Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0601482	B. WING		05/24/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREI	ET ADDRESS, CITY, STA	TE, ZIP CODE		
CHRIST C	HURCH COTTAGE THOM	MPSON CHILD & FA	ST PETERS LANE THEWS, 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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
V 5555	An annual and complay on 5/24/24. Two complaints were unsufficed with the second secon	216381, NC00216383). Ed. Id for the following service 27G .1800 Intensive the for Children and the formal consisted of ent and 4 former clients. Closed on 4/23/24 but was due to additional ficiencies was amended on Settlement Agreement dated the rescission of Notice of I Associated Administrative and imposition of the cy, Christ Church Cottage emily Focus submitted information regarding the che was not produced or the completion of the 24, or the imposition of the				
		Harm Abuse, Neglect or nd associated Administrative				

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

TITLE (X6) DATE

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE : COMPL		
		MHL0601482	B. WING		05/24/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE		
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA	PETERS LANE WS, 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
V 000	Continued From page	2 1	V 000			
	Penalty has been res	cinded.				
V 118	27G .0209 (C) Medication Requirements		V 118			
	only be administered order of a person autidrugs. (2) Medications shall clients only when auticlient's physician. (3) Medications, incluadministered only by unlicensed persons trepharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications arecorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for acc (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be record auticlients.	istration: n-prescription drugs shall to a client on the written chorized by law to prescribe be self-administered by chorized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, regally qualified person and and administer medications. Linistration Record (MAR) of d to each client must be kept administered shall be or after administration. The following:				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMB	BER:	A. BUILDING: _		COMPL	.ETED	
		MHL0601482		B. WING		05/2	24/2024	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE ZIP CODE			
	10 112 211 011 001 1 21211			TERS LANE	, 3332			
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA		S, NC 28105				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORREC	TION	(X5)	
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FL		PREFIX	(EACH CORRECTIVE ACTION SHO	JLD BE	COMPLETE	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATI	ON)	TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	DATE	
					,			
V 118	118 Continued From page 2			V 118				
	This Rule is not met	•						
		ew and interviews, the						
	facility failed to admir							
	-	to keep the MARs curr ent (Client #1). The find						
	are:		iii igo					
		f Client #1's record reve	ealed:					
	- Admission 3/12/24;							
	- Age 15;							
	•	tional Defiant Disorder Inspecified Attention Def	icit					
	,	er(ADHD); Unspecified	ICIL					
	Trauma-and Stressor							
	Childhood-Onset Flue	•						
	- Physician's Order d	ated 3/12/24 Guanfacir	ne					
		(mg), take 1 tablet by n						
		plement) 50 microgram						
		e by mouth every morni llergies) 50mcg, Use 1						
		morning; Docusate Soc						
	-	le 100mg, take 1 capsu						
	mouth every morning							
	stabalizer) 50mg, tak	e 1 tablet by mouth eve	ery					
	morning.							
	Review on 4/15/24 of	f Client #1's MARs for N	/arch					
	2024-April 2024 reve		naitii					
	•	of medication adminstra	ition					
	for the following med	ication on 3/30/24 and						
		e 3mg, take 1 tablet by						
		D 50mcg, take 1 capsu						
	, ,	ı; Fluticasone Spray 50	mcg,					
	Use 1 spray in each i	nostril every morning; psule 100mg, take 1 ca	nculo					
		psule 100mg, take 1 ca iing; Sertraline 50mg, ta						
	tablet by mouth every		ano 1					
	,	,						

Division of Health Service Regulation

STATE FORM 6899 G37C11 If continuation sheet 3 of 17

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDIN	G:		
		MHL0601482	B. WING		05/	24/2024
NAME OF P	ROVIDER OR SUPPLIER	STRI	EET ADDRESS, CITY, S	STATE, ZIP CODE		
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA	2 ST PETERS LAN FTHEWS, NC 2810			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX TAG	'	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLETE DATE
V 118	V 118 Continued From page 3					
	March 30, 2024 and A - Staff #3 and Staff #4 morning of March 30,	17 worked together on the				
	Interview on 4/12/24 - Could not identify if medication.	with Client #1 revealed: he ever missed any				
	- Worked 1st shift wit 2024;	with Staff #3 revealed: th Staff #4 on March 30,				
	 - Have not received medication administration; - Do not administer medications; - Not aware of who administered medications on March 30, 2024; 					
		orne in, i start doing er person who is normally the meds(medication)."				
		with Staff #4 revealed: h Staff #3 on March 30,				
	On March 30, 2024, medication."Do not administer m	, "I don't know who gave out nedications;				
	medications."	don't know who gave out the	•			
		shift staff stays over and ns because they know I'm				
	- Worked on April 6, 2 - Worked with Staff #	4;	_			
		ho passed out medications.'				
	Interview on 4/17/24	with the Registered Nurse				

