

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/03/2025
NAME OF PROVIDER OR SUPPLIER LIFE OPPORTUNITIES, INC.-STRIVING FOR A BETTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4224 MCLEOD ROAD RED SPRINGS, NC 28377		
(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	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on April 3, 2025. The complaints were substantiated (intake #NC00228235 and #NC00228752). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p> <p>This survey originally closed on March 20, 2025 but reopened on April 2, 2025 due to an additional complaint.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have a first aid kit</p>	V 114		

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

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 3/13/25 of the facility's fire and disaster drills revealed: -No documentation of fire or disaster drills for the 1st quarter of 2024 (January - March). -No documentation of fire drills for the night shift for the 3rd quarter of 2024 (July - September). -No documentation of fire drills for the day shift for the 4th quarter of 2024 (October - December).</p> <p>Interview on 3/13/25 client #1 stated: -He had not participated in a fire or disaster drill. -He was unsure where to meet for a fire or disaster drills. -He knew to go outside for a fire.</p> <p>Interview on 3/13/25 client #2 stated: -The facility held fire drills. -He had not participated in a disaster drill.</p> <p>Interview on 3/31/25 client #3 stated: -The facility held fire drills. -He had not participated in a disaster drill.</p> <p>Interview on 3/13/25 the Associate Professional stated: -There were 2 shifts at the facility, day shift was 8am - 8pm and night shift was 8pm - 8am.</p>	V 114		

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V 114	Continued From page 2 -The facility had "quite a few" drills each month. -There were at least 2 fire drills and 1 disaster drill held each month. Interview on 3/13/25 the Qualified Professional stated: -Fire drills were held weekly in "combination" with diaster drills. -Different disaster drills were "rotated" each week. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;	V 118		

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V 118	<p>Continued From page 3</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 1 of 3 clients. (#3). The findings are:</p> <p>Review on 3/13/25 of client #3's record revealed: -15 year old male. -Admitted 9/27/24. -Diagnoses of Conduct Disorder, Attention Deficit Hyperactivity Disorder and Unspecified Trauma and Stress Disorder.</p> <p>Review on 3/13/25 of client #3's signed physician orders dated 11/13/24 revealed: -Divalproex 250 milligram (mg) 2 tablets every morning and 3 tablets at bedtime (mood). -Divalproex 125 mg every morning with 500 mg dose.</p> <p>Review on 3/13/25 of client #3's MARs from 12/1/24 - 3/13/25 revealed: -Divalproex 125 mg was not listed on December or January MARs or documented as administered 12/1/24-1/31/25.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-Divalproex 250 mg was not listed on February or March MARs or documented as administered 2/1/25-3/13/25.</p> <p>Review on 3/13/25 and 3/19/25 of the facility's medication count sheets from December 2024 - March 2025 for client #3 revealed:</p> <p>-Divalproex 250 mg "amount given" was 2 tablets at "7AM" daily from 12/1/24-1/25/25, no documentation to list Divalproex 125 mg was administered.</p> <p>-Divalproex 125 mg "amount given" was 1 tablet at "7AM" daily from 2/1/25-3/18/25, no documentation to list Divalproex 250 mg was administered.</p> <p>Observation on 3/13/25 at approximately 12pm of client #3's medications revealed:</p> <p>-A medication blister pack of Divalproex 250 mg 2 tablets every morning and a medication blister pack of Divalproex 125 mg every morning with 500 mg dose.</p> <p>Observation on 3/19/25 at approximately 1:37pm a review of client #3's medications revealed:</p> <p>-Divalproex 250 mg was dispensed on 3/14/25 (4 blister packets- 30 day counts) and 2/14/25 were full.</p> <p>-Divalproex 125 mg was dispensed on 1/17/25 and 2/14/25 were full.</p> <p>Interview on 3/13/25 client #3 stated:</p> <p>-He had not missed any medications.</p> <p>-He did not know what medications he took.</p> <p>-He was unsure of the number of pills he took but knew if was different medications.</p> <p>Interview on 3/19/25 staff #3 stated:</p> <p>-He administered medications to the clients.</p> <p>-He administered Divalproex 125 mg to client #3.</p>	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> -He had not administered Divalproex 250 mg to client #3. -He had not seen the Divalproex 250 mg transcribed on client #3's MARs. <p>Interview on 3/19/25 staff #7 stated:</p> <ul style="list-style-type: none"> -He administered medications to the clients. -He administered 2 tablets of Divalproex to client #3. -He was unsure of the dosage of the Divalproex for client #3. <p>Interview on 3/17/25 staff #10 stated:</p> <ul style="list-style-type: none"> -She "handles" the medications at the facility. -She reviewed the medications and the MARs. -She also worked as a pharmacy technician at a local pharmacy. -Client #3 took Divalproex for his mood instability and explosiveness. -She printed Divalproex 125 mg on the February and March MARs. -Divalproex 250 mg was not on the February and March MARs. -"It was my fault" with the medications were not listed on the MARs. -The medication packaging at the facility were correct. <p>Interview on 3/19/25 a local pharmacy technician stated:</p> <ul style="list-style-type: none"> -Client #3's Divalproex 250 mg and 125 mg were ordered 11/13/24. -There had not been any changes to client #3's physician order. <p>Interview on 3/13/25 the Associate Professional stated:</p> <ul style="list-style-type: none"> -She had not administered any medications. -Only "counselor II's" administer medications. -No client had missed any medications. 	V 118		

