Division of	of Health Service Regu	lation			1 01 1111	APPROVED
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SU COMPLE	
		MHL0601482	B. WING		R 05/0	7/2025
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	1 00/0	
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA	PETERS LANE			
	OLIMANA DV OT		<u> </u>	PROMPERIO PLAN OF CORRECTION		
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	completed on 5/7/25. substantiated (Intake Deficiencies were cited This facility is licensed category: 10A NCAC Residential Treatment Adolescents.	#NC00228552). ed. d for the following service 27G .1800 Intensive t for Children and d for 9and has a current rey sample consisted of				
V 105	27G .0201 (A) (1-7) G	Governing Body Policies	V 105			
	10A NCAC 27G .020 POLICIES (a) The governing bod facility or service shall written policies for the (1) delegation of man operation of the facilit (2) criteria for admiss (3) criteria for dischar (4) admission assess (A) who will perform t (B) time frames for co (5) client record mans (A) persons authorize (B) transporting record (C) safeguard of record defacement or use by (D) assurance of record authorized users at al (E) assurance of conf (6) screenings, which	dy responsible for each I develop and implement e following: agement authority for the ry and services; ion; ge; ments, including: he assessment; and empleting assessment. agement, including: do document; ds; rds against loss, tampering, r unauthorized persons; ord accessibility to Il times; and identiality of records.		Correction: 1. Staff member was coached on the and supervisor documented the pericoaching in our HRIS system, 3/7/20. Supervisor trained therapist on be approaches in working with youth wisimilar needs and diagnosis, 4/29/20. Prevention: 1. All licensed clinicians are meeting external clinical supervisor weekly to clinical guidance on cases. 2. All licensed clinicians are receiving group supervision weekly and indivisus supervision monthly by the Clinical Imprior to using therapeutic approaches caseload. Clinical Director will provide this expectation at next staff meeting during monthly supervision.	formance 025. est ho have 025. g with their o recieve ag internal dual Director. al Director es for their de training	3/7/2025 4/29/2025 5/31/2025 on

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

Hannah Dunham, Chief Performance & Quality Officer 5/28/2025

(X6) DATE

STATEMEN [*]	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SUI	
7.1.12 . 27.1.1	5. 35.4. <u>12</u> 6.16.1		A. BUILDING: _			
		MHL0601482	B. WING		R 05/07	/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
CUDIST	HURCH COTTAGE THO	MDSON CHILD & EA 6722 ST F	PETERS LANE			
CHRIST	HORCH COTTAGE THO	MATTHE\	NS, 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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 105	Continued From page	e 1	V 105			
	(B) an assessment of can provide services needs; and (C) the disposition, in recommendations; (7) quality assurance activities, including: (A) composition and assurance and qualit (B) written quality assimprovement plan; (C) methods for moniquality and appropria including delineation utilization of services (D) professional or clia requirement that staprofessionals and proshall be supervised be that area of service; (E) strategies for imp (F) review of staff quadetermination made to treatment/habilitation (G) review of all fatality were being served in residential programs (H) adoption of standand programmatic per applicable standards purpose, "applicable means a level of commeference to the prevented of the prevented of the services of the prevented of the prevented of the services of the prevented of the prev	f whether or not the facility to address the individual's cluding referrals and and quality improvement activities of a quality y improvement committee; surance and quality toring and evaluating the teness of client care, of client outcomes and inical supervision, including aff who are not qualified ovide direct client services by a qualified professional in croving client care; alifications and a congrant privileges: ties of active clients who area-operated or contracted at the time of death; ards that assure operational erformance meeting of practice. For this standards of practice" upetence established with				

