

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-408	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER LIFE CHALLENGES OF THE CAROLINAS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1017 VANCOUVER LANE GASTONIA, NC 28052		
(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 and complaint survey was completed on 05/14/2025. The complaint was unsubstantiated (Intake #NC00229112). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.	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		

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop a treatment plan within 30 days of admission for 1 of 2 Clients (#2). The findings are:</p> <p>Review on 04/10/2025 of Client#2's record revealed: -Date of Admission: 02/10/2025. -Diagnoses: Bipolar Disorder, Conduct Disorder, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, and Intellectual Development Disability-Unspecified. -There was no current treatment/habilitation or service plan.</p> <p>Interview on 04/24/2025 with the Qualified Professional (QP) revealed: -"I did not do a treatment plan for him (Client #2)." -"He (Client #2) will not be with us long."</p> <p>Interview on 04/24/2025 with the Licensee revealed: -"We (Licensee and QP) were not aware that we had to develop a treatment plan for him (Client #2)." -"He is under DSS (Department of Social Services) guardianship." -"We will ensure that all PCP's (Person Centered Plan) be completed within 30 days of admission</p>	V 112		

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V 112	Continued From page 2 moving forward."	V 112		
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 accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete fire and disaster drills at least quarterly for each shift. The findings are:</p> <p>Review on 04/10/2025 of the facility's fire and disaster drills from 10/25/2024-03/31/2025 revealed: 1st quarter (October-December 2024):</p>	V 114		

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V 114	Continued From page 3 -No 1st shift (7 am-3 pm) and 3rd shift (11 pm- 7 am) disaster drills. 2nd quarter (January-March 2025): -No 1st shift (7 am-3 pm), 2nd shift (3 pm-11 pm) and 3rd shift (11 pm- 7 am) disaster drills. Interview on 04/10/2025 with Client #1 revealed: -Practiced disaster drills. -"Go to the tub (for tornado drills)." Interview on 04/10/2025 with Client #2 revealed: -Practiced disaster drills. -Hide under a table for tornado drills. Interview on 04/24/2025 with the Qualified Professional (QP) revealed: -"CARF requires disaster drill completion annually and we did not know that licensure rule required disaster drills to be completed every quarter every shift." -"Moving forward, I have updated our forms and policy to ensure correction." Interviews on 04/10/2025 and 04/24/2025 with the Licensee revealed: -"The First client was admitted the facility in October (2024)." -"1st shift is 7 am to 3 pm, 2nd shift is 3 pm to 11 pm, and 3rd shift is 11 pm to 7 am." -"We (Licensee and QP) were confused about the requirements. Moving forward, we will do disaster drills every quarter each shift."	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118		

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V 118	<p>Continued From page 4</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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> </p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure medications were administered on the written order of a physician and and failed to keep the MAR current affecting 2 of 2 Clients (#1 and #2)</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>and 1 of 1 Former Client (FC #3). The findings are:</p> <p>Finding #1: Review on 04/10/2025 of Client #1's record revealed: -Age: 13 years old. -Date of Admission: 11/25/2024. -Diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Oppositional Defiant Disorder (ODD), and Anxiety Disorder. Physician's order dated 03/25/2025 for: -Guanfacine (HCL) Hydrochloride (ER) Extended Release 1 milligram (mg) (ADHD)- Take 1 tablet (tab) by mouth each morning with 2 mg tab. No Physician's orders for: -Fluticasone Propionate (Allergies)- Administer 1 spray into each nostril 2 times a day. -Guanfacine HCL ER 2 mg (ADHD)- Take 1 tab by mouth twice daily at 8 am and 2 pm. -Oxcarbazepine 300 mg (Anxiety)- Take 1 tab by mouth twice daily. -Risperidone 1 mg (Mood)- Take 1 tab by mouth nightly (9 pm). -Sertraline HCL 50 mg (Mood)- Take 1 tab by mouth nightly (9 pm). -Trazadone 50 mg (Anxiety)- Take 1 tab by mouth at bedtime. -Aripiprazole 10 mg (Mood)- Take 1 tab by mouth daily. -Hydroxyzine HCL 25 mg (Anxiety)- Take 1 tab mouth twice daily.</p> <p>Reviews on 04/10/2025 and 04/15/2025 of Client #1's MARs from January 01, 2025 - March 31, 2025 revealed: 03/01/2025-03/31/2025; There was no transcription for route and quantity for the following medications:</p>	V 118		

