

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER ULTIMATE FAMILY CARE HOME #18		STREET ADDRESS, CITY, STATE, ZIP CODE 2510 SANDERS ROAD WILLOW SPRINGS, NC 27592			
(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 March 10, 2025. Deficiencies were 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 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000			
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	The requirements for the Assessment and Treatment/Habilitation or Service Plan have been updated in the Resident Contract form Individuals treatment plan was updated to add the fact that the concerned individual does provide false allegations of abuse at times. QP will monitor quarterly to ensure compliance. All staff that have not completed Seizure trainings in the past year were retrained. Staff will be re trained annually to better assist them in dealing with individuals that have been diagnosed with seizures.	04/10/25	

Division of Health Service Regulation

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

Lillian Ezuma

TITLE Administrator

(X6) DATE

04/16/25

STATE FORM

5898

7ZEF11

If continuation sheet 1 of 30

RECEIVED

APR 16 2025

DHSR-MH Licensure Sect

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STATE FORM

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V 112	Continued From page 2 abuse in the group home...She (client #4's guardian) stated pt does not understand that there ca be consequences for making allegations..." Interview on 2/27/25 client #4 reported: - He previously reported that the House Manager hit him but it wasn't true - He and the House Manager had a "great relationship" and the House Manager was like his "dad" - The House Manager and the Supervisor In Charge treated him good & they "never put their hands on me" Interviews on 3/5/25 & 3/10/25 client #4's guardian reported: - Client #4 alleged the House Manager abused him on 12/29/24, but "there was no abuse" - "He (client #4) has a hard time understanding what's real and what is made up in his head" - "He (client #4) made ridiculous claims when he lived with us as well" - "[Client #4] is well taken care of and has a history of making up stories to get what he wants" - "He does suffer from PTSD as a result of abuse he suffered while living with his mother until 2012. So these 'stories' may have happened with other people a long time ago" Interview on 2/27/25 the Supervisor In Charge reported: - Client #4 had a history of making false allegations of abuse - Client #4 went to the hospital on 12/28/25 and accused the House Manager of abuse - Believed the allegations were false because client #4 previously made allegations of abuse towards his guardian	V 112		

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V 112	Continued From page 3 Upon further interview on 3/10/25 the Supervisor In Charge reported: - The Qualified Professional (QP) was responsible for developing the clients' treatment plans - Couldn't recall if client #4's treatment plan included goals or strategies to address false allegations of abuse Interview on 3/10/25 the QP reported: - She and the Supervisor In Charge were responsible for identifying the clients' needs - Was responsible for developing the clients' treatment plans - Knew client #4 made false allegations of abuse when he was admitted into the facility because client #4 accused his guardian & her husband of abuse - "Didn't think" to add false allegations of abuse to his treatment plan - The Supervisor In Charge told her that she needed to add false allegations of abuse to client #4's treatment plan a few days ago - Planned to add goals or strategies to address false allegations of abuse to client #4's upcoming treatment plan Interview on 3/10/25 the Administrator reported: - Client #4 made false allegations of abuse - Knew client #4 made false allegations of abuse when he was admitted into the facility because client #4 previously accused his guardian & her husband of abuse, but the allegations weren't substantiated - The QP was responsible for developing the clients' treatment plans - Was unaware client #4 didn't have goals or strategies to address making false allegations of abuse in his treatment plan	V 112			

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V 114	Continued From page 4	V 114		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff demonstrated competency in conducting disaster drills and failed to ensure fire and disaster drills were conducted quarterly, on each shift and simulated real emergencies. The findings are: Review on 2/27/25 of the facility's fire & disaster drill log from 7/18/24 to 2/27/25 revealed: - No fire drills conducted during the evening or	V 114	Fire Drills and Disaster plans have been updated and made available for each facility. QP or designated staff will monitor each home quarterly to ensure compliance. The staff have been inserviced that they are required to participate and document fire drills/disaster plans quarterly, as well as participate in them on different shifts. QP or designated staff will review this documentation monthly to ensure accuracy. QP or designated staff will quarterly discuss with staff and individuals about the disaster drills that they participated in their home as well as their readiness in the event of an emergency. QP provided staff with a visual and hands on training on the correct completion of a fire drill and disaster drill process. QP assisted staff in reviewing the documentation for both drills and worked to ensure staffs accuracy with completing the drills appropriately.	04\10\25

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V 114	Continued From page 5 sleeping hours - No disaster drills conducted during sleeping hours - Disaster drill forms stated clients met outside the facility for various disasters - The House Manager signed the fire & disaster drill forms indicating he conducted the drills Interview on 2/27/25 client #1 reported: - "Don't do it (fire & disaster drills) here (facility)" - Practiced drills at the day program - Knew to go outside for a fire & "get down and cover" during a tornado Interview on 2/27/25 client #2 reported: - Practiced fire drills, but hadn't practiced a tornado drill yet - Knew to go outside for a fire, but didn't know what to do during a tornado Interview on 2/27/25 client #3 reported: - Didn't practice fire or disaster drills in the facility - Knew to go outside for a fire, but didn't know what to do during a tornado Interview on 2/27/25 client #4 reported: - Practiced fire & disaster drills in the facility - Knew to go outside for a fire & "stay inside & cover" during a tornado Interview on 2/27/25 client #5 reported: - He practiced fire & disaster drills "sometimes" - The House Manager "sometimes" woke him up early in the morning to do fire drills - Knew to go outside for a fire drill but he couldn't recall what to do during a tornado	V 114	First Aid Kit boxes were made accessible and available to each of the facility. QP or designated staff will ensure compliance quarterly.	04\10\25

