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| SMITH COTTAGE | 6725 SAINT PETER'S LANE MATTHEWS, NC 28105 |

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| V 000 | INITIAL COMMENTS<br><br>An annual and complaint survey was completed on 4/25/25. The complaint was unsubstantiated (intake #NC00229095). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.<br><br>This facility is licensed for 9 and has a current census of 7. The survey sample consisted of audits of 2 current clients and 1 former client. | V 000 | | |
| V 366 | 27G .0603 Incident Response Requirements<br><br>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:<br>(1) attending to the health and safety needs of individuals involved in the incident;<br>(2) determining the cause of the incident;<br>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;<br>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;<br>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;<br>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and<br>(7) maintaining documentation regarding | V 366 | V366<br>Correction:<br>1. The Nurse Supervisor met with the nursing team to review expectations for completing level 1 incident reports for all medication refusals<br>2. The Nurse Supervisor completed a review to ensure all medication refusals for May had been reported in the Electronic Health Record System (ECHO)<br><br>Prevention:<br>1. Weekly reviews will be conducted by the Nurse Supervisor to ensure medication refusals are documented as level 1 incident reports in ECHO<br>2. The Nurse Supervisor will continue to meet with staff for monthly 1:1 supervision to ensure they understand expectations around incident reporting<br><br>Monitoring:<br>1.The Nurse Supervisor will monitor MARS and ECHO reporting weekly to ensure compliance with documentation. | 4/28/2025<br><br>5/6/2025<br><br>4/28/2025<br><br>4/28/2025 |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Hannah Dunham, Chief Performance & Quality Officer 5/7/2025

Hannah Dunham

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| V 366 | Continued From page 1<br>Subparagraphs (a)(1) through (a)(6) of this Rule.<br>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.<br>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:<br>(1) immediately securing the client record by:<br>(A) obtaining the client record;<br>(B) making a photocopy;<br>(C) certifying the copy's completeness; and<br>(D) transferring the copy to an internal review team;<br>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:<br>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;<br>(B) gather other information needed;<br>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is | V 366 | | |

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| V 366 | Continued From page 2<br>located and to the LME where the client resides, if different; and<br>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and<br>(3) immediately notifying the following:<br>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;<br>(B) the LME where the client resides, if different;<br>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;<br>(D) the Department;<br>(E) the client's legal guardian, as applicable; and<br>(F) any other authorities required by law.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to implement a policy | V 366 | | |

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| V 366 | Continued From page 3<br>governing their response to Level I incidents as required. The findings are:<br><br>Review on 4/24/25 of client #2's Medication Administration Record (MAR) from 2/1/25 to 4/24/25 revealed:<br>-Ensure refused on 2/1/25 at 2:10pm.<br>-Ensure refused on 2/1/25 at 8:04pm.<br><br>Review on 4/24/25 of former client (FC) #3's MAR from 2/1/25 to 4/24/25 revealed:<br>-Ketoconazole 2% shampoo refused on 3/19/25 at 5:11pm.<br>-Ketoconazole 2% shampoo refused on 3/24/25 at 6:03pm.<br>-Ketoconazole 2% shampoo refused on 3/26/25 at 6:13pm.<br>-Ketoconazole 2% shampoo refused on 3/28/25 at 5:38pm.<br>-Ketoconazole 2% shampoo refused on 4/2/25 at 5:14pm.<br>-Ketoconazole 2% shampoo refused on 4/4/25 at 5:08pm.<br>-Ketoconazole 2% shampoo refused on 4/7/25 at 5:03pm.<br>-Ketoconazole 2% shampoo refused on 4/21/25 at 5:02pm.<br>-Mupirocin 2% ointment refused on 4/8/25 at 6:05pm.<br>-Mupirocin 2% ointment refused on 4/8/25 at 7:06pm.<br>-Mupirocin 2% ointment refused on 4/9/25 at 7:27am.<br>-Mupirocin 2% ointment refused on 4/10/25 at 11:30am.<br>-Mupirocin 2% ointment refused on 4/11/25 at 8:02pm.<br>-Mupirocin 2% ointment refused on 4/20/25 at 4:09pm. | V 366 | | |