Division of Health Service Regulation

STATE FORM 6899 KY5S11 If continuation sheet 2 of 14

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		_
		MHL0601482	B. WING		R 05/07/2025
NAME OF D		1	DDEGG OITY OTA	TE 7/D 00DE	1 00/01/2020
NAME OF P	ROVIDER OR SUPPLIER		ODRESS, CITY, STA	II E, ZIP CODE	
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA	PETERS LANE WS, NC 28105		
(V4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTIO	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 105	Continued From page	e 2	V 105		
	This Rule is not met				
		ew and interview, the facility			
		doption of standards that			
	assure operational ar	. •			
		applicable standards of			
	-	tic services. The findings			
	are:				
	Daview en 5/2/25 ef l	Former Client (FC) #415			
		Former Client (FC) #4's			
	record revealed:	0/05.			
	- Admission date 2/12	2/25,			
	- Age 15 years;- Diagnoses Attentior	Deficit Hyperactivity			
	_	Type; Intermittent Explosive			
	Disorder; Dysthymic	* ·			
	- Discharge date 3/28				
	- Discharge date 3/20	J123.			
	Review on 5/1/25 of t	the facility's Internal			
		October 1, 2024-May 1, 2025			
	revealed:	, 1, 101ay ., 1010			
		t dated 3/10/25 by the			
	Quality Improvement				
	'	gations: "PQI was notified via			
		veral complaints made by			
	client [FC #4], toward	s the Christ Church			
	Residential Therapist	t, [therapist]. The complaints			
	were initially reported	to [Supervisor/Qualified			
		Christ Church Supervisor by			
	client [FC #4], on 3/4				
	_ =	Supervisor], also provided an			
		concerns after she met with			
	[FC #4].				
		ncerns came from [Clinical			
	Supervisor's] email:				

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STATE FORM 6899 KY5S11 If continuation sheet 3 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
						R	
		MHL0601482		B. WING		1	7/2025
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	JE ZIP CODE		
				TERS LANE	, 0001		
CHRIST C	CHURCH COTTAGE THO	MPSON CHILD & FA		S, NC 28105			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETE DATE
V 105	Continued From page	3		V 105			
	- [Therapist] sho computer of a boy wh and emphasized that #4] claimed that [Therapist] computer of a boy wh and emphasized that #4] claimed that [Therapist] a therapist raised her would be refused. The client also which he refused. The therapist raised her would be refused a piece of main an aggressive mannumber of the client replaced a piece of main an aggressive mannumber of the change his medical his perception was insisted that should be reason to lit's probably not the number of the computer and were also in [Supervisor on the the indicated that [Therapist on the the indicated that [Therapist on the same concontated that [Therapist on the same con	owed him an article on to killed his college girls could be [FC #4]. 'Clie rapist] told him that wo age his anger.' py session with [Thera is goals, [FC #4] stated and the therapist responsion over and he needed to reported that on apist entered the cottage at the the conveyed that the client conveyed that the client conveyed that the therapist orded that the therapist I from his mother in his inter.' cerns came from the conveyed that the client conveyed that the conveyed that the client conveyed that the conveyed that	friend nt [FC uld be pist], 'He nded to ge her, the che s lap sted from tated, ons. cle ee ere sion bout				
	'that's not a reason to It's probably not the n -The same cond on the computer and were also in [Supervis - Evidence/Document weekly therapy notes to Thompson. The the indicated that [Therap a boyfriend killing his mentions that the inte awareness about alco management. Verkad confirms that [Therap with [FC #4] during th	o change your medication of change your medication hedication's fault.' cherns regarding the articlient's goal to go homesor/QP] email." Its Reviewed- "There we since [FC #4's] admisserapy note from 3/4/25 pist] shared an article and girlfriend. The note ent behind this was to repholism and anger la footage from 3/4/25 ist] shared her laptop be	ons. cle e ere sion bout aise				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
			5 14/110		R
		MHL0601482	B. WING		05/07/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		6722 ST PI	ETERS LANE		
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA MATTHEW	S, NC 28105		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE
				52.10.2.10.7	
V 105	Continued From page	e 4	V 105		
	approached IEC #41 a	a few times, but [FC #4] did			
		his seat. At approximately			
		an be seen dropping a letter			
		d then walking awayQIS			
	reviewed [Therapist]'s	• ,			
		her interactions with clients			
	and staff. She has be				
	communication issue				
		ssionalism during a CFT			
		leeting) a few months ago,			
		er interactions with clients.			
	[Therapist]'s Relias tr	aining transcript shows that			
	she completed CARE	training on 12/21/23."			
	- Other Actions Taker	n: "Effective 3/7/25,			
	[Therapist] was remo	ved as the therapist from			
	this client's case."				
		on staff/client interviews, it			
	<u> </u>	herapist] shared an article			
		college student killing his			
	_	cannot be confirmed that			
		statement about this being			
	= = =	did not manage his anger.			
		w with [Therapist], it cannot			
	be confirmed that she				
		hildhood being over. Based erviews, it can be confirmed			
		d her voice while speaking to			
		on a therapeutic walk with			
	,	o the Verkada camera			
		be seen refusing to leave			
		rapist]. After reviewing			
		age, [Therapist] can be seen			
	dropping a letter onto				
	aggressively. Based				
		be confirmed that she made			
	=	ing [FC #4]'s medication.			
	Due to making [FC #4] feel uncomfortable, it was				
		st] will no longer serve as			
		Clinical Supervisor will			
	-	ing forward. It should be			

