

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/18/2024
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NAME OF PROVIDER OR SUPPLIER PENA COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE E MARSHVILLE, NC 28103
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on June 18, 2024. Two complaints were substantiated (intake #NC00215774 and #NC00215158) and two complaints were unsubstantiated (intake #NC00217167 and #NC00217313). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 12 and has a current census of 9. The survey sample consisted of audits of 5 current clients.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A</p>	V 109		

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

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V 109	<p>Continued From page 1</p> <p>NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, 1 of 1 Case Manager (CM)/Qualified Professional (QP) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 4/15/24 of the CM/QP's personnel file revealed: -Hire date of 5/2/23. -Job title of Case Manager (CM/QP) signed and dated 5/2/23. -Job description: "The Case Manager (CM/QP) will ensure the client's service plan is developed, implemented, and goals and responsibilities are understood by all parties involved, and treatment coordination."</p> <p>Interview on 4/17/24 with the CM/QP revealed: -"I'm the Case Manager, and I coordinate the care of the clients."</p>	V 109		

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V 109	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Identified himself as the QP. - "I do the treatment plans." -Treatment plans did not include an approved modified school schedule for Clients #2, #3, #4 and #5. - "I'm responsible for coordinating individual therapy weekly according to Client #1's treatment plan. -Did not coordinate with local schools for the care and educational needs of Clients #1, #2, #3, #4 and #5. -Did not coordinate individual therapy for Client #1. <p>Interview on 5/13/24 with the Chief Agency Officer revealed:</p> <ul style="list-style-type: none"> -The CM/QP's previous supervisor did not provide much assistance to him. -The CM/QP was moved to another position as of 5/1/24. -In the process of hiring a new CM/QP. 	V 109		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; 	V 112		

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V 112	<p>Continued From page 3</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to and implement goals and strategies to meet the individual needs of 1 of 5 audited clients (Client #1). The findings are:</p> <p>Review on 4/15/24 of Client #1's record revealed: -Admission date of 11/23/23. -11 years old. -Diagnoses of Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder and Other Specified Trauma and Stressor Related Disorder. -History of physical aggression and anger outbursts, has demonstrated multiple trauma symptoms in the last several years including sudden emotionality, increased isolation, anger, aggression, intrusive memories, and others that impact functioning across settings; client needs assistance to process trauma history. -The facility failed to implement goals and</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>strategies in the Person Centered Plan (PCP) dated 2/7/24: "Client will engage in skill building groups as well as individual and group therapy; client will begin to work on processing past events and current stressors in his life that have had an effect on him by attending regular therapy weekly."</p> <p>Interview on 4/23/24 with Client #1 revealed: -"I want to see a therapist but they (facility) won't let me." -"The last therapist quit."</p> <p>Interview on 4/18/24 with Client #1's DSS Guardian revealed: -"Was not aware until 3/21/24 that the facility's therapist resigned on 2/15/24."</p> <p>Interview on 4/17/24 with the Case Manager (CM)/Qualified Professional (QP) revealed: -"Was responsible for developing and implementing treatment plans." -"He (Client #1) is receiving group therapy but we are waiting for his DSS Guardian to authorize individual therapy." -"The facility's therapist resigned in February of 2024."</p> <p>Interview on 5/13/24 with the Chief Agency Officer revealed: -"Client #1 was refusing therapy." -"Clients are slowly introduced to the new school." -"In the process of hiring a new therapist."</p>	V 112		
V 179	<p>27G .1301 Residential Tx - Scope</p> <p>10A NCAC 27G .1301 SCOPE (a) The rules of this Section apply only to a residential treatment facility that provides</p>	V 179		

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V 179	<p>Continued From page 5</p> <p>residential treatment, level II, program type service.</p> <p>(b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700.</p> <p>(c) A residential treatment facility for children and adolescents is a free-standing residential facility which provides a structured living environment within a system of care approach for children or adolescents who have a primary diagnosis of mental illness or emotional disturbance and who may also have other disabilities.</p> <p>(d) Services shall be designed to address the functioning level of the child or adolescent and include training in self-control, communication skills, social skills, and recreational skills. Children or adolescents may receive services in a day treatment facility, have a job placement, or attend school.</p> <p>(e) Services shall be designed to support the child or adolescent in gaining the skills necessary to return to the natural, or therapeutic home setting.</p> <p>(f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.</p> <p> This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to coordinate care with other individuals and agencies within the client's system of care, affecting 5 of 5 audited clients</p>	V 179		