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| V 366 | Continued From page 4<br><br>Review on 4/23/24 of the facility's incident reports from 2/1/25 to 4/23/25 revealed:<br>-No documentation of Level I incident reports related to client #2's and FC #3's medication refusals from 3/19/25 to 4/21/25.<br>-No documentation to determine whether a physician or pharmacist had been contacted to report medication refusals.<br>-No documentation of risk/cause analysis to determine cause of medication refusals.<br>-No documentation to indicate whether the facility developed and implemented corrective measures and measures to prevent similar incidents and whether person(s) were assigned to be responsible for implementation of the corrections and preventive measures.<br><br>Interview on 4/24/25 with the Registered Nurse revealed:<br>-Did not know incident reports were required when clients refused prescribed Ensure, ointments and shampoos.<br>-Had not been completing incident reports for refusals of medications that were not in pill form.<br><br>Interview on 4/24/25 with the Nurse Supervisor revealed:<br>-"We should have been doing incident reports for all medication refusals."<br>-Will retrain nursing staff. | V 366 | | |
| V 536 | 27E .0107 Client Rights - Training on Alt to Rest. Int.<br><br>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS<br>(a) Facilities shall implement policies and practices that emphasize the use of alternatives | V 536 | V 536<br><br>Correction:<br>1. Staff member [redacted] completed a Therapeutic Crisis Intervention (TCI) refresher course on April 29th. She is now up to date with all required TCI training. | 4/29/2025 |

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| V 536 | Continued From page 5<br>to restrictive interventions.<br>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.<br>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.<br>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).<br>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.<br>(g) Staff shall demonstrate competence in the following core areas:<br>(1) knowledge and understanding of the people being served;<br>(2) recognizing and interpreting human behavior;<br>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;<br>(4) strategies for building positive relationships with persons with disabilities;<br>(5) recognizing cultural, environmental and | V 536 | 2. A comprehensive review of all staffs training plans will be completed by the Program Supervisor. The Program Supervisor will support staff in getting any out-of-date trainings completed.<br><br>3. The Program Supervisor will review training plans and expectations around timely completion of trainings with staff during monthly 1:1 supervision meetings.<br><br>Prevention:<br>1. The Program Supervisor will maintain a tracking system to monitor staff training due dates. Monthly audits will be conducted to ensure all staff remain current with TCI and other mandatory trainings. Staff will receive reminders 30 days in advance of their training expiration dates.<br><br>Monitoring:<br>1. The Program Supervisor will monitor compliance by reviewing the training tracker monthly<br>2. The Program Supervisor will monitor timely enrollment and completion of refresher courses | 5/6/2025<br><br>5/6/2025<br><br>4/28/2025 |

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| V 536 | Continued From page 6<br>organizational factors that may affect people with disabilities;<br>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;<br>(7) skills in assessing individual risk for escalating behavior;<br>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and<br>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).<br>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name;<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(i) Instructor Qualifications and Training Requirements:<br>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.<br>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.<br>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. | V 536 | | |

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| V 536 | Continued From page 7<br>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.<br>(5) Acceptable instructor training programs shall include but are not limited to presentation of:<br>(A) understanding the adult learner;<br>(B) methods for teaching content of the course;<br>(C) methods for evaluating trainee performance; and<br>(D) documentation procedures.<br>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.<br>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.<br>(8) Trainers shall complete a refresher instructor training at least every two years.<br>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may request and review this documentation any time.<br>(k) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(2) Coaches shall teach at least three times the course which is being coached.<br>(3) Coaches shall demonstrate | V 536 | | |

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| V 536 | Continued From page 8<br>competence by completion of coaching or train-the-trainer instruction.<br>(I) Documentation shall be the same preparation as for trainers.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure staff completed semiannual training in alterntavie to restrictive interventions for 1 of 3 audited staff (#2) The findings are:<br><br>Review on 4/24/25 of staff #2's record revealed:<br>-Hire date of 9/10/24.<br>-Title of Residential Care Specialist.<br>-No current training in alternatives to restrictive interventions.<br><br>Attempted interview on 4/25/25 with staff #2 was unsuccessful due to her failure to return the phone call prior to survey exit.<br><br>Interview on 4/24/25 with the Qualified Professional revealed:<br>-Did not know that staff #2 was past due for Therapeutic Crisis Intervention (TCI) training.<br>-Staff #2 had not been on the list of staff needing training.<br><br>Interview on 4/24/25 with the Quality Improvement Specialist revealed:<br>-Staff #2 was due for TCI refresher training in | V 536 | | |