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V 118	Continued From page 6 -Guanfacine HCL ER 1 mg. -Guanfacine HCL ER 2 mg. -Oxcarbazepine 300 mg. -Risperidone 1 mg. -Sertraline HCL 50 mg. -Trazadone 50 mg. -Client #1 had a total of 12 MAR transcription errors with no route or quantity from 03/01/2025-03/31/2025. There were no staff initials for administration for the following dates: January 2025: -Guanfacine HCL ER 2 mg on 01/26/2025 at 2 pm, 01/27/2025 at 2 pm, 01/28/2025 at 2 pm, 01/29/2025 at 2 pm, 01/30/2025 at 2 pm, and 01/30/2025 at 2 pm; Total 6. February 2025: -Guanfacine HCL ER 2 mg on 02/01/2025 at 2 pm, 02/02/2025 at 2 pm, 02/03/2025 at 2 pm, 02/04/2025 at 2 pm, 02/05/2025 at 2 pm, 02/06/2025 at 2 pm, 02/07/2025 at 2 pm, 02/08/2025 at 2 pm, 02/09/2025 at 2 pm, 02/10/2025 at 2 pm, and 02/11/2025 at 2 pm; Total 11. March 2025: -Guanfacine HCL ER 1 mg on 03/25/2025 at 8 am; Total 1. -Guanfacine HCL ER 2 mg on 03/08/2025 at 8 am and 2 pm, 03/09/2025 at 8 am and 2 pm, 03/10/2025 at 8 am and 2 pm, and 03/12/2025 at 2 pm; Total 7. -Oxcarbazepine 300 mg on 03/07/2025 at 7 pm, 03/08/2025 at 7 am and 7 pm, 03/09/2025 at 7 am and 7 pm, 03/10/2025 at 7 am, and 03/12/2025 at 7 pm; Total 7. -Risperidone 1 mg on 03/01/2025 at 9 pm, 03/02/2025 at 9 pm, 03/03/2025 at 9 pm, 03/07/2025 at 9 pm, 03/08/2025 at 9 pm, 03/09/2025 at 9 pm, 03/12/2025 at 9 pm; Total 7. -Sertraline HCL 50 mg on 03/07/2025 at 9 pm,	V 118		

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V 118	<p>Continued From page 7</p> <p>03/08/2025 at 9 pm, 03/09/2025 at 9 pm, and 03/12/2025 at 9 pm; Total 4. -Trazadone 50 mg on 03/07/2025 at 9 pm, 03/08/2025 at 9 pm, 03/09/2025 at 9 pm, and 03/12/2025 at 9 pm; Total 4. -Client #1 had a total of 54 medication doses with no staff initials for administration between January 01, 2025 - March 31, 2025.</p> <p>Observation on 04/10/2025 between 4:15 pm-5:30 pm of Client #1's medication container revealed: -All medications listed above were present.</p> <p>Finding #2: Review on 04/10/2025 of Client #2's record revealed: -Age: 13 years old. -Date of Admission: 02/10/2025. -Diagnosed with Bipolar Disorder, Conduct Disorder, ADHD, Autism Spectrum Disorder, and Intellectual Development Disability (IDD) Unspecified. Physician's order dated 03/18/2025: -Benzotropine MEZ (Mesylate) .5 mg (Mood Stabilizer)- Take 1 tab by mouth twice daily at 7 am and 7 pm. -Clonidine HCL .3 mg (ADHD)- Take tab by mouth at bedtime. -Fish Oil 1000 mg (Supplement)- Take 1 cap (capsule) by mouth nightly at 7 pm. -Melatonin 3 mg (Sleep)- Take 1 tab by mouth daily. -Propranolol 40 mg (Mood)- Take 1 tab by mouth 3 times daily at 7 am, 1 pm, and 7 pm. -Chlorpromazine 50 mg (Mood)- Take 1 tab by mouth 7 pm. -Bupropion HCL 75 mg (Mood)- Take 1 tab by mouth daily at 7 am and 3 pm. -Chlorpromazine 100 mg (Mood)- Take 1 tab by</p>	V 118		

