

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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>INITIAL COMMENTS</p> <p>A complaint survey was completed on May 17, 2023. The complaints were substantiated (intakes #NC00201877, #NC00201908, #NC00202104). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disabilities.</p> <p>This facility has a current census of 41. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ol style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. 	V 132		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 132	<p>Continued From page 1</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all allegations of abuse to the Health Care Personnel Registry (HCPR) affecting 1 of 2 audited staff (Staff #1). The findings are:</p> <p>Review on 5/11/23 of Staff #1's personnel file revealed: -Hire date: 10/3/22. -Termination date: 5/11/23. -Position: Direct Support Staff.</p> <p>Review on 5/11/23 of the North Carolina Incident Response Improvement System for facility reports between 3/1/23 - 5/2/23 revealed there were no Level III incident reports for allegations</p>	V 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 132	<p>Continued From page 2</p> <p>against Staff #1 for abuse of client #2 or client #3.</p> <p>Interview on 5/11/23 Staff #2 stated: -About "4-5 weeks ago" (approximately 4/6/23 - 4/13/23) he reported to the Director that he saw Staff #1 kiss 2 clients on the head and tickle another client in his side while they were in the facility "production room." -He reported this to the Director within the hour that it occurred. -Staff #3 also witnessed this incident.</p> <p>Interview on 5/12/23 Staff #3 stated: -"About a month ago" (approximately 4/14/23) she and Staff #2 reported 3 incidents to the Director that occurred in facility "production" room as follows: -The incidents occurred within a "5-10 minute time frame" as follows: 1. Staff #1 kissed client #3 on the forehead and rubbed her back for "close to a minute." 2. Staff #1 then kissed client #2 on her cheek. 3. Staff #1 went to client #10 and was tickling him on his side. Client #10 said, "No [Staff #1]." Staff #1 stopped, laughed, but did not apologize.</p> <p>Interview on 5/11/23 and 5/17/23 the Vice President (VP) stated: -The Director did not conduct an internal investigation or complete any required reporting procedures, to include reporting Staff #1 to the HCPR, for the allegations made by his peers in April 2023. -She learned of these allegations when investigating another allegation against Staff #1, made by client #1 on 5/4/23, for unwanted kissing and touching. -The Director had reported the allegation received on 5/4/23 to the HCPR.</p>	V 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 132	<p>Continued From page 3</p> <p>Interview on 5/15/23 the Director stated: -He was the Director of IDD Services. -He was "overall responsible" for the IDD programs. -Staff #2 and #3 reported Staff #1, "3-4 weeks ago," for kissing client #2 and client #3. -After receiving the allegations from Staff #2 and #3, he met with Staff #1 and "counseled" Staff #1 about "boundaries" with the clients. -Staff #1 never acknowledged he kissed the 2 clients, but said it would not happen again. -He did not complete an internal investigation or complete any reporting of the staffs' allegations against Staff #1. -He thought he could deal with the issue by counseling Staff #1 and "tell him, you are out of line, crossing boundaries." -He had not documented these allegations or the counseling of Staff #1.</p> <p>This deficiency is crossed referenced into 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 132		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 133	<p>Continued From page 4</p> <p>provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 133	<p>Continued From page 5</p> <p>with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. 	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 133	<p>Continued From page 6</p> <p>(7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 133	<p>Continued From page 7</p> <p>Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 133	<p>Continued From page 8</p> <p>prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to make an offer of employment conditioned on consent to a national criminal history record check to include a check of the applicant's fingerprints affecting 1 of 2 audited staff (Staff #1). The findings are:</p> <p>Review on 5/11/23 of Staff #1's personnel file revealed: -Hire date: 10/3/22. -Termination date: 5/11/23. -Prior dates of employment were 9/27/21 - 11/20/21. -Position: Direct Support Staff. -National criminal background report dated 9/17/21. -No documentation of a current occupational license.</p> <p>Interview on 5/11/23 the Vice President stated: -Staff #1 was a rehire in October 2022. -He voluntarily resigned from his prior employment in 2021.