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STATE FORM 6899 KY5S11 If continuation sheet 5 of 14

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN (OF CORRECTION	IDENTIFICATION NUME	BEK:	A. BUILDING: _		COMPLETED		
						R		
		MHL0601482		B. WING		05/0	7/2025	
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
CUDICT C		MDCON CHILD & EA	6722 ST PE	TERS LANE				
CHRIST C	HURCH COTTAGE THO	MIPSON CHILD & FA	MATTHEW	S, NC 28105				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 105	V 105 Continued From page 5			V 105				
	noted that between staff and the client interviews, the concerns were consistent."							
	Review on 5/6/25 of e	emails from the Quality						
		list dated 5/6/25 revealed	ed:					
		suspended, however, s						
	•	er clients so she was is						
		g this time. [FC #4] was						
	reassigned to [Clinical Supervisor]. The notes I provided from [Clinical Supervisor] also outline the steps taken;							
	- "I apologize, I missp							
	•	were only a few other						
	_	but they were seen by						
	[Therapist]."							
	Attempted interview of	on 5/6/25 and 5/7/25 wi	th the					
	Legal Guardian of FC							
		the Legal Guardian of I						
		ırn call before the exit o	f					
	survey.							
	Interview on 5/5/25 w	vith the Therapist revea	led:					
		d from caseload, "throu						
	breach of information	on my end;"						
		rapist's computer scree						
		organization she volur	iteers					
	with; - FC #4 was informed	d about the content on t	he					
		computer was turned o						
	- Did not remember if	FC #4 watched the vio						
	on the computer;							
		4 that he would turn out	like					
	the guy in video who	killed his girlfriend; C #4 when she asked h	im to					
	go for a walk;	⊅ π -τ which she dskeu H						
		FC #4 when he would	not					
	go for a walk;							
		walk, upon return place						
	letter for FC #4 on the	e arm of the couch FC	#4					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL0601482	B. WING		05	R 5/ 07/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	- ZIP CODE	•	
NAME OF I	NOVIDER OR GOLF ELER		PETERS LANE	-, ZII OODL		
CHRIST	CHURCH COTTAGE THO	MPSON CHILD & FA	EWS, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 105	Continued From pag	e 6	V 105			
	was sitting on; - "Unintendedly I sho client;" - There was a lot of ' #4's medications; - FC #4 stated he wa and use mushrooms stay sane; - Was trained in bias on ethnical boundari - Received weekly si Interview on 5/5/25 v revealed: - FC #4 had "issues" him something onling girlfriend; - FC #4 was not com Therapist; - Discussed FC #4's Supervisor; - It was decided that Supervisor/QP would about the concerns; - The Therapist yelle go on a walk with he had with her about th - FC #4 received a n Interview on 5/7/25 v revealed: - Was the therapist's incident on 3/4/25; - Received a report f Therapist spoke to F - As a result of the in the Therapist;	by wed my frustrations with the back and forth" about FC anted to leave the country and he needed marijuana to training and extra courses es; upervision for 45 days. With the Supervisor/QP when the Therapist showed e about a guy who killed his afortable with working with the concerns with the Clinical Clinical Supervisor and dispeak with the Therapist dispeak with the Therapist dispeak with the Therapist dispeak with the Therapist dispervious concerns; ew therapist.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		` ′	E CONSTRUCTION	(X3) DATE SI COMPLE	
						R	
		MHL0601482		B. WING		05/0	7/2025
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
CUDICT C	HURCH COTTAGE THOM	ADCON CHILD & EA	6722 ST PE	TERS LANE			
CHRIST C	HURCH COTTAGE THOM	WIPSON CHILD & FA	MATTHEWS	S, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETE DATE
V 105	Continued From page	÷ 7		V 105			
	Therapist; - Was assigned FC # FC #4 declined to fil Therapist; - Did not report the Th Worker Licensure Box	e a complaint on the					
V 367	10A NCAC 27G .0604 REPORTING REQUII CATEGORY A AND B (a) Category A and B	REMENTS FOR		V 367	Correction: Quality Improvement Specialist and Pro Supervisor reviewed the IRIS manual ar criteria constitutes a level 2 or 3 as it pe allegations of abuse, specifically emotio abuse. 2. Program Supervisor trained staff on descriptions of the staff of the staff of the staff on	nd what rtains to nal	5/7/25 5/12/25
	the provision of billable consumer is on the princidents and level II of to whom the provider 90 days prior to the in responsible for the caservices are provided becoming aware of the besubmitted on a for Secretary. The report in person, facsimile of means. The report shinformation: (1) reporting providentification informat (2) client identification informat (3) type of incidentification of the cause of the incident; (6) other individion or responding. (b) Category A and B	le services or while the roviders premises or levideaths involving the clie rendered any service with the total the terment area where within 72 hours of e incident. The report of the may be submitted via rencrypted electronic hall include the following covider contact and ion; fication information; lent; of incident; effort to determine the	el III ints iithin shall mail,		incident level criteria, specifically emotic abuse, as an allegation. Prevention: 1. Any incident reports containing an alle of abuse will be categorized as a level 2 depending on the specific details of the 2. All level 2 or 3 incident reports will ge an IRIS to follow. The Program Supervis complete the IRIS within 72 hours of lea about the incident. 3. If the allegation is against a staff mem Quality Improvement Specialist will comsubmit the HCPR report as well. Monitoring: 1. Performance and Quality Improvement will collaborate with the Program Supervisor all incidents are being document correct level. 2. All staff will continue to receive Incide Report training through their supervisor quarterly basis or from the Learning and Development Specialist who offers mon documentation training which covers incomplete.	egation or 3 incident. nerate sor will irning nber, the plete and nt team visor to ted at the ent on a I thly	Ongoing

