

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2024
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NAME OF PROVIDER OR SUPPLIER JAMES COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE F MARSHVILLE, NC 28103
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 6-21-24. Two complaints were substantiated (intake # NC00216491 and #NC00215157), and two complaints were unsubstantiated (intake #NC00217170 and #NC00217729). 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 currently has a census of 5. The survey sample consisted of audits of 1 current client.</p>	V 000	<p style="text-align: center;">RECEIVED JUL 18 2024 DHSR-MH Licensure Sect</p>	
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; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the 	V 112	<p>10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan</p> <p>Correction: The facility has successfully addressed the issue of inadequate therapy provision by hiring a new therapist who is now actively working with clients. The clinical team ensures that all clients receive an adequate amount of therapy in a timely manner, in accordance with their individual treatment plans. To further solidify this correction, the facility will conduct a thorough review of all client treatment plans by June 15, 2024, to confirm that therapy schedules align with the plans' requirements.</p> <p>Prevention: To prevent future disruptions in therapy services, the facility will develop a comprehensive onboarding process for new therapists by June 20, 2024. This process will include a detailed handover of client cases, familiarization with individual treatment plans, and clear communication of therapy frequency requirements. Additionally, the facility will maintain a system for monitoring therapy schedules and treatment plan adherence to quickly identify and address any potential gaps in service delivery.</p> <p>Monitoring: Ongoing monitoring efforts will focus on regularly assessing the effectiveness of the new therapy arrangements by the Executive Leadership team. This will be achieved through weekly reviews of therapy attendance records, client progress notes, and treatment plan updates by the Quality Director, starting June 25, 2024. Bi-weekly team meetings involving the therapist, case managers, and other relevant staff members will be held to discuss client progress and any necessary adjustments to treatment plans or therapy schedules.</p>	<p>Completed June 1, 2024</p> <p>Fully implemented by June 25, 2024</p> <p>Fully implemented by June 25, 2024</p>

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>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 implement goals and strategies to meet the individual needs of 1 of 1 audited clients (client #1. The findings are:</p> <p>Review on 5-10-24 of client #1's record revealed: -Date of admission: 10-17-23. -Age: 11. -Diagnoses: Post Traumatic Stress Disorder; Persistent Depression; Generalized Anxiety Disorder. -Person Centered Plan dated 10-17-23 and updated 3-22-24 included the following goal and strategies: -"[Client #1] will improve mood regulation by practicing coping skills 2-3x daily. Approved for restrictive intervention." -"HOW (Support/Intervention): Client will: Engage participate in skill building groups, as well as individual and group therapy. Comply with treatment recommendations and safety plan at all times." -"Level II will provide community-based activities, group-based activities, and individual/family/group therapy as identified." -"Therapist will provide cognitive behavioral therapy and any other therapist specific modality</p>	V 112		
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V 112	<p>Continued From page 2</p> <p>to assist client with symptom management and addressing and improving (whatever the focus of that particular goal is) so that episodes of (whatever 's specified in goal) are reduced. Therapist will teach anger management skills, appropriate communication skills, problem solving skills, and stop and think skills. Therapist will conduct family therapy as necessary and provide parent training and education." -No documentation of therapy for client #1 from 2-6-24 to 5-7-24.</p> <p>Interview on 5-10-24 and 6-14-24 with Client #1 revealed: -"Yes" he is receiving therapy. "Umm, I'm not sure (how often he is getting his therapy.)" -Not sure how long he went without receiving therapy. -"She (former therapist) left." -He (client #1) was offered teletherapy. -"I don't know (why he refused teletherapy), I didn't want to (participate with teletherapy)."</p> <p>Interview on 5-10-24 and 5-29-24 with the Chief Quality Improvement Officer revealed: -The former therapist left unexpectedly (resigned from company) in February 2024 (2-15-24). -"Unfortunately, there was a period where he (client #1) did not get any therapy." -"We did offer him (client #1) therapy through an alternative therapist but he refused."</p> <p>Attempted interview on 5-10-24 with the former Therapist (FT) was unsuccessful. FT did not answer her phone and her phone was not accepting messages at the time of the contact.</p> <p>Review on 5-29-24 of an email from the Chief Quality Improvement Officer, sent to the Division of Health Service Regulations revealed: "Lastly, I</p>	V 112		
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V 112	<p>Continued From page 3</p> <p>did want to make you aware that client [Client #1] as well as all other clients were offered a form of teletherapy within the time frame that our agency was down a therapist, but he refused."</p> <p>Interview on 5-28-24 with the Chief Agency Officer on 5-10-24, 5-28-24 and 6-20-24 revealed: -"[Client #1] was offered therapy with [teletherapy provider], but he refused. I asked him (client #1) twice and he said no both times After he refused the second time I did not want to keep asking him and risk agitating him." -"We talked to his guardian, she was aware of the therapist (FT) leaving. She (guardian) signed the consent for him to receive the therapy, but he did not want to do it over the computer. He does not like the computer." -"We (staff) had the computer on, screen up, ready for the session (therapy session) but he would not participate, The second time, the same thing (client #1 refused to participate in teletherapy). I think he was playing with his [electronic game] and he wouldn't put it down to do his therapy. He was getting angry when we asked him to do the therapy."</p> <p>Interview on 5-20-24 with client #1's Guardian revealed: -Was not aware that client #1 did not receive therapy from 2-6-24 to 5-7-24.</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 residential treatment, level II, program type service.</p>	V 179		

