STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-313	A. BUILDING: _____ B. WING _____	R 03/07/2025

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V 000	INITIAL COMMENTS A follow up survey was completed on March 7, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups. This facility has a current census of 18. The survey sample consisted of audits of 3 current clients and 1 deceased client.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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: 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. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).	V 132		

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V 132	Continued From page 1 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report an allegation of neglect to the Health Care Personnel Registry (HCPR). The findings are: Review on 3/7/25 of the Division of Health Service Regulation's records revealed: -FS #14 had a substantiated allegations of neglect on 12/23/24. Review on 3/7/25 of facility records revealed no documentation the HCPR had been notified of an allegation of neglect against former staff (FS) #14. Review on 3/7/25 of deceased client (DC) #19's record revealed: -68 year-old male. -Admission date of 3/23/11. -Deceased date of 7/3/24. -Diagnoses of Moderate Intellectual Developmental Disability (IDD), Schizophrenia, Hypertension, Diabetes, Anemia, and Unspecified Impulse Control Disorder. Interview on 3/7/25 the Qualified Professional (QP) stated: -No allegation of neglect against FS #14 had been made. -The facility was not aware of the allegation of neglect until the prior survey.	V 132		

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V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (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. (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:	V 366		

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V 366	Continued From page 3 (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (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: (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; (B) gather other information needed; (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 (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	V 366		

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V 366	Continued From page 4 LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to meet all elements of response as required for level III incidents. The findings are: Review on 3/7/25 of the Division of Health Service Regulation's records revealed: -FS #14 had a substantiated allegations of neglect on 12/23/24. Review on 3/7/25 of deceased client (DC) #19's record revealed: - 68 year-old male. - Admission date of 3/23/11. - Deceased date of 7/3/24. - Diagnoses of Moderate Intellectual Developmental Disability (IDD), Schizophrenia,	V 366		

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V 366	Continued From page 5 Hypertension, Diabetes, Anemia, and Unspecified Impulse Control Disorder. Review on 3/7/25 of facility incident response documentation revealed: - Incident response to the level III incident on 7/3/24, last updated 3/4/25 to include a copy of DC #19's death certificate which indicates the cause of death was complications of hyperthermia, did not include a suspicion or allegation of neglect against FS #14. Interview on 3/7/25 the Qualified Professional stated: -There was an incident report completed for DC #19's death. -The incident report did not include allegations or suspicious of neglect against FS #14.	V 366		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (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. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected 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 (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.	V 500		

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V 500	Continued From page 6 (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: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (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: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (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: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to 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); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement	V 500		

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V 500	Continued From page 7 over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report to the Department of Social Services (DSS) in the county where services are provided all allegations of client neglect by health care personnel. The findings are: Review on 3/7/25 of the Division of Health Service Regulation's records revealed: -FS #14 had a substantiated allegations of neglect on 12/23/24. Review on 3/7/25 of facility records from 12/23/24 - current revealed no reports of allegations of neglect to the local DSS. Review on 3/7/25 of deceased client (DC) #19's record revealed: -68 year-old male. -Admission date of 3/23/11. -Deceased date of 7/3/24. -Diagnoses of Moderate Intellectual Developmental Disability (IDD), Schizophrenia, Hypertension, Diabetes, Anemia, and Unspecified Impulse Control Disorder. Interview on 3/7/25 the Qualified Professional stated: -The facility had not reported an allegation of neglect to DSS against FS #14. -The facility was not aware of the allegation of neglect until the prior survey.	V 500		