</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 133	<p>Continued From page 9</p> <ul style="list-style-type: none"> -A national criminal background check had been done prior to his first hire in 2021. It did not include fingerprints. -The criminal background check was not repeated when Staff #1 was rehired because it was very "costly." -The facility had never included fingerprints as part of national criminal background checks. -She was unaware this was required when hiring staff who had lived out of state within 5 years of hire. -Staff #1 accompanied client #1 to his job at a military base in an adjacent county. -The military base also conducted criminal background checks of clients and employees before they were allowed on base. -She did not get copies of the criminal background checks done by the military base, and did not know if fingerprints were a part of their background checks. <p>Interview on 5/16/23 Staff #1 stated:</p> <ul style="list-style-type: none"> -He moved to North Carolina in 2019. -The military base where he accompanied client #1 did a criminal background check before he was allowed on base. -The military criminal background did not include fingerprints. -In the past he held a teaching license in another state that had been suspended. 	V 133		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 366	<p>Continued From page 10</p> <p>shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 366	<p>Continued From page 11</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 366	<p>Continued From page 12</p> <p>different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement written policies governing their response to level I, II or III incidents and meet all elements of response as required. The findings are:</p> <p>Review on 5/11/23 and 5/15/23 of facility incident reports between 3/1/23 and 5/2/23 revealed: -No documentation of incident reports or an internal investigation of allegations of abuse against Staff #1.</p> <p>Review on 5/12/23 and 5/15/23 of client #2's record revealed: -29 year old female admitted 5/18/15. -Diagnoses included pervasive developmental disorder, not otherwise specified; moderate IDD; and seizure disorder.</p> <p>Review on 5/12/23 of client #3's record revealed: -51 year old female admitted 11/17/10. -Diagnoses included mild IDD; visual loss, not otherwise specified; and a heart problem.</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 366	<p>Continued From page 13</p> <p>Interview on 5/11/23 Staff #2 stated: -About "4-5 weeks ago" (approximately 4/6/23 - 4/13/23) he reported to the Director that he saw Staff #1 kiss 2 clients on their head and tickle another client in his side while they were in the facility "production room." -He reported this to the Director within the hour that it occurred. -Staff #3 also witnessed this incident.</p> <p>Interview on 5/12/23 Staff #3 stated: -"About a month ago" (approximately 4/14/23) she and Staff #2 reported 3 incidents to the Director that occurred in the facility "production" room. -The incidents occurred within a "5-10 minute time frame" as follows: 1. Staff #1 kissed client #3 on the forehead and rubbed her back for "close to a minute." 2. Staff #1 then kissed client #2 on her cheek. 3. Staff #1 went to client #10 and was tickling him on his side. Client #10 said, "No [Staff #1]." Staff #1 stopped, laughed, but did not apologize.</p> <p>Interview on 5/15/23 the Director stated: -Staff #2 and Staff #3 reported "3-4 weeks ago" (approximately 4/17/23 - 4/24/23) they had seen Staff #1 kiss client #2 and client #3 at the facility. -Following the staffs' allegations, the Director met with Staff #1 and "counseled" him about maintaining appropriate "boundaries" with clients. -Neither of these allegations or the counseling session with Staff #1 were documented. -He did not complete an internal investigation or complete any incident reporting of the allegations made by Staff #2 and #3 against Staff #1.</p> <p>Interview on 5/11/23, 5/15/23, and 5/17/23 the</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 366	<p>Continued From page 14</p> <p>Vice President (VP) stated: -She was completing an internal investigation of allegations made on 5/4/23 by client #1 against Staff #1. -Staff #1 worked 1:1 with client #1. -The Director would typically do the internal investigations, but he was on a leave of absence. -The Director had not informed the VP of prior allegations against Staff #1 by his peers. -She learned of these prior allegations when investigating another allegation against Staff #1, made by client #1 on 5/4/23, for unwanted kissing and touching. -The Director had not done an incident report or conducted an internal investigation of the earlier allegations against Staff #1 by his peers.