Division of Health Service Regulation

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V 179	<p>Continued From page 4</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> </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 1 of 1 audited clients (client #1). The findings are:</p>	V 179	<p>10A NCAC 27G .1301 Scope</p> <p>Correction:</p> <p>To correct the issues related to school coordination, the facility has taken immediate steps to establish effective communication channels with relevant schools. This involves identifying all the schools that clients attend and initiating contact with key personnel by June 5, 2024. Additionally, scheduling meetings with school representatives to discuss client progress in areas such as attendance, behavior, and academics will help bridge any existing communication gaps. These meetings have been conducted and will be completed by June 10, 2024.</p> <p>Prevention:</p> <p>Preventive measures will focus on developing a formal communication protocol with local schools by June 30, 2024. This protocol will outline standardized reporting methods and establish regular communication intervals. Assigning the Case Manager and other designated staff to manage school partnerships will ensure consistent and effective collaboration between the facility and educational institutions.</p> <p>Monitoring:</p> <p>To maintain effective school coordination, the facility will implement a weekly check-in system for school-related issues starting July 1, 2024. This system will allow for timely identification and escalation of urgent matters. Additionally, conducting bi-weekly reviews of communication logs with schools will help identify trends in client performance and inform both treatment plans and facility policies.</p>	<p>Completed by June 10, 2024</p> <p>Fully Implemented by July 1, 2024</p>

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V 179	<p>Continued From page 5</p> <p>Review on 5-10-24 of client #1's record revealed: -Date of admission: 10-17-23. -Age: 11. -Diagnoses: Post Traumatic Stress Disorder; Persistent Depression; Generalized Anxiety Disorder. -Person Centered Plan dated 10-17-23 and updated 3-22-24: "Client will: Attend public school on daily basis."</p> <p>Review on 5-21-24 of client #1's school attendance record for the period of 11-1-23 through 5-1-24 revealed: -Out of 78 school days, client #1 was late (signed in after the 7:30am bell) 35 times. -Out of 78 school days, client #1 was absent from school on 3-4-24, 4-9-24, 4-18-24, 4-19-24, and 4-22-24.</p> <p>Interview on 5-21-24 with the School Social Worker (SSW) revealed: -"Communication has been an ongoing issue. When we (school staff) tried to reach out to them (facility staff) we could never get anyone on the phone. Most of the time the phone would just ring and no one would pick up or if it went to voicemail we would leave messages but no one would call back." -"We have (school staff) made several requests (dates and number of request unknow) to meet (with facility staff) but those requests were not answered." -"He (client #1) was coming to school late, or leaving early. They (client #1 and other unidentified clients) would come into school in the mornings fighting or horseplaying with each other and being loud and disruptive. Homework was not being returned. They (children/client #1) have binders that go back and forth from the school to the home to help them keep up with their</p>	V 179		