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STATE FORM 6899 G37C11 If continuation sheet 4 of 17

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0601482	B. WING		05/24/2024	
NAME OF P	ROVIDER OR SUPPLIER		r address, city, stat	E, ZIP CODE	33/2 1/202 1	
CHRIST C	HURCH COTTAGE THOM	MPSON CHILD & FA	T PETERS LANE HEWS, 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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 118	Continued From page	· 4	V 118			
	Interview on 4/17/24 v revealed: - Unaware of missing - Nursing unit was in c - Nursing reviewed the - "Not everyone is me - Had to call staff from and administer medic - Sent a list to the reg who needed medication	ARs; sing signature on the MARs. with the Program Supervisor signature on MARs; charge of medication; e MARs d (medication) certified"; n other cottages to come ations; istered nurse of everyone				
V 305	children or adolescent (b) Family members of persons shall be involued in order to assure a surestrictive setting. (c) Educational service be arranged and designed and intellectual or adolescent. To coordinate with the longer that the child oneeds are met as ider (d) Psychiatric consumeded for each child	o OPERATIONS serve no more than 12 ts. or other legally responsible legally responsibl	V 305			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL0601482	B. WING		05.	24/2024	
	MPSON CHILD & FA 6722 ST	PETERS LANE	E, ZIP CODE			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	N SHOULD BE	(X5) COMPLETE DATE	
receiving treatment in for six months or until year, whichever is lor (f) Each child or adol age-appropriate persentitlement is counter plan. (g) Each facility shall	the facility, he may remain the end of the state fiscal ager. escent shall be entitled to onal belongings unless such r-indicated in the treatment operate 24 hours per day,	V 305				
Based on interviews a facility failed to ensure made available to me findings are: Review on 4/15/24 of - Admission 3/12/24 Age 15 Diagnoses Oppositic Moderate; Unspecifie Hyperactivity Disorde Trauma-and Stressor Childhood-Onset Flue - No development and Education Agency (LE educational and intell Review on 4/15/24 of revealed: - Admission 1/17/24 Discharge 3/13/24.	and record reviews, the e educational services were et the clients' needs. The Client #1's record revealed: Client #0's record revealed: Client #1's reco					
_	ROVIDER OR SUPPLIER HURCH COTTAGE THOP SUMMARY ST. (EACH DEFICIENC' REGULATORY OR I. Continued From page receiving treatment in for six months or until year, whichever is lor (f) Each child or adol age-appropriate perse entitlement is counter plan. (g) Each facility shall seven days per week This Rule is not met Based on interviews a facility failed to ensur- made available to me findings are: Review on 4/15/24 of - Admission 3/12/24 Age 15 Diagnoses Opposition Moderate; Unspecifie Hyperactivity Disorde Trauma-and Stressor Childhood-Onset Flue - No development and Education Agency (LE educational and intell Review on 4/15/24 of revealed: - Admission 1/17/24 Age 17 Diagnoses Opposition Intelloped Traumanal Stressor Childhood-Onset Flue - No development and Education Agency (LE educational and intell Review on 4/15/24 of revealed: - Admission 1/17/24 Age 17 Diagnoses Opposition	MHL0601482 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer. (f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan. (g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure educational services were made available to meet the clients' needs. The findings are: Review on 4/15/24 of Client #1's record revealed: - Admission 3/12/24 Age 15 Diagnoses Oppositional Defiant Disorder, Moderate; Unspecified Attention Deficit Hyperactivity Disorder (ADHD); Unspecified Trauma-and Stressor-Related Disorder; Childhood-Onset Fluency Disorder No development and coordination with the Local Education Agency (LEA) to address the educational and intellectual needs. Review on 4/15/24 of Former Client #7's record revealed: - Admission 1/17/24 Discharge 3/13/24.	MHL0601482 STREET ADDRESS, CITY, STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer. (f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan. (g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure educational services were made available to meet the clients' needs. The findings are: Review on 4/15/24 of Client #1's record revealed: - Admission 3/12/24 Age 15 Diagnoses Oppositional Defiant Disorder, Moderate; Unspecified Attention Deficit Hyperactivity Disorder (ADHD); Unspecified Trauma-and Stressor-Related Disorder; Childhood-Onset Fluency Disorder No development and coordination with the Local Education Agency (LEA) to address the educational and intellectual needs. Review on 4/15/24 of Former Client #7's record revealed: - Admission 1/17/24 Discharge 3/13/24 Age 17 Diagnoses Oppositional Defiant Disorder, - Diagnoses Oppositional Defiant Disorder,	ROUDER OR SUPPLIER WHILDROH COTTAGE THOMPSON