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V 118	Continued From page 8 mouth twice daily at 7 am and 1 pm. Reviews on 04/10/2025 and 04/15/2025 of Client #2's MARs from February 10, 2025 - March 31, 2025 revealed: There was no transcription for route and quantity for the following medications: -Benzotropine MEZ .5 mg. -Clonidine HCL .3 mg. -Propranolol 40 mg. -Chlorpromazine 50 mg. -Chlorpromazine 100mg. -Bupropion HCL 75 mg. There was no transcription for instructions, route, and quantity for: -Fish Oil 1000 mg -Melatonin 3 mg -Client #2 had a total of 18 MAR transcription errors with no route, quantity, and/or instructions for administration from 02/10/2025-03/31/2025. There were no staff initials for administration for the following dates: February 2025: -Bupropion HCL 75 mg on 02/10/2025 at 7 pm; Total 1. -Chlorpromazine 100 mg was administered 02/11/2025, 02/12/2025, 02/13/2025, 02/14/2025, 02/15/2025, 02/16/2025, 02/17/2025, 02/18/2025, 02/19/2025, 02/20/2025, 02/21/2025, 02/22/2025, 02/23/2025, 02/24/2025, 02/25/2025, 02/26/2025, 02/27/2025, 02/28/2025 at 3 pm instead of 1 pm; Total 18. March 2025: -Bupropion HCL 75 mg on 03/25/2025 at 3 pm; Total 1. -Chlorpromazine 50 mg on 03/10/2025 and 03/16/2025 at 7 pm; Total 2. -Chlorpromazine 100 mg on 03/14/2025 at 3 pm, 03/15/2025 at 7 am and 3 pm, 03/16/2025 at 7 am and 3 pm, 03/17/2025 at 7am, and	V 118		

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V 118	<p>Continued From page 9</p> <p>03/25/2025 at 3 pm at 3 pm; Total 7. -Propranolol 40 mg on 03/10/2025 at 7 pm and 03/25/2025 at 3 pm; Total 2. -Clonidine HCL .3 mg on 03/01/2025, 03/02/2025, 03/03/2025, 03/04/2025 and 03/10/2025 at 7 pm; Total 5. -Fish Oil 1000 mg on 03/10/2025 at 7 pm; Total 1. -Melatonin 3 mg on 03/10/2025 at 7 pm; Total 1. -Chlorpromazine 100 mg was administered 03/05/2025, 03/06/2025, 03/07/2025, 03/08/2025, 03/09/2025, 03/10/2025, 03/11/2025, 03/12/2025, 03/13/2025, 03/17/2025, 03/18/2025, 03/19/2025, 03/20/2025, 03/21/2025, 03/22/2025, 03/23/2025, 03/24/2025, 03/26/2025, 03/27/2025, 03/28/2025, 03/29/2025, 03/30/2025, and 03/31/2025 at 3 pm instead of 1 pm; Total 23. -Client #2 had a combined total of 61 medication doses with no staff initials for administration and medication errors between February 10, 2025 - March 31, 2025.</p> <p>Observation on 04/10/2025 between 4:15 pm-5:30 pm of Client #2's medication container revealed: -All medications listed above were present.</p> <p>Finding #3: Review on 04/08/2025 of FC #3's record revealed: -Age: 16 years old. -Date of Admission: 11/25/2024. -Date of Discharge: 04/04/2025. -Diagnosed with Post Trauma Stress Disorder (PTSD), Disruptive Mood Dysregulation Disorder, Nocturnal Enuresis, Primary Insomnia, Fetal Alcohol Syndrome, ADHD, Other Epilepsy, Anxiety Disorder, and Mild IDD. Physician's order dated 12/05/2024: -Sertraline HCL 50 mg (PTSD)- Take 1 tab by mouth 1 time per day in the morning.</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>Physician's order dated 01/09/2025: -Lamotrigine ER 250 mg (Seizures)- Take 1 tab by oral route 2 times per day. Physician's order dated 01/28/2025: -Trazodone 150 mg (Sleep)- Take 1 tab by mouth at night for sleeplessness (allow eight hours for sleep). Physician's order dated 02/03/2025: -Vitamin D2 50000 units (Supplement)- Take 1 cap by mouth weekly. Physician's order dated 02/18/2025: -FeroSul 325 mg (Low Iron)- Take 1 tab by mouth BID (two times per day). Physician's order dated 03/08/2025: -Lithium Carbonate ER 300 mg (Anxiety)- Take 1-3 tabs by mouth twice per day; take 1 tab by mouth every morning and take 2 tabs at bedtime. Physician's order dated 04/04/2025: -Guanfacine 2 mg (ADHD)- Take 1 tab by mouth 2 times per day. No Physician's order for: -Vitamin C Chewable (Supplement)- Take 1 tab by mouth 2 times per day.</p> <p>Review on 04/15/2025 of FC #3's MARs from January 01, 2025 - March 31, 2025 revealed: 03/01/2025-03/31/2025: There was no transcription for route and quantity for the following medications: -Lamotrigine 25 mg was transcribed instead of Lamotrigine ER 250 mg. -Sertraline HCL 50 mg. -Trazodone 150 mg. -Lithium Carbonate ER 300 mg. -Vitamin D2 50000 units. -Vitamin C Chewable. -FC #3 had a total of 12 MAR transcription errors with no route or quantity from 03/01/2025-03/31/2025. There were no staff initials for administration for</p>	V 118		

