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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 NUMBER:** COMPLETED A. BUILDING: \_ MHL0601227 B. WING 07/02/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6750 SAINT PETERS LANE, SUITE 300 **MERANCAS COTTAGE** MATTHEWS, NC 28105 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 7-2-25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. V 110 27G .0204 Training/Supervision V 110 V110 Paraprofessionals 1. Program Supervisor will review monthly 1:1s with 7/18/2025 10A NCAC 27G .0204 COMPETENCIES AND direct care staff and schedule any outstanding SUPERVISION OF PARAPROFESSIONALS meetings (a) There shall be no privileging requirements for 2. Program Supervisor will review expectations for supervision contracts 7/10/2025 paraprofessionals. 3. Program Supervisor will meet with Operations (b) Paraprofessionals shall be supervised by an Director to review expectations of completing 1:1s associate professional or by a qualified with staff. professional as specified in Rule .0104 of this Prevention: Subchapter. 1. Program Supervisor will develop schedule to (c) Paraprofessionals shall demonstrate ensure 1:1 meetings are completed monthly knowledge, skills and abilities required by the 2. Program Supervisor will utilize 1:1 template for documentation to ensure staff are able to consistently population served. demonstrate knowledge required to support the (d) At such time as a competency-based individuals served. employment system is established by rulemaking, Monitoring: then qualified professionals and associate Operations Director and Program Supervisor will professionals shall demonstrate competence. monitor completion of 1:1 notes on a monthly basis. (e) Competence shall be demonstrated by exhibiting core skills including: RECEIVED (1) technical knowledge; (2) cultural awareness; ILIL 2 1 2025 (3) analytical skills; (4) decision-making; **DHSR-MH Licensure Sect** (5) interpersonal skills; (6) communication skills; and (7) clinical skills.

Division of Health Service Regulation

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

Hannah Dunham, Chief Performance & Quality Officer 7/16/2025

Kannah Dunham

TITLE

(X6) DATE

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 07/02/2025 MHL0601227 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6750 SAINT PETERS LANE, SUITE 300 **MERANCAS COTTAGE** MATTHEWS, NC 28105 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 110 V 110 Continued From page 1 (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on interviews and record reviews Staff #1 failed to demonstrate knowledge, skills and ability required by the population served. The findings are: Review on 7-1-25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -Verbal abuse: Scaring, berating, belittling threatening, yelling, cursing, making fun of, taunting, name calling, etc. -Any allegation of abuse is a level II incident. Review on 6-18-25 of facility incident reports revealed: -Incident dated 4-22-25 and documented as a level I incident involving Client #1 revealed: "The client was saying rude remarks about fellow staff member [Staff #1] while she was getting snacks for him and his peers. The staff heard these remarks while she was in the kitchen. She then confronted the client about the comments that he was making about her. The client then said that the night staff came into the cottage with an attitude; each time, he said he would point to her, indicating that he was talking particularly about her. She then became upset and yelled at the client. Upon standing there and witnessing this,

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staff member [Staff #2] stepped in between them

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1	STATEMEN	T OF DEFICIENCIES	(V4) PROMERNATION					
١		OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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		and started to move th	e client away. The staff					
		moved the client away	because he became					
			elled at. The staff walked					
		the client into his room	so that he could process					
		his thoughts and action	ns. The client kept trying to					
		open the kitchen door	by kicking and punching it					
		to get to her. He stated	that he only wanted to					
		talk, but his body langu	uage showed that he tried					1
		to assault her. The star	ff closed the kitchen door					
			with another staff member.					1
			o his bedroom, asking if					1
		she would return that n	right. He stated that he had					1
		plans to deal with her a	and that if the supervisor					1
			e would have plans for his					1
		as well."	o mount have plane for the					١
		-Incident report da	ted 6-9-25 and					١
		documented as a level	I incident involving Client					1
		#2 revealed: The client	was told to stop running					ı
		around the cottage, and	d the client listened.					I
		However, upon doing s	o, a female staff (Staff #1)					١
		member became agitat	ed by his behavior and					ı
		some rude comments h						١
		her. The staff partner (S	Staff #2) attempted to					1
	1	de-escalate the situatio	n and listen to both					
		parties. The yelling bec	ame louder with each					
			nt moving closer towards					ı
	1	the female staff membe	r, the other staff member					1
	(	drove him away. The cli	ient stated that he had no					ı
	i	ntentions of using phys	ical force against her, and					ı
			d to hear the client out as					ı
			r was instructed to leave					
			hen began to pace around					
		he cottage and yell fran						
		allowed the client to mal					1	
			close contacts. He was					
	a	able to calm himself as t	the staff spoke to him and					
			were there for him and to					
		nelp with any problems I						
			he is being pushed to the	X1				
		edge by certain people v						

