STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-067	A. BUILDING: _____ B. WING _____	C 02/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPREHENSIVE INTERVENTIONS INC.-SOU	21077 NC HIGHWAY, ROOM NO:35 ROBERSONVILLE, NC 27871

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V 000	INITIAL COMMENTS A complaint survey was completed on February 17, 2025. The complaint was unsubstantiated (Intake #NC00226937). Deficiencies were cited. This facility is licensed for the following service categories:10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances. This facility has a current census of 0. The survey sample consisted of an audit of 1 former client.	V 000		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report allegations of abuse to the Health Care Personnel Registry (HCPR) for 2 of 2 audited qualified professionals (QP #1 & #2)	V 318		

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V 318	Continued From page 1	V 318		

within 24 hours. The findings are:

Review on 2/12/25 of QP #1's personnel record revealed:
- Hired 3/25/22

Review on 2/12/25 of QP #2's personnel record revealed:
- Hired 1/6/21

Review on 2/12/25 of the Incident Reporting Improvement System (IRIS) revealed:
- An IRIS report was submitted on 1/15/25 notifying the HCPR of a client's allegation of abuse towards QP #1 & QP #2 on 11/13/24

Interview on 2/12/25 the Day Treatment Supervisor reported:
- A client alleged QP #1 hit him with a belt & QP #2 forced his head down on a desk
- She conducted an investigation & unsubstantiated the allegations
- Was responsible for reporting abuse allegations to the HCPR
- Both QP #1 & QP #2 were reported to the HCPR on 1/15/25 when she submitted the IRIS report
- Wasn't aware that she needed to submit the report to the HCPR since she unsubstantiated the allegations
- She realized she was supposed to report the allegations of abuse after she attended a training on incident reporting in January (2025)
- She immediately told her Chief Executive Officer (CEO) & reported QP #1 & QP #2 to the HCPR when she realized her mistake in January (2025)

Interview on 2/14/25 the CEO reported:
- A client made abuse allegations towards QP

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V 318	Continued From page 2 #1 & QP #2 - An investigation was conducted & the findings showed no evidence of assault - The Day Treatment Supervisor was responsible for submitting allegations of abuse to the HCPR - Was aware QP #1 & QP #2 weren't reported to the HCPR within 24 hours - The Day Treatment Supervisor reported both staff to the HCPR after she attended a training on incident reporting	V 318		
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 3	V 367		

(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:

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V 367	Continued From page 4 (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 review and interview, the facility failed to report level III incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of an incident affecting 1 of 1 audited former client (FC #1). The findings are: Review on 2/13/25 of a police report dated 11/13/24 revealed: - "On Wednesday November 13, 2024...[FC #1] said that the female day treatment facilitator, [Qualified Professional (QP) #1] hit him with a belt...[QP #2] grabbed [FC #1] by the head and pushed his head down on the desk..."	V 367		

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Review on 2/12/25 of the IRIS system revealed:
- A IRIS report for FC #1's allegation of abuse was submitted on 1/15/25

Review on 2/12/25 of FC #1's record revealed:
- Age: 13
- Admitted 8/9/24 & discharged 11/13/24
- Diagnoses of Attention-Deficit/Hyperactivity Disorder Combined Type, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, Sibling Rivalry, Parent-biological Child Conflict, & Other-upbringing away from parents

Interview on 2/12/25 the Day Treatment Supervisor reported:
- A client alleged QP #1 hit him with a belt & QP #2 forced his head down on a desk
- She conducted an investigation and unsubstantiated the allegations
- Was responsible for submitting IRIS reports & notifying the LME/MCO
- She submitted the IRIS report & notified the LME/MCO on 1/15/25
- Wasn't aware that she needed to submit an IRIS report
- She realized she was supposed to submit an IRIS after she attended a training on incident reporting in January (2025)
- She immediately told her Chief Executive Officer (CEO) & submitted the IRIS when she realized her mistake in January (2025)

Interview on 2/14/25 the CEO reported:
- A client made allegations of abuse towards QP #1 & QP #2
- An investigation was conducted & the findings showed no evidence of assault
- The Day Treatment Supervisor was responsible for submitting IRIS reports
- Was aware the Day Treatment Supervisor

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V 367	Continued From page 6 didn't submit the IRIS report within 72 hours - The Day Treatment Supervisor submitted the IRIS report after she attended a training on incident reporting	V 367		