</p> <p>This deficiency is crossed referenced into 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 367	<p>Continued From page 15</p> <p>Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <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> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <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</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 367	<p>Continued From page 16</p> <p>becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure all level III incidents were reported to the Local Management Entity/Managed Care Organization (LME/MCO) as required within 72 hours of becoming aware of</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 367	<p>Continued From page 17</p> <p>the incident. The findings are:</p> <p>Review on 5/11/23 of the North Carolina Incident Response Improvement System (IRIS) for facility reports between 3/1/23 - 5/2/23 revealed there was no Level III incident reports of allegations of abuse against Staff #1.</p> <p>Interview on 5/15/23 the Director stated: -He was "overall responsible" for the IDD (Intellectual/Developmental Disabilities) services to include day to day operations, supervision of the staff, and some days he would supervise the clients. -Staff #2 and Staff #3 reported 3-4 weeks prior (approximately 4/13/23 - 4/20/23) that Staff #1 was seen kissing client #2 and client #3 at the facility. -He did not complete an IRIS report for these allegations because he thought he could deal with the issue by counseling Staff #1 and "tell him, you are out of line, crossing boundaries."</p> <p>This deficiency is crossed referenced into 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 367		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 500	<p>Continued From page 18</p> <p>abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 500	<p>Continued From page 19</p> <p>provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to report to the Department of Social Services (DSS) in the county where services are provided all allegations of resident abuse by health care personnel. The findings are:</p> <p>Review on 5/11/23 of Staff #1's personnel file revealed: -Hire date: 10/3/22. -Terminated: 5/11/23. -Position: Direct Support Staff.</p> <p>Review on 5/12/23 and 5/15/23 of client #2's record revealed: -29 year old female admitted 5/18/15. -Diagnoses included pervasive developmental disorder, not otherwise specified; moderate intellectual developmental disabilities (IDD); and seizure disorder.</p> <p>Review on 5/12/23 of client #3's record revealed: -51 year old female admitted 11/17/10. -Diagnoses included mild IDD; visual loss, not otherwise specified; and a heart problem.</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 500	<p>Continued From page 20</p> <p>Review on 5/11/23 of the North Carolina Incident Response Improvement System for reports between 3/1/23 - 5/2/23 revealed there was no Level III incident reports, to include notification of DSS in the county where services were provided, of allegations against Staff #1.</p> <p>Interview on 5/11/23 Staff #2 stated: -About "4-5 weeks ago" (approximately 4/6/23 - 4/13/23) he reported to the Director that he saw Staff #1 kiss 2 clients on the head and tickle another client in his side while they were in the "production room." -He reported this to the Director within the hour that it occurred. -Staff #3 also witnessed this incident.</p> <p>Interview on 5/12/23 Staff #3 stated: -"About a month ago" (approximately 4/14/23) she and Staff #2 reported 3 incidents to the Director that occurred in the facility "production" room. -The incidents occurred within a "5-10 minute time frame" as follows: 1. Staff #1 kissed client #3 on the forehead and rubbed her back for "close to a minute." 2. Staff #1 then kissed client #2 on her cheek. 3. Staff #1 went to client #10 and was tickling him on his side. Client #10 said, "No [Staff #1]." Staff #1 stopped, laughed, but did not apologize.</p> <p>Interview on 5/11/23 and 5/17/23 the Vice President (VP) stated: -The Director did not conduct an internal investigation or complete any required reporting procedures, to include reporting to DSS, the allegations against Staff #1 made by his peers prior to 5/3/23.</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 500	<p>Continued From page 21</p> <p>-She learned of these prior complaints and allegations when investigating another allegation against Staff #1, made by client #1 on 5/4/23, for unwanted kissing and touching.</p> <p>-The Director had reported the allegation received on 5/4/23 to DSS.</p> <p>Interview on 5/15/23 the Director stated: -He was the Director of IDD Services. -He was "overall responsible" for the IDD programs to include day to day operations, supervision of the staff, and some days he would supervise the clients.</p> <p>-Staff #2 and #3 reported Staff #1, "3-4 weeks ago" (approximately 4/17/23 - 4/24/23).</p> <p>-He did not complete an internal investigation or complete any reporting of the staff's allegations against Staff #1.</p> <p>-He thought he could deal with the issue by counseling Staff #1 and "tell" him, "you are out of line, crossing boundaries."</p> <p>-Staff #1 never acknowledged he kissed the 2 clients, but said it would not happen again.</p> <p>-He had not documented these allegations or the counseling session with Staff #1.