Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MHL090-218	B. WING		C 12/12/2024
NAME OF PR	ROVIDER OR SUPPLIER		RESS, CITY, ST.	ATE, ZIP CODE	1
		1915 HAS	ΓY ROAD, SUI	TED	
LENDON	COTTAGE	MARSHVII	LE, NC 2810	3	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS A complaint survey w One complaint was s #NC00223210) and of unsubstantiated (inta deficiency was cited. This facility is licensed category: 10A NCAC Treatment for Childre This facility is licensed category: 10A NCAC Treatment for Childre This facility is licensed category: 10A NCAC Treatment for Childre 10A NCAC 27G .020 TREATMENT/HABIL PLAN (c) The plan shall be assessment, and in p legally responsible pe of admission for clien receive services beyon (d) The plan shall ind (1) client outcome(s achieved by provision projected date of ach (2) strategies; (3) staff responsible	as completed on 12/12/24. ubstantiated (intake one complaint was ke #NC00222227). A d for the following service 27G .1300 Residential en or Adolescents. d for 12 and has a current vey sample consisted of ents. at/Habilitation Plan S ASSESSMENT AND ITATION OR SERVICE developed based on the eartnership with the client or erson or both, within 30 days at swho are expected to ond 30 days. Clude:) that are anticipated to be nof the service and a ievement;	V 000		e Quality diately ure ans as n ed to stency and ure 0 days of onents trategies, insent. system gular and -indings ss gaps ment atment tandards ing sustain
	annually in consultation responsible person of (5) basis for evaluation outcome achievement (6) written consent of responsible party, or	on with the client or legally r both; ion or assessment of			

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
						С
		MHL090-218	B. WING		12	2/12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
LENDON	COTTAGE		STY ROAD, SUITE	D		
	OLIMA BY OT		VILLE, NC 28103		- 00005071011	
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V 112	Continued From page	÷1	V 112			
	obtained.					
	T					
	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 finding	gs are:				
		of client #2's record revealed:				
	-15 years oldAdmission date of 12	0/4/22				
		on Deficit Hyperactivity				
	Disorder, Conduct Dis					
	, ,	Post Traumatic Stress				
	Disorder.					
		d 5/12/24 and updated				
	10/28/24 indicated "h use of tobacco and su	ne (client #2) will refrain from				
		es in the treatment plan to				
	address tobacco or si					
	-Drug screen on 10/1					
	Review on 11/10/24 o	of the facility's incident				
	reports from 8/1/24 to					
		Staff (#1) reported that while				
) [client #2] was standing in				
	front of his door and s	smoke was observed. Staff				
	retrieved a blue/greer	n vape device."				
	Interview on 11/27/2/	with client #1 revealed:				
		clients smoking or vaping.				

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		MHL090-218	B. WING		12/1	2/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
LENDON	COTTAGE		STY ROAD, SUIT			
		MARSHV	ILLE, NC 28103			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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 112	Continued From page	e 2	V 112			
	-Denied seeing other clients under the influence of alcohol or drugs. Interview on 11/27/24 with client #2 revealed:					
	-Denied smoking, var -"On 10/10/24 the driv assumed that I smoke	ping or using any substance. ver (transportation worker) ed weed, but I just got my				
	medicine so I was real sleepy." -Began substance abuse therapy in November 2024.					
	-Did not have goals or strategies to address substance abuse.					
	Interview on 11/21/24 with client #2's former Department Of Social Services guardian revealed:					
	-"He (client #2) and h (into the facility) in co	nis peers were smuggling ntraband such as vape pens				
	and one time he had a joint." -On 10/10/24 prior to an appointment to complete a comprehensive clinical assessment, client #2					
	"came to the car and	the transportation worker r the influence. [Client #2]				
	told him (transportation	on worker) that when he er) came through the gate he				
	appointment.' I met the	nd was 'getting right for my he transportation worker and			ļ	
	influence. He (client	ved that he was under the #2) had bloodshot eyes and			ļ	
	he (client #2) did not	ring the assessment. Initially admit to being under the				
	prior to transportation					
	-Reported the incident to the facility and requested a drug test.					
	#2.	ce abuse therapy for client				
-Client #2 did not have goals or strategies in his treatment plan to address tobacco use or						

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substance abuse.

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
LENDON	COTTAGE		STY ROAD, SUIT			
			ILLE, NC 28103			
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V 112	Continued From page	3	V 112			
	with client #2's currer	on 11/21/24 and 11/22/24 ont Department of Social as unsuccessful due to no rvey exit.				
	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. Interview on 12/11/24 with staff #2 revealed: -Was "not sure" if he had seen client #2 under the influence.					
	report to a supervisor touch with the guardi					
	-Drug testing could brugger -Client #2 did not have address tobacco or s	e goals or strategies to				
	revealed:	with the Shift Supervisor				
	from school. Sometin (vapes, lighters, cigar	re checked when they come nes they hide contraband rettes, etc.) in their privates." apes found were THC or				
-Clients bringing vapes into the facility was a "new trend since school has started." -Client #2 did not have goals and strategies in his						

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, ,		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
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INAIVIE OF F	ROVIDER OR SUFFLIER					
LENDON	COTTAGE		STY ROAD, SUI			
		MARSH	VILLE, NC 28103	3		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()	
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				DETIOIENCT)		
V 112	Continued From page	e 4	V 112			
	. •					
	treatment plan to add	ress substance abuse.				
		with the Therapist revealed:				
	-Client #2 was received					
	therapy, virtually, who	en he was first admitted to				
	the facility.					
	-Client #2 stopped att	tending substance abuse				
	therapy in April 2024	due to preferring in person				
	therapy rather an virte	ual therapy.				
	-"He (client #2) has a	dmitted that he struggles				
	with the urge to use to	obacco and THC."				
	-Was responsible for developing the treatment					
	plan for client #2.					
	-Did not include goals	or strategies to address				
	substance abuse in the	_				
		and strategies to address				
		the PCP (Person Centered				
		ent #2) doesn't have a				
	substance use disord					
	-"We started seeing it					
	_	issue to [client #2] and we				
		esources (substance abuse				
	therapy)."	sources (substance abuse				
		stance abuse thereny in				
	person on 11/14/24.	stance abuse therapy in				
	person on 11/14/24.					
	Intonvious on 11/21/24	and 11/27/24 with Chief				
	Agency Director reve					
	• •					
	-Client #2 did not pres	•				
		positive for THC on that day.				
	-Smoking and vaping	were not allowed on				
	campus.					
	-Completed drug test					
	suspected of being un					
	-Clients brought vape					
	 Confiscated all contr 					
		s and strategies are the				
	responsibility of the th	nerapist.				
-Did not know why client #2 did not have goals						

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and strategies to address substance abuse.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ С B. WING _ MHL090-218 12/12/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE D **LENDON COTTAGE** MARSHVILLE, NC 28103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY)

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