CHILD & FA WHILDROH COTTAGE THOMPSON CHILD & FA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 receiving treatment in the facility, he may remain for six months or until the end of the state fiscal year, whichever is longer. (f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan. (g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure educational services were made available to meet the clients' needs. The findings are: Review on 4/15/24 of Client #1's record revealed: - Admission 3/12/24. - Age 15. - Diagnoses Oppositional Defiant Disorder, Moderate; Unspecified Attention Deficit Hyperactivity Disorder (ADHD); Unspecified Trauma-and Stressor-Related Disorder; Childhood-Onset Fluency Disorder. No development and coordination with the Local Education Agency (LEA) to address the educational and intellectual needs. Review on 4/15/24 of Former Client #7's record revealed: - Admission 1/17/24 Discharge 3/13/24 Age 17 Diagnoses Oppositional Defiant Disorder, Olischarge 3/13/24 Age 17 Diagnoses Oppositional Defiant Disorder, Olischarge 3/13/24.	MHL0601482 STREET ADDRESS, CITY, STATE, ZIP CODE STATE TABLE TAB	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	1 ' '	SURVEY PLETED
		MHL0601482	B. WING		05	/24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA	ETERS LANE VS, NC 28105			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF C	ORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	COMPLETE DATE
V 305	Continued From page	e 6	V 305			
	Dysregulation Disorder, Other Psychoactive Substance dependence, ADHD No development and coordination with the LEA to address the educational and intellectual needs.					
	revealed: - Admission 1/19/24 Discharge 3/11/24 Age 16 Diagnoses Opposition Conduct Disorder, Admixed Disturbance of Other Reactions to Solution Admission 4/22/24 Admission 4/22/24 Age 16 Diagnoses Opposition ADHD, Anxiety Disorder.	onal Defiant Disorder, ljustment Disorder with Emotions and Conduct, evere Stress. d coordination with the LEA tional and intellectual needs. r Client #9's record revealed:				
	to address the educa Review on 4/16/24 of	nd coordination with the LEA tional and intellectual needs. Temails from the Quality ist dated 4/16/24 to the				
	Division of Health Set Surveyor revealed: - "CSP (Crisis Short Treatment Adolescents) does not However, staff do GE Diploma) prep (preparand they also have accurriculum]." - "As far as education	rvice Regulation (DHSR) Ferm Programs) (Intensive t for Children or trequire school for clients. ED (General Education tration) with the older clients				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0601482	B. WING		05/24/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA	ETERS LANE			
	OLIMAN DV OT		S, NC 28105	PROVIDENIA NI ANI GE GODDEGTION		
(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	(X5) COMPLETE DATE
V 305	Continued From page	e 7	V 305			
	[Educational Curriculum If you are not familiar	y (clients) had access to um], but that has changed. with [Educational e know and I can send				
	Improvement Special DHSR Surveyor reverse "As for the education their daily schedule, but that they (facility) use prep, etc. I was under	n piece, CSP has "school"on out it's not a formal program . They do worksheets, GED				
	Review on 5/21/24 of an email from the Quality Improvement Specialist dated 5/21/24 to the DHSR Surveyor revealed: - No Educational Coordinator in place since 11/16/23.					
	Review on 4/18/24 of revealed: - "School" listed Mond 4:00pm-5:00pm.	the facility's CSP Schedule				
	- No school for CSP "When we (clients) h	with Client #1 revealed: nave our groups, we do stress, math and reading)."				
	Interview on 4/23/24 v - "Don't do schoolwor	with Client #2 revealed: k."				
	- "No schoolwork."	with Client #4 revealed: "no math, spelling or social				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			_			
		MHL0601482	B. WING		05/24/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA	TERS LANE			
	OLUMBA DV OT		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 APPROPE DEFICIENCY)	BE COMPLETE	
V 305	Continued From page	e 8	V 305			
	- Completed schoolwegroup."	with Client #5 revealed: ork "sometimes during stuff, math, reading, no				
	- "No school, that's fo (clients there longer to Supervisor] told me the - "Yesterday did a wo	with Client #6 revealed: or the long-term people han 45 days). [Program nat." rksheet on hygiene. We orksheets) on math, science				
	Interview on 4/17/24 with Former Client #7 revealed: - "We didn't have school." Interview on 4/18/24 with Former Client #8 revealed: - "There was no school."					
	that, a year and 6 mo then."	with Former Client #9 e was a year ago. Prior to onths ago. No schooling been here, never had any				
	- "Education is not so focused on because to Residential Treatmen Adolescents) is so sh - "We (staff) go throug (clients)." - "They stopped [Educ	the program (Intensive It for Children or ort." gh GED programs with them				