</p> <p>This deficiency is crossed referenced into 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 500		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 512	<p>Continued From page 22</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 1 of 2 staff audited (Director) neglected 2 of 4 clients audited (#2, #3) and 1 of 2 staff audited (Staff #1) abused 2 of 4 clients audited (#2, #3). The findings are:</p> <p>Cross Reference: G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (Tag V132). Based on record review and interview, the facility failed to report all allegations of abuse to the Health Care Personnel Registry (HCPR) affecting 1 of 2 audited staff (Staff #1).</p> <p>Cross Reference: 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (Tag V366). Based on record review and interview the facility</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 512	<p>Continued From page 23</p> <p>failed to implement written policies governing their response to level I, II or III incidents and meet all elements of response as required.</p> <p>Cross Reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (Tag V367). Based on record review and interview the facility failed to ensure all level III incidents were reported to the Local Management Entity/Managed Care Organization (LME/MCO) as required within 72 hours of becoming aware of the incident.</p> <p>Cross Reference: 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (Tag V500). Based on record review and interview the facility failed to report to the Department of Social Services (DSS) in the county where services are provided all allegations of resident abuse by health care personnel.</p> <p>Review on 5/12/23 of the Director's personnel file revealed: -Hire date: 3/21/09. -Position: Director of the IDD (Intellectual/Developmental Disabilities) Services.</p> <p>Review on 5/11/23 of Staff #1's personnel file revealed: -Hire date: 10/3/22. -Terminated: 5/11/23. -Position: Direct Support Staff.</p> <p>Review on 5/12/23 and 5/15/23 of client #2's record revealed: -29 year old female admitted 5/18/15. -Diagnoses included pervasive developmental disorder, not otherwise specified; moderate IDD; and seizure disorder.</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 512	<p>Continued From page 24</p> <p>-Treatment plan dated 8/1/22 documented client #2 was "at risk for exploitation and is very trusting."</p> <p>Review on 5/12/23 of client #3's record revealed: -51 year old female admitted 11/17/10. -Diagnoses included mild IDD; visual loss, not otherwise specified; and a heart problem.</p> <p>Review on 5/11/23 and 5/15/23 of client #1's record revealed: -55 year old male admitted on 4/24/14. -Diagnoses included mild IDD and schizophrenia, paranoid type.</p> <p>Review on 5/11/23 of the facility internal investigation dated 5/10/23 revealed: -The investigation was in response to allegations on 5/4/23 by client #1 against Staff #1. -Statement dated 5/4/23 by client #1 read, "... I want to tell you about my buddy [Staff #1] ... Not too long after I started going into the community with him he started doing and saying things that were not appropriate and I did not like it. It started soon after he became my buddy. It happened many, many times as recent as last Tuesday. I decided it was time to tell my mother. I am scared of [Staff #1]. That's why I didn't tell her sooner. He kisses me on my forehead, my neck and cheek and pats my head and shoulder and says 'I love you, I love you [client #1]. I told him to stop it and he should be doing that to his wife and not me. The last time he did it he asked me what was wrong and that if I didn't act right he would take me home and tell my mother. I was scared and told my mother a few days later. He would do this on the fishing pier, in his dirty, filthy car, at [fast food restaurant], [breakfast restaurant], and many other places. Also, we went to [a public park] and saw three young girls walking. He said,</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 512	<p>Continued From page 25</p> <p>'how about the two of us have sex with those girls?' I said no as I did not want to get arrested and go to jail. He said okay.... I waited a long time to get a buddy and I am so disappointed that this happened..."</p> <p>Interview on 5/12/23 client #2 stated: -She knew Staff #1, but he did not work with her. -She denied being kissed by staff or any staff making her feel uncomfortable.</p> <p>Interview on 5/12/23 client #3 stated: -She attended the program 5 days a week and found it to be "fun." -A week prior the facility held a class about people "getting too close" and she was "uncomfortable" with that topic. -She denied being kissed or having a staff get too close or say things that made her uncomfortable</p> <p>Interview on 5/11/23 client #1 stated: -Staff #1 was no longer his "buddy." -Staff #1 "changed" and would try to "bear hug" and kiss him on his forehead. -"I said stop, you should do this with your wife." -At the park, "4-5 weeks ago," client #1 and Staff #1 saw some "young teenagers or young ladies" and Staff #1 said, "How about me and you have sex with them." He (client #1) responded, "No way [Staff #1]. I will get in trouble, get arrested." -He was embarrassed by some of Staff #1's behaviors in the community to include approaching strangers and lying on the ground at a fast food restaurant. -"After 6 months I got tired of all that kissing on my head, cheek, neck." -He was "afraid" of Staff #1. "That is why I did not tell anyone." -The day after he told his mother about Staff #1, Staff #1 followed him around at his job and said,</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 512	<p>Continued From page 26</p> <p>"Am I in trouble? Am I in trouble? And I said, no, you're not. Are you sure? Are you sure? And I said, no."