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 07/02/2025 B. WING MHL0601227 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6750 SAINT PETERS LANE, SUITE 300 **MERANCAS COTTAGE** MATTHEWS, NC 28105 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 110 V 110 Continued From page 3 respect him. The staff listened to his concerns and communicated with him that they would work through the issue together." Review on 6-27-25 of coaching note for Staff #1 revealed: -"On June 16, 2025, the supervisor held a one-on-one meeting with staff member [Staff #1] to address concerns regarding her interactions with both staff and clients. This meeting followed previous discussions and coaching sessions related to an incident that occurred on June 6. During the meeting, the supervisor provided a supportive space for [Staff #1] to voice her concerns and actively collaborated with her to explore and develop practical solutions aimed at resolving the issue." Interview on 6-17-25 and 6-30-25 with Client #1 revealed: -"[Facility] will hire anybody. The attitude, the way she yells, the things she do." -Staff #1 was "yelling and cursing" at him. -"I heard her cursing [Staff #2] out." -Staff #1 has done this more than once and with different clients. -Staff #1 has a "nasty attitude." -Staff #2 has stopped cursing "for now." Interview on 6-17-25 and 6-30-25 with Client #2 revealed: -He has not heard Staff #1 yelling or cursing at any client since the incident with him. -He just "kinda rolled with it" and it had not upset him. Interview on 6-30-25 with Client #3 revealed: -He has heard Staff #1 yell and curse, but

can't remember what she said or when it was.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
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V 110	Continued From page	4	V 110			
	Interview on 6-17-25 v -Staff #1 "yells an -He thinks she ge					
	stepped in to separate -Staff #1 has cursi-Staff #1's behavio "I think [Program Supe Interview on 6-26-25 a revealed: -She does not englack and forth.	ed at the clients and he has them. ed at him also. ors seems to be better now, rvisor] had talked to her."				
	because they don't like  -"I don't think they go back and forth with they go back and forth with the don't like is anything with a  -In both of the door trying to stop horseplay  -"If a client doesn't accountability, things cate  -The entire cottage about how to be safe withow to get them back to manage staff mental he	my approach." understandI would never the clients." hing for mediation, like if certain client." umented incidents she was ring. want to take an and do escalate." had a meeting and talked hen a client is escalating, b base line, and how to alth. rvisor met and discussed lone differently.				
\	revealed:  -He gave Staff #1 e  -He suggested extra -"She (Staff #1) exp					

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ 07/02/2025 B. WING MHL0601227 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6750 SAINT PETERS LANE, SUITE 300 MERANCAS COTTAGE MATTHEWS, NC 28105 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 110 V 110 Continued From page 5 -Staff #1 hadn't wanted Staff #2 to intervene in the incidents. -Staff #1 told him that he wasn't being supportive as a supervisor. -By the second coaching Staff #1 did understand the issues but still felt like the support wasn't there. -"I believe I documented these coaching's. Interview on 7-2-25 with the Operations Director -They would ensure that all supervisors were documenting and coaching and supervision that they were giving staff. V 132 V 132 V 132 G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection Correction: 8/15/2025 Program Supervisor will review Thompson's Incident Reporting Policy G.S. §131E-256 HEALTH CARE PERSONNEL 2. Program Supervisor will review Thompson's policy REGISTRY on Reporting Abuse, Neglect and Exploitation. (g) Health care facilities shall ensure that the 3. Program Supervisor will review the IRIS Manual Department is notified of all allegations against and provide training on for reporting levels for staff. 4. Program Supervisor will review Client Rights with health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. Prevention: 1. Program Supervisor will consult with direct care (which includes: staff and Quality Improvement Specialist (QIS) to a. Neglect or abuse of a resident in a healthcare ensure incidents are being reported accurately in facility or a person to whom home care services electronic health record system. as defined by G.S. 131E-136 or hospice services 2. In the event of an allegation against staff, QIS will ensure HCPR report is completed within 24 hours. as defined by G.S. 131E-201 are being provided. Program Supervisor will complete the IRIS report. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection 1. Program Supervisor will monitor electronic health (b) of this section including places where home record to ensure incidents are completed and ready to care services as defined by G.S. 131E-136 or be submitted to IRIS system on a daily basis. hospice services as defined by G.S. 131E-201 2. QIS will monitor electronic health care record to ensure incident reports are being reported accurately are being provided. c. Misappropriation of the property of a on a daily basis healthcare facility.