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V 114	Continued From page 6 Interview on 3/3/25 the House Manager reported: - Was a live in staff - Practiced fire & disaster drills monthly - Followed a fire & disaster drill schedule - Practiced drills at different times of the day but he often got confused with "AM" & "PM" - Everyone went outside during a fire drill - Have clients lay down in the living room for a tornado - The living room had a "few windows" but the windows were higher up Interviews on 2/27/25 & 3/10/25 the Supervisor In Charge reported: - Visited the facility at least monthly or twice a week - Was responsible for training House Managers on how to conduct fire & disaster drills - Mainly focused on training the House Managers on fire drills - "I can do more trainings on disaster drills" - Previously told staff that disaster drills were based on the seasons & reminded them to practice various disaster drills - Was responsible for checking the fire & disaster drill log - Checked the fire & disaster drill monthly - Checked the time the drills were conducted, the length of drill & the type of drill conducted - Didn't know why the House Manager wrote "meet outside" on the disaster drill forms - Drills were conducted in the morning and evening, but the House Manager informed her that he got confused with "AM" & "PM" - Planned to retrain all of the House Managers on conducting fire & disaster drills - House Managers were supposed to follow a fire & disaster drill schedule - She went over disaster drills with the Home Managers during their monthly meetings	V 114			

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V 114	Continued From page 7 Interview on 3/10/25 the Administrator reported: - Visited the facility at least quarterly - Reviewed documents checked by the Supervisor In Charge & Qualified Professional - The Supervisor In Charge was responsible for ensuring House Managers were trained on conducting fire & disasters - Was unaware the House Manager signed the disaster drill form without conducting the drill - Was unaware the House Manager didn't know what to do during a tornado	V 114		
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		

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V 132	Continued From page 8 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 review and interview, the facility failed to have evidence that an allegation of abuse was investigated, failed to protect clients from harm during an investigation & failed to report the allegation of abuse to the Health Care Personnel Registry (HCPR) within 5 days. The findings are: Review on 3/3/25 of the House Manager's personnel record revealed: - Hired 5/30/22 Review on 3/10/25 of client #4's hospital records dated 12/29/24 revealed: - "Pt (patient) (client #4) reports that caregiver '[House Manager]' has 'choked' him and has 'hit him with a belt'. Interview on 3/5/25 the HCPR representative reported: - No documentation of HCPR report for the House Manager Interview on 2/27/25 client #4 reported: - He previously reported that the House Manager hit him but it wasn't true - He & the House Manager had a "great relationship" & the House Manager was like his "dad"	V 132	Administrator and QP were retained that all allegations against anyone will be thoroughly investigated and reported even in the event that the allegation does not hold merit or probable cause. Certain steps to follow will be to remove the staff or individual from the home first. Interview all staff and individuals of the home privately, and then notify the authorities as well as documenting the entire incident. QP or designated staff will quarterly review records to ensure that any report of abuse process is properly followed.	04/10/25

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V 132	Continued From page 9 - The House Manager & the Supervisor In Charge treated him good & they "never put their hands on me" Interviews on 3/5/25 & 3/10/25 client #4's guardian reported: - Client #4 alleged the House Manager abused him on 12/29/24, but "there was no abuse" - "He (client #4) has a hard time understanding what's real & what is made up in his head" - "He (client #4) made ridiculous claims when he lived with us as well" - "[Client #4] is well taken care of & has a history of making up stories to get what he wants" - "He does suffer from PTSD as a result of abuse he suffered while living with his mother until 2012. So these 'stories' may have happened with other people a long time ago" Interview on 3/5/25 the Adult Protective Service's (APS) Program Manager reported: - Received a report in December 2024 for client #4 - The Social Worker interviewed client #4's guardian, the House Manager & the clients in the facility - There was no evidence or markings supporting the allegation of abuse & neglect - Was informed by the client #4's guardian that she visits client #4 at the facility regularly & client #4 had a history of making false allegations Interview on 3/3/25 the House Manager reported: - Client #4 "says a lot...he can say I use to beat him" - Client #4 reported that he hit him when he went to the hospital - An APS Social Worker came to the facility & asked him questions about client #4's abuse allegation	V 132		

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V 132	Continued From page 10 - The APS Social Worker also spoke with client #4's guardians - He also spoke with the Supervisor In Charge about client #4's abuse allegations - Continued to work in the home after client #4 made the abuse allegation - He later stated that he took "about 5 days off in between the investigation," but he could not recall the days he took off - Didn't hit client #4 - He & client #4 had a "fine, loving relationship" Interview on 2/27/25 the Supervisor In Charge reported: - Client #4 went to the hospital on 12/28/25 - Received a call from client #4's on 12/29/25 guardian informing her of client #4's allegation towards the House Manager - Client #4 wasn't discharged from the hospital until APS conducted their investigation - APS came to the facility and spoke with the House Manager & other clients that resided in the facility - APS also spoke with client #4's guardian & unsubstantiated the client #4's allegation - Management conducted their own investigation for client #4's allegation of abuse - The House Manager continued to work in the facility during the investigation because client #4 remained in the hospital - Didn't believe she needed to remove the House Manager from the home since client #4 was known for making false allegations against staff - Client #4's guardian was aware the House Manager remained in the facility Upon further interview on 3/10/25 the Supervisor In Charge reported: - She was responsible for investigating	V 132		

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V 132	Continued From page 11 allegations of abuse - Was supposed to remove staff from the facility and investigate the allegation - Was supposed to ask clients to see if they were being abused or witnessed abuse - Client #4's guardian called her about client #4's allegation on 12/29/24, but she didn't see the message until the next day - She didn't conduct an investigation for client #4's allegation of abuse because of his history of making false allegations - APS came to the facility to conduct their investigation the morning of 1/1/25 and client #4 was discharged back to the facility that same day - She did speak with the clients and asked if they felt safe in the facility - The clients stated they didn't see anything Interview on 3/10/25 the QP reported: - She & Dana were responsible for investigating allegations - Was responsible for reporting allegations to the HCPR - Didn't report the House Manager to the HCPR because she didn't investigate client #4's allegation of abuse - She didn't investigate client #4's allegation because client #4 reported the allegation to the hospital and not the facility - Client #4 had a history of making false allegations of abuse & she believed "he's (client #4) up to his old tricks again" - "Thought it was nothing because no one said anything else about it" - Wasn't aware APS came to the facility & conducted an investigation - Was "supposed to investigate allegations to see if there were grounds of abuse" - Knew to "speak with staff & individuals (clients) in private" & remove the staff from the	V 132			

