sweatshirt. I have asked [Residential Coach] to send you the video clips so that you can see for yourself and do your investigation or whatever it is that is needed. I am putting [Staff #1] on administrative leave immediately (3/19/24) and inform her that an investigation is being done and upon the results she will be given a call by me to inform her what the decision has been. If you need any other information, please don't hesitate to give me a call or you can call [Residential Coach] who was the one who received the information from the client (client #1)." This information was shared with [QIS] at 9:00am on 3/20/24;</p> <p>- Conclusion:</p> <p>In conclusion, QIS can confirm the alleged incident occurred. However, QIS cannot substantiate the incident as abuse, as there was no intent to harm the client.</p> <p>QIS confirmed the incident occurred through video footage, staff accounts, client accounts,</p>	V 512		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>05/24/2024</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 512	<p>Continued From page 16</p> <p>and an image of the wound. Staff member [Staff #1] admitted to horseplaying with the client and admitted to tugging on the client's sweatshirt string in a "kidding manner". [Staff #1] was unaware she caused harm, and it was not her intent to cause the client harm. However, the horseplay resulted in a physical scratch to the client's neck from the sweatshirt string.</p> <ul style="list-style-type: none"> <li>- Date 3/21/24</li> <li>- Concerns</li> </ul> <p>Therapist was aware of the incident on Monday. She was told of the incident by the client during a conference call with the LG, (Legal Guardian) DSS. [Therapist] made no reports to anyone of the allegation, did not inspect the client's neck, did not notify a nurse, and opted to not document the incident into Echo, as she readily admitted to QIS.</p> <p>Though harm was not the intent, horse playing can result in harm to clients.</p> <p>Staff [Staff #5] was sitting 3 feet in front of the client when the incident occurred and claimed she did not see the incident, though in the video footage she is observed looking directly at the client while eating an apple.</p> <p>There was a significant delay in the supervisor (Program Supervisor) contacting DSS to report the allegation.</p> <p>The client claimed a nurse inspected his neck on Tuesday during rounds. However, when speaking with nursing on shift, all reported they haven't seen or heard anything.</p> <p>RCS Staff, [Staff #2], admitted to learning of the incident Monday night. He vaguely remembered the client telling him about the incident and showed him his neck. However, [Staff #2] claimed that it just didn't register, and he did nothing with the information.</p> <ul style="list-style-type: none"> <li>- Recommendations</li> </ul> <p>QIS recommends updating the PCP (Person</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 512	<p>Continued From page 17</p> <p>Centered Plan) Crisis Plan for the client with the therapist during his next CFT (Child Family Team) meeting. QIS recommends the crisis plan be reviewed by all staff.</p> <p>QIS recommends staff [Staff #1] receive a written corrective action to address this issue. QIS recommends [Therapist] receive verbal coaching in terms of incident reporting, client documentation, and the policy for reporting Abuse and Neglect and code of ethics. QIS recommends [Staff #5] receive coaching on client supervision, ways to be vigilant when on shift, as she witnessed the event.</p> <p>QIS recommends coaching for [Staff #2] in terms of reporting incidents, as well as the Reporting Abuse and Neglect Policy. QIS recommends [Program Supervisor] receive coaching over the process for incident reporting as a supervisor, and the expectations to notify authorities. QIS recommends [Program Supervisor] complete a DHSR (Division Health Service Regulation) No Cite Checklist to address this allegation.</p> <p>QIS has recommended nursing to examine the client neck, provide necessary treatment, and document in the client's E.H.R. (electronic health record)</p> <p>QIS recommends [Staff #8] receive coaching on responsiveness while involved within an investigation. "</p> <p>Review on 4/12/24 of the facility's Internal Interview Form dated 3/20/24 by QIS revealed: - "Internal Interview: The client indicated that on the morning of 3/18/24, he and staff [Staff #1] "got started on the wrong foot". He said that the staff member got upset over the way he looked at her, and she then proceeded to pull the string. The client claimed he told [Staff #1] it hurt and showed her his neck. He stated that a piece of plastic on the hoodie string scratched his neck.</p>	V 512		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 512	<p>Continued From page 18</p> <p>QIS asked who he talked about the incident to and who he showed his neck. The client stated "a bunch of staff" but was only to name three staff members ([Staff #2], [Staff #8], and [Staff #1]). He claimed a nurse looked at the scratch on 3/19/24 and said he would be fine. He stated that he also told his Social Worker and Therapist on Monday.