d. Diversion of drugs belonging to a health care

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_					DEFICIENC	CY)		
	V 132	Continued From page	6	V 132				
				V 102				
		facility or to a patient o						
		<ul> <li>e. Fraud against a he</li> </ul>	alth care facility or against					
		a patient or client for w	hom the employee is					
		providing services).						
		Facilities must have ex	vidence that all alleged					
		acts are investigated a	nd must make every effort					
		to protect residents from	m harm while the					
		investigation is in progr	ress. The results of all					
		investigations must be		1				
		Department within five	working days of the initial					
		notification to the Depa	irtment.					
								- 1
		This Rule is not met as	s evidenced by:					- 1
		Based on record review	v and interview the facility					
		failed to report all allega	ations of abuse to the					
		Healthcare Personnel F	Registry (HPCR) effecting					
		1 of 2 audited staff (Sta	iff #1). The findings are:					
		No.	,ge a.e.					- 1
								- 1
		Review on 7-1-25 of the	North Carolina Incident					- 1
			t System (IRIS) revealed:					
			ring, berating, belittling					
	1	threatening, yelling, cur	sing making fun of					
	-	taunting, name calling,	etc					
			abuse is a level II incident.					
		range another a	abase is a level if moderic	Ď.				
		Review on 6-18-25 of fa	scility incident reports					1
		revealed:	ionity moldent reports	1				-
			2-25 and documented as a					
	1		Client #1 revealed: "The	1				
		dient was saving rude r	emarks about fellow staff					
	r	nember [Staff #1] while	she was getting snacks					
	f	or him and his peers. T	he staff heard these					
		emarks while she was i	n the kitchen Che the					
			out the comments that he					
			The client then said that					
	Ţ	he night staff came into	tne cottage with an					
	a	ittitude; each time, he sa	aid he would point to her,					
	li	ndicating that he was ta	lking particularly about					
	h	er. She then became up	pset and yelled at the					1

Division o	f Health Service Regu	ulation			(V2) DATE CURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFI		IDENTIFICATION NUMBER:	A. BUILDING:		ASSOCIATION CONTRACTOR SOCIA
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NAME OF PE	ROVIDER OR SUPPLIER		NT PETERS LANE		
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				PROVIDER'S PLAN OF CORRECTION	(X5)
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V 132	Continued From pag	ne 7	V 132		
	client. Upon standing	g there and witnessing this,			
	staff member [Staff	#2] stepped in between them			
	and started to move	the client away. The staff ay because he became			
	moved the client aw	g yelled at. The staff walked			
	the client into his ro	om so that he could process			
	his thoughts and ac	tions. The client kept trying to			
	open the kitchen do	or by kicking and punching it			
	to get to her. He sta	ted that he only wanted to			
	talk, but his body lar	nguage showed that he tried			
	to assault her. The staff closed the kitchen door				
	and switched her out with another staff member.				
	The client would go	into his bedroom, asking if			
	she would return the	at night. He stated that he had			
	plans to deal with h	er and that if the supervisor			
	were to get involved	d, he would have plans for his			
	as well."				
	-Incident repor	t dated 6-9-25 and			
	documented as a le	evel I incident involving Client			
	#2 revealed: The cl	ient was told to stop running			
	around the cottage	and the client listened.			
	momber become a	ng so, a female staff (Staff #1) gitated by his behavior and			
	come rudo commo	nts he was making towards			
	her The staff narth	er (Staff #2) attempted to			
	de-escalate the situ	uation and listen to both			
		became louder with each			
	moment. Upon the	client moving closer towards			
	the female staff me	ember, the other staff member			
	drove him away. T	he client stated that he had no			
1	intentions of using	physical force against her, and			
	the staff then proce	eeded to hear the client out as			
	the female staff me	ember was instructed to leave			
	the cottage. The cl	ient then began to pace around			
	the cottage and ye	Il frantically. The staff then			
	allowed the client t	o make a phone call to the			
	staff supervisor an	d his close contacts. He was			
	able to calm himse	elf as the staff spoke to him and			
	reassured him that	t they were there for him and to			
1	neip with any prob	lems he had. The client was			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	receptive, but feels like edge by certain people respect him. The staff and communicated wit through the issue toge -Neither incident respect him. The staff and communicated wit through the issue toge -Neither incident respect him the staff and communicated wit through the issue toge -Neither incident respectively. Interview on 7-2-25 wit revealed:  -They would have sure all incidents report correctly and all allega 27G .0604 Incident Re 10A NCAC 27G .0604 REPORTING REQUIR CATEGORY A AND B I (a) Category A and B plevel II incidents, except the provision of billable consumer is on the provincidents and level II de to whom the provider responsible for the cate services are provided where the submitted on a form Secretary. The report response in person, facsimile or emeans. The reporting providentification information:  (1) reporting providentification information.	e he is being pushed to the who don't listened to his concerns th him that they would work ther." report was reported to ing at the clients.  The the Program Director  to develop a way to make the wide with the the thing and the clients.  INCIDENT EMENTS FOR PROVIDERS PROVIDE	V 132	V367 Correction: 1. Program Supervisor will review Thompson' incident reporting policy with staff 2. Program Supervisor will review the IRIS Mand provide training on for reporting levels for 3. Program Supervisor will review Thompson' on reporting Abuse, Neglect and Exploitation staff 4. Program Supervisor will review Client Right staff.  Prevention: 1. Program Supervisor will consult with direct staff and Quality Improvement Specialist (QIS ensure incidents are being reported accurately electronic health record system. 2. Program Supervisor will complete the IRIS within 72 hours.  Monitoring: 1. Program Supervisor will monitor electronic in record to ensure incidents are completed and be submitted to IRIS system on a daily basis. 2. QIS will monitor electronic health care record ensure incident reports are being reported according a daily basis.	anual r staff. s policy with ts with  care ) to y in report	8/15/2025