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V 132	Continued From page 12 facility during the investigation - Didn't remove the House Manager from the facility to ensure the safety of other clients Interview on 3/10/25 the Administrator reported: - The QP was responsible for reporting allegations to the HCPR - Knew the QP didn't report the House Manager to the HCPR for client #4's allegation of abuse - Believed the QP didn't need to report the HCPR because client #4 reported the allegation of abuse to the hospital - APS conducted an investigation & unsubstantiated client #4's allegation	V 132		
V 318	130 .0102 HCPR - 24 Hour Reporting 10A NCAC 130 .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:	V 318	QP and staff discussed and reviewed the proper portal for reporting abuse and neglect concerns, and how they will handle this matter in the future even if the allegation's is made by someone that has been known to bare false witness against others at times. QP made necessary changes updating individual's PCP to inform others of false allegations that he has made in the past. QP spoke with individual and reminded him the importance of making sure that he always tells the truth, and to report when things happen to him that he knows are not right.	04\10\25

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V 318	Continued From page 13 Based on record review and interview, the facility failed to report allegations of abuse to the Health Care Personnel Registry (HCPR) for 1 of 1 paraprofessional staff (House Manager) within 24 hours. The findings are: Review on 3/3/25 of the House Manager's personnel record revealed: - Hired 5/30/22 Interview on 3/5/25 the HCPR representative reported: - No documentation of HCPR report for the House Manager Interview on 3/10/25 the Qualified Professional (QP) reported: - Was responsible for reporting allegations to the HCPR - Didn't report the House Manager to the HCPR because she didn't investigate client #4's allegation of abuse - She didn't investigate client #4's allegation because client #4 reported the allegation to the hospital and not the facility - Client #4 had a history of making false allegations of abuse & she believed "he's (client #4) up to his old tricks again" Interview on 3/10/25 the Administrator reported: - The QP was responsible for reporting allegations to the HCPR - Knew the QP didn't report the House Manager to the HCPR for client #4's allegation of abuse - Believed the QP didn't need to report the HCPR because client #4 reported the allegation of abuse to the hospital - Adult Protective Services conducted an investigation & unsubstantiated client #4's	V 318	QP or designated staff will quaterly review records to ensure complainece.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER ULTIMATE FAMILY CARE HOME #18		STREET ADDRESS, CITY, STATE, ZIP CODE 2510 SANDERS ROAD WILLOW SPRINGS, NC 27592		
(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 318	Continued From page 14 allegation	V 318		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice	V 364	House phones are available for all individuals to utilize in a common area and are visible for all to find. Individuals were reminded of the suggested times to utilize the phone so that they don't disturb other house mates sleeping. Residents self governace house meeting was conducted and residents rights were reveiwed. Individual Number five guardians wrote a letter requesting that staff monitor his phone usage due to the fact that he was calling his guardian several times a day, late hours, and utilizing his phone during the time he was supposed to work on learning skills at his Day Program. This letter can be found in individuals' charts. QP spoke with individual about proper cell phone ethics and the importance of when and how to utilizie his phone during his free time at his Day Program and at the facility.	04\14\25

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2025
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NAME OF PROVIDER OR SUPPLIER ULTIMATE FAMILY CARE HOME #18	STREET ADDRESS, CITY, STATE, ZIP CODE 2510 SANDERS ROAD WILLOW SPRINGS, NC 27592
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V 364	Continued From page 15 upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to	V 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/10/2025
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V 364	Continued From page 16 proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;	V 364			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2025
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NAME OF PROVIDER OR SUPPLIER ULTIMATE FAMILY CARE HOME #18	STREET ADDRESS, CITY, STATE, ZIP CODE 2510 SANDERS ROAD WILLOW SPRINGS, NC 27592
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V 364	Continued From page 17 (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed.	V 364		

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V 364	Continued From page 18 Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the restriction of 1 of 3 client's (#5) access to personal property had a written statement detailing the reason for the restriction and failed to review the restriction as required. The findings are: Review on 2/27/25 of client #5's record revealed: - Admitted 6/20/24 - Diagnoses of Schizophrenia Disorder, Intellectual Developmental Disorder, Hypoglycemia, Vitamin B12 Deficiency & Traumatic Brain Injury - No documentation of a written statement	V 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2025
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V 364	Continued From page 19 detailing reason for restricting access to person property - No documentation for reviewing the restriction of personal property Observation at 12:33pm and 3:34pm on 2/27/25 revealed: - A mini refrigerator found in client #5's bedroom - No cellphone located on the refrigerator or in client #5's bedroom - Client #5 touched his pant pockets indicating that he didn't have his cellphone on him Interview on 2/27/25 client #5 reported: - The House Manager took his cellphone & it "makes me upset" - He asked the House Manager to give his cellphone back, but "he never does" - Didn't know where the House Manager kept his cellphone Interview on 3/3/25 the House Manager reported: - He didn't keep client #5's cellphone, but then stated he "keeps it (client #5's cellphone) sometimes" - Client #5 made calls to people at 2am - He didn't store client #5's cell phone in the staff's bedroom - Client #5 kept his cellphone in a "common place" in his bedroom - Client #5 had access to his phone "all the time" Interview on 2/27/25 the Supervisor In Charge reported: - Client #5 made calls to the guardian at 2am in the morning - Client #5's guardian requested for the House Manager to take client #5's cellphone	V 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2025
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V 364	Continued From page 20 - Believed the House Manager kept client #5's cellphone locked in the staff's bedroom - Client #5 always had access to his cell phone - The House Manager gave client #5 his cellphone whenever he asked Upon further interview on 3/4/25 the Supervisor In Charge reported: - Saw client #5 with his cellphone at the day program today (3/4/25) - She spoke with client #5's guardian on February 12, 2025 about his cellphone & client #5's guardian told her to keep client #5's cellphone - Believed the House Manager kept client #5's cellphone on top of a shelf above the fire place in the living room - Believed the House Manager initially locked client #5's cellphone in the bedroom when client #5's guardian first requested to take the cell phone - Client #5 had access to his cellphone "at any time" - She didn't come to the facility "a lot" & she wasn't sure if the House Manager still locked client #5's cellphone in the staff's bedroom Interview on 3/10/25 the Qualified Professional (QP) reported: - Wasn't aware the House Manager confiscated client #5's cellphone - Client #5 didn't have any restrictions to his personal property - Would look into the situation & put a restriction in place if deemed necessary Interview on 3/10/25 the Administrator reported: - Client #5's guardian "granted" permission for staff to take client #5's cellphone at night - The QP was responsible for ensuring the	V 364		

