

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LENDON COTTAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 HASTY ROAD, SUITE D</b> <b>MARSHVILLE, NC 28103</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>INITIAL COMMENTS</p> <p>A complaint survey was completed on 12/12/24. One complaint was substantiated (intake #NC00223210) and one complaint was unsubstantiated (intake #NC00222227). A deficiency was 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 5. The survey sample consisted of audits of 2 current clients.</p>	V 000		
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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</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</p>	V 112		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LENDON COTTAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 HASTY ROAD, SUITE D</b> <b>MARSHVILLE, NC 28103</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 112	<p>Continued From page 1</p> <p>obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement goals and strategies to meet the individual needs of 1 of 2 audited clients (client #2). The findings are:</p> <p>Review on 11/20/24 of client #2's record revealed: -15 years old. -Admission date of 12/1/23. -Diagnoses of Attention Deficit Hyperactivity Disorder, Conduct Disorder, Persistent Depressive Disorder, Post Traumatic Stress Disorder. -Treatment plan dated 5/12/24 and updated 10/28/24 indicated "he (client #2) will refrain from use of tobacco and substances." -No goals or strategies in the treatment plan to address tobacco or substance abuse. -Drug screen on 10/10/24 positive for THC.</p> <p>Review on 11/19/24 of the facility's incident reports from 8/1/24 to 11/19/24 revealed: -11/13/24 09:12 PM "Staff (#1) reported that while in the cottage (facility) [client #2] was standing in front of his door and smoke was observed. Staff retrieved a blue/green vape device."</p> <p>Interview on 11/27/24 with client #1 revealed: -Denied seeing other clients smoking or vaping.</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LENDON COTTAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 HASTY ROAD, SUITE D</b> <b>MARSHVILLE, NC 28103</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 112	<p>Continued From page 2</p> <p>-Denied seeing other clients under the influence of alcohol or drugs.</p> <p>Interview on 11/27/24 with client #2 revealed:</p> <p>-Denied smoking, vaping or using any substance.</p> <p>-"On 10/10/24 the driver (transportation worker) assumed that I smoked weed, but I just got my medicine so I was real sleepy."</p> <p>-Began substance abuse therapy in November 2024.</p> <p>-Did not have goals or strategies to address substance abuse.</p> <p>Interview on 11/21/24 with client #2's former Department Of Social Services guardian revealed:</p> <p>-"He (client #2) and his peers were smuggling (into the facility) in contraband such as vape pens and one time he had a joint."</p> <p>-On 10/10/24 prior to an appointment to complete a comprehensive clinical assessment, client #2 "came to the car and the transportation worker thought he was under the influence. [Client #2] told him (transportation worker) that when he (transportation worker) came through the gate he (client #2) smoked and was 'getting right for my appointment.' I met the transportation worker and [client #2] and observed that he was under the influence. He (client #2) had bloodshot eyes and was falling asleep during the assessment. Initially he (client #2) did not admit to being under the influence. Later he (client #2) said he smoked prior to transportation getting there."</p> <p>-Reported the incident to the facility and requested a drug test.</p> <p>-Requested substance abuse therapy for client #2.</p> <p>-Client #2 did not have goals or strategies in his treatment plan to address tobacco use or substance abuse.</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LENDON COTTAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 HASTY ROAD, SUITE D</b> <b>MARSHVILLE, NC 28103</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 112	<p>Continued From page 3</p> <p>Attempted interview on 11/21/24 and 11/22/24 with client #2's current Department of Social Services guardian was unsuccessful due to no return call prior to survey exit.</p> <p>Interview on 12/11/24 with staff #1 revealed:            -"There is no smoking or vaping (at the facility). That doesn't stop them (clients) from trying to sneak."            -Clients brought contraband from the school to the facility.            -"They (clients) will bring anything they can to smoke, vapes, cigarettes, cigars. Nicotine or THC. Whatever they can get their hands on."            -"I haven't witnessed it with him (client #2) but he is definitely seeking (THC and nicotine)."            -Client #2 did not have goals or strategies to address tobacco or substance abuse.</p> <p>Interview on 12/11/24 with staff #2 revealed:            -Was "not sure" if he had seen client #2 under the influence.            -If a client was under the influence, "I would report to a supervisor, and they would get in touch with the guardian."            -Drug testing could be done.            -Client #2 did not have goals or strategies to address tobacco or substance abuse.</p> <p>Interview on 12/11/24 with the Shift Supervisor revealed:            -"The kids (clients) are checked when they come from school. Sometimes they hide contraband (vapes, lighters, cigarettes, etc.) in their privates."            -Did not know if the vapes found were THC or nicotine.            -Clients bringing vapes into the facility was a "new trend since school has started."            -Client #2 did not have goals and strategies in his</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LENDON COTTAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 HASTY ROAD, SUITE D</b> <b>MARSHVILLE, NC 28103</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 112	<p>Continued From page 4</p> <p>treatment plan to address substance abuse.</p> <p>Interview on 11/22/24 with the Therapist revealed:</p> <ul style="list-style-type: none"> <li>-Client #2 was receiving substance abuse therapy, virtually, when he was first admitted to the facility.</li> <li>-Client #2 stopped attending substance abuse therapy in April 2024 due to preferring in person therapy rather an virtual therapy.</li> <li>-"He (client #2) has admitted that he struggles with the urge to use tobacco and THC."</li> <li>-Was responsible for developing the treatment plan for client #2.</li> <li>-Did not include goals or strategies to address substance abuse in the treatment plan.</li> <li>-"I didn't put it (goals and strategies to address substance abuse) in the PCP (Person Centered Plan) because he (client #2) doesn't have a substance use disorder diagnosis."</li> <li>-"We started seeing it (substance abuse) becoming more of an issue to [client #2] and we provided additional resources (substance abuse therapy)."</li> <li>-Client #2 began substance abuse therapy in person on 11/14/24.</li> </ul> <p>Interview on 11/21/24 and 11/27/24 with Chief Agency Director revealed:</p> <ul style="list-style-type: none"> <li>-Client #2 did not present as impaired on 10/10/24 but did test positive for THC on that day.</li> <li>-Smoking and vaping were not allowed on campus.</li> <li>-Completed drug tests when clients were suspected of being under the influence.</li> <li>-Clients brought vapes from school.</li> <li>-Confiscated all contraband.</li> <li>-Treatment plan goals and strategies are the responsibility of the therapist.</li> <li>-Did not know why client #2 did not have goals and strategies to address substance abuse.</li> </ul>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LENDON COTTAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915 HASTY ROAD, SUITE D</b> <b>MARSHVILLE, NC 28103</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	