</p> <p>Interview on 5/11/23 client #1's mother/guardian stated: -On 5/3/23 client #1 told her for the first time about Staff #1's kissing him, and the other inappropriate behaviors that had been ongoing for several months. -She questioned client #1 several times over that day (5/3/23) and "his story did not change." -She called the Director on 5/3/23 and made him aware of client #1's allegations. -She and the Director agreed to meet the following day with client #1 after he finished his work day to discuss his allegations.</p> <p>Interview on 5/11/23 Staff #2 stated: -Had worked at the facility almost 2 years as a Direct Care Staff. -About "4-5 weeks ago" (approximately 4/6/23 - 4/13/23) he reported to the Director that he saw Staff #1 kiss 2 clients on the head and tickle another client in his side while they were in the facility "production room." -He reported this to the Director within the hour that it occurred. -Staff #3 also witnessed this incident. -In orientation they were taught about boundaries; not to hug clients; if a client tries to hug the staff, redirect the hug to be from the side, never "frontal; ...Basically, do not touch a client. Keep conversations work related and do not share personal information with clients."</p> <p>Interview on 5/12/23 Staff #3 stated: -She had been working as direct care staff for the facility almost a year. -"About a month ago" (approximately 4/14/23)</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 512	<p>Continued From page 27</p> <p>she and Staff #2 reported 3 incidents to the Director that occurred at the facility in the facility "production" room.</p> <p>-The 3 incidents occurred within a "5-10 minute time frame" as follows:</p> <ol style="list-style-type: none"> 1. Staff #1 came into the "production" room and went "straight to" client #3 who was sitting at the table closest to the entry. He kissed her on the forehead and rubbed her back for "close to a minute." He continued "joking" with her and they were both giggling. She could not hear his exact words. 2. Staff #1 then went to client #2 who was seated a few chairs down from client #3 at the same table. Staff #1 kissed client #2 on her cheek. Client #2 "just giggled"... "she giggles at everything." 3. Staff #1 went to client #10 and was tickling him on his side. Client #10 said, "No [Staff #1]." Staff #1 stopped, laughed, but did not apologize. <p>-She would see Staff #1 "wander away" from his 1:1 client, client #4, and she had heard Staff #7, "many times," tell Staff #1 he needed to go back to client #4.</p> <p>-She had also heard Staff #2 and Staff #5, on a "peer level," redirect Staff #1 back to client #4.</p> <p>-Staff were trained about appropriate "boundaries" with clients. "It is really common sense."</p> <p>Interview on 5/12/23 Staff #7 stated:</p> <ul style="list-style-type: none"> -She was the NCI (Non-Violent Crisis Interventions) instructor. -NCI training included training about maintaining boundaries. -She functioned as an assistant to the Director and was the lead/supervisory direct care staff on site. -There were several occasions when she had to tell Staff #1 to put more space between himself 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 512	<p>Continued From page 28</p> <p>and a client.</p> <p>-This occurred "probably here and there," and seemed to be "little things" and he would be "joking around," but, within the last few weeks this has become "more of an issue."</p> <p>-She and the Director had discussed Staff #1's behaviors and the Director had "counseled" him about being "too close to the clients" and that his (Staff #1) behavior needed to be more "professional."</p> <p>-There were several occasions she had to coach Staff #1 to remain with his assigned 1:1 client, client #4, and not walk around and get "involved with other clients."</p> <p>-She saw Staff #1 lean over client #4 once with his head just above the client's shoulder. She coached him to back off and allow more personal space.</p> <p>-Within the last 2 months she saw Staff #1 in a client's personal space "maybe 3-4 times."</p> <p>-He would get too physically close with both male and female clients, but he "seemed to gravitate to clients who were verbal but did not advocate for themselves."</p> <p>Interview on 5/12/23 Staff #4 stated:</p> <p>-She had worked for the facility 9 months.