STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-100	A. BUILDING: _____ B. WING _____	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTLAND	113 COURTLAND DRIVE 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 April 4, 2025. The complaint was unsubstantiated (intake #NC00228566). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 2 current clients.	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	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 132	Continued From page 1	V 132		

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.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel. The findings are:

Review on 4/4/25 of client #2's record revealed:
- Admission date of 8/9/24.
- Diagnoses included Autistic Disorder, Moderate Intellectual Disability, Disruptive Mood Dysregulation Disorder, Attention-Deficit Hyperactivity Disorder, Major depressive Disorder, Adjustment Disorder, Anxiety Disorder, and Persistent Mood Disorder.

Review on 4/4/25 of an incomplete North Carolina Incident Response Improvement System (IRIS) report for client #2 revealed:
- Date and time of incident: 3/17/25 at 6:00 pm.
- "Describe the cause of this incident: 3/18/25 - Person served and the guardian of the person served made allegations of the staff working wit the person served, smoking marijuana in front of the person served."
- "Incident Prevention: 3/18/25 - [facility] will provide random urine screenings."

Interview on 4/4/25 client #2 stated:
- He had witnessed staff #1 "smoking weed one day."

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V 132	Continued From page 2 - He knew it was marijuana because it "smells like bad gas." - He informed his social worker. - He couldn't recall when the event had occurred. Interview on 4/4/25 client #2's guardian stated: - She had stopped to visit client #2 at the facility. - She smelled marijuana on the staff working with client #2 on the afternoon in question. - Client #2 informed her that the staff working with him that afternoon had been smoking marijuana. Interview on 4/4/25 the Director of Operations stated: - She was aware client #2 had made an allegation - The allegation had been investigated and reported - HCPR had reached out that morning (4/4/25) for additional information. - She would ensure that HCPR notification was completed and would review with Qualified Professional.	V 132		