

Division of Health Service Regulation

PRINTED: 10/09/2024  
FORM APPROVAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0411187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  10/03/2024
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NAME OF PROVIDER OR SUPPLIER  
CARTER'S HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE

1606-H PINECROFT ROAD  
GREENSBORO, NC 27407

(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	INITIAL COMMENTS  An annual survey was completed on 10/3/24. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
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, in person, facsimile or encrypted electronic means. The report shall include the following information: (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	V 367		

RECEIVED

DEC 9 2024

DHSR-MH Licensure Sect

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Qualified prof*

(X6) DATE 11/24/24

STATE FORM

6899

4YFW11

If continuation sheet 1 of 4

## Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0411187	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  10/03/2024
NAME OF PROVIDER OR SUPPLIER  CARTER'S HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1606-H PINECROFT ROAD GREENSBORO, NC 27407		
(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	Continued From page 1  or responding. (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: (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. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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 client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 20C .0300 and 10A NCAC 27E .0104(e)(18). (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: (1) medication errors that do not meet the	V 367		

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STATE FORM

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If continuation sheet 2 of 4

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CARTER'S HOUSE

1606-H PINECROFT ROAD  
GREENSBORO, NC 27407

(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 2</p> <p>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> <p>This Rule is not met as evidenced by:                      Based on record reviews and interviews, the                      facility failed to report all Level III incidents to the                      Local Management Entity (LME)/Managed Care                      Organization (MCO) responsible for the                      catchment area where services were provided                      within 72 hours of becoming aware of the                      incident. The findings are:</p> <p>Review on 10/3/24 of the North Carolina Incident                      Response Improvement System (IRIS) revealed:                      - No IRIS report had been submitted regarding                      client #1 being restrained on 9/16/24.</p> <p>Review on 10/3/24 of the "Internal Incident                      Report" dated 9/17/24 revealed:                      - Date of incident: 9/16/24                      Reporter: Staff #2</p>	V 367		

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If continuation sheet 3 of 4

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER NUMBER REGISTRATION NUMBER

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

(X3) DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1606 N. HAWKINS ROAD

GREENSBORO, NC 27407

(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)  
NUMBER OF  
PAGES

V 367

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V 367

- "Interventions Implemented: Therapeutic hold...held hands."
- "She started throwing stuff and hitting me...I held her hands until QP (Qualified Professional #1/Licensee) pulled up. QP came and she hurried to sit on bed as if nothing happened."
- Signed by the QP #1/Licensee

Interview on 10/2/24 with client #1 revealed:  
- She did not want to talk about the restraint.

Interview on 10/2/24 with client #2 revealed:  
- She was in her bedroom and did not see the 9/16/24 restraint.

Interview on 10/2/24 with client #3 revealed:  
- She was in her bedroom and did not see the 9/16/24 restraint.

Interview on 10/3/24 with staff #2 revealed:  
- Client #1 was upset sometime in September 2024 because her doctor had changed her medication and she wanted to talk to the QP #1/Licensee who was not available when client #1 wanted to talk to her.

- Client #1 started doing property destruction in her bedroom and was close to the window.
- She held client #1's hands and guided her to the bed where client #1 sat down.
- Client #1 calmed down when QP #1/Licensee and QP #2 arrived at the facility.

Interview on 10/3/24 with the QP #1/Licensee revealed:

- The restraint that staff #2 did on client #1 occurred sometime in September 2024.
- She did not complete a level II IRIS incident report about the restraint.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Ms. [REDACTED] Licensee

[REDACTED]

Re: Annual Survey Completed October 3, 2024

Carter's House, 1606-H Pinecroft Rd., Greensboro, NC 27407

MHL# 041-1187

E-mail Address: [REDACTED]

In Regards to the Annual Survey Conducted at the group home.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes

We have retrained all staff in incident reporting using the IRIS system  
in policy and procedure, staff training, changes in staffing patterns, etc.).

We have hired a new Supervisor to monitor the licensing facility.

- Indicate what measures will be put in place to prevent the problem from occurring again.

All staff have been retrained in incident reporting to prevent this from occurring.

- Indicate who will monitor the situation to ensure it will not occur again.

The New Supervising Qualified Professional will be responsible for monitoring.

- Indicate how often the monitoring will take place.

Monitoring will take place monthly

[REDACTED]