		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
					R	
	MHL0601482 B. WING		08/28/2024			
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	FE, ZIP CODE		
		6722 S	T PETERS LANE			
CHRIST C	HURCH COTTAGE THOM	MPSON CHILD & FA MATTH	IEWS, NC 28105			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	A follow up survey wa Deficiencies were cite	s completed on 8/28/24. ed.				
	This facility is licensed for the following service category: 10A NCAC 27G .1800 Intensive Residential Treatment for Children or Adolescents.  This facility is licensed for 9 and has a current census of 8. The survey sample consisted of audits of 3 current clients.					
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	10A NCAC 27G .0209	MEDICATION				
	REQUIREMENTS (c) Medication admini	stration.				
	. ,	n-prescription drugs shall				
	_	to a client on the written				
	-	norized by law to prescribe				
	drugs. (2) Medications shall	be self-administered by				
	(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.					
		ding injections, shall be				
		licensed persons, or by ained by a registered nurse,				
		egally qualified person and				
	· · · ·	and administer medications.				
		inistration Record (MAR) of				
	_	d to each client must be kept				
	current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:					
	(A) client's name;	-				
	, ,	nd quantity of the drug;				
	(C) instructions for ad					
		drug is administered; and person administering the				
	7 7 1 2 1 1 2 1 1 1 1 1 2 1 1 1 1 1 1 1	1				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			X3) DATE SURVEY COMPLETED		
		MHL0601482		B. WING		08	R / <b>28/2024</b>
	ROVIDER OR SUPPLIER	MPSON CHILD & FA	6722 ST PE	RESS, CITY, STA TERS LANE S, NC 28105	TE, ZIP CODE	·	
(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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	drug. (5) Client requests for checks shall be recorfile followed up by ap with a physician.	r medication changes o ded and kept with the N pointment or consultation	MAR	V 118			
interviews, the fact medications were		ew, observation and failed to ensure ministered on the writte affecting 1 or 3 audited	n				
	- Admission date 7/22 - Age 16; - Diagnoses Disruptiv Disorder; Post Traum Attention Deficit Hype type, Restless Leg Sy - Physician Order Hyd 25mg (milligrams), Ta three times daily PRN	re Mood Dysregulation atic Stress Disorder; eractivity Disorder; com/ndrome; droxyzine Pamoate (anake 1 capsule by mouth I (as needed), 7/22/24.	bined xiety)				
	revealed: - Bubble pack label for 25mg, Take 1 capsule - Seven items (name, doctor) blacked ou - Orange label with C name initial and PRN	or Hydroxyzine Pamoate by mouth three times filled date, prescribing at with black ink on the lient #1's first name, las written in black ink.	e daily; label; st				

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STATE FORM 6899 O6QZ11 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
74101 1244	A. BUILDING:					
		MHL0601482	B. WING		R 08/28/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA	PETERS LANE VS, 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 SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 118	22, 2024- August 22, - Handwritten MAR w MAR; - Medication listed on by mouth three times anxiety/PRN"; - An "X" through the 1 - Hydroxyzine 25 mg 4th-6th; - Hydroxyzine 25 mg 11th and 12th.  Review on 8/22/24 of Improvement Special - "Unfortunate [Regist which nurse it was. S email to all nurses ab one has claimed resp Interview on 8/21/24 of - Received medication Interview on 8/22/24 of Interview on 8/21/24 of - Received medication Interview on 8/21/24 of - That should not be - Planned a training w - "I have told the nurse clients other clients m - Clients had standing Hydroxyzine Pamoate both are 25mg, for an - "Unable to tell if he in taken from this packe and they used up the - Was unable to ident medication in the medication  This deficiency consti	2024 revealed: ith no month identified on  MAR "Hydroxyzine 25 mg daily as needed for  Ist- 3rd; was administered the  was administered on the  an email from the Quality ist revealed: tered Nurse] is not sure the has already sent an out NEVER doing that. No consibility."  with Client #1 revealed: ns daily.  with the Registered Nurse in there;" with the nurses this week; test they can not do that (give nedication);" g order from admissions for and Hydroxyzine HCL, nxiety; received all of the meds et or if he came in with some one he had already;" iffy the nurse who put the dication box.  itutes a re-cited deficiency	V 118			