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V 179	<p>Continued From page 6</p> <p>(Clients #1- #5). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G. 1303 Operations (V182). Based on record reviews and interviews, the facility failed to assure clients received appropriate educational services and failed to include transition to a public school setting in their treatment plans.</p> <p>Interview on 4/18/24 with the Elementary School School Social Worker revealed:</p> <ul style="list-style-type: none"> -On 3/11/24 Client #1 attempted to run out in front of a moving vehicle and school staff had to pull him out of the way. -On 3/21/24 Client #1 expressed thoughts of wanting to harm himself and banged his head on concrete. -Called emergency medical services to transport Client #1 to a local hospital on 3/21/24 due to his declining mental health. -The Case Manager (CM)/Qualified Professional (QP) did not follow up with school staff. -"I called the facility several times and could not get anyone. I had to call the (Department of Social Services (DSS)) Guardian for assistance during a crisis." -Could not get in contact with the CM/QP to develop a crisis plan for school for Client #1. -Scheduled a meeting with the CM/QP on 4/8/24 and he (CM/QP) did not show up. -Client #1 said he wanted to speak to a therapist but the facility did not provide one. <p>-Interview on 5/13/24 with the Middle School Social Worker revealed:</p> <ul style="list-style-type: none"> -Clients #2- #5 did not attend school on a regular basis. -Clients #2- #5 did not have an approved modified school schedule. -The CM/QP did not communicate with the school 	V 179		

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V 179	<p>Continued From page 7</p> <p>in reference to Clients #2- #5's attendance. -"Communication with the facility was difficult because they did not answer the phone or return calls."</p> <p>Interview on 4/18/24 with Client #1's DSS Guardian revealed: -The CM/QP sent her a packet to fill out at the end of March(2024) for Client #1 to receive therapy from a third party therapist but did not inform her that the facility's therapist had resigned on 2/16/24. -"He (CM/QP) sent me a packet for [local therapist] and said [Client #1] was having some sexualized behaviors at the end of February (2024). He (CM/QP) did not tell me that they (facility) did not have a therapist anymore. I assumed the packet was for additional therapy to what he (Client #1) was already receiving. I did not learn that [Client #1] was not receiving individual therapy until he had a crisis at school on March 21st (2024)." -The facility was having trouble finding a therapist. -The CM/QP was not coordinating Client #1's care with her or the school.</p> <p>Interview on 4/23/24 with Client #2's DSS Guardian revealed: -Client #2 has struggled with his behavior at school. -Aware Client #2 missed school due to his behaviors.</p> <p>Interview on 6/10/24 with Client 4's DSS Guardian revealed: -Aware Client #4 missed a significant number of days due to his behaviors.</p> <p>Interview on 4/17/24 with the CM/QP revealed:</p>	V 179		

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V 179	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Client #1's DSS Guardian never returned signed consent for therapy. -Advised Client #1's DSS Guardian the facility did not have a therapist during a care team meeting in March of 2024. -"I'm waiting for [Client #1's] (DSS) Guardian to return packet for consent for [local therapist]. We can't do anything until she (DSS Guardian) gives consent." -He met with school staff and gave them a copy of Client #1's crisis plan in April of 2024. -Did not follow up with the school after Client #1 had a crisis at school on 3/11/24 and 3/21/24. -Did not know a modified schedule had to be approved by the school for Clients #2- #5. -"[Clients #2, #3, #4, and #5] miss a lot of days in school due to behaviors." <p>Interview on 5/13/24 with the Chief Agency Officer revealed:</p> <ul style="list-style-type: none"> -Client #1 was refusing therapy. -"Clients are slowly introduced to the new school." -Clients refused to go to school. -Would coordinate care with the school to get an approved modified school schedule for all clients. -In the process of hiring a new CM/QP. <p>Review on 6/19/24 of the Plan of Protection dated and signed by the Quality Improvement Director on 6/18/24 revealed:</p> <ul style="list-style-type: none"> -"(1) What Immediate action will the facility take to ensure the safety of the consumers in your care?" <p>Correction: Anderson Health Services (Licensee) will ensure that all clients' Person-Centered Plans (PCPs) address any necessary educational modifications and include a transition plan into the school system based on each client's individual educational needs. PCPs were updated</p>	V 179		

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V 179	<p>Continued From page 9</p> <p>for all clients between May 9, 2024, and June 18, 2024, to reflect these changes. A new qualified professional was hired on March 18, 2024, to coordinate educational services, and the school absence policy has been updated accordingly. The previous Case Manager (QP) transitioned into a new role on April 22, 2024, and the new Case Manager (QP), hired on the same date, will actively communicate and coordinate with all relevant schools to ensure seamless integration of services.</p> <p>Monitoring: The Clinical Team will conduct regular audits of PCPs and treatment plans to guarantee their appropriateness and timeliness. The Case Manager (QP) will provide periodic reports on school coordination, and school attendance will be closely monitored to promptly address any absences.</p> <p>-(2) Describe your plans to make sure the above happens.</p> <p>Prevention: Selected staff members will receive comprehensive training on maintaining accurate PCPs and treatment plans. The Case Manager (QP) will schedule regular check-ins with school representatives to foster open communication and collaboration. The updated school absence policy will be thoroughly reviewed with all relevant parties to ensure a clear understanding of expectations and procedures."</p> <p>The facility served clients ages 9-15 with diagnoses of Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder and Major Depressive Disorder. Client #1 did not receive his individual therapy from 2/16/24 to 5/13/24. During</p>	V 179		