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V 364	Continued From page 21 written statement detailing the reason for restriction was completed & reviewing the restriction as required - Was unaware taking client #5's cell phone was considered a restriction since client #5's guardian requested for them to take the cellphone	V 364		
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.	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ULTIMATE FAMILY CARE HOME #18

2510 SANDERS ROAD

WILLOW SPRINGS, NC 27592

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V 366	Continued From page 22 (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: (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	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/10/2025
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V 366	Continued From page 23 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 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 review and interview, the facility failed to issue a written preliminary finding of fact to the Local Management Entity/Managed Care Organization (LME/MCO) within five working days of the incidents. The findings are: Review on 3/10/25 of client #4's hospital records	V 366			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2025
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V 366	Continued From page 24 dated 12/29/24 revealed: - "Pt (patient) (client #4) reports that caregiver '[House Manager]' has 'choked' him and has 'hit him with a belt'. Attempted reviews from 2/27/25 - 3/10/25 of the facility records revealed: - No documentation of the written preliminary findings of fact was submitted to the LME/MCO within 5 days of the incident Interview on 3/10/25 the Qualified Professional (QP) reported: - Was responsible for investigating & submitting the preliminary findings of fact to the LME/MCO - Didn't report the written preliminary findings of fact to the LME/MCO because she didn't investigate client #4's allegation of abuse - She didn't investigate client #4's allegation because client #4 reported the allegation to the hospital & not the facility - Client #4 had a history of making false allegations of abuse & believed "he's (client #4) up to his old tricks again" Interview on 3/10/25 the Administrator reported: - The QP was responsible for investigating & submitting the preliminary findings of fact to the LME/MCO - Knew the QP didn't investigate client #4's allegation of abuse or submit the incident to the LME/MCO - Believed conducting an investigation wasn't necessary because client #4 reported the allegation of abuse to the hospital - Adult Protective Services conducted an investigation & unsubstantiated the allegation	V 366	The report of abuse was made at the hospital and Social services came out and investigated. The resident did not report any abuse to the facility. The Administrator and QP will investigate any abuse issue brought to their knowledge and follow all reporting protocols. In reference to the abuse report of the resident in question, the gaurdian reported to DSS that the resident uses the abuse pattern to get longer stay at the hospital and that is mode of operation as long as she has been his gaurdian. The QP will hence forth report and document any abuse report to the appropriate anuthorites and follow up with all the agency protocols. The QP or designated staff will monitor quaterly to ensure complaince.	04\10\25

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2025
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V 367	Continued From page 25	V 367		
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 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	V 367 V 367	All staff were re-trained on the following video trainings: Down Syndrome Thyroid Disease Seizures Major Depressive Disorder Posttraumatic Stress Disorder Alcohol Use Disorder QP or designated staff will follow up quarterly on any staff identified training needs.	04\14\25

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NAME OF PROVIDER OR SUPPLIER ULTIMATE FAMILY CARE HOME #18	STREET ADDRESS, CITY, STATE, ZIP CODE 2510 SANDERS ROAD WILLOW SPRINGS, NC 27592
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(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 26 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: (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	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2025
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V 367	Continued From page 27 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 II 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 3 audited clients (#4). The findings are: Review on 2/27/25 of client #4's record revealed: - Admitted 3/14/24 - Diagnoses of Down Syndrome, Thyroid Disease, Seizures, Major Depressive Disorder-Recurrent Severe, Alcohol Use Disorder, History of Pseudo Seizures & Posttraumatic Stress Disorder (PTSD) Review on 3/10/25 of client #4's hospital records dated 12/29/24 revealed: - "Pt (patient) (client #4) reports that caregiver '[House Manager]' has 'choked' him and has 'hit him with a belt'. Review on 2/27/25 the IRIS system revealed: - No documentation of an IRIS report for client #4's allegation of abuse towards the House Manager Interview on 2/27/25 client #4 reported:	V 367		

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V 367	Continued From page 28 - He previously reported that the House Manager hit him but it wasn't true - He & the House Manager had a "great relationship" & the House Manager was like his "dad" - The House Manager & the Supervisor In Charge treated him good & they "never put their hands on me" Interviews on 3/5/25 & 3/10/25 client #4's guardian reported: - Client #4 alleged the House Manager abused him on 12/29/24, but "there was no abuse" - "He (client #4) has a hard time understanding what's real and what is made up in his head" - "He (client #4) made ridiculous claims when he lived with us as well" - "[Client #4] is well taken care of and has a history of making up stories to get what he wants" - "He does suffer from PTSD as a result of abuse he suffered while living with his mother until 2012. So these 'stories' may have happened with other people a long time ago" Interview on 2/27/25 the Supervisor In Charge reported: - Client #4 had a history of making false allegations of abuse - Client #4 went to the hospital on 12/28/25 and accused the House Manager of abuse - The Qualified Professional (QP) was responsible for submitting IRIS reports - Believed the QP submitted an IRIS report for incident Interview on 3/10/25 the QP reported: - Was responsible for submitting IRIS reports - Didn't submit an IRIS report because she didn't investigate client #4's allegation of abuse - She didn't investigate client #4's allegation	V 367		

