

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2025
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NAME OF PROVIDER OR SUPPLIER MS. DOROTHY'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1014 ATHENIAN DRIVE GASTONIA, NC 28052
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on September 10, 2025. The complaint was unsubstantiated (intake #NC00233006). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</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</p>	V 112	<p>RECEIVED OCT 16 2025 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 112	<p>Continued From page 1 obtained.</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 #3). The findings are:</p> <p>Review on of FS #3 record revealed -Admission date of 1/9/25. -Diagnoses of Oppositional Defiant Disorder, Conduct Disorder, Generalized Anxiety and Autism Spectrum Disorder. -History of sexual trauma, suicidal thoughts and attempts, homicidal ideation, aggression , self-harm, inappropriate sexual language and anger outbursts. -Discharge date of 7/30/25.</p> <p>Review on 9/8/25 of the facility's internal incident reports revealed: -On 1/20/25 FC #3 was caught on a pornography website and lost his tablet privileges. -On 2/23/25 FC#3 had his tablet privileges revoked for watching pornography on two separate days, and claimed he engaged in sexual acts with a discharged client, but then recanted his statement. -On 4/8/25 FC #3 made inappropriate comments to a female peer and made sexual comments to a male peer about sexual acts.</p>	V 112	<p>CORRECTION: Upon admission, goals, interventions and strategies will be established for each behavior identified in the PCP and the CCA Addendum</p> <p>PREVENTION: Review of goals with each client at admission</p> <p>MONITORING STAFF: QP</p> <p>HOW OFTEN: At admission; monthly thereafter</p> <p>CORRECTION: All tablet and computer use will be monitored by staff</p> <p>PREVENTION:</p> <p>1) Monitoring - for visible viewing by staff, each device is: 1) bluetooth connected and broadcast on the TV; 2) connected to an external monitor; or 3) staff sits with client during use 2) Review: staff will check device history to identify any access of inappropriate material. If found, client loses technology privileges.</p> <p>MONITORING STAFF: Staff on duty; ED</p> <p>HOW OFTEN: During & After each use</p>	

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V 112	<p>Continued From page 2</p> <p>-Attempted interview with FC #3 on 9/9/25 and 9/11/25 but his Legal Guardian/Grandmother did not return calls.</p> <p>Interview on 9/10/25 with Client #1 revealed: -Did not know FC #3. -Had not heard any other clients making sexual comments. -Denied making sexual comments.</p> <p>Interview on 9/10/25 with Client #2 revealed: -Admitted to hearing FC #3 make sexual comments. -Did not know if FC #3 engaged in sexual acts with other clients. -FC #3 would sneak and watch pornography on the facility's tablet. -Denied making sexual comments.</p> <p>Interview on 9/10/25 with the House Manager revealed: -FC #3 said he had sexual contact with another client but did not say who. -After FC #3 disclosed he had sexual contact with another client, he immediately said he was just playing. -Made an incident report regarding what FC #3 told her. -Never witnessed FC #3 make sexual comments to other clients. -No other clients complained to her that FC #3 was making sexual comments and making them uncomfortable.</p> <p>Interview on 9/9/25 with the Qualified Professional revealed: -FC #3's sexual behaviors were not disclosed to her during intake. -FC #3 was caught watching pornography on</p>	V 112	<p>CORRECTION: During weekly 1 on 1's clients are reminded and encouraged to confidentially share if/when they witness or experience something that makes this uncomfortable - by placing suggestion slip in the suggestion box</p> <p>PREVENTION: Location of suggestion box in the accessible location in the dining/game room</p> <p>MONITORING STAFF: AP, QP & ED</p> <p>HOW OFTEN: Weekly</p> <p>Verbal reports will be reported to QP/ED immediately. These will be addressed immediately.</p>	

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V 112	Continued From page 3 more than one occasion. -"He would brag to the other clients about receiving money for sexual favors." -No clients complained to her about FC #3's sexual comments making them uncomfortable. -Would be sure to get all sexual behavior information during intake going forward. -Would add goals, strategies and interventions about sexual behavior to the other clients' person centered plan.	V 112		