</p> <p>- Internal interview: [Staff #1] indicated that she was playful with the client and had pulled his hoodie string. She indicated she was just playing with him and then told [Staff] about the broken door. [Staff #1] indicated there was friction between her and the client on 3/19/24 because she had to redirect him. She indicated that the client never showed her his neck injury. [Staff #1] indicated that she told [Client #1] that she came to work because they lifted her spirits. She indicated that [Client #1] never mentioned concern about the incident to her. She was worried about the situation and couldn't believe she was placed on administrative leave. She was worried about her character, especially the work she has put in with Thompson (Licensee) for the past four years. She was not remorseful, as it was perceived by QIS. [Staff #1] indicated that she did pull on his sweatshirt string but didn't mean to harm him. She did admit to horseplaying with the client. [Staff #1] was disappointed in the situation."</p> <p>Review on 4/18/24 of an email with an attached document titled "[Staff #1] Coaching surrounding her coming back from Administrative Leave" from QIS dated 4/18/24 to the Division of Health Service Regulation (DHSR) surveyor revealed:</p> <p>- "This supervisor [Program Supervisor] informed [Staff #1] on 3/25/24 that she was able to come back to work after the findings of the investigation surrounding the allegations (abuse). She stated that she was not able to come back until 3/27/24.</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 512	<p>Continued From page 19</p> <p>I informed her that she would need to meet with me and review the Client Rights manual. We reviewed sections A - clients rights #5 which includes Humiliation, degradation, emotional abuse, intimidation and threat or infliction of pain, I- Client Grievance Policy and Procedure, J - Reporting Suspected Abuse, Neglect or Exploitation and K - Child Abuse Prevention. I informed her that although the findings were not found that she had been intentional in her actions to hurt a client, but, that in fact she had been horseplaying with the client which resulted in him being hurt.</p> <p>[Staff #1] stated that she was remorseful and did not intentionally hurt him, but she did state that she should not have been horseplaying around with the client. She stated that she had learned from this experience and that it opened her eyes to seeing that something as innocent as pulling a string could result in her job being put in jeopardy. [Staff #1] asked about her days that she was gone if she would be paid and I informed her that she would not due to her being guilty of leaving the mark on his neck after pulling the strings."</p> <p>Review on 4/23/24 of the facility's Nursing note dated 3/20/24 and completed by the Registered Nurse revealed:</p> <ul style="list-style-type: none"> <li>- "Went to assess client (client #1) due to incident and allegation (abuse). 2 inch scratch noted on left side of neck. No nursing action required as scratch had no scab on it."</li> </ul> <p>Interview on 4/12/24 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>- "Had one staff (staff #1) that I had problem with but we talked it out and we ok now."</li> <li>- "I had a hoodie on she (staff #1) grabbed the string and pulled it."</li> <li>- "She meant to grab it (hoodie string) out but she pulled it and rubbed it raw."</li> </ul>	V 512		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 512	<p>Continued From page 20</p> <ul style="list-style-type: none"> <li>- "She didn't mean to do it. We were just teasing and playing around with each other."</li> <li>- Staff (Residential Counsleor) saw it (scratch) on my neck and reported it.</li> </ul> <p>Interview on 4/15/24 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- "Me and [Client #1] we were in the cafeteria and he was eating his food and I was standing against the wall we were talking to each other. I walked up to him and said, 'what did you say to me and pulled the strings of hoodie' we were playing and the day went on. There was nothing."</li> <li>- "The following day (3/19/24) is when I received the news (internal investigation)."</li> <li>- "[Program Supervisor] called me around 9pm that night and stated that [Client #1] stated that I choked him because I didn't like the way he looked at me."</li> <li>- "So I did my time (suspension). I did my suspension for about 3 days. No pay and written up."</li> <li>- "I was just written up, no coaching."</li> <li>- "In the write up it stated that she [Program Supervisor] informed me, she needed to go over client rights manual but that has not been done."</li> <li>- "Received an email while at home of what needed to be done when I returned."