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V 179	<p>Continued From page 10</p> <p>that time, Client #1 had two incidents at school where he experienced suicidal ideation and eloped. On 3/11/24 Client #1 attempted to run out in front of a moving vehicle and school staff had to pull him out of the way, and on 3/21/24 Client #1 expressed thoughts of wanting to harm himself and banged his head on concrete. The facility failed to coordinate with school staff to develop a safety plan for Client #1 in the school setting, and Client #1's guardian to provide individual therapy to help process his past trauma history.</p> <p>Clients #2- #5 did not attend school on a regular basis. Client #2 had a total of 18 unexcused absences, Client #3 had a total of 37 unexcused absences, Client #4 had a total of 69 unexcused absences and Client #5 had total of 16 unexcused absences. The facility failed to coordinate with the school staff to get an approved modified schedule for Clients #2- #5 and add it to their treatment plans so that absences would not count against them.</p> <p>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.</p>	V 179		
V 182	<p>27G .1303 (B-G) Residential Tx - Operations</p> <p>10A NCAC 27G .1303 OPERATIONS (b) Family Involvement. Family members or other responsible adults shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting. (c) Education. Children and adolescents residing in a residential treatment facility shall receive appropriate educational services, either</p>	V 182		

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V 182	<p>Continued From page 11</p> <p>through a facility-based school, 'home-based' services, or through a day treatment program. Transition to a public school setting shall be part of the treatment plan.</p> <p>(d) Age Limitation. If an adolescent has his 18th birthday while receiving treatment in a residential facility, he may continue in the facility for six months or until the end of the state fiscal year, whichever is longer.</p> <p>(e) Clothing. Each child or adolescent shall have his own clothing and shall have training and help in its selection and care.</p> <p>(f) Personal Belongings. 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) Hours of Operation. Each facility shall operate 24 hours per day, at least five days per week, at least 50 weeks per year, excluding legal holidays.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure clients received appropriate educational services and failed to include transition to a public school setting in their treatment plans, affecting 4 of 5 clients audited. The findings are:</p> <p>Cross-Reference: 10A NCAC 27G .1301 Scope (V179). Based on record review and interviews, the facility failed to coordinate care with other individuals and agencies within the client's system of care.</p>	V 182		

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V 182	<p>Continued From page 12</p> <p>Review on 5/22/24 of Client #2's school attendance record revealed: -Enrollment date 12/11/2023 -18 unexcused absences. -1 unexcused tardy. -6 suspensions.</p> <p>Review on 5/22/24 of Client #3's school attendance record revealed: -Enrollment date of 11/20/23 -37 unexcused absences. -1 unexcused tardy. -2 suspensions. -3 early checkouts without explanation from the facility to the school.</p> <p>Review on 5/22/24 of Client #4's school attendance record revealed: -Enrollment date of 11/28/23. -69 unexcused absences -2 unexcused tardies. -13 early checkouts without explanation from the facility to the school..</p> <p>-Review on 5/22/24 of Client #5's school attendance record revealed: -Enrollment date of 11/28/23. -16 unexcused absences. -3 unexcused tardies. -2 suspensions -6 early checkouts without explanation from the facility to the school.</p> <p>Interview on 5/10/24 with Client #2 revealed: -"I go to school most days."</p> <p>Interview on 5/10/24 with Client #3 revealed: -"I do half days at school to see if I like it." -"Some days I just don't want to go to school."</p>	V 182		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/18/2024
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NAME OF PROVIDER OR SUPPLIER PENA COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE E MARSHVILLE, NC 28103
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 182	<p>Continued From page 13</p> <p>Attempted interviews on 5/13/24 with Client #4 and Client #5 but they declined interview.</p> <p>Interview on 4/23/24 with Shift Supervisor #1 revealed: -Clients were often late to school or miss school due to behaviors. -Informed the Case Manager (CM)/Qualified Professional (QP) when clients were having behaviors in the morning.</p> <p>Interview on 4/17/24 with Shift Supervisor #2 revealed: -"They (clients) usually miss school due to behaviors and power struggles in the morning." -Clients will refuse to get up for school. -Advised the CM/QP when clients refused school.</p> <p>Interview on 5/23/24 with the CM/QP revealed: -Did not get a modified school schedule approved by the school for Clients #2- #5. -Clients #2- #5 missed days due to behaviors or crises in the morning. -"A lot of the clients have behaviors in the morning because they do not want to go to school." -"Some clients start out doing half days to get them comfortable with the new school setting." -Modified school schedules were not in Clients #2- #5's treatment plans.</p> <p>Interview on 5/13/24 with the Chief Agency Officer revealed: -"Clients are slowly introduced to the new school." -Would coordinate care with the school to get an approved modified school schedule for all clients. -In the process of hiring a new CM/QP.</p>	V 182		