

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601519	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/30/2026
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NAME OF PROVIDER OR SUPPLIER KENAN COTTAGE THOMPSON CHILD & FAMIL	STREET ADDRESS, CITY, STATE, ZIP CODE 6736 SAINT PETER'S LANE MATTHEWS, NC 28105
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow-up survey was completed on 01/30/2026. The complaints were unsubstantiated (#NC00234421, #NC00234422, #NC00234985 and #NC00235519). No deficiencies were 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 3 current clients and 1 former client.</p>	V 000		
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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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