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V 367	Continued From page 29 because client #4 reported the allegation to the hospital & not the facility - Client #4 had a history of making false allegations of abuse and she believed "he's (client #4) up to his old tricks again" Interview on 3/10/25 the Administrator reported: - The QP was responsible for submitting IRIS reports - Knew the QP didn't submit an IRIS report for client #4's allegation of abuse - Didn't know the QP needed to submit an IRIS because client #4 reported the allegation of abuse to the hospital & not the facility	V 367		

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V 000	INITIAL COMMENTS An annual survey was completed on March 10, 2025. Deficiencies were 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 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000			
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	The requirements for the Assessment and Treatment/Habilitation or Service Plan have been updated in the Resident Contract form Individuals treatment plan was updated to add the fact that the concerned individual does provide false allegations of abuse at times. QP will monitor quarterly to ensure compliance. All staff that have not completed Seizure trainings in the past year were retrained. Staff will be re trained annually to better assist them in dealing with individuals that have been diagnosed with seizures.	04/10/25	

Division of Health Service Regulation

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

Lillian Ezuma

TITLE Administrator

(X6) DATE

04/16/25

STATE FORM

5898

7ZEF11

If continuation sheet 1 of 30

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DHSR-MH Licensure Sect

Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation

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V 112	Continued From page 2 abuse in the group home...She (client #4's guardian) stated pt does not understand that there ca be consequences for making allegations..." Interview on 2/27/25 client #4 reported: - He previously reported that the House Manager hit him but it wasn't true - He and the House Manager had a "great relationship" and the House Manager was like his "dad" - The House Manager and the Supervisor In Charge treated him good & they "never put their hands on me" Interviews on 3/5/25 & 3/10/25 client #4's guardian reported: - Client #4 alleged the House Manager abused him on 12/29/24, but "there was no abuse" - "He (client #4) has a hard time understanding what's real and what is made up in his head" - "He (client #4) made ridiculous claims when he lived with us as well" - "[Client #4] is well taken care of and has a history of making up stories to get what he wants" - "He does suffer from PTSD as a result of abuse he suffered while living with his mother until 2012. So these 'stories' may have happened with other people a long time ago" Interview on 2/27/25 the Supervisor In Charge reported: - Client #4 had a history of making false allegations of abuse - Client #4 went to the hospital on 12/28/25 and accused the House Manager of abuse - Believed the allegations were false because client #4 previously made allegations of abuse towards his guardian	V 112			

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V 112	Continued From page 3 Upon further interview on 3/10/25 the Supervisor In Charge reported: - The Qualified Professional (QP) was responsible for developing the clients' treatment plans - Couldn't recall if client #4's treatment plan included goals or strategies to address false allegations of abuse Interview on 3/10/25 the QP reported: - She and the Supervisor In Charge were responsible for identifying the clients' needs - Was responsible for developing the clients' treatment plans - Knew client #4 made false allegations of abuse when he was admitted into the facility because client #4 accused his guardian & her husband of abuse - "Didn't think" to add false allegations of abuse to his treatment plan - The Supervisor In Charge told her that she needed to add false allegations of abuse to client #4's treatment plan a few days ago - Planned to add goals or strategies to address false allegations of abuse to client #4's upcoming treatment plan Interview on 3/10/25 the Administrator reported: - Client #4 made false allegations of abuse - Knew client #4 made false allegations of abuse when he was admitted into the facility because client #4 previously accused his guardian & her husband of abuse, but the allegations weren't substantiated - The QP was responsible for developing the clients' treatment plans - Was unaware client #4 didn't have goals or strategies to address making false allegations of abuse in his treatment plan	V 112			

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V 114	Continued From page 4	V 114		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff demonstrated competency in conducting disaster drills and failed to ensure fire and disaster drills were conducted quarterly, on each shift and simulated real emergencies. The findings are: Review on 2/27/25 of the facility's fire & disaster drill log from 7/18/24 to 2/27/25 revealed: - No fire drills conducted during the evening or	V 114	Fire Drills and Disaster plans have been updated and made available for each facility. QP or designated staff will monitor each home quarterly to ensure compliance. The staff have been inserviced that they are required to participate and document fire drills/disaster plans quarterly, as well as participate in them on different shifts. QP or designated staff will review this documentation monthly to ensure accuracy. QP or designated staff will quarterly discuss with staff and individuals about the disaster drills that they participated in their home as well as their readiness in the event of an emergency. QP provided staff with a visual and hands on training on the correct completion of a fire drill and disaster drill process. QP assisted staff in reviewing the documentation for both drills and worked to ensure staffs accuracy with completing the drills appropriately.	04\10\25

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V 114	Continued From page 5 sleeping hours - No disaster drills conducted during sleeping hours - Disaster drill forms stated clients met outside the facility for various disasters - The House Manager signed the fire & disaster drill forms indicating he conducted the drills Interview on 2/27/25 client #1 reported: - "Don't do it (fire & disaster drills) here (facility)" - Practiced drills at the day program - Knew to go outside for a fire & "get down and cover" during a tornado Interview on 2/27/25 client #2 reported: - Practiced fire drills, but hadn't practiced a tornado drill yet - Knew to go outside for a fire, but didn't know what to do during a tornado Interview on 2/27/25 client #3 reported: - Didn't practice fire or disaster drills in the facility - Knew to go outside for a fire, but didn't know what to do during a tornado Interview on 2/27/25 client #4 reported: - Practiced fire & disaster drills in the facility - Knew to go outside for a fire & "stay inside & cover" during a tornado Interview on 2/27/25 client #5 reported: - He practiced fire & disaster drills "sometimes" - The House Manager "sometimes" woke him up early in the morning to do fire drills - Knew to go outside for a fire drill but he couldn't recall what to do during a tornado	V 114	First Aid Kit boxes were made accessible and available to each of the facility. QP or designated staff will ensure compliance quarterly.	04\10\25

