

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601404</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRUCE COTTAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6200-E THERMAL ROAD CHARLOTTE, NC 28211</b>		
(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>A complaint survey was completed on 8-22-25. The complaints were substantiated (#NC00232821, #NC00232819). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1900 Psychiatric Residential Treatment Facility for Children and Adolescents.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 315	<p>27G .1902 Psych. Res. Tx. Facility - Staff</p> <p>10A NCAC 27G .1902 STAFF</p> <p>(a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness.</p> <p>(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.</p> <p>(c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units.</p> <p>(d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.</p> <p>(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.</p>	V 315		

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

TITLE

(X6) DATE

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V 315	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interviews and record review the facility failed to insure proper staffing ratio. The findings are:</p> <p>Review on 8-20-25 of video dated 7-17-25 revealed: -Approximately 7:00pm Former Staff #1 was working with 4 clients by himself. -Staff #2 was out of the cottage with 1 client. -Former Staff #1 was sitting outside of Client #1's bedroom door as Client #1 is having a behavior. -Client #3 came up to Former Staff #1 and requested assistance with making a phone call which Former Staff #1 couldn't help him with, so he had Client #3 get the IPad himself and dial the number. -7:22 pm, Staff #2 returns to facility with client.</p> <p>Interview on 8-20-25 with Former Staff #1 revealed: -He had not known where Staff #2 was, but when he tried to call her, he realized that her phone was left at the cottage.</p> <p>Interview on 8-20-25 with Staff #2 revealed: -Client #4 was having trouble regulating, so she took him on a walk to calm him down and got supplies at the same time. -She knew that she was supposed to let a supervisor know whenever she left the cottage but "I was just going across the field and I was with a client."</p> <p>Interview on 8-20-25 with the Program Director revealed:</p>	V 315		

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V 315	Continued From page 2  -She doesn't know why Staff #2 wasn't re-trained on staff ratio. -All staff know that they are not supposed to leave the cottage without notifying the supervisor.	V 315		