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
			A. BOILDING.			D
		MHL0601482	B. WING		05	R 5 /07/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E ZIP CODE	·	
WAWL OF T	NOVIDER OR GOLF EIER		PETERS LANE	<u> </u>		
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA	EWS, NC 28105			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	HE APPROPRIATE	COMPLETE DATE
V 367	Continued From page	e 8	V 367			
V 367	report recipients by the day whenever: (1) the provided information provided erroneous, misleadin (2) the provided required on the incided unavailable. (c) Category A and Equipon request by the I obtained regarding the (1) hospital recipinformation; (2) reports by (3) the provided (d) Category A and Equipon request by the I obtained regarding the (1) hospital recipinformation; (2) reports by (3) the provided (d) Category A and Equipon request by the I obtained regarding the III incident Mental Health, Devel Substance Abuse Separation of the III incident Substance Abuse Separation of the III incident incidents involving a Health Service Regulation becoming aware of the Client death within separation or restraint, the provided in the III incident of the	r has reason to believe that in the report may be g or otherwise unreliable; or r obtains information ent form that was previously a providers shall submit, a ME, other information in eincident, including: ords including confidential other authorities; and it's response to the incident. So providers shall send a copy reports to the Division of copmental Disabilities and rvices within 72 hours of the incident. Category A a copy of all level III client death to the Division of ation within 72 hours of the incident. In cases of the incident. In cases of the shall report the death ired by 10A NCAC 26C	V 367			
	include summary info (1) medication definition of a level II (2) restrictive in the definition of a level	errors that do not meet the				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY
						R
		MHL0601482	B. WING		05	/07/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA	PETERS LANE WS, NC 28105			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLETE DATE
V 367	Continued From page	e 9	V 367			
	the possession of a c (5) the total nui incidents that occurre (6) a statement been no reportable in incidents have occurr meet any of the criter	mber of level II and level III ed; and t indicating that there have acidents whenever no red during the quarter that ria as set forth in Paragraphs le and Subparagraphs (1)				
	failed to report all critic Response Improvement the Local Manageme Care Organization (Mocatchment areas when within 72 hours of becaffecting 1 of 4 audited The findings are: Review on 5/3/25 of Frecord revealed: - Admission date 2/12 - Age 15 years; - Diagnoses Attention Disorder, Combined To Disorder; Dysthymic Inc. Discharge date 3/28	ew and interview the facility ical incidents in the Incident ent System (IRIS) and notify int Entity (LME)/Managed (ICO) responsible for the ere services were provided coming aware of the incident ed clients (Former Client #4). Former Client (FC) #4's 2/25; In Deficit Hyperactivity Type; Intermittent Explosive Disorder; 3/25.				
	Review on 5/1/25 of t Investigations from O	the facility's Internal october 1, 2024-May 1, 2025				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		1 ' '	CONSTRUCTION		E SURVEY IPLETED
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							R
		MHL0601482		B. WING	-	o:	5/07/2025
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE ZIP CODE		
TO WILL OF T	NOVIDEN ON OUT FEET			TERS LANE			
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA		S, NC 28105			
040.15	CHMMADV CT	TATEMENT OF DEFICIENCIES		·	PROVIDER'S PLAN OF C	ODDECTION	0/5)
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 367	/ 367 Continued From page 10			V 367			
	revealed:						
	revealed: - Investigation Repor Quality Improvement - The Complaint Allegemail on 3/7/25 of sectient [FC #4], toward Residential Therapist were initially reported Professional (QP)], Client [FC #4], on 3/4. Supervisor [Clinical Semail with consistent [FC #4] The following cor Supervisor's] email: - [Therapist] shoom professional computer of a boy whand emphasized that #4] claimed that [The	october 1, 2024-May 1, at dated 3/10/25 by the specialist (QIS); gations: "PQI was notified as the Christ Church t, [therapist]. The computed to [Supervisor/Qualified Christ Church Supervisor/Qualified Christ Church Supervisor], also provides concerns after she meanners came from [Clinical Supervisor], also provides concerns after she meanners came from [Clinical Supervisor], also provides concerns after she meanners came from [Clinical Supervisor], also provides concerns after she meanners came from [Clinical Supervisor] to the killed his college girlicated to the could be [FC #4]. 'Clie erapist] told him that wo	ed via by laints ed or by ed an t with cal her friend nt [FC				
		apy session with [Thera					
		s goals, [FC #4] stated and the therapist respon					
	that his childhood wa	as over and he needed					
	focus on other goals.						
		o reported that on					
	_	rapist entered the cottag	-				
		a therapeutic walk with					
		ne client conveyed that t					
		oice, insisting he take t	ne				
	walk, but he declined	•					
		oorted that the therapist					
	T	ill from his mother in his	ар				
	in an aggressive mar -The following con						
	[Supervisor/QP] ema						

