

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601404	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2026
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NAME OF PROVIDER OR SUPPLIER SPRUCE COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6200-E THERMAL ROAD CHARLOTTE, NC 28211
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 3/30/26. Two complaints were unsubstantiated (Intake #NC00235416, #NC00235683). One complaint was substantiated (Intake #NC00235415) . Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 2 current clients, 1 former client.</p>	V 000		
V 318	<p>130 .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the</p>	V 318	<p>V318 Correction: The identified incident was not reported within the required time-frame. While the timeliness of the original report cannot be retroactively corrected, the organization has taken steps to ensure future compliance with reporting requirements.</p> <p>Prevention: All supervisory and leadership staff repsonible for incident reporting and review will be re-educated on incident reporting time-lines, with specific emphasis on the 24-hour reporting requirements.</p> <p>Standard reporting protocol has been reinforced, requiring incidents to be reported and reviewd prior to the end of each shift or prior to the mandated timeframes for reporting.</p> <p>Monitoring: To ensure ongoing compliance, the Program Managerwill conduct weekly audits of incidents to verify timelines and accuracy.</p> <p style="text-align: right;">RECEIVED APR 24 2026 DHSR-MH Licensure Sect</p>	<p>4/30/2026</p> <p>4/30/2026</p> <p>4/30/2026</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Dr. Melissa Page* TITLE *Executive Director* (X6) DATE *4/22/26*

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V 318	<p>Continued From page 1</p> <p>facility failed to report an allegation of neglect to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of the allegations. The findings are:</p> <p>Review on 3/26/26 of Former Client (FC) #7's record revealed:</p> <ul style="list-style-type: none"> - Admission date 7/10/25; - Age 8 years old; - Discharge date 3/13/26; - Diagnoses: Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Autistic Disorder, Separation Anxiety Disorder of Childhood. <p>Review on 3/30/26 of Staff #1's personnel file revealed:</p> <ul style="list-style-type: none"> - Hire date 8/23/10; - Job Title Behavioral Health Counselor. <p>Review on 3/26/26 of the North Carolina Incident Response Improvement System (IRIS) from 12/1/25-3/25/26 revealed:</p> <ul style="list-style-type: none"> - Date of incident: 12/29/25; - Date Provider Learned of Incident: 12/30/26; - Allegations: "On 12/30/25, it was reported that staff member [Staff #1] dragged the client (FC #7) while working in Spruce cottage between the hours of 5pm-8pm. An internal investigation is being conducted;" - Notification to HCPR: 1/6/26. <p>Interview on 3/26/26 with the Program Manager revealed:</p> <ul style="list-style-type: none"> - Learned of the incident on 12/31/25 through an email that was sent on 12/30/25; - Completed the HCPR reporting through the Incident Response Improvement System (IRIS); - Acknowledged the HCPR was reported late. 	V 318		

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V 318	Continued From page 2 Interview on 3/26/26 and 3/30/26 with the Executive Director revealed: - The Program Manager was responsible for completing the IRIS report and HCPR for the incident on 12/29/25; - Was aware the reporting to HCPR was late; - Would submit all future HCPR reports within 24 hours of becoming aware of an allegation involving staff.	V 318		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives,	V 537	V537 Correction: On 01/13/2026, the staff received coaching and re-training on approved crisis intervention techniques, with emphasis on the proper use of escorts and holds in alignment agency policy and approved models. Expectations regarding the use of least restrictive interventions were reinforced. Prevention: Staff will receive ongoing refresher trainings to ensure adherence and competence on approved physical intervention techniques. Supervisory staff will provide ongoing observation and real time coaching to ensure proper implementation. Monitoring: Ongoing compliance will be monitored through monthly quality checks with the Learning and Development Department and the Executive Director	01/13/2026 Effective: Immediately and then Ongoing Effective: Immediately and then Ongoing

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V 537	<p>Continued From page 3</p> <p>measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (A) who participated in the training and the 	V 537		

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V 537	<p>Continued From page 4</p> <p>outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation</p>	V 537		

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V 537	<p>Continued From page 6</p> <p>Based on interviews and record reviews, the facility staff failed to display competency while implementing physical restraint affecting 1 of 3 audited staff members (Staff #1). The findings are:</p> <p>Review on 3/26/26 of Former Client (FC) #7's record revealed:</p> <ul style="list-style-type: none"> - Admission date 7/10/25; - Age 8 years old; - Discharge date 3/13/26; - Diagnoses: Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Autistic Disorder, Separation Anxiety Disorder of Childhood. <p>Review on 3/30/26 of Staff #1's personnel file revealed:</p> <ul style="list-style-type: none"> - Hire date 8/23/10; - Job Title Behavioral Health Counselor; - Handle With Care with Restrictive Interventions Refresher on 1/13/26. <p>Interview on 3/30/26 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - FC #7 was arguing back and forth with Client #2; - Attempted to redirect FC #7 and Client #2; - Asked Former Staff (FS) #3 for assistance to help de-escalate situation with the clients; - "He (FS #3) stated he didn't feel comfortable touching the clients;" - Called other cottages to get assistance with FC #7 and Client #2; - "I lifted him (FC #7). I did not drag him;" - "It was an improper walk/handle by me lifting him;" - Lifted FC #7 up from behind with his arms under FC #7's arms; - Received Handle With Care refresher on 1/13/26. 	V 537		

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V 537	<p>Continued From page 7</p> <p>Interview on 3/26/26 with the Program Manager revealed:</p> <ul style="list-style-type: none"> - FS #3 reported Staff #1 dragged FC #7; - Staff #1 did not drag FC #7; - Staff #1 picked up FC #7 and walked him outside; - Staff #1 received coaching on not forcing a client to get up; - Staff #1 received Handle With Care refresher before he was able to return to work with the clients. <p>Interview on 3/26/26 with the Executive Director revealed:</p> <ul style="list-style-type: none"> - Staff #1 picked up FC #7 from behind and walked him out of the cottage; - "He (Staff #1) knows it was an improper move;" - "He (Staff #1) received coaching and had to complete Handle With Care refresher training before he was able to return back to work." 	V 537		