Division of Health Service Regulation

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V 179	<p>Continued From page 6</p> <p>homework, papers and things. He would go home with it, but not bring it back."</p> <p>Interviews on 5-10-24 with client #1 revealed: "Yes, I go to school. I go to school every day." -"I'm never late." -"No," never fought on the van to school or at school. -Has no knowledge of any clients fighting on the van or at school. -"I don't have homework."</p> <p>Interview on 5-10-24 with the facility Case Manager (CM) revealed: -She has been the CM with the facility since March 2024 (3-18-24). -"I manage all the kids (clients) that are here (at the facility), manage...treatments plans, school (all school related issues)." -From time of admission to school enrollment takes about a week to 10 days at the most. -"Yes, I am aware that communication (with the schools') has been an issue in the past. I have made contact with each of the schools to introduce myself and establish that point of contact. I gave them (school personnel) my direct number so that they can contact me directly and not have to go through the main number (facility number), and we (CM and school personnel) are meeting about every two weeks just to maintain that contact and to discuss ideas or issues." -"We are really trying to work on that (communicating to school personnel when a client will be late or absent). The supervisor on day shift will send an email to the school letting them (child's teacher) know the child is not coming to school or is going to be late due to whatever reason. Then I put a note in the child's (client's) chart about why the child is not coming</p>	V 179		

Division of Health Service Regulation

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V 179	<p>Continued From page 7</p> <p>to school today." -If they (clients) have homework, then the staff in the cottages are responsible for assisting that child with his homework. First shift staff usually does the transport and will make sure the homework gets back to the school." -"I know there have been some instance (clients' fighting on the way to school). We (staff) had some kids (clients) that maybe had some incidents on the way to school, some behaviors that probably may have needed to be addressed before they (clients) went into school."</p> <p>Interview on 6-14-24 with the former Case Manager revealed: -Hired in May 2023 (5-2-23) as Case Manager. -"I was the liaison between [the facility] and the schools. Anything dealing with the school process I handled, from admissions, treatment plans, all of that, was my job." -Was not aware of any communication issues with client #1's school until he stepped out of the position. -"I always returned calls, emails when I got them. Towards the end of April (2024) there were some issues with communication. I think due to all the transitions (staff transition), and also it was the end of the year and end of the year testing was going on. I think the ball just got dropped." -Was not aware client #1 was being dropped off at school late. "The protocol is if a client is going to be absent or late I would call or send an email to the teacher informing her that [client #1] would not be there or be late for whatever reason. No one (from the school) communicated to me that [client #1] was coming to school late. " -"I actually reached out to them (school personnel) (February 2024) regarding [client #1] and his homework. I noticed he was not bringing homework home like he use to and I suspected it</p>	V 179		

Division of Health Service Regulation

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V 179	<p>Continued From page 8</p> <p>may have been disappearing on the way here (the facility). So I reached out and asked if they assigned [client #1] homework email it (client #1's homework) to me and I would make sure it was completed and sent back to school."</p> <p>-"She (client #1's teacher), emailed his (client #1's) homework to me a few times, but then I didn't get anything so I assumed he was not being given homework."</p> <p>Interview on 5-28-24 and 6-20-24 with the Chief Agency Officer revealed:</p> <p>-He was aware that communication issues existed between the facility and the various schools (the county elementary, middle and high school)</p> <p>-"As soon as I heard about the issues (unknown date) I immediately started working on how can we fix this. I'm scheduling meetings with all of he schools so that they can get to know us and we can let them know what we do and so that we can work out a plan on how to best serve the kids."</p> <p>-"The new case manager, she has already started, has already put some things in place that will take care of some of the issues."</p>	V 179		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p>	V 736		