</li> <li>- "Since being back no one has sat down and had a conversation about incident or what needs to be done."</li> </ul> <p>Interview on 4/22/24 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>- "It was allegedly reported that he (Client #1) reported it (incident with staff #1) to me but we had a lot going on that day, I was conducting interviews during the time it was supposed to have happened."</li> <li>- "I don't remember him telling me anything about it."</li> <li>- "I was coached last week with my supervisor"</li> </ul>	V 512		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 512	<p>Continued From page 21</p> <p>about it."</p> <p>Interview on 4/15/24 with Staff #5 revealed:</p> <ul style="list-style-type: none"> <li>- "I was there that day I think [client #1] was playing with [staff #1] that's what I seen."</li> <li>- Was talking to two other clients from another cottage that were sitting at the table.</li> <li>- Client #1 asked if Staff #5 had seen what Staff #1 did to him.</li> <li>- Only seen Staff #1 and Client #1 playing.</li> <li>- Did not see Staff #1 pulled Client #1's hoodie string.</li> </ul> <p>Interview on 4/12/24 with the Therapist revealed:</p> <ul style="list-style-type: none"> <li>- "Recently something came up with the boy (Client #1) with the neck ring. He came in my office last Friday and showed me and he said she (staff #1) choked me I said we talked last week, and you said you were playing. I'm concerned that the language changed, he said your right we were playing."</li> <li>- "It was not even in a session, I was walking to lunch."</li> <li>- "Determining if I should document those outside conversations comes down to clinical judgement."</li> <li>- "Knowing this client and that he has boundary issues and making jokes. Not sure why he would have thought something like that would be funny."</li> </ul> <p>Interview on 4/17/24 with the Program Supervisor revealed:</p> <ul style="list-style-type: none"> <li>- Received a call from the Residential Coach, concerning incident with Client #1 and Staff #1.</li> <li>- " He didn't tell me anything (about the incident with staff #1)."</li> <li>- Client #1 informed the Residential Coach "[Staff #1] snatched his hoodie and there's a mark."</li> <li>- "He (client #1) told the staff (Residential Counselor) he forgot to show me the mark."</li> <li>- Called the Residential Director and QIS to</li> </ul>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 512	<p>Continued From page 22</p> <p>inform them of incident on 3/19/24.</p> <ul style="list-style-type: none"> <li>- Staff #1 was put on administrative leave that night 3/19/24.</li> <li>- Followed up with Client #1 the next day.</li> <li>- Completed coaching with Staff #1.</li> <li>- Did not receive coaching from Residential Director;</li> <li>- Was not informed to provide coaching or training to staff (staff listed in the investigation).</li> </ul> <p>Interview on 4/17/24 with the Quality Improvement Specialist revealed:</p> <ul style="list-style-type: none"> <li>- Completed an internal investigation with Client #1 and Staff #1 for the allegation of abuse on 3/18/24.</li> <li>- The investigation was not substantiated due to Staff #1 horse playing with Client #1 and there was no intent to harm.</li> </ul> <p>Review on 4/23/24 of the facility's Plan of Protection dated 4/23/24 and completed by the Quality Improvement Specialist revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ol style="list-style-type: none"> <li>1. Program supervisor completed a 1:1 with [Staff #1] on 4/18/24 regarding client rights.</li> <li>2. [Program Supervisor] will complete 1:1 coaching with [Staff #1], [Staff #5], [Staff #2] and [Staff #8] to include reporting abuse and neglect, code of ethics, and incident report training. The three staff (Staff #1, Staff #5 and Staff #2) will be completed by 4/23/24.</li> <li>3. Staff #8 will be contacted today (4/23/24) to try and coordinate a meeting to conduct the 1:1 coaching due to working third shift. This will be done before staff returns to working shift.</li> </ol> <p>Describe your plans to make sure the above happens.</p> <p>Program Supervisor will provide the coaching documentation with above staff and will provide</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 512	Continued From page 23  documentation to the Director of Residential and Quality Improvement Specialist."  The facility served clients with diagnoses of Oppositional Defiant Disorder, Conduct Disorder, Attention Deficit Hyperactivity Disorder and Disruptive Mood Dysregulation Disorder ranging in ages 12-17 years old. On 3/18/24, Staff #1 walked over to Client #1 and grabbed his hoodie string and pulled it hard enough to cause a 2 inch scratch on his neck. Staff #1 admitted she did pull on client #1's sweatshirt string. Staff #1 was suspended on 3/19/24. In an email from the Quality Improvement Specialist staff #1 was informed she could return to work on 3/25/24 and would require training in Client Rights upon her return. Staff #1 returned to work on 3/27/24, but there was no documentation to support the facility providing Client Rights training to Staff #1 upon her return.  This deficiency constitutes a Type A1 rule violation for abuse and must be corrected within 23 days.	V 512		