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V 118	<p>Continued From page 6</p> <p>Interview on 3/13/25 the Qualified Professional stated: -He had not reviewed the clients' medications. -He "look to see" if medications were being taken.</p> <p>Review on 3/19/25 of a Plan of Protection written by the Program Director dated 3/19/25 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Make sure the doctors orders are written in a clear and concise manner. A nurse will review the MAR's and medications immediately. Staff will be retrained in medication. Any Staff not attending the training will be removed from the schedule until they receive the training -Describe your plans to make sure the above happens. I (Program Director) will be the one creating the roster for the training and making sure the assign staff attend"</p> <p>The facility served clients with diagnoses to include Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Obsessive Compulsive Disorder, Oppositional Defiant Disorder and Disruptive Mood Dysregulation Disorder that ranged in age from 13 to 15 years old. Client #3 was prescribed Divalproex 625 mg every morning on 11/13/24 for mood instability and explosiveness. The Divalproex order was written as 2 tablets of 250 mg every morning along with a 125 mg dose, which totaled 625 mg. The facility had not kept the MARs current from 12/1/24 to 3/13/25 for client #3 nor kept client #3's correct dose of Divalproex 625mg administered as ordered every morning. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.</p>	V 118		

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V 118	Continued From page 7 This deficiency constitutes a re-cited deficiency.	V 118		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). 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.	V 132		

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V 132	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Health Care Personnel Registry (HCPR) was notified all allegations against facility staff and provide evidence the allegation was investigated affecting one of six audited staff (#2). The findings are:</p> <p>Review on 3/13/25 of client #1's record revealed: -15 year old male. -Admitted 2/4/25. -Diagnoses of Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Obsessive Compulsive Disorder, Oppositional Defiant Disorder and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 3/13/25 of the facility's records from 1/1/25 - 3/13/25 revealed no documentation of an allegation of abuse was reported to HCPR.</p> <p>Interview on 3/13/25 the Assistant Director stated: -Client #1's guardian contacted her on Friday (3/7/25) and informed her client #1 alleged that he was "beat up" at the facility and staff was "throwing him into a wall." -Client #1's guardian had not named a staff. -Client #1 reported he was restrained but was not. -She had not reported the allegation to HCPR or completed an internal investigation.</p> <p>The deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 132		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour</p>	V 364		

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V 364	Continued From page 9 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 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	V 364		

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V 364	Continued From page 10 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 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,	V 364		