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V 114	Continued From page 6 Interview on 3/3/25 the House Manager reported: - Was a live in staff - Practiced fire & disaster drills monthly - Followed a fire & disaster drill schedule - Practiced drills at different times of the day but he often got confused with "AM" & "PM" - Everyone went outside during a fire drill - Have clients lay down in the living room for a tornado - The living room had a "few windows" but the windows were higher up Interviews on 2/27/25 & 3/10/25 the Supervisor In Charge reported: - Visited the facility at least monthly or twice a week - Was responsible for training House Managers on how to conduct fire & disaster drills - Mainly focused on training the House Managers on fire drills - "I can do more trainings on disaster drills" - Previously told staff that disaster drills were based on the seasons & reminded them to practice various disaster drills - Was responsible for checking the fire & disaster drill log - Checked the fire & disaster drill monthly - Checked the time the drills were conducted, the length of drill & the type of drill conducted - Didn't know why the House Manager wrote "meet outside" on the disaster drill forms - Drills were conducted in the morning and evening, but the House Manager informed her that he got confused with "AM" & "PM" - Planned to retrain all of the House Managers on conducting fire & disaster drills - House Managers were supposed to follow a fire & disaster drill schedule - She went over disaster drills with the Home Managers during their monthly meetings	V 114			

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V 114	Continued From page 7 Interview on 3/10/25 the Administrator reported: - Visited the facility at least quarterly - Reviewed documents checked by the Supervisor In Charge & Qualified Professional - The Supervisor In Charge was responsible for ensuring House Managers were trained on conducting fire & disasters - Was unaware the House Manager signed the disaster drill form without conducting the drill - Was unaware the House Manager didn't know what to do during a tornado	V 114		
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		

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V 132	Continued From page 8 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 review and interview, the facility failed to have evidence that an allegation of abuse was investigated, failed to protect clients from harm during an investigation & failed to report the allegation of abuse to the Health Care Personnel Registry (HCPR) within 5 days. The findings are: Review on 3/3/25 of the House Manager's personnel record revealed: - Hired 5/30/22 Review on 3/10/25 of client #4's hospital records dated 12/29/24 revealed: - "Pt (patient) (client #4) reports that caregiver '[House Manager]' has 'choked' him and has 'hit him with a belt'. Interview on 3/5/25 the HCPR representative reported: - No documentation of HCPR report for the House Manager Interview on 2/27/25 client #4 reported: - He previously reported that the House Manager hit him but it wasn't true - He & the House Manager had a "great relationship" & the House Manager was like his "dad"	V 132	Administrator and QP were retained that all allegations against anyone will be thoroughly investigated and reported even in the event that the allegation does not hold merit or probable cause. Certain steps to follow will be to remove the staff or individual from the home first. Interview all staff and individuals of the home privately, and then notify the authorities as well as documenting the entire incident. QP or designated staff will quarterly review records to ensure that any report of abuse process is properly followed.	04/10/25

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V 132	Continued From page 9 - The House Manager & the Supervisor In Charge treated him good & they "never put their hands on me" Interviews on 3/5/25 & 3/10/25 client #4's guardian reported: - Client #4 alleged the House Manager abused him on 12/29/24, but "there was no abuse" - "He (client #4) has a hard time understanding what's real & what is made up in his head" - "He (client #4) made ridiculous claims when he lived with us as well" - "[Client #4] is well taken care of & has a history of making up stories to get what he wants" - "He does suffer from PTSD as a result of abuse he suffered while living with his mother until 2012. So these 'stories' may have happened with other people a long time ago" Interview on 3/5/25 the Adult Protective Service's (APS) Program Manager reported: - Received a report in December 2024 for client #4 - The Social Worker interviewed client #4's guardian, the House Manager & the clients in the facility - There was no evidence or markings supporting the allegation of abuse & neglect - Was informed by the client #4's guardian that she visits client #4 at the facility regularly & client #4 had a history of making false allegations Interview on 3/3/25 the House Manager reported: - Client #4 "says a lot...he can say I use to beat him" - Client #4 reported that he hit him when he went to the hospital - An APS Social Worker came to the facility & asked him questions about client #4's abuse allegation	V 132		

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V 132	Continued From page 10 - The APS Social Worker also spoke with client #4's guardians - He also spoke with the Supervisor In Charge about client #4's abuse allegations - Continued to work in the home after client #4 made the abuse allegation - He later stated that he took "about 5 days off in between the investigation," but he could not recall the days he took off - Didn't hit client #4 - He & client #4 had a "fine, loving relationship" Interview on 2/27/25 the Supervisor In Charge reported: - Client #4 went to the hospital on 12/28/25 - Received a call from client #4's on 12/29/25 guardian informing her of client #4's allegation towards the House Manager - Client #4 wasn't discharged from the hospital until APS conducted their investigation - APS came to the facility and spoke with the House Manager & other clients that resided in the facility - APS also spoke with client #4's guardian & unsubstantiated the client #4's allegation - Management conducted their own investigation for client #4's allegation of abuse - The House Manager continued to work in the facility during the investigation because client #4 remained in the hospital - Didn't believe she needed to remove the House Manager from the home since client #4 was known for making false allegations against staff - Client #4's guardian was aware the House Manager remained in the facility Upon further interview on 3/10/25 the Supervisor In Charge reported: - She was responsible for investigating	V 132		

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NAME OF PROVIDER OR SUPPLIER ULTIMATE FAMILY CARE HOME #18	STREET ADDRESS, CITY, STATE, ZIP CODE 2510 SANDERS ROAD WILLOW SPRINGS, NC 27592
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V 132	Continued From page 11 allegations of abuse - Was supposed to remove staff from the facility and investigate the allegation - Was supposed to ask clients to see if they were being abused or witnessed abuse - Client #4's guardian called her about client #4's allegation on 12/29/24, but she didn't see the message until the next day - She didn't conduct an investigation for client #4's allegation of abuse because of his history of making false allegations - APS came to the facility to conduct their investigation the morning of 1/1/25 and client #4 was discharged back to the facility that same day - She did speak with the clients and asked if they felt safe in the facility - The clients stated they didn't see anything Interview on 3/10/25 the QP reported: - She & Dana were responsible for investigating allegations - Was responsible for reporting allegations to the HCPR - Didn't report the House Manager to the HCPR because she didn't investigate client #4's allegation of abuse - She didn't investigate client #4's allegation because client #4 reported the allegation to the hospital and not the facility - Client #4 had a history of making false allegations of abuse & she believed "he's (client #4) up to his old tricks again" - "Thought it was nothing because no one said anything else about it" - Wasn't aware APS came to the facility & conducted an investigation - Was "supposed to investigate allegations to see if there were grounds of abuse" - Knew to "speak with staff & individuals (clients) in private" & remove the staff from the	V 132		