V 736	27G .0303(c) Facility and Grounds Maintenance  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.  This Rule is not met as evidenced by: Based on observations, reviews and interviews the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:	V 736	Correction: 1. The following was corrected: painting of walls, doors, cleaning of window seals, light bulbs replaced, bedroom walls painted, ceilings painted, and furniture ordered.  2. Program Supervisor will complete a furniture order for all CSP cottages which will include new couches, chairs, tables, bedroom furniture, desks and chairs for all bedrooms. This was completed through the CFO on 6/7/24. The order that was placed can take up to 8 weeks to be delivered.  Prevention: 1. Program Supervisor/Coaches will conduct weekly inspections of all areas within the cottages to include bedrooms, common areas, bathrooms, kitchens, and dining areas. This will also include staff bathrooms as well as staff offices.  2. Facility tickets for any broken items will be submitted by staff on an ongoing basis and will be reviewed by facilities and will be addressed in order of safety.	5/16/24  5/22/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 24</p> <p>Observations on 4/12/24 at approximately 2:07pm of the facility revealed:</p> <ul style="list-style-type: none"> <li>- Common area:               <ul style="list-style-type: none"> <li>- Orange chair with 3 tears ranging in size of approximately 1.5 inches to 3.5 inches long and .5 inches to 1.5 inches wide;</li> <li>- Orange chair with approximately 10 holes ranging in size of approximately .5 inches to 1.5 inches;</li> <li>- Numerous spots on the walls had peeled paint, ranging in size of a dime to 8 inches long and 5 inches to 8 inches wide;</li> </ul> </li> <li>- Dining room:               <ul style="list-style-type: none"> <li>- Dining room door dirty (stains) and with paint peeling along the edge of the door approximately 1 foot long and several spots of peeled paint approximately a dime size;</li> <li>- Red and brown substance splattered on the ceiling around the light fixture covering approximately 2 feet long and 2 feet wide;</li> <li>- Window seal filled with spider webs, dead bugs and trash</li> </ul> </li> <li>- Bedroom #1               <ul style="list-style-type: none"> <li>- On the right side of the wall leading into the room just above the baseboard and below the electrical socket an area approximately 6 to 8 inches in length and 4 to 5 inches wide missing paint exposing the wooden wall;</li> </ul> </li> <li>- Bedroom #2               <ul style="list-style-type: none"> <li>- Drawing of a cross symbol in red marker on the ceiling above the shelf was written in red, "LIL Slougher was here" with a picture of a dripping arrow head;</li> <li>- Bathroom- the sink bowl was stained with a black substance (around the sink drain and on several spots on the sink), toilet paper holder was missing;</li> </ul> </li> <li>-Bedroom #5 bathroom-               <ul style="list-style-type: none"> <li>- Writing on the wall "LL Da Guys , free the Guys", "SMM 45";</li> </ul> </li> </ul>	V 736	<p>Monitoring: PQI conducts monthly cottage walkthroughs for any signs of facility needs and shares findings with Program Supervisor to address.</p>	Ongoing

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601482</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHRIST CHURCH COTTAGE THOMPSON CHIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6722 ST PETERS 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 25</p> <ul style="list-style-type: none"> <li>- Bedroom #6-               <ul style="list-style-type: none"> <li>- Writing on the wall "TFK, FNaF", writing on the ceiling "You" " B***h" along with white paint covering some of the letters and drawings on the ceiling;</li> </ul> </li> <li>- Bathroom #7               <ul style="list-style-type: none"> <li>- Bulb need replacement.</li> </ul> </li> </ul> <p>Interview on 4/12/24 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>- Mold was on the light fixture in the dining room;</li> <li>- "That light (light fixture in dining room) don't even work."</li> <li>- Stains were on ceiling since admission (3/12/24);</li> <li>- Window seals were dirty upon admission.</li> </ul> <p>Interview on 4/12/14 with the Quality Improvement Specialist (QIS) revealed:</p> <ul style="list-style-type: none"> <li>- Clients continuously write and peel the paint off the walls;</li> <li>- Stated that staff had put in a work order for the cottage to be painted.</li> <li>- Would verify the work order and send via email</li> <li>- "If there are any other work orders I will send them to you as well."</li> </ul>	V 736		