

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601627</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/19/2025</b>
--------------------------------------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>NURTURING NEST RESIDENTIAL HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3901 THOMPSON STREET CHARLOTTE, NC 28216</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>A complaint survey was completed on 9/19/25. The complaints were substantiated (Intake #NC00232845, #NC00232948). 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 or Adolescents.</p> <p>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 1 former client.</p>	V 000	<p style="text-align: center;"><b>RECEIVED</b> <b>SEP 03 2025</b> <b>DHSR-MH Licensure Sect</b></p> <p>Plan of Action addressing Rule 27G .1708</p>	
V 300	<p>27G .1708 Residential Tx. Child/Adol - Trans or dischg</p> <p>10A NCAC 27G .1708 TRANSFER OR DISCHARGE</p> <p>(a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility.</p> <p>(b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule.</p> <p>(c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the</p>	V 300	<p>The facility will revise its discharge and hospital transfer procedures to require that staff remain with the resident until either the guardian arrives or the hospital formally admits the resident. In cases where the guardian does not respond or refuses to assume custody, staff will initiate involuntary commitment (IVC) procedures to ensure the resident's safety. A requirement will also be added that staff escalate guardian noncompliance to facility leadership and, when necessary, to Child Protective Services or legal authorities.</p> <p>All staff will receive training on the updated procedures, including IVC protocols, guardian escalation, and documentation requirements. Training will occur immediately and continue on a quarterly basis to reinforce proper emergency discharge practices. A designated on-call supervisor will be available to guide decision-making in these situations and to authorize IVC's or further escalation.</p>	