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ULTIMATE FAMILY CARE HOME #18

2510 SANDERS ROAD

WILLOW SPRINGS, NC 27592

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V 132	Continued From page 12 facility during the investigation - Didn't remove the House Manager from the facility to ensure the safety of other clients Interview on 3/10/25 the Administrator reported: - The QP was responsible for reporting allegations to the HCPR - Knew the QP didn't report the House Manager to the HCPR for client #4's allegation of abuse - Believed the QP didn't need to report the HCPR because client #4 reported the allegation of abuse to the hospital - APS conducted an investigation & unsubstantiated client #4's allegation	V 132		
V 318	130 .0102 HCPR - 24 Hour Reporting 10A NCAC 130 .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:	V 318	QP and staff discussed and reviewed the proper portal for reporting abuse and neglect concerns, and how they will handle this matter in the future even if the allegation's is made by someone that has been known to bare false witness against others at times. QP made necessary changes updating individual's PCP to inform others of false allegations that he has made in the past. QP spoke with individual and reminded him the importance of making sure that he always tells the truth, and to report when things happen to him that he knows are not right.	04\10\25

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V 318	Continued From page 13 Based on record review and interview, the facility failed to report allegations of abuse to the Health Care Personnel Registry (HCPR) for 1 of 1 paraprofessional staff (House Manager) within 24 hours. The findings are: Review on 3/3/25 of the House Manager's personnel record revealed: - Hired 5/30/22 Interview on 3/5/25 the HCPR representative reported: - No documentation of HCPR report for the House Manager Interview on 3/10/25 the Qualified Professional (QP) reported: - Was responsible for reporting allegations to the HCPR - Didn't report the House Manager to the HCPR because she didn't investigate client #4's allegation of abuse - She didn't investigate client #4's allegation because client #4 reported the allegation to the hospital and not the facility - Client #4 had a history of making false allegations of abuse & she believed "he's (client #4) up to his old tricks again" Interview on 3/10/25 the Administrator reported: - The QP was responsible for reporting allegations to the HCPR - Knew the QP didn't report the House Manager to the HCPR for client #4's allegation of abuse - Believed the QP didn't need to report the HCPR because client #4 reported the allegation of abuse to the hospital - Adult Protective Services conducted an investigation & unsubstantiated client #4's	V 318	QP or designated staff will quaterly review records to ensure complainece.	

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V 318	Continued From page 14 allegation	V 318		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice	V 364	House phones are available for all individuals to utilize in a common area and are visible for all to find. Individuals were reminded of the suggested times to utilize the phone so that they don't disturb other house mates sleeping. Residents self governace house meeting was conducted and residents rights were reveiwed. Individual Number five guardians wrote a letter requesting that staff monitor his phone usage due to the fact that he was calling his guardian several times a day, late hours, and utilizing his phone during the time he was supposed to work on learning skills at his Day Program. This letter can be found in individuals' charts. QP spoke with individual about proper cell phone ethics and the importance of when and how to utilizie his phone during his free time at his Day Program and at the facility.	04\14\25

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V 364	Continued From page 15 upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to	V 364		

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V 364	Continued From page 16 proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;	V 364			

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V 364	Continued From page 17 (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed.	V 364		

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V 364	Continued From page 18 Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the restriction of 1 of 3 client's (#5) access to personal property had a written statement detailing the reason for the restriction and failed to review the restriction as required. The findings are: Review on 2/27/25 of client #5's record revealed: - Admitted 6/20/24 - Diagnoses of Schizophrenia Disorder, Intellectual Developmental Disorder, Hypoglycemia, Vitamin B12 Deficiency & Traumatic Brain Injury - No documentation of a written statement	V 364		

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V 364	Continued From page 19 detailing reason for restricting access to person property - No documentation for reviewing the restriction of personal property Observation at 12:33pm and 3:34pm on 2/27/25 revealed: - A mini refrigerator found in client #5's bedroom - No cellphone located on the refrigerator or in client #5's bedroom - Client #5 touched his pant pockets indicating that he didn't have his cellphone on him Interview on 2/27/25 client #5 reported: - The House Manager took his cellphone & it "makes me upset" - He asked the House Manager to give his cellphone back, but "he never does" - Didn't know where the House Manager kept his cellphone Interview on 3/3/25 the House Manager reported: - He didn't keep client #5's cellphone, but then stated he "keeps it (client #5's cellphone) sometimes" - Client #5 made calls to people at 2am - He didn't store client #5's cell phone in the staff's bedroom - Client #5 kept his cellphone in a "common place" in his bedroom - Client #5 had access to his phone "all the time" Interview on 2/27/25 the Supervisor In Charge reported: - Client #5 made calls to the guardian at 2am in the morning - Client #5's guardian requested for the House Manager to take client #5's cellphone	V 364		

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V 364	Continued From page 20 - Believed the House Manager kept client #5's cellphone locked in the staff's bedroom - Client #5 always had access to his cell phone - The House Manager gave client #5 his cellphone whenever he asked Upon further interview on 3/4/25 the Supervisor In Charge reported: - Saw client #5 with his cellphone at the day program today (3/4/25) - She spoke with client #5's guardian on February 12, 2025 about his cellphone & client #5's guardian told her to keep client #5's cellphone - Believed the House Manager kept client #5's cellphone on top of a shelf above the fire place in the living room - Believed the House Manager initially locked client #5's cellphone in the bedroom when client #5's guardian first requested to take the cell phone - Client #5 had access to his cellphone "at any time" - She didn't come to the facility "a lot" & she wasn't sure if the House Manager still locked client #5's cellphone in the staff's bedroom Interview on 3/10/25 the Qualified Professional (QP) reported: - Wasn't aware the House Manager confiscated client #5's cellphone - Client #5 didn't have any restrictions to his personal property - Would look into the situation & put a restriction in place if deemed necessary Interview on 3/10/25 the Administrator reported: - Client #5's guardian "granted" permission for staff to take client #5's cellphone at night - The QP was responsible for ensuring the	V 364		

