

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER YORKE COTTAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 6750 SAINT PETERS LANE, SUITE 100 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 4-3-25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1900 Psychiatric Residential Facility for Children and Adolescents.</p> <p>This facility is licensed for 6 and currently has a census of 1. The survey sample consisted of audits of 1 current client and 1 former client.</p>	V 000	<p>RECEIVED MAY 12 2025 DHSR-MH Licensure Sect</p>		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p>	V 108			<p>V108</p> <p>Correction:</p> <p>1. Quality Improvement Specialist reviewed Training Compliance report with Program Supervisor to ensure all staff meet training compliance.</p> <p>2. Training Compliance Policy will be reviewed by Supervisor at the next staff meeting.</p> <p>Prevention:</p> <p>1. Program Supervisor will schedule all staff in for required trainings before scheduling them to be in ratio.</p> <p>2. Training Compliance Policy will be placed in staff office.</p> <p>3. Program Supervisor will remove any staff not in compliance with training policy.</p> <p>Monitoring:</p> <p>1. Program Supervisors will review all staff's individual training compliance in monthly 1:1 meeting.</p> <p>2. Program Director will monitor training compliance monthly.</p> <p>3. Performance and Quality Improvement Department will conduct monthly internal reviews of training compliance.</p>

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

TITLE

(X6) DATE

Hannah Dunham, Chief Performance & Quality Office *5/8/2025*

STATE FORM

6899

C2P211

If continuation sheet 1 of 6

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

YORKE COTTAGE

**6750 SAINT PETERS LANE, SUITE 100
MATTHEWS, NC 28105**

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that at least one staff member shall be available at the facility that has been trained to provide cardiopulmonary resuscitation and other first aid techniques. The findings are:</p> <p>Observation on 4-2-25 at approximately 3:30pm of the facility revealed: -Staff #1 and Staff #2 were the only two staff working first shift in the facility.</p> <p>Review on 4-3-25 of Staff #1's record revealed: -Hire date 12-23-24. -No training in cardiopulmonary resuscitation and other first aid techniques.</p> <p>Review on 4-3-25 of Staff #2's record revealed: -Hire date 11-5-24. -No training in cardiopulmonary resuscitation and other first aid techniques.</p> <p>Interview on 4-3-25 with the Supervisor revealed: -She was the one that did the scheduling for the facility. -She thought Staff #1 had cardiopulmonary resuscitation and other first aid techniques training from her past job.</p>	V 108		

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V 108	Continued From page 2 Interview on 4-3-25 with the Quality Improvement Specialist revealed: -Both Staff #1 and Staff #2 were scheduled for training in cardiopulmonary resuscitation and other first aid techniques on 4-14-25. -She knew that at least one staff on duty needed to be trained.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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 obtained.	V 112	V112 Correction: 1. All current clients Person Centered Plans were reviewed by the Clinical Director to ensure goals are individualized and address presenting behaviors. Prevention: 1. The Clinical Director will review client Person Centered Plans and assist treatment team with goal setting on a monthly basis. 2. The Clinical Director will provide feedback on clinical documentation during 1:1 supervisions with treatment team members. Monitoring: 1. The Clinical Director and treatment team will monitor treatment goals on a monthly basis.	6/2/2025 6/2/2025 6/2/2025

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop goals and strategies to meet the needs of the clients, effecting 1 of 1 former client (Former Client #1 (FC#1)). The findings are:</p> <p>Review on 4-2-25 of FC#1's record revealed: -Admitted 3-13-25, discharged 4-2-25. -13 years old. -Diagnoses of: Attention-Deficit Hyperactivity Disorder, predominantly hyperactive type, Oppositional Defiant Disorder, and Other Reactions to Severe Stress. -Assessment dated 4-1-25 revealed: "Since arriving at [facility], [FC#1] has gone AWOL (absent without leave) three separate times...the last one being gone for close to 24 hours." -Person Centered Plan dated 7-1-24 and updated 3-17-25 revealed: no goals for AWOL behavior.</p> <p>Interview on 4-2-25 with the facility supervisor revealed: -This was FC#1's second time at the facility and he had the same behavior. -The first time he went AWOL he violated his parole. -Department of Juvenile Justice asked them for an extension so he could stay at the facility until his court date. -He has now gone back to Juvenile Detention. -FC#1 had gone AWOL form the court house twice before, once fully shackled.</p>	V 112		

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V 112	Continued From page 4 Interview on 4-3-25 with the facility therapist revealed: -It was her responsibility to write the short term goals. -FC#1 should have had a goal for AWOL, since they knew his history from when he was at the facility before. -She was new to the job and still learning.	V 112			
V 736	27G .0303(c) Facility and Grounds Maintenance 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 observation and interviews the facility failed to be maintained in a clean, attractive manner, and free from offensive odors. The findings are: Observation on 4-2-25 at approximately 4:00pm revealed: -Bedroom #1: dried yellow substance on the toilet seat, caulking around the base of the toilet had been shipped away in some spots, sink had brown and white substances on it, dark substance in the grout of the tile in the shower, multiple writings and one picture written on the walls and window, foul odor throughout the room. -Second bedroom: sink dirty, with marshmallows and a red substance in it, toilet pipe was pulling away from the wall, bathroom door will not latch to keep it shut, outside of the bathroom door had white markings surrounding	V 736	V736 Correction: 1. Program Supervisor reviewed job description with staff in monthly staff meeting, emphasizing the cleaning duties. 2. Client bedrooms and bathrooms were deep cleaned. Prevention: 1. Program supervisor will ensure cleaning practices are reviewed at all team meetings. 2. Program supervisor will have staff fill out cleaning checklist and sign stating that they completed those duties nightly. Monitoring: 1. Program Supervisors will review cleaning checklist and conduct routine checks to ensure that all items signed have been completed daily. 2. Performance and Quality Improvement Department will conduct monthly cottage walkthroughs and rate cleanliness.	4/8/2025 4/3/2025 4/8/2025 4/8/2025	

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V 736	<p>Continued From page 5</p> <p>the handle approximately 3 inches by 3 inches.</p> <p>-Bedroom #3: Dried substance on the upper part of the window, bathroom toilet had crust of brown substance encircling the rim of the toilet, dried yellow substance on the underside of the toilet seat.</p> <p>-Bedroom #4: mirror over the sink smeared with white substance, caulking around the base of the toilet missing in areas, pipe ring pulled from the wall, toilet seat has dried yellow substance on the underside of the seat, threshold to the room coming from the bathroom has a crust of dark matter on it, window has dried white substance over the window.</p> <p>Interview on 4-2-25 with Staff #1 revealed:</p> <p>-The client in bedroom #1 had just left that morning and they hadn't cleaned it yet.</p> <p>-Bedroom #3 had been cleaned and sanitized for a new client to move in.</p> <p>Interview on 4-3-25 with the supervisor revealed:</p> <p>-It is mostly the night shifts job to ensure the facility is kept clean.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736			