</p> <p>-Last week Staff #1 asked for a ride home because he locked his keys in his car.</p> <p>-"He looked like he was aggravated ... he was sweating."</p> <p>-Staff #1 said he thought he was in "trouble with [Director] because I did something I was not supposed to do."</p> <p>-She responded back and said that the Director was a "good person" and "will work it out."</p> <p>-Staff #1 then said, "No, I really did something I was not supposed to do."</p> <p>-"He said people around here blow things out of proportion," as if people did not understand "the</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 512	<p>Continued From page 29</p> <p>way he (Staff #1) was." -She and Staff #1 had become friends at work. None of the other staff liked him. -Staff #1 was too "touchy feely." He would grab and pinch some of the "high functioning" female clients at their waist, "putting his hands on them." -Staff #1 was too "jokey jokey" and on 1 occasion rubbed her (Staff #4's) client on his head using his knuckles and tickled him under his arm. -She told Staff #1 not to do this. -As far as she knew no supervisors saw this behavior. -She would have reported if she thought it made her client "uncomfortable," but the client "felt it was funny, and it only happened that one time." -She understood the clients he touched at the waist were independent and needed to speak for themselves, so she did not report for them. -She never reported Staff #1 because she thought it was his "personality." -She had heard other staff talking about him being "overly friendly since day 1." -He never told her what he did to get in trouble with the Director.</p> <p>Interview on 5/15/23 Staff #5 stated: -In August 2023 she would have worked for the facility as a direct care staff for 5 years. -She worked with client groups, not as a 1:1 staff. -A couple of months back, she could not recall the specific time, she observed client #2 and client #3 appear to be uncomfortable from their "body language." -She heard Staff #1 say to client #3, "You are my sweet heart." At the same time he would rub her shoulder. -She saw this twice; it would have been on a Wednesday within the April to May 2023 timeframe. -She heard Staff #1 say to client #2, "We should</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 512	<p>Continued From page 30</p> <p>hang out." As he said this he was touching her hair. She only saw this one time, sometime within April or May 2023.</p> <p>-Client #6 told Staff #5 the way Staff #1 talked to the other clients made her uncomfortable, but did not report Staff #1 said or did anything to her (client #6).</p> <p>-She had seen Staff #1 tickle client #4 but had not seen him touch anyone else.</p> <p>-She did not report any of these behaviors because she did not want to make accusations that others may not see in the same way.</p> <p>Interview on 5/16/23 Staff #1 stated:</p> <p>-All of the allegations against him were false.</p> <p>-If the facility would talk with the clients they would find out these allegations were false.</p> <p>-He denied he ever kissed client #2 and client #3 or had any physical contact with a client other than a "fist bump."</p> <p>-He was outside the room (5/4/23) and could overhear the conversations between client #1, the Director, and Vice President, who participated via the phone on an "open line." The client's allegations were "completely fabricated."</p> <p>-He had a "strong working relationship" with client #1.</p> <p>-Client #1 liked going out with him.</p> <p>-He had worked with client #1 for 6-7 months; maybe since November 2022.</p> <p>-He had no disciplinary actions since he was hired.</p> <p>-"Maybe 6-7 weeks ago," the Director spoke to him briefly as he was coming into the office to check his mailbox. The Director said some employees had expressed concerns about him touching clients.</p> <p>-Everybody does "hand over hand and have to touch" the clients.</p> <p>-There was no formal "sit down" meeting with the</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 512	<p>Continued From page 31</p> <p>Director to discuss the allegations about touching clients made by other employees.</p> <ul style="list-style-type: none"> -When he (Staff #1) asked for specifics, the Director replied that he had to "clear the air" and "the specifics were not important and be mindful of touching people." -After this he was "very very careful" when clients would come up to him for a hug or "fist bump." -"I am old enough to know, in this day and age, it is not safe to engage in this type of behavior." -He did not know if his coworkers had a "grudge" against him. "I get along with everybody." -He had worked at another facility with 2 of his peers and thought this "history" may have "played a role" in the staff allegations. This was a "feeling in my gut ... when you speculate all these things come to mind." -He thought the Director would "see through" a lot of this. -He did not know what to make "about how things appear" and did not think they talked with clients. -Client #2 "is very sweet." She was "very