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 07/02/2025 B. WING MHL0601227 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6750 SAINT PETERS LANE, SUITE 300 MERANCAS COTTAGE MATTHEWS, NC 28105 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 367 Continued From page 9 V 367 status of the effort to determine the cause of the incident; and other individuals or authorities notified (6)or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: the provider has reason to believe that (1) information provided in the report may be erroneous, misleading or otherwise unreliable; or the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: hospital records including confidential (1) information; reports by other authorities; and (2)the provider's response to the incident. (3)(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided.

The report shall be submitted on a form provided

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0601227			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY		
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V 367	by the Secretary via e include summary infor (1) medication edefinition of a level II of (2) restrictive into the definition of a level (3) searches of (4) seizures of (4) the possession of a clip (5) the total numinoidents that occurred (6) a statement is been no reportable inclinicidents have occurred meet any of the criteria.	lectronic means and shall mation as follows: errors that do not meet the or level III incident; terventions that do not meet I II or level III incident; a client or his living area; dient property or property in ent; aber of level II and level III I; and indicating that there have idents whenever no d during the quarter that a as set forth in Paragraphs and Subparagraphs (1)	V 367					
	the Local Management	vs and interviews the Il level II incident report to						
	Response Improvemen -Verbal abuse: Sca threatening, yelling, cur taunting, name calling,							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0601227		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE COMP	SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING:			
		B. WING		07.	/02/2025	
		STREET A	DDRESS, CITY, STATE	ZIP CODE		
NAME OF PR	ROVIDER OR SUPPLIER		INT PETERS LANE			
MERANCA	AS COTTAGE		WS, NC 28105	, •••••		
	OLIMANA DV CT	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY	E APPROPRIATE	DATE
V 367	Continued From pag	e 11	V 367			
	revealed:	of facility incident reports				
		4-22-25 and documented as a				
	level I incident involv	ring Client #1 revealed: "The				
	client was saying ruc	le remarks about fellow staff				
	member [Staff #1] w	hile she was getting snacks				
	for him and his peers	s. The staff heard these				
	remarks while she w	as in the kitchen. She then				
	confronted the client	about the comments that he er. The client then said that				
	the night staff came	into the cottage with an				
	attitude: each time.	ne said he would point to her,				
	indicating that he wa	as talking particularly about				
	her. She then becan	ne upset and yelled at the				
	client. Upon standin	g there and witnessing this,				
	staff member [Staff	#2] stepped in between them				
	and started to move	the client away. The staff				
	moved the client aw	ay because he became				
	agitated due to being	g yelled at. The staff walked om so that he could process				
И	the client into his ro	tions. The client kept trying to				
	open the kitchen do	or by kicking and punching it				
	to get to her. He sta	ted that he only wanted to				
	talk, but his body la	nguage showed that he tried				
	to assault her. The	staff closed the kitchen door				
	and switched her or	ut with another staff member.				
	The client would go	into his bedroom, asking if				
	she would return th	at night. He stated that he had				
	plans to deal with h	er and that if the supervisor d, he would have plans for his				
	as well."	u, He Would Have plans for His				
		t dated 6-9-25 and				
	documented as a le	evel I incident involving Client				
	#2 revealed: The cl	ient was told to stop running				
	around the cottage	, and the client listened.				
	However, upon doi	ng so, a female staff (Staff #1)				
	member became a	gitated by his behavior and				
	some rude comme	nts he was making towards				

her. The staff partner (Staff #2) attempted to de-escalate the situation and listen to both