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V 118	Continued From page 11 the following dates: February 2025: -Lamotrigine ER 250 mg on 02/01/2025-02/28/2025 at 7 am and 7 pm; Total 56. -Trazodone 150 mg on 02/01/2025-02/12/2024 at 7 pm; total 12. -Vitamin D2 50000 units on 02/02/2025 at 7 am, 02/09/2025 at 7 am, and 02/16/2025 at 7 am; Total 3. March 2025: -FeroSul 325 mg on 03/01/2025-03/03/2025 at 7 am and 7 pm, 03/04/2025 at 7 am, 03/08/2025 at 7 pm, 03/09/2025 at 7 am and 7 pm, 03/10/2025 at 7 am and 7 pm, 03/11/2025 at 7 am, 03/12/2025 at 7 pm, 03/17/2025 at 7 pm and 03/18/2025-03/31/2025 at 7 am and 7 pm; Total 43. -Guanfacine 2 mg on 03/01/2025-03/03/2025 at 7 am and 7 pm, 03/04/2025 at 7 am, 03/08/2025 at 7 pm, 03/09/2025- 03/10/2025 at 7 am and 7 pm, 03/11/2025 at 7 am, 03/12/2025 at 7 pm, 03/17/2025 at 7 pm, 03/18/2025-03/24/2025 at 7 am and 7 pm, and 03/25/2025 at 7 am; Total 30. -Lithium Carbonate ER 300 mg on 03/01/2025-03/04/2025 at 7 am, 03/09/2025-03/11/2025 at 7 am, and 03/18/2025-03/25/2025; total 15. Lamotrigine ER 250 mg on 03/01/2025-03/04/2025 at 7 am and 7 pm, 03/06/2025 at 7 pm, 03/08/2025 at 7 pm, 03/09/2025-03/10/2025 at 7 am and 7 pm, 03/11/2025 at 7 am, 03/12/2025 at 7 pm, 03/13/2025-03/31/2025 at 7 am and 7 pm; Total 54. -Sertraline HCL 50 mg on 03/01/2025-03/18/2025 at 7 am; Total 18. -Trazodone 150 mg on 03/01/2025, 03/02/2025, 03/03/2025, 03/08/2025, 03/09/2025, 03/10/2025, 03/12/2025 at 7 pm, and 03/17/2025-03/24/2025	V 118		

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V 118	<p>Continued From page 12</p> <p>at 7 pm; Total 15. -Vitamin D2 50000 units on 03/09/2025 at 7 am and 03/23/2025 at 7 am; Total 2. -Vitamin C Chewable on 03/01/2025-03/03/2025 at 7 am and 7 pm, 03/04/2025 at 7 am, 03/08/2025 at 7 pm, 03/09/2025-03/10/2025 at 7 am and 7 pm, 03/11/2025 at 7 am, 03/12/2025 at 7 pm, 03/17/2025 at 7 pm, 03/18/2025-03/25/2025 at 7 am and 7 pm; Total 31. -FC #3 had a total of 279 medication doses with no staff initials for administration between February 10, 2025 - March 31, 2025.</p> <p>Interview on 04/10/2025 with Client #1 revealed: -Never missed a dose of medications.</p> <p>Interview on 04/10/2025 with Client #2 revealed: Never missed a dose of medications.</p> <p>Interview on 04/15/2025 with Staff #1 revealed: -"No, medication errors that I know of." -"Yes, I pass the medications." -"I sign off on medications."</p> <p>Interview on 04/15/2025 with Staff #2 revealed: -There were no medication errors.</p> <p>Interview on 04/24/2025 with the QP revealed: -"I am not responsible for medication administration procedures and processes for the facility. [Staff #3] is responsible for medication administration. We (Licensee and QP) will be putting processes in place to correct."</p> <p>Interviews on 04/10/2025 and 04/24/2025 with the Licensee revealed: -"His (Client #1) parents take him to medical appointments and have his doctor orders." -"He (FC #3) must have been in the hospital."</p>	V 118		