	and must be correcte	d within 30 days.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED				
					R				
		MHL0601482	B. WING		08/28/2024				
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE					
CHRIST C	HURCH COTTAGE THOM	MPSON CHILD & FA 6722 ST PI	ETERS LANE						
Omaior o	CHRIST CHURCH COTTAGE THOMPSON CHILD & FA MATTHEWS, NC 28105								
(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 APPROPE DEFICIENCY)	BE COMPLETE				
V 736	Continued From page	3	V 736						
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736						
	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:								
	Observations on 8/22/24 at approximately 10:28am of the facility revealed:  - Common area and hallway:  - Orange chair with 3 tears ranging in size of approximately 1.5 inches to 1 foot long and .5 inches to 2.5 inches wide;  - Orange chair with approximately 10 holes ranging in size of approximately .5 inches to 5.5 inches;  - Orange chair with 2 tears ranging in size of approximately .5 inches to 1.5 inches long;  - 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;  - Numerous white painted spots on the wall,								
	ranging in size 1 inch 1.5 feet wide; - Dining room: - Dining room door peeling along the edg 1 foot long and sever: approximately a dime - Brown substance	to 3 feet long and 1 inch to dirty (stains) and with paint ge of the door approximately al spots of peeled paint							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		/ <u>.</u>		R	,	
MHL0601482		B. WING		08/28/2024		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CUDICT C	IIIIDOU COTTAGE TUG	6722 ST PI	ETERS LANE			
CHRIST C	HURCH COTTAGE THOI	MATTHEW	S, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 736	Continued From page	e 4	V 736			
V 736	- Window seal filled bugs; - Bedroom #1: - Peeled paint ab wide; - Writing on the complete on the ceiling above to "LIL Slougher was he dripping arrow head; - Bedroom #5: - Hole in the ward a quarter; - Armoire had sepanels and writing accurrent business accur	d with spider webs and dead  cout 2 feet long and 1 foot ceiling "Drippy Jot;" ross symbol in red marker the shelf was written in red, cre" with a picture of a  all approximately the size of several missing wooden ross the top of the armoire; vall "TFK, FNaF", writing on the along with white paint letters and drawings on the veral missing wooden ce at the top of wall and on approximately 3 inches long with Client #2 revealed: gs on the wall, some in room e I got there."  with Client #3 revealed: wall in bedroom.	V 736			
	- Writing was on the wall in bedroom.  Interview on 8/21/23 with Client #6 revealed: - There was "some writing" on wall in bedroom.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		MHL0601482 B. WING		R 08/28/2024					
	ROVIDER OR SUPPLIER	6722 ST PI	RESS, CITY, STA	TE, ZIP CODE					
OTINIST C	CHRIST CHURCH COTTAGE THOMPSON CHILD & FA MATTHEWS, NC 28105								
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET	ΓE			
V 736	revealed: - "I think there is one are working on it toda - "They (maintenance week ago, some mind - "The furniture had p (administrative staff) if furniture." - "I put in new work of maintenance is award in the cottage."  Interview on 8/27/24 is Supervisor revealed: - "Waiting on the furnit was ordered months and the entire campus ordered the entire campus ordered the bedrooms as well interview on 8/21/24 and Improvement Special - Orders were placed cottage; - "Believed cottage had be worked."	and 8/22/24 with Staff # 2  hole in the wall, I think they y or tomorrow." ) cleaned the wall about a or stuff but no graffiti." eeling but they have put in order for new  rders to make sure e of what needs to be done  with the Residential ture for the cottages that ago." hance "that maybe because lered furniture and for all of the reason for delay.  and 8/22/24 with the Quality ist (QIS) revealed: for new furniture in the ad been painted." rk orders and send via	V 736						

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