PRINTED: 09/22/2025 FORM APPROVED

Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED			
			7 BOILBING					
		MHL0601627	B. WING		C 09/19/2025			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE				
TVAINE OF T	NOVIDER OR GOLT EIER		, ,	,				
NURTURI	NURTURING NEST RESIDENTIAL HOME 3901 THOMPSON STREET CHARLOTTE, NC 28216							
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)			
PRÉFIX TAG	`	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)				
V 000	INITIAL COMMENTS		V 000					
	The complaints were	as completed on 9/19/25. substantiated (Intake 0232948). A deficiency was						
		d for the following service 27G .1700 Residential re for Children or						
		d for 3 and has a current ey sample consisted of nt.						
V 300	27G .1708 Residentia dischg	al Tx. Child/Adol - Trans or	V 300					
	10A NCAC 27G .1708 DISCHARGE							
		is Rule is to address the of a child or adolescent						
		ent shall not be discharged facility, except in case of ne advance written						
	notification of the trea	tment team, including the						
	Rule, treatment team existing child and fam	rson. For purposes of this means the same as the ily team or other involved						
	(c) The facility shall n	n Paragraph (c) of this Rule. neet with existing child and involved persons including						
	the parent(s) or legal county program repre	guardian, area authority or sentative(s) and other						
	representatives involv							
	local Department of S	or adolescent, including						
	Education Agency and	d criminal justice agency, to g decisions prior to the						

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	, ,	(X3) DATE SURVEY COMPLETED		
			A. BOILDING.			•
		MHL0601627	B. WING		09	C 9/ 19/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE		
		3901 THO	OMPSON STREET	•		
NURTURI	NG NEST RESIDENTIAL	HOME CHARLO	TTE, NC 28216			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 300	from the facility. (d) In case of an ement of the child or adolescer situation is stabilized. (e) In case of an ement of the child or adolescer situation.	ergency, the facility shall eam including the legally the transfer or discharge of at as soon as the emergency ergency, notification may be fice planning meeting as set of this Rule shall be held	V 300			
	facility failed to coordidecisions prior to the child or adolescent from 1 Former Client (FC #1 Review on 9/15/25 of - Admission date 7/28 - Age 13 years old; - Diagnoses: Disruption Disorder, Mild Intellect Attention Deficit Hyperson of the emerger	ews and interviews the nate service planning transfer or discharge of the om the facility affecting 1 of £1). The findings are: FC #1's record revealed: 8/25; We Mood Dysregulation equal Disability Disorder, eractivity Disorder;				
	Immediate Discharge - "[FC #1]/local Depar (DSS) understands th racial remarks, physic					

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL0601627	B. WING			C 9 /19/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE			
NURTURI	NG NEST RESIDENTIAL	HOME	OTTE NO 20246				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	OTTE, NC 28216	PROVIDER'S PLAN OF	CORRECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	COMPLETE DATE	
V 300	Continued From page	e 2	V 300				
	This includes refusing being suspend from s defiant behaviors tow others;" - No date of the polic	ne legal guardian/DSS					
	revealed: - The Associate Profeservices for FC #1; - The AP drove FC #7/28/25, instead of ut crisis, CIT officer) the #1 was in crisis;	essional (AP) promised 1 to the local hospital on ilizing the resources (mobile at were put into place if FC e local hospital by the AP.					
	- FC #1 was in placer - They just took her to unattended without a with her, they just left	g Social Worker revealed: ment in South Carolina; o the hospital and left her nybody to being there to be the hospital we were told ay there until somebody got					
	revealed: - Had weekly meeting coordinator and provide behaviors, triggers at to FC #1 being admit Interview on 9/19/25 revealed: - Was admitted to the Received a telephore	g Social Worker Supervisor gs with the hospital, care der to discuss FC #1's nd previous placements prior ted to the facility. with the House Manager					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY	(X3) DATE SURVEY COMPLETED	
7.1.2.1.2.1.1.1			A. BUILDING:		00 22.725		
			P WING		С		
		MHL0601627	B. WING		09/19/2025	<u> </u>	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
NURTUR	NG NEST RESIDENTIAL	HOME 3901 THO	OMPSON STREE	Т			
NONTOK	NO NEOT REGIDENTIAL	CHARLO	TTE, NC 28216				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE COMP O THE APPROPRIATE DAT	LETE	
	off her clothes and hitting staff, yelling and screaming; Took client to the local hospital around 9pm-/10pm, "she was agitated and wanted to be seen right then", there was no one to see her. We waited until 8am the next morning in the waiting room with FC #1; FC #1 took naps while in the waiting room but would awaken more agitated; "She hit me and [AP];" FC #1 spitted on AP; FC #1 refused to returned back to the facility; Tried to contact the legal guardian/DSS; The legal guardian/DSS did not contact the AP until the next morning 7/29/25. Interview on 9/19/25 with the AP revealed: FC #1 was admitted on 7/28/25; Received a telephone call that evening (7/28/25) due to FC #1 being upset about having a full size bed instead of a twin bed; Informed FC #1 that a twin bed would be purchased the next day for her; Agreed to come to the facility to be with FC #1 until she was able to go to sleep and calm down; When arrived at the facility after 8pm, FC #1 was screaming she wanted to go to the hospital; FC #1 started banging her head on the bed and throwing items in her room; Used de-escalation methods from crisis plan to try and calm her down; "She (FC #1) swung on me;" FC #1 then threatened to take off her clothes if she was not transported to the hospital; FC #1 started taking off her clothes; There was a wait for the local mobile crisis to come to the facility; FC #1 did not want to wait for EMS (Emergency						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			D. MANAGO		C	
		MHL0601627	B. WING		09/1	9/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
NURTURI	NG NEST RESIDENTIAL	HOME	MPSON STREE			
		CHARLOT	TE, NC 28216			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	BE	(X5) COMPLETE DATE
V 300	Continued From page	2 4	V 300			
	- FC #1 calmed down transport her to the local hospital; - While waiting in the FC #1 hit, spit and kid FC #1 banged head hospital; - Attempted to contact "I asked the doctor with her (FC #1) because to the group hor there was a safety coclients in the home;" - "The doctor stated to guardian about the catallity, but FC #1 refused Left FC #1 at the loc "I then wrote up the (DSS);"	when told that the AP would cal hospital; with the House Manager to local hospital for 13 hours, cked the AP; on the glass at the local at the legal guardian/DSS; what I was supposed to do ause she could not return the (facility) attacking staff, incern for staff and the other that it was up to the legal are and stay of the client; at the treturn back to the used; cal hospital; letter and sent to everyone the facility for 7 hours" on				

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