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V 364	<p>Continued From page 11</p> <p>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.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(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</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>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.</p> <p>(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:</p> <p>(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;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(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</p>	V 364		

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V 364	Continued From page 12 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. 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	V 364			

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NAME OF PROVIDER OR SUPPLIER LIFE OPPORTUNITIES, INC-'STRIVING FOR A BETTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4224 MCLEOD ROAD RED SPRINGS, NC 28377		
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V 364	<p>Continued From page 13</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility restricted the rights of 3 of 3 clients (#1, #2, and #3) by restricting their access to food and failed to document the restriction as required. The findings are:</p> <p>Review on 3/13/25 of client #1's record revealed: -15 year old male. -Admitted 2/4/25. -Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Intermittent Explosive Disorder, Obsessive Compulsive Disorder (OCD), Oppositional Defiant Disorder (ODD) and Disruptive Mood Dysregulation Disorder. -No documentation of detailed reason for the rights restriction or restriction reviewed by a Qualified Professional (QP) as required every 7 days.</p> <p>Review on 3/13/25 of client #2's record revealed: -13 year old male.</p>	V 364		

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V 364	<p>Continued From page 14</p> <ul style="list-style-type: none"> -Admitted on 12/11/24. -Diagnoses of ADHD, Intermittent Explosive Disorder, OCD, ODD and parent child relational problems. -No documentation of detailed reason for the rights restriction or restriction reviewed by a QP as required every 7 days. <p>Review on 3/13/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> -15 year old male. -Admitted 9/27/24. -Diagnoses of Conduct Disorder, ADHD and Unspecified Trauma and Stress Disorder. -No documentation of detailed reason for the rights restriction or restriction reviewed by a QP as required every 7 days. <p>Observation on 3/13/25 at approximately 10:09 am during a tour of the facility revealed:</p> <ul style="list-style-type: none"> -The wall cabinet that contained items such as juice boxes, cereal, pop tarts, applesauce and other items contained a cable tethered lock. -The 2 part pantry cabinet contained can goods and packaged items such as can goods, packaged meals, pasta and other items. -The upright deep freezer contained frozen food to include microwave dinners, hot pockets, breakfast items, yogurt and other foods. <p>Interview on 3/13/25 client #1 stated:</p> <ul style="list-style-type: none"> -The cabinet and freezer were kept locked. -They were provided snacks at certain times. <p>Interview on 3/13/25 client #2 stated:</p> <ul style="list-style-type: none"> -The freezer and cabinet were kept locked. -Clients were not able to get a snack if they wanted. <p>Interview on 3/13/25 client #3 stated:</p> <ul style="list-style-type: none"> -The cabinet and freezer were kept locked. 	V 364		

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V 364	Continued From page 15 -He could not get items. Interview on 3/13/25 the Associate Professional stated: -The cabinets and freezer were kept locked at all times. -Staff had keys for the locks. -Staff would unlock the cabinet or freezer when it was time to prepare meals and lock the cabinet or freezer "right back." -The clients were not allowed to go in the freezer or cabinet for food items. -The facility had a food menu and designated snack times. Interview on 3/13/25 the Qualified Professional stated: -The cabinets and freezer were kept locked "to make sure clients are not getting food at any point and time." -He was unsure if there was documentation of the restriction of the food. -He had "never thought about it as a rights restriction" but could "see it" now. Interview on 3/13/25 the Program Manager stated: -The cabinets and freezer were kept locked "because the clients steal" and "staff as well." -The clients were provided what was on the menu at the designated time. The deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 364			
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR	V 366			

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V 366	Continued From page 16 CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record;	V 366		

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V 366	Continued From page 17 (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following:	V 366			

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V 366	<p>Continued From page 18</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement a policy governing their response to Level II or III incidents as required. The findings are:</p> <p>Finding #1 Review on 3/13/25 of client #1's record revealed: -15 year old male. -Admitted 2/4/25. -Diagnoses of Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Obsessive Compulsive Disorder, Oppositional Defiant Disorder and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 3/13/25 of the facility's incident reports revealed: -No documentation of an allegation of abuse for client #1</p>	V 366		