guarded" and it took her a long time to give him a "fist bump" which he did not initiate. -Client #3 looked forward to seeing him. -He was not there "to manipulate or groom." -He may have had client #2 and client #3 assigned to him a "handful" of times; they were in a large open room where everyone could see anyone. -His teaching license was suspended in 2016 for unproven allegations of inappropriate touching. <p>Interview on 5/15/23 the Director stated:</p> <ul style="list-style-type: none"> -He was the Director of IDD Services. -He was "overall responsible" for the IDD programs to include day to day operations, supervision of the staff, and some days he would supervise the clients. -It was his responsibility to make the 1:1 client 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 512	<p>Continued From page 32</p> <p>assignments, and had assigned Staff #1 to be client #1's 1:1 staff.</p> <p>-Staff #2 and #3 reported allegations "3-4 weeks ago" (approximately 4/17/23 - 4/24/23) they had seen Staff #1 kiss 2 clients in the facility.</p> <p>-He could not exactly recall when the staff reported Staff #1.</p> <p>-He did not complete an internal investigation or complete an incident report for the allegations against Staff #1 by his peers.</p> <p>-Neither client #2 or #3 had complained about Staff #1, and he believed they would have reported if they felt uncomfortable.</p> <p>-He could also understand that client #2 and #3 may have liked the attention from Staff #1 and not seen the Staff's actions to be inappropriate; therefore, not reported.</p> <p>-Looking back he could see why client #1 did not report Staff #1 sooner because he (client #1) wanted someone to work with him.</p> <p>-After receiving the allegations from Staff #2 and #3 he met with Staff #1.</p> <p>-Staff #1 never acknowledged he kissed the 2 clients, but said it would not happen again.</p> <p>-There were no other reports from staff about Staff #1.</p> <p>-He thought he could deal with the issue by counseling Staff #1 and "tell him, you are out of line, crossing boundaries."</p> <p>Interview on 5/11/23, 5/12/23, 5/15/23 and 5/17/23 the Vice President (VP) stated:</p> <p>-She was in the process of completing an internal investigation of client #1's allegations on 5/4/23 against Staff #1.</p> <p>-The Director would typically do the internal investigations, but he was on a leave of absence.</p> <p>-During her investigation she became aware of earlier allegations from Staff #2 and Staff #3 about Staff #1 inappropriately touching client #2</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 512	<p>Continued From page 33</p> <p>and client #3.</p> <p>-The Director had not informed the VP of these allegations when they occurred.</p> <p>-The Director had not done an incident report or conducted an internal investigation of the earlier allegations about Staff #1 by his peers.</p> <p>-Staff #1 was suspended 5/4/23 pending the investigation of the allegations by client #1 and his mother/guardian on 5/4/23.</p> <p>-Staff #1 had been terminated on 5/11/23 as a result of her investigation.</p> <p>Review on 5/17/23 of the Plan of Protection dated 5/17/23 written by the Vice President revealed:</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care? A meeting will be held with all staff in the IDD Department 5/18/23 to address protection from harm, abuse, neglect, exploitation and the importance of reporting anything inappropriate. Meeting will be held with the IDD Director when he returns on Monday 5/22/23. This case will be reviewed and corrective action plan will be immediately put in place. Staff member that was accused in this case was terminated and is not eligible for rehire."</p> <p>-"Describe your plans to make sure the above happens. Sign in attendance sheets will be at the staff meeting. Minutes of the meeting will be taken."</p> <p>The facility provided day program services to adult clients with IDD and other diagnoses. According to Staff #2 and Staff #3, they reported allegations of abuse against Staff #1 to the Director between approximately the first and middle of April 2023. The Director did not investigate the staffs' allegations or document when the allegations against Staff #1 were reported by his peers. On 5/4/23 client #1</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COASTAL ENTERPRISES OF WILMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 KIDDER STREET WILMINGTON, NC 28401
--	---

(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 512	Continued From page 34 reported Staff #1 had done things the client did not like for months to include kissing and hugging him, but he had not reported out of fear. The Director's failure to investigate and respond to the allegations by Staff #2 and #3, in turn, failed to protect clients from continued abuse by Staff #1 until 5/4/23. This deficiency constitutes a Type A1 rule violation for serious neglect and abuse and must be corrected within 23 days. An administrative penalty of \$3,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		