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V 364	Continued From page 21 written statement detailing the reason for restriction was completed & reviewing the restriction as required - Was unaware taking client #5's cell phone was considered a restriction since client #5's guardian requested for them to take the cellphone	V 364		
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.	V 366		

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V 366	Continued From page 22 (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: (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	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-231	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER ULTIMATE FAMILY CARE HOME #18			STREET ADDRESS, CITY, STATE, ZIP CODE 2510 SANDERS ROAD WILLOW SPRINGS, NC 27592		
(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 366	Continued From page 23 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 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 review and interview, the facility failed to issue a written preliminary finding of fact to the Local Management Entity/Managed Care Organization (LME/MCO) within five working days of the incidents. The findings are: Review on 3/10/25 of client #4's hospital records	V 366			

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V 366	Continued From page 24 dated 12/29/24 revealed: - "Pt (patient) (client #4) reports that caregiver '[House Manager]' has 'choked' him and has 'hit him with a belt'. Attempted reviews from 2/27/25 - 3/10/25 of the facility records revealed: - No documentation of the written preliminary findings of fact was submitted to the LME/MCO within 5 days of the incident Interview on 3/10/25 the Qualified Professional (QP) reported: - Was responsible for investigating & submitting the preliminary findings of fact to the LME/MCO - Didn't report the written preliminary findings of fact to the LME/MCO because she didn't investigate client #4's allegation of abuse - She didn't investigate client #4's allegation because client #4 reported the allegation to the hospital & not the facility - Client #4 had a history of making false allegations of abuse & believed "he's (client #4) up to his old tricks again" Interview on 3/10/25 the Administrator reported: - The QP was responsible for investigating & submitting the preliminary findings of fact to the LME/MCO - Knew the QP didn't investigate client #4's allegation of abuse or submit the incident to the LME/MCO - Believed conducting an investigation wasn't necessary because client #4 reported the allegation of abuse to the hospital - Adult Protective Services conducted an investigation & unsubstantiated the allegation	V 366	The report of abuse was made at the hospital and Social services came out and investigated. The resident did not report any abuse to the facility. The Administrator and QP will investigate any abuse issue brought to their knowledge and follow all reporting protocols. In reference to the abuse report of the resident in question, the gaurdian reported to DSS that the resident uses the abuse pattern to get longer stay at the hospital and that is mode of operation as long as she has been his gaurdian. The QP will hence forth report and document any abuse report to the appropriate anuthorites and follow up with all the agency protocols. The QP or designated staff will monitor quaterly to ensure complaince.	04\10\25

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V 367	Continued From page 25	V 367		
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 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	V 367 V 367	All staff were re-trained on the following video trainings: Down Syndrome Thyroid Disease Seizures Major Depressive Disorder Posttraumatic Stress Disorder Alcohol Use Disorder QP or designated staff will follow up quarterly on any staff identified training needs.	04\14\25

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V 367	Continued From page 26 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: (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	V 367		

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V 367	Continued From page 27 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 II 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 3 audited clients (#4). The findings are: Review on 2/27/25 of client #4's record revealed: - Admitted 3/14/24 - Diagnoses of Down Syndrome, Thyroid Disease, Seizures, Major Depressive Disorder-Recurrent Severe, Alcohol Use Disorder, History of Pseudo Seizures & Posttraumatic Stress Disorder (PTSD) Review on 3/10/25 of client #4's hospital records dated 12/29/24 revealed: - "Pt (patient) (client #4) reports that caregiver '[House Manager]' has 'choked' him and has 'hit him with a belt'. Review on 2/27/25 the IRIS system revealed: - No documentation of an IRIS report for client #4's allegation of abuse towards the House Manager Interview on 2/27/25 client #4 reported:	V 367		

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V 367	Continued From page 28 - He previously reported that the House Manager hit him but it wasn't true - He & the House Manager had a "great relationship" & the House Manager was like his "dad" - The House Manager & the Supervisor In Charge treated him good & they "never put their hands on me" Interviews on 3/5/25 & 3/10/25 client #4's guardian reported: - Client #4 alleged the House Manager abused him on 12/29/24, but "there was no abuse" - "He (client #4) has a hard time understanding what's real and what is made up in his head" - "He (client #4) made ridiculous claims when he lived with us as well" - "[Client #4] is well taken care of and has a history of making up stories to get what he wants" - "He does suffer from PTSD as a result of abuse he suffered while living with his mother until 2012. So these 'stories' may have happened with other people a long time ago" Interview on 2/27/25 the Supervisor In Charge reported: - Client #4 had a history of making false allegations of abuse - Client #4 went to the hospital on 12/28/25 and accused the House Manager of abuse - The Qualified Professional (QP) was responsible for submitting IRIS reports - Believed the QP submitted an IRIS report for incident Interview on 3/10/25 the QP reported: - Was responsible for submitting IRIS reports - Didn't submit an IRIS report because she didn't investigate client #4's allegation of abuse - She didn't investigate client #4's allegation	V 367		

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V 367	Continued From page 29 because client #4 reported the allegation to the hospital & not the facility - Client #4 had a history of making false allegations of abuse and she believed "he's (client #4) up to his old tricks again" Interview on 3/10/25 the Administrator reported: - The QP was responsible for submitting IRIS reports - Knew the QP didn't submit an IRIS report for client #4's allegation of abuse - Didn't know the QP needed to submit an IRIS because client #4 reported the allegation of abuse to the hospital & not the facility	V 367		