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V 736	<p>Continued From page 9</p> <p>Observation of the facility on 5-10-24 between 1:30pm and 2pm revealed:</p> <ul style="list-style-type: none"> - In the common area, a brown leather chair had cracked and torn leather on the cushion of the chair. An area above the chair approximately 12 inches long and 12 inches wide where the dry wall had been repaired but not painted. -The oven was soiled with food debris. <p>The entry way floor leading into bedroom #3 was missing a strip of wood running the length of doorway. An area approximately 8 to 10 inches long where the wall had been repaired but not painted.</p> <p>Bedroom #1's bathroom: toilet paper holder was missing the the roller and the arm that held the roller in place. The paper towel dispenser was completely torn from the wall, leaving an area approximately 12 to 18 inches long and 6 to 8 inches wide where the paint was missing and the drywall was exposed. The wall beside the bathroom door had a hole approximately 2 inches wide. The bathroom door had numerous scratches, nicks and gauge marks that appeared the length of the door.</p> <p>Bedroom #2: The wall behind the bed was scuffed with black marks of various sizes and lengths from approximately 4 inches below the headboard to approximately 2 feet above the head board.</p> <p>Bedroom #3 had a very strong odor of feces that the source could not be identified. The wall coming into bedroom #3 contained unidentifiable scribbling from a black and purple marker. The light receptacle beside the wooden shelf was broken at the bottom. The bathroom had dirty bath water The wall behind and to the right of the toilet had 5 areas approximately 1 to 3 inches long of gouged out paint. The vent in the floor of the bedroom was</p>	V 736	<p>10A NCAC 27G .0303 Location and Exterior Requirements</p> <p>Correction: To address cleanliness and pest control issues, the facility organized a thorough cleaning of all cottages, paying particular attention to areas of concern noted in the citation, to be completed by June 10, 2024. Simultaneously, professional pest control services are scheduled to treat all cottages and common areas by June 15, 2024, ensuring a comprehensive approach to pest management.</p> <p>Prevention: Preventive measures include the implementation of a structured daily cleaning schedule for staff, covering all areas of the cottages, to be in place by June 20, 2024. This schedule coincides with our existing residential program schedule that is supported by guidelines on cleaning techniques and product usage. The facility will establish a regular pest control service contract by June 18, 2024, that will ensure ongoing prevention of infestations and maintain a healthy living environment for clients.</p> <p>Monitoring: To maintain cleanliness and pest control standards, the facility will conduct weekly cleanliness inspections starting June 25, 2024. These inspections will cover all aspects of facility cleanliness and potential pest issues. Additionally, implementing bi-weekly facility walk-throughs will help identify and address maintenance needs promptly, contributing to overall cleanliness and pest prevention efforts.</p>	<p>Completed by June 15, 2024</p> <p>Fully implemented by June 25, 2024</p>

