STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		is a remarkable to the second and th	A. BUILDING:				
		MHL0601519	B. WING		R 08/01/2024		
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
KENAN COTTAGE THOMPSON CHILD & FAMILY FOCION MATTHEWS, NC 28105							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE		
V 000	INITIAL COMMENTS		V 000				
	completed on 8-1-24.	and follow up survey was The complaint was 0217477). Deficiencies were					
	This facility is licensed category: 10A NCAC Residential Treatmen Adolescents.						
	-	d for 9 and currently has a vey sample consisted of ents.					
V 108	27G .0202 (F-I) Perso	onnel Requirements	V 108				
	V 108 27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid						

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				7 11 20122 11 101 _		R	
		MHL0601519		B. WING		08/01/2024	
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
KENAN C	OTTAGE THOMPSON CH	III D & FAMILY FOC	6736 SAIN	PETER'S LA	NE		
KENAN C	OTTAGE THOMPSON CP	IILD & FAMILI FOC	MATTHEW	S, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUI SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	i.
V 108	Continued From page	: 1		V 108			
	the American Heart A equivalence for reliev (i) The governing boo implement policies an reporting, investigatin	ing airway obstruction.	ying, ous				
	failed to ensure that a	ew and interviews the fa Il staff were trained to n ts, effecting one of four	neet				
	-Admitted 5-3-24 -11 years old. -Diagnoses inclu	de: Autism Spectrum ition Deficit/Hyperactivit					
	-Admitted 4-30-20-11 years oldDiagnoses include Developmental Disord Defiant Disorder Atter Disorder, combined ty severe stress.	de: Mild Intellectual der (IDD), Oppositional ntion-Deficit /Hyperactiv /pe, other reactions to Staff #1's personnel re	ity				

Division of Health Service Regulation

STATE FORM 6899 KWK411 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING: _			
		MHL0601519	B. WING		R 08/01/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
KENAN C	OTTAGE THOMPSON CH	IILD & FAMILY FOC	T PETER'S LA	NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 108	Continued From page	2	V 108			
	-He had training	with Staff #1 revealed: in Cardiopulmonary , and Therapeutic Crisis				
	revealed: -Staff #1 now had working with the popularity that the training sys	oith the Program Supervisor d all necessary training for all all all necessary training for all all all necessary training for all all necessary training to the all necessary training all necessary training to the all necessary training to the all necessary training train				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
		n and interviews, the facility d in a clean, safe, attractive				
	am revealed: -Room #1: dama red and 1 brown sme -Room #2 writing windowsills, -Hallway had 1 h by 3 inches -Room #3: 1/2 a	24 at approximately 11:00 ged floor around the vent, 1 ar on the bathroom wall. on the walls and ole approximately 3 inches tile missing from the floor, ts of debris on it, although it				

Division of Health Service Regulation

STATE FORM 6899 KWK411 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			R	
		MHL0601519	B. WING		ı	/01/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE			
KENAN C	OTTAGE THOMPSON CH	IILD & FAMILY FOC	NT PETER'S LAI	NE			
	Т	MATTHE	WS, NC 28105	550 VIDERIO DI AM OF CODD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 736	Continued From page	e 3	V 736				
	-Room #4: marks bathroom dirtyRoom #5: toilet walls and bathroom dirty. Interview on 7-22-24 -They assist the litterview on 7-22-24 -It was the responsible to keep the factoriem on 8-1-24 with revealed: -They would make	top did not fit, writing on the oor jam. with Staff #1 revealed: clients with the cleaning. with Staff #2 revealed: nsibility of both staff and					
	is clean.	tutes a recited deficiency					

Division of Health Service Regulation

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