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STATE FORM 6899 If continuation sheet 9 of 17 G37C11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		MHL0601482	B. WING		0:	5/24/2024
	ROVIDER OR SUPPLIER	OMPSON CHILD & FA	ADDRESS, CITY, STATE, PETERS LANE EWS, NC 28105	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 305	- "They (clients) don groups that are educ critical thinking." - "Up to staff to do e - "We had folders ar the kids (clients) whe employed." - "No legal guardian about an education - "Honestly speaking don't be worried about some don't, some doclassroom setting." Interview on 4/15/24 - "We come up with coping skills." Interview on 5/22/24 - "We used to do gromath, English, differ and reflection." - When started, "the program, they (client they (management) (educational use) document of the started." Interview on 5/22/24 Client #4 revealed: - "I was blankly told educationally for him not provide transporting."	with Staff #2 revealed: "thave school but we have cational based from math to ducation component." Ind work that we would do with ille the education person was has ever said anything to me program." Ind when you talk to kids, they but that, some worry about it, con't want to participate in the with Staff #5 revealed: Indicate work would do with ille the education at all, said they had laptops ownstairs." Indicate with Staff #17 revealed: Indicate work work work work work work work work	V 305			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL0601482	B. WING		05	5/24/2024
NAME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STATE	E, ZIP CODE		
CHRIST C	CHURCH COTTAGE THO	OMPSON CHILD & FA	ST PETERS LANE HEWS, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 305	from school system - Tried to get school to "forms not being of by medical physicial had to complete sor in for a grade with lo Interview on 5/23/24 Client #3 revealed: - "I was told there we they just do groups." Interview on 4/17/24 Program Supervisor - No educational cur February 2023 "When I first came (educational) in each them (clients) did the (educational program structure." - "Only PRTF (Psych Facility) had formal [Educational Curricul I still don't know what is." - Former Educational longer employed wit learn about education longer employed wit learn about education '"We don't have for put something toget - Clients "feel like th are falling behind." - "We don't know ho (academically) or ho before they got here something together "I'm beating myself something for them	in place for client #4 but due completed in timely manner in and therapist," client #4 now ne worksheets and turn them local school. With the Legal Guardian of as no education component, in and 5/22/24 with the revealed: inculum when started in the cottage and it was, some of its and some did that in the manner in the ducation, then we got allum] and honestly to this day at [Educational Curriculum] All Coordinator "was gone" (no in agency) on planned date to conal curriculum. In all course in the conal curriculum. In all course in the country in the weight in the country	V 305			

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STATE FORM 6899 G37C11 If continuation sheet 11 of 17