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		` ′	CONSTRUCTION	' '	TE SURVEY MPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOME	EK.	A. BUILDING: _		CON	WIFLETED
							R
		MHL0601482		B. WING		0	5/07/2025
NAME OF D	ROVIDER OR SUPPLIER		STREET AND	RESS, CITY, STA	TE ZID CODE		
INAME OF T	NOVIDEN ON OUT FIEN			TERS LANE	11 L, 211 OODL		
CHRIST C	HURCH COTTAGE THO	MPSON CHILD & FA					
	I		WAITHEVV	S, NC 28105	T		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FL	JLL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETE
TAG		LSC IDENTIFYING INFORMATI		TAG	CROSS-REFERENCED TO T	THE APPROPRIATE	DATE
					DEFICIENC	;Y)	
V 367	Continued From page	<u> </u>		V 367			
		estioned why he reques					
	_	ation and her response					
		sensitive. [Therapist] st					
		change your medication	ons.				
	It's probably not the n						
		cerns regarding the arti					
		client's goal to go home	е				
	were also in [Supervisor/QP] email."						
- Evidence/Documents Reviewed- "There were weekly therapy notes since [FC #4's] admission							
	to Thompson. The therapy note from 3/4/25 indicated that [Therapist] shared an article about a boyfriend killing his girlfriend. The note		SIOH				
			hout				
			bout				
	,	ent behind this was to ra	aise				
	awareness about alco		aisc				
		da footage from 3/4/25					
	_	pist] shared her laptop b	riefly				
	with [FC #4] during th						
		evealed that [Therapist	1				
	_	a few times, but [FC #4	•				
		his seat. At approximat					
		an be seen dropping a∃					
		d then walking away0					
	reviewed [Therapist]'s						
	sessions, focusing or	n her interactions with c	lients				
	and staff. She has be	en coached on					
	communication issue						
		ssionalism during a CF					
		/leeting) a few months a					
		er interactions with clie					
		raining transcript shows	that				
	•	E training on 12/21/23."					
	- Other Actions Taker						
		ved as the therapist fro	m				
	this client's case."		.,				
		on staff/client interview					
	_	Therapist] shared an art					
		college student killing h					
	•	t cannot be confirmed the					
	Li nerapistj made tne	statement about this be	∍ ırıg				