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V 366	<p>Continued From page 19</p> <p>-No documentation of law enforcement assistance which involved client #1.</p> <p>Review on 3/19/25 of a local sheriff's office "Communication Event Report" dated 2/15/25 revealed:</p> <p>-Nature- Disorderly Conduct</p> <p>-Notes: REF (Reference) TO A JUVENILE THAT STAYS IN THE GROUP HOME [CLIENT #1] 12/19/09 - CALLER ADV (Advised) SUBJ (Subject) IS HARASSING ALL THE EMPLOYEES AND COMM (Communicating) THREATS.</p> <p>Review on 3/19/25 of the facility's "Incident Reporting" policy effective 12/7/16 revealed:</p> <p>-Procedure:...The staff person most knowledgeable about the incident should complete the information on the report as soon as possible after learning of the incident. The staff person should then obtain the incident number and notify their supervisor to complete the supervisor section of the report..."</p> <p>Interview on 3/13/25 the Associate Professional stated:</p> <p>-Staff called police after client #1 tried to "fight staff and clients."</p> <p>-She was unsure of the date but recalled it being on a weekend in February.</p> <p>-No incident report was completed for law enforcement involvement as client #1 was not restrained.</p> <p>-She was not aware of any allegations of abuse.</p> <p>Interview on 3/13/25 the Assistant Director stated:</p> <p>-Client #1's guardian contacted her on Friday (3/7/25) and informed her client #1 alleged he was "beat up" at the facility and staff was "throwing him into a wall."</p> <p>-Client #1' s guardian had not named a staff.</p>	V 366		

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V 366	Continued From page 20 -Client #1's guardian also reported was restrained but he was not. The deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 366		
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	V 367		

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V 367	Continued From page 21 day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (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	V 367		

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V 367	<p>Continued From page 22</p> <p>the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are:</p> <p>Finding #1 Review on 3/13/25 of client #1's record revealed: -15 year old male. -Admitted 2/4/25. -Diagnoses of Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Obsessive Compulsive Disorder, Oppositional Defiant Disorder and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 3/19/25 of a local sheriff's office "Communication Event Report" dated 2/15/25 revealed: -Nature- Disorderly Conduct -Notes: REF (Reference) TO A JUVENILE THAT STAYS IN THE GROUP HOME [CLIENT #1]</p>	V 367		

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V 367	<p>Continued From page 23</p> <p>12/19/09 - CALLER ADV (Advised) SUBJ (Subject) IS HARASSING ALL THE EMPLOYEES AND COMM (Communicating) THREATS.</p> <p>Review on 3/13/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No allegation of abuse against client #1. -No report of police involvement which involved client #1.</p> <p>Interview on 3/13/25 the Associate Professional stated: -Staff called police after client #1 tried to "fight staff and clients." -She was unsure of the date but recalled it being on a weekend in February. -No incident report was completed for law enforcement involvement as client #1 was not restrained. -She was not aware of any allegations of abuse.</p> <p>Interview on 3/13/25 the Assistant Director stated: -Client #1's guardian contacted her on Friday (3/7/25) and informed her client #1 alleged he was "beat up" at the facility and staff was "throwing him into a wall." -Client #1's guardian had not named a staff. -Client #1's guardian also reported was restrained but he had not been restrained. -She had not completed an IRIS report or internal investigation.</p> <p>The deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p>	V 500		

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V 500	<p>Continued From page 24</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall</p>	V 500		

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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 500	<p>Continued From page 25</p> <p>develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report to the Department of Social Services (DSS) in the county where services are provided all allegations of abuse by health care personnel. The findings are:</p> <p>Finding #1 Review on 3/13/25 of client #1's record revealed: -15 year old male. -Admitted 2/4/25. -Diagnoses of Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Obsessive Compulsive Disorder, Oppositional Defiant Disorder and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 3/13/25 of the facility's incident reports from 1/1/25 - 3/13/25 revealed no reports or</p>	V 500			