MHL0601482 B. WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:						E SURVEY PLETED	
NAME OF PROVIDER OR SUPPLIER CHRIST CHURCH COTTAGE THOMPSON CHILD & FA (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 305 Continued From page 11 STREET ADDRESS, CITY, STATE, ZIP CODE 6722 ST PETERS LANE MATTHEWS, NC 28105 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 305 Continued From page 11 Structure." - Former Educational Coordinator "would drop off packets for the clients in the morning," "some education is better than no education." - Former Educational Coordinator met with the					/ 50.125 to: <u>_</u>			
CHRIST CHURCH COTTAGE THOMPSON CHILD & FA CAU ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			MHL0601482		B. WING		0:	5/24/2024
CHRIST CHURCH COTTAGE THOMPSON CHILD & FA MATTHEWS, NC 28105 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 305 Continued From page 11 structure." - Former Educational Coordinator "would drop off packets for the clients in the morning," "some education is better than no education." - Former Educational Coordinator met with the	NAME OF PROV	VIDER OR SUPPLIER	ER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MATTHEWS, NC 28105 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 305 Continued From page 11 structure." - Former Educational Coordinator "would drop off packets for the clients in the morning," "some education is better than no education." - Former Educational Coordinator met with the				6722 ST PE	TERS LANE			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 305 Continued From page 11 structure." - Former Educational Coordinator "would drop off packets for the clients in the morning," "some education is better than no education." - Former Educational Coordinator met with the	CHRIST CHU	JRCH COTTAGE THO	E THOMPSON CHILD & FA	MATTHEWS	S, NC 28105			
structure." - Former Educational Coordinator "would drop off packets for the clients in the morning," "some education is better than no education." - Former Educational Coordinator met with the	PREFIX	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
- Former Educational Coordinator "would drop off packets for the clients in the morning," "some education is better than no education." - Former Educational Coordinator met with the	V 305 C	V 305 Continued From page 11			V 305			
was no educational curriculum; - "Started in February 2023 and yes, by June 2023 it (no educational curriculum) was brought up in the weekly tactical meeting." Interview on 5/21/24 with the Program Director revealed: - "There were no educational services when started position in April 2022." - Purchased an educational curriculum around May or June of 2022 Implementation of the educational curriculum was not good Unaware when the educational curriculum had stopped being used There was a lot of transition on campus and focus was on the PRTF with coordinating with DPI (Department of Public Instruction) and the school Contract was not renewed for the CSP program due to the firing of the educational coordinator Recently found out there was no educational curriculum being used "Educational Curriculum) should have been in place in August 2023." - "Program Supervisor) was always saying I got it (educational curriculum), but not to say we don't have nothing and maybe she wasn't fully aware of the requirements (educational requirements)." - Unaware what was told to the legal guardian about the education component of the program by the Admissions Supervisor Al of the thiem they are not enrolled in school	st - F pa ecc - F Pr was - " 20 up In re - " st - F M - I was - C du - F cc - " pl - " (e ha th - I ab b)	tructure." Former Educational ackets for the clients ducation is better the Former Educational program Director were as no educational cerestrated in February 023 it (no education p in the weekly taction in Appurchased an education of the weekly of the weekly of the weekly taction to the program weekly found out the weekly taction of the weekly tacti	ational Coordinator "would dr clients in the morning," "som tter than no education." ational Coordinator met with to or weekly and was aware the onal curriculum; bruary 2023 and yes, by Jun- cational curriculum) was brou- y tactical meeting." 21/24 with the Program Direc- to educational services when in April 2022." educational curriculum arou- 2022. on of the educational curriculum used. ot of transition on campus and the PRTF with coordinating wint of Public Instruction) and to not renewed for the CSP pro- ty of the educational coordination dout there was no education g used. Curriculum] should have been a 2023." pervisor] was always saying I rriculum), but not to say we conduced the component of the programs to was told to the legal guardication component of the programs Supervisor.	the ere e ught tor nd um had th he gram tor. hal en in got it don't vare of)." an				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI. AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0601482	B. W	/ING		05/24/2024
NAME OF F	PROVIDER OR SUPPLIER		TREET ADDRESS,		E, ZIP CODE	
CHRIST	CHURCH COTTAGE THO	MPSON CHILD & FA	722 ST PETERS IATTHEWS, NC			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 305	they come to the facil - "Schools don't want don't matter." - "We get kids from at that some of their sch coordinate virtual sen Interview on 5/21/24 supervisor revealed: - Completed referral p program "If I got questions at would usually say yes component, but I didr Interview on 5/21/24 supervisor revealed: - Was aware of educa program "I can't answer how an educational progra that we did not have a - Don't know specifica about the educationa enrollment "A lot of them (client be homeless." - Some clients haven prior to coming to fac - "Getting student rece been difficult." - Unsure why [Educat stopped as an online Review on 4/23/24 o Protection dated 4/23 Quality Improvement "What immediate acti ensure the safety of t	ity. to work with us, like our k Il over and the problem is nools don't want to vices." with the Admissions process for the crisis intake about education is there was an educational it know." with the Chief Performance ed: ational rules for the CSP long we have been withou am because I was not awa an education program." ally what guardians were to all component upon its) are not in school or man it been in school for month fility. ords and documentation in tional Curriculum] was resource. If the facility's Plan of is 124 and completed by the	., I al ce ut are cold ry hs has	805		