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTII	PLE CONSTRUCTION	(X3) DATE SURVEY		
SECULIO MONDELL.		A. BUILDIN	3:	COMPLETED			
				07/02/2025			
		B. WING					
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MEDANO	CAS COTTAGE	6750 SAII	NT PETERS L	ANE, SUITE 300			
MERANC	ASCOTIAGE		VS, NC 2810				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	10	PROVIDEDIS DI AMI OF CORRECTION			_
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E ATE	(X5) COMPLETE DATE	
V 367	Continued From page	12	V 367				_
	parties. The yelling be moment. Upon the clie the female staff memb drove him away. The client the staff then proceeded the female staff memb the cottage. The client the cottage and yell fra allowed the client to make staff supervisor and his able to calm himself as reassured him that the help with any problems receptive, but feels like edge by certain people respect him. The staff I	came louder with each ent moving closer towards er, the other staff member client stated that he had no sical force against her, and ed to hear the client out as er was instructed to leave then began to pace around entically. The staff then ake a phone call to the sclose contacts. He was the staff spoke to him and y were there for him and to se he had. The client was the is being pushed to the who don't istened to his concerns in him that they would work	V 367				
	revealed: -Staff is responsible usually the Quality Importacility and let them know Interview on 7-1-25 with revealed:	n the Operation Director ervisor was supposed to					
V 736	27G .0303(c) Facility an	nd Grounds Maintenance	V 736	V 736			
	10A NCAC 27G .0303 L EXTERIOR REQUIREM (c) Each facility and its g maintained in a safe, cle	OCATION AND MENTS grounds shall be ean, attractive and orderly	× 50 94.5	Correction:  1. Client bedrooms and bathrooms were deep ousing the cleaning checklists  2. Program Supervisor will train staff on using the and weekly cleaning checklists moving forward and seekly cleaning checklists moving forward and weekly cleaning checklists moving forward and weekly cleaning checklists.	he daily	7/3/2025	
	manner and shall be ker odor.			<ol> <li>QIS completed a walk through of the facility a reported finding back to Program Supervisor for up.</li> </ol>	and r follow	7/7/2025	

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 07/02/2025 B. WING MHL0601227 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6750 SAINT PETERS LANE, SUITE 300 MERANCAS COTTAGE MATTHEWS, NC 28105 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 736 V 736 V 736 Continued From page 13 Prevention: 1. Direct care staff will utilize daily and weekly This Rule is not met as evidenced by: cleaning checklists to ensure program is clean and in Based on observation and interview, the facility good order 2. Program Supervisor will follow up with staff if check failed to be maintained in a clean, attractive lists are not completed manner. The findings are: 3. If maintenance is needed, a helpdesk will be submitted for repairs Observation 6-19-25 at approximately 12:00pm Monitoring revealed: 1. Program Supervisor will sign off on checklists -1st bedroom: shower stall had mold, sink during a biweekly check of the programs. 2. QIS will complete a monthly walk through of the had blue and brown substances in it. program and report findings back to the Program -2nd bedroom: the shower light would not Supervisor for follow up. work. -3rd bedroom: Piles of clothes on the floor an around the toilet, Toilet has blackened ring around the inside of the toilet, towels on the floor by the bathtub, no shower curtain, dark substance covering the bottom and sides of the bathtub. -Bedroom #6: writing on the cupboard and walls, door is discolored with dark smears. Interview on 6-26-25 with Staff #1 revealed: -It was everyone's responsibility to make sure the facility is clean. Interview on 6-25-25 with Staff #2 revealed: -"The kids are supposed to keep their room clean but it is staff's responsibility to make sure that it is clean." Interview on 6-26-25 with the facility supervisor -"I enforce that to staff (that the facility should be clean). When I come in and see that things need to be tidied up. Sometimes the staff can get overwhelmed with behavior etc.. We got room 5 yesterday (cleaned). Staff are supposed to cleaning. Sometimes I will help also."

YN5511

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				PLE CONSTRUCTION S:	(X3) DATE	E SURVEY PLETED
		B. WING				
			DESC CITY O	TATE, ZIP CODE	1 07	//02/2025
				ANE, SUITE 300		
MERANC	AS COTTAGE		S, NC 28105			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 736	revealed:	I to develop a system to	V 736	DETIGENOT)		