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V 500	Continued From page 26 allegations of abuse to the local DSS. Interview on 3/13/25 the Assistant Director stated: -Client #1's guardian contacted her on Friday (3/7/25) and informed her client #1 alleged he was "beat up" at the facility and staff was "throwing him into a wall." -Client #1 had not named a staff. -Client #1 also reported was restrained. -She had not reported the allegation to DSS. The deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 500		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for	V 512		

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V 512	<p>Continued From page 27</p> <p>dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, one of five audited staff (#2) abused one of three clients (#1) and one of six audited staff (Assistant Director) failed to protect one of three clients (#1). The findings are:</p> <p>Finding #1 Review on 3/13/25 of client #1's record revealed: -15 year old. -Admitted 2/4/25. -Diagnoses of Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Obsessive Compulsive Disorder, Oppositional Defiant Disorder and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 3/13/25 of staff #2's record revealed: -Hire 10/29/22. -Rehire 12/2/24. -Job Title: Counselor I.</p> <p>Interview on 3/13/25 client #1 stated: -He was unsure of the date but it was the 2nd or 3rd week he was at the facility. -Staff #2 was "putting his business out." -He told staff #2 to get out of his room and they started arguing. -Staff #2 pushed him and he pushed staff #2 back. -Staff #2 got in his face talking and spitting and he punched staff #2. -They started fighting like "high school wrestling." -He put staff #2 in a headlock and staff #2 picked him up and "slammed" him to the ground outside</p>	V 512			

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V 512	<p>Continued From page 28</p> <p>of his room in the hallway.</p> <p>-He was face flat on the ground and staff #2 held his arms down so he could not get up.</p> <p>Interview on 3/13/25 staff #2 stated:</p> <p>-He "shoved" client #1 to get him out of his face.</p> <p>-Client #1 told staff #2 he could not beat him and cussed at him.</p> <p>-They got "into it" about "3 or 4 times."</p> <p>-He was unsure of the exact date.</p> <p>-"Was I just supposed to let him do it, No!"</p> <p>-"I'm a grown man and nobody not going to get in my face!"</p> <p>-Client #1 was a the size of "a grown man."</p> <p>-Client #1 was the "kind you just had to take down."</p> <p>-Client #1 had "charged" at him and he "forced him to the ground."</p> <p>-He forced client #1 to the ground by "sweeping" client #1 "off his feet" and "held him down until he calmed down."</p> <p>Interview on 3/14/25 staff #10 stated:</p> <p>-Client #1 was cussing at staff #2 and "got in his face."</p> <p>-Client #1 tackled "like football tackled" staff #2.</p> <p>-Staff #2 placed client #1 in a restraint but she could not recall the type of restraint.</p> <p>-Staff #2 took client #1 to his room.</p> <p>-Client #1 and staff #2 were both on the floor.</p> <p>-She did not recall if client #1 was pushed or taken to the floor.</p> <p>Interview on 3/14/25 the Associate Professional stated:</p> <p>-Client #1 was placed in a restraint, therapeutic walk, on 2/12/25 by staff #2.</p> <p>-She had not witnessed an abuse of client #1.</p> <p>-Staff #2 escorted client #1 to his room and sat at the door to monitor him.</p>	V 512			