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

*K. Lynn [Signature]*

TITLE

**OWNER**

DATE

**9/30/25**

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601627</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/19/2025</b>
--------------------------------------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>NURTURING NEST RESIDENTIAL HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3901 THOMPSON STREET CHARLOTTE, NC 28216</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 300	<p>Continued From page 1</p> <p>transfer or discharge of the child or adolescent from the facility.</p> <p>(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.</p> <p>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to coordinate service planning decisions prior to the transfer or discharge of the child or adolescent from the facility affecting 1 of 1 Former Client (FC #1). The findings are:</p> <p>Review on 9/15/25 of FC #1's record revealed</p> <ul style="list-style-type: none"> <li>- Admission date 7/28/25,</li> <li>- Age 13 years old,</li> <li>- Diagnoses: Disruptive Mood Dysregulation Disorder, Mild Intellectual Disability Disorder, Attention Deficit Hyperactivity Disorder,</li> <li>- No documentation of notification to the treatment team including the legally responsible person of the emergency transfer/discharge</li> </ul> <p>Review on 9/19/25 of the facility's Policy Outlining Immediate Discharge revealed</p> <ul style="list-style-type: none"> <li>- "[FC #1]/local Department of Social Services (DSS) understands that elopement/runaway, racial remarks, physical aggression, and/or property destruction will result in the [FC #1]</li> </ul>	V 300	<p>Plan of Action (Continued from page 1)</p> <p>To prevent recurrence, staff will use a discharge and transfer checklist confirming guardian notification, hospital admission or IVC, and supervisor sign-off before staff leave the hospital. Guardians will be notified in writing of their obligation to assume responsibility at discharge, and noncompliance will be documented and reported.</p> <p>The Program Director will monitor compliance. All discharge incidents will be reviewed within 24 hours. Monthly audits of discharge and transfer checklists will be conducted and reported to leadership. Corrective feedback will be provided immediately if deficiencies are found.</p>	
-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601627</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/19/2025</b>
--------------------------------------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>NURTURING NEST RESIDENTIAL HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3901 THOMPSON STREET CHARLOTTE, NC 28216</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 300	<p>Continued From page 2</p> <p>being discharged from the program immediately . This includes refusing to attend school and or being suspend from school for aggression and defiant behaviors toward authority figures and others;"</p> <ul style="list-style-type: none"> <li>- No date of the policy;</li> <li>- No signature from the legal guardian/DSS acknowledging the policy.</li> </ul> <p>Interview on 9/15/25 with the Care Coordinator revealed:</p> <ul style="list-style-type: none"> <li>- The Associate Professional (AP) promised services for FC #1;</li> <li>- The AP drove FC #1 to the local hospital on 7/28/25, instead of utilizing the resources (mobile crisis, CIT officer) that were put into place if FC #1 was in crisis;</li> <li>- FC #1 was left at the local hospital by the AP.</li> </ul> <p>Interview on 9/16/25 with the local DSS Permanency Planning Social Worker revealed:</p> <ul style="list-style-type: none"> <li>- FC #1 was in placement in South Carolina,</li> <li>- They just took her to the hospital and left her unattended without anybody to being there to be with her, they just left the hospital we were told they were going to stay there until somebody got there but they left her there</li> </ul> <p>Interview on 9/16/25 with the local DSS Permanency Planning Social Worker Supervisor revealed</p> <ul style="list-style-type: none"> <li>- Had weekly meetings with the hospital, care coordinator and provider to discuss FC #1's behaviors, triggers and previous placements prior to FC #1 being admitted to the facility</li> </ul> <p>Interview on 9/19/25 with the House Manager revealed</p> <ul style="list-style-type: none"> <li>- Was admitted to the facility on 7/28/25,</li> <li>- Received a telephone call that night on 7/28/25, stating there was an incident with FC #1, taking</li> </ul>	V 300		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601627</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/19/2025</b>
--------------------------------------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>NURTURING NEST RESIDENTIAL HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3901 THOMPSON STREET CHARLOTTE, NC 28216</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 300	<p>Continued From page 3</p> <p>off her clothes and hitting staff, yelling and screaming;</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- We waited until 8am the next morning in the waiting room with FC #1;</li> <li>- FC #1 took naps while in the waiting room but would awaken more agitated;</li> <li>- "She hit me and [AP];"</li> <li>- FC #1 spit on AP;</li> <li>- FC #1 refused to returned back to the facility;</li> <li>- Tried to contact the legal guardian/DSS;</li> <li>- The legal guardian/DSS did not contact the AP until the next morning 7/29/25.</li> </ul> <p>Interview on 9/19/25 with the AP revealed:</p> <ul style="list-style-type: none"> <li>- FC #1 was admitted on 7/28/25;</li> <li>- 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,</li> <li>- Informed FC #1 that a twin bed would be purchased the next day for her;</li> <li>- Agreed to come to the facility to be with FC #1 until she was able to go to sleep and calm down;</li> <li>- When arrived at the facility after 8pm, FC #1 was screaming she wanted to go to the hospital,</li> <li>- FC #1 started banging her head on the bed and throwing items in her room,</li> <li>- Used de-escalation methods from crisis plan to try and calm her down,</li> <li>- "She (FC #1) swung on me."</li> <li>- FC #1 then threatened to take off her clothes if she was not transported to the hospital,</li> <li>- FC #1 started taking off her clothes,</li> <li>- There was a wait for the local mobile crisis to come to the facility,</li> <li>- FC #1 did not want to wait for EMS (Emergency Medical Services) to come to the facility.</li> </ul>	V 300		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601627</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/19/2025</b>
--------------------------------------------------	-----------------------------------------------------------------------------	----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>NURTURING NEST RESIDENTIAL HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3901 THOMPSON STREET CHARLOTTE, NC 28216</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 300	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- FC #1 calmed down when told that the AP would transport her to the local hospital;</li> <li>- Transported FC #1 with the House Manager to the local hospital;</li> <li>- While waiting in the local hospital for 13 hours, FC #1 hit, spit and kicked the AP;</li> <li>- FC #1 banged head on the glass at the local hospital;</li> <li>- Attempted to contact the legal guardian/DSS;</li> <li>- "I asked the doctor what I was supposed to do with her (FC #1) because she could not return back to the group home (facility) attacking staff, there was a safety concern for staff and the other clients in the home;"</li> <li>- "The doctor stated that it was up to the legal guardian about the care and stay of the client;"</li> <li>- Attempted to get FC #1 to return back to the facility, but FC #1 refused;</li> <li>- Left FC #1 at the local hospital;</li> <li>- "I then wrote up the letter and sent to everyone (DSS);"</li> <li>- FC #1 "was only at the facility for 7 hours" on 7/28/25;</li> <li>- FC #1 was discharged on 7/29/25.</li> </ul>	V 300		