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| V 536 | Continued From page 9<br>December.<br>-Staff #2 did not complete the TCI refresher training. | V 536 | | |
| V 537 | 27E .0108 Client Rights - Training in Sec Rest & ITO<br><br>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT<br>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.<br>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.<br>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.<br>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(e) Formal refresher training must be completed by each service provider periodically (minimum | V 537 | V 537<br>Correction:<br>1. Staff member [redacted] completed a Therapeutic Crisis Intervention (TCI) refresher course on April 29th. She is now up to date with all required TCI training.<br><br>2. A comprehensive review of all staffs training plans will be completed by the Program Supervisor. The Program Supervisor will support staff in getting any out-of-date trainings completed.<br><br>3. The Program Supervisor will review training plans and expectations around timely completion of trainings with staff during monthly 1:1 supervision meetings.<br><br>Prevention:<br>1. The Program Supervisor will maintain a tracking system to monitor staff training due dates. Monthly audits will be conducted to ensure all staff remain current with TCI and other mandatory trainings. Staff will receive reminders 30 days in advance of their training expiration dates.<br><br>Monitoring:<br>1. The Program Supervisor will monitor compliance by reviewing the training tracker monthly<br>2. The Program Supervisor will monitor timely enrollment and completion of refresher courses | 4/29/2025<br><br>5/6/2025<br><br>5/6/2025<br><br>4/28/2025 |

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| V 537 | Continued From page 10<br>annually).<br>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.<br>(g) Acceptable training programs shall include, but are not limited to, presentation of:<br>(1) refresher information on alternatives to the use of restrictive interventions;<br>(2) guidelines on when to intervene (understanding imminent danger to self and others);<br>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);<br>(4) strategies for the safe implementation of restrictive interventions;<br>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;<br>(6) prohibited procedures;<br>(7) debriefing strategies, including their importance and purpose; and<br>(8) documentation methods/procedures.<br>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(i) Instructor Qualification and Training | V 537 | | |

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| V 537 | Continued From page 11<br>Requirements:<br>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.<br>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.<br>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.<br>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.<br>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:<br>(A) understanding the adult learner;<br>(B) methods for teaching content of the course;<br>(C) evaluation of trainee performance; and<br>(D) documentation procedures.<br>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.<br>(8) Trainers shall be currently trained in CPR.<br>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at | V 537 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL0601400 | A. BUILDING: _____ B. WING _____ | 04/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SMITH COTTAGE | 6725 SAINT PETER'S LANE MATTHEWS, NC 28105 |

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| V 537 | Continued From page 12<br>least two times with a positive review by the coach.<br>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.<br>(11) Trainers shall complete a refresher instructor training at least every two years.<br>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcome (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(l) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(2) Coaches shall teach at least three times, the course which is being coached.<br>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.<br>(m) Documentation shall be the same preparation as for trainers.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure staff completed semiannual training in restrictive interventions for 1 of 3 audited staff (#2) The findings are:<br><br>Review on 4/24/25 of staff #2's record revealed: | V 537 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| V 537 | Continued From page 13<br>-Hire date of 9/10/24.<br>-Title of Residential Care Specialist.<br>-No current training in restrictive interventions.<br><br>Attempted interview on 4/25/25 with staff #2 was unsuccessful due to her failure to return the phone call prior to survey exit.<br><br>Interview on 4/24/25 with the Qualified Professional revealed:<br>-Did not know that staff #2 was past due for Therapeutic Crisis Intervention (TCI) training.<br>-Staff #2 had not been on the list of staff needing training.<br><br>Interview on 4/24/25 with the Quality Improvement Specialist revealed:<br>-Staff #2 was due for TCI refresher training in December.<br>-Staff #2 did not complete the TCI refresher training. | V 537 | | |