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V 512	<p>Continued From page 29</p> <p>Interview on 3/14/25 the President stated: -He trained staff in Nonviolent Crisis Intervention (NCI). -Restraints were only used as a last resort. -Staff #2 was bigger than all the clients. -Sweeping a client off his feet was not a NCI technique. -Staff should not push the clients. -Staff were supposed to be at "arm length" from the client. -Staff were not supposed to restrain a client without a witness. -He was not aware of any restraint with client #1. -If a client went to his room, the intervention would be over as they would want a client to go to their room.</p> <p>Finding #2 Review on 3/13/25 of the Assistant Director's personnel record revealed: -Hire date May 2005.</p> <p>Review on 3/20/25 of the facility's staff schedule for March 2025 revealed staff #2 worked the following shifts 3/7/25, 3/8/25, 3/9/25, 3/12/25 and 3/13/25 after an allegation of abuse was made.</p> <p>Interview on 3/13/25 the Assistant Director stated: -Client #1's guardian contacted her on Friday (3/7/25) and informed her client #1 alleged he was "beat up" at the facility and staff was "throwing him into a wall." -Client #1's guardian had not named a staff. -Client #1's guardian also reported he was was restrained. -She had not reported the allegation or completed an internal investigation.</p> <p>Review on 3/14/25 of a Plan of Protection</p>	V 512		

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V 512	<p>Continued From page 30</p> <p>completed by the President and dated 3/14/25 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Staff member [staff #2] removed staff member from the schedule immediately. Provide training to all staff members at the facility on abuse and neglect. Supervision of the facility will be increase by management through more frequent visits as well as more monitoring of the camera in the facility -Describe your plans to make sure the above happens. Staff member involved in the abuse and negelct will be terminated immediately. Training on Abuse, Neglect and explortation will be provided to all staff on 3/21/2025 by contract provider [contract provider]"</p> <p>Review on 3/19/25 of a Plan of Protection completed by the President and dated 3/19/25 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? In the event that a client makes an allegation of abuse or neglect, upper management will be knotified and a investigation will be started immediately. The accused staff member will be removed from the schedule until the investigation is complete. All of management will participate in the upcoming abuse, neglect and exploitation Training to include [Associate Professional] RM (Residential Manager), [Assistant Director] Astt Director [Program Director] Director and [President] President -Describe your plans to make sure the above happens. Management will provide more oversite when clients are in the facility. Client interviews will continue weekly to determine of any rights violations, abuse or neglect."</p>	V 512			

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V 512	Continued From page 31 The facility served clients with diagnoses to include Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder, Obsessive Compulsive Disorder, Oppositional Defiant Disorder and Disruptive Mood Dysregulation Disorder that ranged in ages from 13 to 15 years old. On 2/12/25 client #1 was aggressive towards staff #2. Staff #2 attempted to redirect client #1. Staff #2 admitted he shoved client #2 and took client #2 down to the floor by sweeping client #1's feet from under him which resulted in client #1 falling down on to the floor. Staff #2 continued the abuse and held client #1 by his arms down on the ground. On 3/7/25 the Assistant Director became aware of the abuse allegations as reported by client #1. The Assistant Director did not ensure the safety of all the clients and did not complete an internal investigation and allowed staff #2 to work an additional 5 shifts with all the clients after the report of the allegation of abuse against staff #2. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days.	V 512		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe, clean and attractive manner. The findings are: Observation on 3/13/25 between approximately	V 736		

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V 736	<p>Continued From page 32</p> <p>10am - 10:30am a tour of the facility revealed:</p> <ul style="list-style-type: none"> -The bifold laundry area right door was off the track and sat next to the door frame. -There was a discolored white paint patch on the wall above the sofa the length of the sofa. -There was no toilet bowl lid cover in the first bathroom on the hallway. -There was paint peeling on the ceiling at the wall above the toilet approximately 2 feet by 2 inches in the second hallway bathroom. -There was approximately 1 foot of paint discoloration above the toilet and a 12 inches crack above the bathroom door. -There was discolored paint, shadow of yellow and white, on the ceiling in client #2's bedroom about 3 feet by 2 feet. There was a linear dip about 2 inches and 2 feet in the middle of client #2's bedroom. -Client #3's bedroom door had missing door trim at the top of his bedroom door. -The vacant bedroom and areas throughout the facility of various shades of yellowish, white paint patches. -The doorknob on the front door was loose. <p>Interview on 3/19/25 the President stated:</p> <ul style="list-style-type: none"> -The facility would have someone provide maintenance at the facility. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		

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V 736	Continued From page 33 The deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736			