

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601519</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/24/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KENAN COTTAGE THOMPSON CHILD &amp; FAMIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6736 SAINT PETER'S LANE MATTHEWS, NC 28105</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><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on September 24, 2025. The complaints were unsubstantiated (intakes #NC00233243 and #NC00233466). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G Intensive Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 9 and currently has a census of 6. The survey sample consisted of audits of 4 current clients and 1 former client.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112	<p><b>Correction</b> Clinical team conducted an internal review of client files on 9/25/25 to address feedback from DHHS complaint survey on 9/24/25. As part of this review, the team implemented AWOL goals for clients with a history of elopement who are currently as risk, as well as for clients who have gone AWOL since arriving at Thompson. The clinical team added goals to the appropriate PCP's after discussing them collectively on 10/3/25.</p> <p><b>Prevention</b> Clinical team will review admission paperwork, looking for any history of elopement or AWOL behavior. If identified, that will alert the team to add a goal to the client's PCP.</p> <p><b>Monitoring</b> The clinical team will conduct monthly audits to ensure PCP's address clients' individualized needs, including AWOL risks and aggressive behaviors. The Clinical Director will conduct monthly internal audits to ensure personalized goals are maintained for each client in the milieu.</p>	<p>10/3/25</p> <p>Ongoing</p> <p>Ongoing</p>

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Danielle Mitchell, Quality Improvement Specialist

10/7/25

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601519</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/24/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KENAN COTTAGE THOMPSON CHILD &amp; FAMIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6736 SAINT PETER'S LANE MATTHEWS, NC 28105</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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to develop and implement goals and strategies to meet the individual needs of 1 of 1 Former Client (FC #4) and 1 of 6 current clients (#5). The findings are:</p> <p>Review on 9/8/25 of FC #4's record revealed: -Admission date of 4/22/25. -Age 15. -Diagnoses of Attention Deficit Hyperactivity Disorder, Conduct Disorder, Intermittent Explosive Disorder and Reading Disorder. -Client has a history of eloping, threatening behavior, assaultive behavior and anger outburst according to his admission assessment. -Person Centered Plan (PCP) dated 4/22/25 did not have any goals and strategies for elopement. -Discharge date of 6/6/25.</p> <p>Review on 9/11/25 of Client #5's record revealed: -Admission date on 8/18/25. -Age 14. -Diagnoses of Generalized Anxiety, Adjustment Disorder and Major Depressive Disorder. -Client has a history of eloping, drug and alcohol abuse, anger, aggression, self-harm, suicidal ideation and property destruction according to his admission assessment. -PCP dated 8/18/25 did not have any goals and</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601519</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/24/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KENAN COTTAGE THOMPSON CHILD &amp; FAMIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6736 SAINT PETER'S LANE MATTHEWS, NC 28105</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 112	<p>Continued From page 2</p> <p>strategies for elopement.</p> <p>Review on 9/15/25 of the North Carolina Incident Response Improvement System revealed: -FC #4 eloped on 5/13/25, 5/16/25 and 6/3/25. -Client #5 eloped on 9/5/25 and 9/13/25.</p> <p>Attempted interviews on 9/2/25, 9/11/25, 9/15/25 and 9/19/25 with FC #4 but his Department of Social Service Legal Guardian did not return calls.</p> <p>Interview on 9/18/25 with Client #5 revealed: -He eloped on 5/5/25 with Client #1. -"We just ran off into the woods." -He slept outside and stole food. -He returned on 6/6/25. -Denied he was hurt or injured.</p> <p>Interview on 9/2/25 with the facility's Supervisor revealed: -FC #4 had a history of eloping. -"During one elopement, he and the other clients kicked the door open and ran, he (FC #4) would just run off if we were doing activities outside." -Would try to encourage clients not to elope. -Once clients are out of site the police has to be called. -"We talked about his (FC #4) elopements in our CFT (child and family team) meeting." -Client #5 just started eloping recently. -Did not know why there were no goals and strategies for elopement in FC #4's and Client #5's PCP.</p> <p>Interview on 9/2/25 with the Qualified Professional revealed: -Elopements were discussed during CFT meetings. -Would add goals and strategies for elopement to</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601519</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/24/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>KENAN COTTAGE THOMPSON CHILD &amp; FAMIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6736 SAINT PETER'S LANE MATTHEWS, NC 28105</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 112	Continued From page 3  Client #5's treatment plan. -Going forward goals and strategies for elopement will be added when clients elope.	V 112		