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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	
AND PLAN OF CORRECTION								
MHL0601482			B. WING			05/24/2024		
NAME OF P	ROVIDER OR SUPPLIER	S	RESS, CITY, STA	TE, ZIP CODE				
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA		TERS LANE 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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 305	clients will begin utiliz The education plan wastaff meeting on May 2. Program Superv Church client's record records. For those mid the Program Supervise ducational records hactive Christ Church 3. By 5/7/24 the clie educational program. Describe your plans thappens. Program Supervisor wevidence that the emerceipts will be requered the email." The facility served clie Oppositional Defiant Attention Deficit Hype Disruptive Mood Dysi in age 12-17 years of the clients to help mateducational and intell was no coordination wagency regarding educations. This deficiency const which is detrimental to	all Christ Church staff that sing an educational prograyill be reviewed at the next 1, 2024. isor will review active Christs to inspect for educational records for will ensure by 4/27/24 have been requested for clients. ents will be enrolled in the commake sure the above will provide documented ail was sent to staff. Reached at the ensure staff have the ents with diagnoses of Disorder, Conduct Disorder and regulation Disorder ranging d.At a mimumum of a year mal education provided to the enterior of the	am. t rist nal s, all er, ng ar o	V 305				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
				A. BUILDING: _		COMP	COMPLETED	
MHL0601482			B. WING			05/24/2024		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE. ZIP CODE	-		
				TERS LANE	,			
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA		S, NC 28105				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE	
V 736	Continued From page 14			V 736				
V 736	27G .0303(c) Facility and Grounds Maintenance			V 736				
		EMENTS	erly					
	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:		,					
	approximately 1.5 inc. 5 inches to 1.5 inches to 1.5 inches - Orange chair with ranging in size of appinches; - Numerous spots paint, ranging in size and 5 inches to 8 incles - Dining room: - Dining room door peeling along the edgent of the second several approximately a dimestal and brown seciling around the light approximately 2 feet.	revealed: n 3 tears ranging in size of thes to 3.5 inches long are wide; n approximately 10 holes proximately .5 inches to 1 on the walls had peeled of a dime to 8 inches long thes wide; or dirty (stains) and with page of the door approximate all spots of peeled paint the size; ubstance splattered on the ht fixture covering	nd .5 g aint cely					
	- On the right sid room just above the b	le of the wall leading into paseboard and below the rea approximately 6 to 8						

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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		05/2	24/2024
NAME OF PROVIDER OF	R SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CHRIST CHURCH C	OTTAGE THO	MPSON CHILD & FA		TERS LANE 5, NC 28105			
1 1 ()	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
inches in paint ex Bedrood - Don the complete of the comple	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 inches in length and 4 to 5 inches wide missing paint exposing the wooden wall; - Bedroom #2 - Drawing of a cross symbol in red marker on the ceiling above the shelf was written in red, "LIL Slougher was here" with a picture of a dripping arrow head; - Bathroom- the sink bowl was stained with a black substance (around the sink drain and on several spots on the sink), toilet paper holder was missing; -Bedroom #5 bathroom Writing on the wall "LL Da Guys , free the Guys", "SMM 45"; - Bedroom #6 Writing on the wall "TFK, FNaF", writing on the ceiling "You" " B***h" along with white paint covering some of the letters and drawings on the		V 736				

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PRINTED: 02/03/2025 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING _ MHL0601482 05/24/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6722 ST PETERS LANE CHRIST CHURCH COTTAGE THOMPSON CHILD & FA** MATTHEWS, NC 28105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY)

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