

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601482	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2026
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NAME OF PROVIDER OR SUPPLIER CHRIST CHURCH COTTAGE THOMPSON CHIL	STREET ADDRESS, CITY, STATE, ZIP CODE 6722 ST PETERS LANE MATTHEWS, NC 28105
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on March 10, 2026. The complaints were unsubstantiated (Intakes #NC00236017, #NC00236067, and #NC00236242). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1800 Intensive Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 9 and has a current census of 5. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000	<p>RECEIVED MAR 26 2026 DHSR-MH Licensure Sect</p>	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by:</p>	V 114	<p>Correction: The next drill will take place at the end of the month.. Fire and disaster drills are conducted monthly, rotating between first and second shift.</p> <p>Prevention: Fire drills are completed first and disaster drills follow as soon as fire drills are completed. Maintance follows the drill schedule in accordance with the licensing rules (some months they are altered on time depending on the weather, client needs, milieu, etc. to ensure the safety of clients in our care.</p> <p>Monitoring: Chief Facilities Director will ensure team follows the drill schedule as intended and will note if there are any deviations due to unforeseen reasons. Director will review drill notebook to ensure shifts/times are being recorded accurately.</p>	<p>3/30/26- second shift</p> <p>Ongoing</p> <p>Ongoing</p>

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

Danielle Mitchell

TITLE

Quality Improvement Specialist

(X6) DATE

3/24/26

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V 114	<p>Continued From page 1</p> <p>Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift. The findings are:</p> <p>Review on 02/19/2026 of the facility's fire and disaster drills log from 01/01/2025 - 12/31/2025 revealed:</p> <ul style="list-style-type: none"> -There were no second shift (7 pm-7 am) fire or disaster drills for the second quarter from 04/01/2025-06/30/2025. -The second shift (7 pm-7 am) fire and disaster drills for the fourth quarter from 10/01/2025-12/31/2025 was conducted at the exact time and date; 11/26/2026 at 6:38 am. <p>Interview on 02/25/2026 with Client #2 revealed:</p> <ul style="list-style-type: none"> -He participated in fire and disaster drills at the facility. <p>Interview on 02/26/2026 with Client #3 revealed:</p> <ul style="list-style-type: none"> -He participated in fire and disaster drills at the facility. -He did not know how often fire and disaster drills were conducted. <p>Interview on 02/25/2026 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -The facility completes fire and disaster drills monthly. <p>Interview on 02/25/2026 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -The facility completed fire and disaster drills on first shift. -He did not know how often fire and disaster drills were conducted. <p>Interview on 02/26/2026 with the Program Supervisor/Qualified Professional revealed:</p> <ul style="list-style-type: none"> -"Maintenance is responsible for ensuring (fire and disaster) drills are run." 	V 114		

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V 114	Continued From page 2 -"I don't know exactly how often (fire or disaster drills are conducted) but I know they are pretty frequent." Interviews on 02/19/2026 and 03/10/2026 with the Quality Improvement Specialist revealed: -First shift was 7 am-7 pm and second shift was 7 pm -7 am. -The Chief Facilities Director was responsible for the fire and disaster drill schedule. Interview on 03/10/2026 with the Chief Facilities Director revealed: -"We fully understand the rule, but due to unusual circumstances we had to alter the schedule (and not run fire and disaster drills for the second quarter)." -"We usually do them (fire and disaster drills) back-to-back." -The fire and disaster drill conducted at the exact time and date was an error.	V 114		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail,	V 367	Correction Program Supervisor ensured all IRIS reports listed in this POC were updated accordingly. Prevention 1. Program Supervisor will go back into IRIS system to review for any follow-up communication left by MCO. This will happen two days after initial submission and before five days of the initial submission. 2. Program Supervisor will provide requested clarification/updates and resubmit the IRIS appropriately. 3. Program Supervisor will create and maintain an IRIS tracking log that includes: date of IRIS submission, date of follow-up review and any additional updates/revisions that were made to the report	3/23/26 Ongoing

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V 367	<p>Continued From page 3</p> <p>in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of</p>	V 367	<p>Monitoring Program Supervisor will submit IRIS tracking log to QIS on a weekly basis to verify adherence to the established protocol and ensure ongoing compliance.</p>	Ongoing

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V 367	<p>Continued From page 5</p> <p>are:</p> <p>Review on 02/20/2026 of the facility's incident reports from 11/01/2025 - 02/10/2026 revealed: -01/12/26; FC #4's concussion incident. -01/27/26; Client #2's allegation of abuse incident. -02/10/26; FC #6's aggressive and destructive behavior incident. -02/10/26; Client #2's behavior outburst and Urgent Care visit incident.</p> <p>Review on 02/20/2026 of the Incident Response Improvement System (IRIS) from 11/01/2025 - 02/10/2026 revealed: -01/12/26; FC #4's concussion incident. -01/27/26; Client #2's allegation of abuse incident. -02/10/26; FC #6's aggressive and destructive behavior incident. -02/10/26; Client #2's behavior outburst and Urgent Care visit incident.</p> <p>Review on 02/20/2026 an IRIS Report dated 01/12/2026 for FC #4 revealed: -The incident occurred on 01/12/2026. -The provider learned of the incident on 01/12/2026. -The report was submitted 01/13/2026. -LME/MCO Comments dated 01/13/2026: " Incident reviewed. Please add Medicaid ID number." -There was no response to the LME/MCO request.</p> <p>Review on 02/20/2026 an IRIS Report dated 01/27/2026 for Client #2 revealed: -The incident occurred on 01/27/2026. -The provider learned of the incident on 01/28/2026. -The report was submitted 01/28/2026. -LME/MCO Comments dated 02/10/2026: "This is</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>an allegation of abuse and needs to be escalated to a level 3. Consumer Treatment, Consumer Services, and Abuse tabs must be completed. HCPR (Health Care Personnel Registry) tab has checked CPS (Child and Protective Services) contacted. Please update Authorities Contacted to reflect that."</p> <p>-There was no response to the LME/MCO request.</p> <p>Review on 02/20/2026 an IRIS Report dated 02/07/2026 for Client #2 revealed: -The incident occurred on 02/07/2026. -The provider learned of the incident on 02/07/2026. -The report was submitted 02/10/2026. -LME/MCO Comments dated 02/11/2026: " Incident reviewed. What was the diagnosis from UC?." -There was no response to the LME/MCO request.</p> <p>Review on 02/20/2026 an IRIS Report dated 02/10/2026 for FC #6 revealed: -The incident occurred on 02/10/2026. -The provider learned of the incident on 02/10/2026. -The report was submitted on 02/16/2026; three days after the required time frame.</p> <p>Interview on 03/10/2026 with the Nurse Supervisor revealed: -The facility is not always notified via email when an updated to the IRIS report is required.</p> <p>Interview on 03/10/2026 with the Quality Improvement Specialist revealed: -"Whoever submitted the IRIS (was responsible for completing the updates at the request of LME/MCO)."</p>	V 367		

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V 367	Continued From page 7 -Would ensure that facility staff check IRIS to see if updates are required within two days after inital submission.	V 367		