STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-205	A. BUILDING: _____ B. WING _____	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMERON HOUSE	101 WEST CAMERON COURT JACKSONVILLE, NC 28546

(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 A complaint survey was completed on January 30, 2025. The complaint was unsubstantiated (intake #NC00226126). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 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	V 367		

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V 367	Continued From page 1 (6) other individuals or authorities notified 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 26C .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:	V 367		

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V 367	Continued From page 2 (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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are: Review on 1/30/25 of the North Carolina Incident Response Improvement System (IRIS) revealed the following incident was not reported within the required time. - Date of Incident: 1/7/25 - Date Provider Learned of Incident: 1/7/25 - Date Submitted: 1/23/25 - Provider Comments: "The staff was accused by other staff of yelling at the consumer on numerous times, not giving the consumer a bath	V 367		

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when suppose to, stated that the consumer falls a lot when she is with this certain staff."
- Incident was reported to local Department of Social Services and Health Care Personnel Registry.

Review on 1/30/25 of Internal Investigation dated 1/11/25 revealed:
- On 1/3/25, staff #2, staff #3, client #1, and client #2 all "submitted complaints" to the Group House Manager (GHM) "regarding allegations of abuse and neglect."
- On 1/4/25, written statements were obtained from staff #2, staff #3, client #1, and client #2 regarding allegations of misconduct against staff #1 towards client #1.
- The allegations against staff #1 included a failure to assist with showers, completion of toileting hygiene, and yelling at client #1.
- On 1/6/25, following the completion of an incident report by the GHM and the Housing Director, the Qualified Professional (QP) met with staff #1 and removed her from working with client #1.
- On 1/8/25, the QA/QI (Quality Assurance/Quality Improvement) Committee reviewed the allegations and determined that the GHM had not followed proper protocol.
- The QA/QI committee determined that a level III IRIS report, Health Care Personnel Registry (HCPR) notification, and Department of Social Services (DSS) notification needed to be made and the staff needed to be placed on a 5 day suspension to conduct a proper internal investigation.
- After a review of the statements, it was determined that the "staff were not getting along and that they were accusing each other of different accusations" making it "difficult to take the allegations made by them in their statements

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as creditable statements."
- Staff #1 was determined to not have had any responsibility with morning hygiene requirements, as she was working in a day support capacity.
- After completing an internal investigation, it was "determined that there was not enough evidence to find the allegation of abuse and neglect substantiated."
- Staff #1 was "removed from working in the Group Home with [client #1]"
-The GHM and staff were retrained on their job duties and responsibilities.

Interview on 1/30/25 the GHM stated:
- She had been the GHM for a few weeks.
- Staff brought concerns to her attention about staff #1 yelling at client #1 and not showering client #1 a few weeks earlier.
- She completed initial interviews and an incident report upon learning of the incident before turning it over to her management team to complete an investigation.

Interview on 1/30/25 the QP stated:
- The GHM first learned of the allegations from staff who worked at the facility.
- Once she learned of the allegations, she input the required documentation into IRIS.
- The team believed that the IRIS report had been submitted and did not realize it had not gone through until later.
- Once it was determined that the IRIS report had not gone through, it was finalized and completed.