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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							
											
					R						
		MHL0601482	B. WING		05/07/2025						
		20001102	1		00/01/12020	—					
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE							
CHRIST CHURCH COTTAGE THOMPSON CHILD & FA											
MATTHEWS, NC 28105											
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)						
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		E					
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DATE						
				DEFICIENCY)							
						\neg					
V 367	Continued From page	e 12	V 367								
		did not manage his anger.									
	Based on the interview	w with [Therapist], it cannot									
	be confirmed that she	made the statement									
		nildhood being over. Based									
		erviews, it can be confirmed									
	that [Therapist] raised	her voice while speaking to									
	[FC #4] about going on a therapeutic walk with										
	her. Also, according to the Verkada camera										
		be seen refusing to leave									
	9	rapist]. After reviewing									
		· -									
		age, [Therapist] can be seen									
	dropping a letter onto [FC #4]'s lap, not										
	aggressively. Based on the interview with										
	[Therapist], it cannot be confirmed that she made										
	the statement regarding [FC #4]'s medication. Due to making [FC #4] feel uncomfortable, it was										
	decided that [Therapi	st] will no longer serve as									
	his therapist. Interim (Clinical Supervisor will									
	resume that role movi	ing forward. It should be									
		aff and the client interviews,									
	the concerns were co	The state of the s									
	Review on 5/1/25 of the IRIS reports from										
	October 1, 2024- May 1, 2025 revealed:										
	- No incident report for the alleged emotional										
	abuse incident on 3/4/25 with FC #4.										
	abado moladik di di 1/20 witi i di 1/1.										
	Povious on E/G/25 of amails from the Quality										
	Review on 5/6/25 of emails from the Quality										
	Improvement Specialist dated 5/6/25 revealed:										
	- [Therapist] was not suspended, however, she										
	did not have any other clients so she was isolated										
	from client care during this time. [FC #4] was										
	reassigned to [Clinical Supervisor]. The notes I										
	provided from [Clinical Supervisor] also outline										
	the steps taken;										
	- "I apologize, I misspoke. [FC #4] was										
reassigned and there were only a few other						J					
clients in the cottage but they were seen by						J					
		but they were seen by									
	[Therapist]."										
			1	1	ı						

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Interview on 5/7/25 with the Chief Performance

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NAME OF PROVIDER OR SUPPLIER CHRIST CHURCH COTTAGE THOMPSON CHILD & FA STREET ADDRESS, CITY, STATE, ZIP CODE 4722 ST PETERS LANE MATTHEWS, NC 28195 PREPRY TAG CHRIST CHURCH COTTAGE THOMPSON CHILD & FA STREET ADDRESS, CITY, STATE, ZIP CODE 4722 ST PETERS LANE MATTHEWS, NC 28195 PREPRY TAG CHRIST CHURCH COTTAGE THOMPSON CHILD & FA STREET ADDRESS, CITY, STATE, ZIP CODE 4722 ST PETERS LANE MATTHEWS, NC 28195 PREPRY TAG CHRIST CHURCH COTTAGE THOMPSON CHILD & FA CHRIST CHURCH COURSE THE ACTION SHOULD BE CHARGE THE ACTION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CHRIST CHURCH COTTAGE THOMPSON CHILD & FA (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 367 Continued From page 13 Quality Officer revealed: - Reviewed criteria for level 2 incident reports and didn't realize an IRIS report needed to be - Reviewed a riverage of the provider state of				A. BUILDING: _									
CHRIST CHURCH COTTAGE THOMPSON CHILD & FA Continued From page 13 Quality Officer revealed:			MHL0601482	B. WING									
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 367 Continued From page 13 Quality Officer revealed: - Reviewed criteria for level 2 incident reports and didn't realize an IRIS report needed to be	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 367 Continued From page 13 Quality Officer revealed: - Reviewed criteria for level 2 incident reports and didn't realize an IRIS report needed to be PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE V 367 V 367 V 367	CHRIST CHURCH COTTAGE THOMPSON CHILD & FA												
Quality Officer revealed: - Reviewed criteria for level 2 incident reports and didn't realize an IRIS report needed to be	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	JLD BE COMPLETE							
	V 367	Quality Officer reveal - Reviewed criteria for didn't realize an IRIS	led: or level 2 incident reports and										

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