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V 736	<p>Continued From page 10</p> <p>rusted and bent Bedroom #4's bathroom had a broken towel bar above the toilet. There were crumbs in the bed from the pillow to approximately half way down the bed. Bedroom #5's . Bedroom #5 had a faint odor of feces that could not be identified. There were crumbs in the bed, a dirty sock and the sheets were stained and soiled. The wall beside the toilet had an approximately 2 to 3 foot large red X shape painted on the wall. Immediately to the right of the red X were two areas approximately 3 minces in length painted black. The bowl of the sink and the faucet and around the faucet was stained with black paint. The towel bar was missing and the paper towel dispenser was missing. The electrical receptacle beside the mirror above the sink had been partially painted black. Bedroom #6 was unoccupied and being renovated.</p> <p>Interview on 5-10-24 with Client #1 revealed: -He cleaned his own room. "I make up my bed myself. Sometimes the staff help. It's clean (cottage) I like it."</p> <p>Interview on 5-10-24 with Client #3 revealed: -"I like it (living at the facility), it's ok." -"It's clean, we (clients and staff) clean it up everyday."</p> <p>Interview on 5-10-24 with Client #4 revealed: -The facility is cleaned everyday.</p> <p>Interview on 5-10-24 with the Chief Quality Improvement Officer Revealed: -"The kids (clients) make up their beds and straighten their rooms every morning before they go to school."</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2024
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NAME OF PROVIDER OR SUPPLIER JAMES COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE F MARSHVILLE, NC 28103
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V 736	<p>Continued From page 11</p> <p>-The staff are responsible for making sure the cottage is clean.</p> <p>Interview on 6-20-24 with the Chief Agency Officer revealed: -"We have been working with the staff to make them understand that it is their job to make sure the cottages are cleaned. We are in the process of building some systems to make sure this (cleaning) gets done."</p>	V 736		

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Division of Health Service Regulation IDENTIFICATION NUMBER: **MHL090-217** **1915 HASTY ROAD, SUITE F** **MARSHVILLE, NC 28103** PRINTED: 07/03/2024
STATE FORM 6899 56Y211 FORM APPROVED
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V 736 Continued From page 9

Observation of the facility on 5-10-24 between 1:30pm and 2pm revealed:

- In the common area, a brown leather chair had cracked and torn leather on the cushion of the chair. An area above the chair approximately 12 inches long and 12 inches wide where the dry wall had been repaired but not painted.

-The oven was soiled with food debris.

The entry way floor leading into bedroom #3 was missing a strip of wood running the length of doorway. An area approximately 8 to 10 inches long where the wall had been repaired but not painted.

Bedroom #1's bathroom: toilet paper holder was missing the the roller and the arm that held the roller in place. The paper towel dispenser was completely torn from the wall, leaving an area approximately 12 to 18 inches long and 6 to 8 inches wide where the paint was missing and the drywall was exposed. The wall beside the bathroom door had a hole approximately 2 inches wide. The bathroom door had numerous scratches, nicks and gauge marks that appeared the length of the door.

Bedroom #2: The wall behind the bed was scuffed with black marks of various sizes and lengths from approximately 4 inches below the headboard to approximately 2 feet above the head board.

Bedroom #3 had a very strong odor of feces that the source could not be identified. The wall coming into bedroom #3 contained unidentifiable scribbling from a black and purple marker. The light receptacle beside the wooden shelf was broken at the bottom. The bathroom had dirty bath water The wall behind and to the right of the toilet had 5 areas approximately 1 to 3 inches long of gouged out paint. The vent in the floor of the bedroom was

V 736

10A NCAC 27G .0303 Location and Exterior Requirements

Correction:

To address cleanliness and pest control issues, the facility organized a thorough cleaning of all cottages, paying particular attention to areas of concern noted in the citation, to be completed by June 10, 2024. Simultaneously, professional pest control services are scheduled to treat all cottages and common areas by June 15, 2024, ensuring a comprehensive approach to pest management.

Prevention:

Preventive measures include the implementation of a structured daily cleaning schedule for staff, covering all areas of the cottages, to be in place by June 20, 2024. This schedule coincides with our existing residential program schedule that is supported by guidelines on cleaning techniques and product usage. The facility will establish a regular pest control service contract by June 18, 2024, that will ensure ongoing prevention of infestations and maintain a healthy living environment for clients.

Monitoring:

To maintain cleanliness and pest control standards, the facility will conduct weekly cleanliness inspections starting June 25, 2024. These inspections will cover all aspects of facility cleanliness and potential pest issues. Additionally, implementing bi-weekly facility walk-throughs will help identify and address maintenance needs promptly, contributing to overall cleanliness and pest prevention efforts.

Completed by June 15, 2024

Fully implemented by June 25, 2024

Division of Health Service Regulation

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