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V 118	<p>Continued From page 13</p> <p>- "He (Client #2) was on a home visit." - "Staff should sign off on MARs as soon as they administer medications, but that has not been happening."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 04/16/2025 of Plan of Protection (POP) dated 04/16/2025 written by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? These actions will help ensure accurate and safe medication management for the consumers in our care. 1. To ensure the safety of the consumers in our care regarding documenting medication, the facility will take following immediate actions: 2. Re-Train Staff by a Registered Nurse (RN): Provide immediate training to all staff on the importance of accurate medication documentation, standardized procedures to follow, including reporting and documentation for medication errors. 3. Review Current Medication Records By Registered Nurse with w/Staff: Conduct an audit of all current medication documentation to ensure accuracy and completeness. 4. Standardized Documentation Procedures: Implement standardized forms (MAR from [Local] Pharmacy and others as prescribed) and review protocols for recording medication administration, including dosage, timing, and any observed side effects. Additionally, a review of the protocol for recording medication administration, including dosage, timing, and any observed side effects. 5. Contract with an RN as Medication Coordinator: The RN will work with the</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>appointed staff members to ensure medication management and documentation compliance monthly and as medication changes are made. 6. Implement Double-Check System: Establish a system where both (2) staff members verify medication administration and review documentation to reduce errors. 7. Enhance Communication with Healthcare Providers and Pharmacy: Strengthen communication with healthcare providers to ensure updates on medication changes are promptly documented with the Pharmacy, and LCOC (Life Challenges of the Carolinas) has copies as well. Ensure discontinued orders are sent to the Pharmacy and that LCOC has a copy. Describe your plans to make sure the above happens. The plans by LCOC to ensure the effective implementation of the plan for documenting medication safety are as follows:</p> <p>1.Contract with an RN for Medication Coordination: Timeline: Within the next 2 weeks. (April 17, 2025) Action: Appoint a qualified staff member as the coordinator, responsible for overseeing all current medication-related activities, including a semi-annual review of documentation. 2. Immediate Audit: Timeline: Within the next 24 hours of Contracting with RN. (April 17, 2025) Action: Assign staff to review all medication records for accuracy and completeness, identifying any discrepancies. 3. Standardization of Procedures: Timeline: Within the next week. (April 18, 2025) Action: Review for needed updates and utilize in training written protocols for standardized documentation, MAR forms from pharmacy and procedures to all staff involved in medication administration. Staff 4. Training: Timeline: Within the next two weeks. (April 22, 2025) Action: Schedule mandatory training sessions for all staff on the</p>	V 118		

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V 118	<p>Continued From page 15</p> <p>documentation protocols and the importance of accuracy in medication management. 5. Implementation of Double-Check System: Timeline: Within the next two weeks. Action: Create a protocol for staff to verify each medication administration with a second staff member, ensuring accuracy before documentation. 6. Improved Communication with Healthcare Providers: Timeline: Ongoing, starting immediately. Action: Establish regular communication channels with healthcare providers to ensure timely updates on any changes in medication and that documentation needed for these changes is shared promptly. 7. Monitoring and Feedback: Timeline: Ongoing. Action: Regularly review documentation practices and provide feedback to staff, ensuring adherence to protocols and adjusting as necessary. By following this structured plan, we will enhance the safety and accuracy of medication documentation for the consumers in our care."</p> <p>Review on 04/16/2025 of POP Addendum dated 04/16/2025 written by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 1. Re-Train Staff by a Registered Nurse: Provide immediate training to all staff on the importance of accurate medication documentation, standardized procedures to follow, including reporting and documentation for medication errors. 3. Additionally, a review of the protocol for recording medication administration, including dosage, timing, and any observed side effects. 4. Contract with an RN as Medication Coordinator: The RN will work with the appointed staff members to ensure medication management and documentation compliance monthly and as medication changes are made.</p>	V 118			

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V 118	<p>Continued From page 16</p> <p>Describe your plans to make sure the above happens.</p> <p>1. Contract with an RN for Medication Coordination: Timeline: Within the next 2 weeks. (April 17, 2025) Action: Appoint a qualified staff member as the coordinator, responsible for overseeing all current medication-related activities, including a semi-annual review of documentation. 5. Implementation of Double-Check System: Timeline: Within the next two weeks. Action: Create a protocol for staff to verify each medication administration with a second staff member, ensuring accuracy before documentation. 6. Improved Communication with Healthcare Providers: Timeline: Ongoing, starting immediately. Action: Establish regular communication channels with healthcare providers to ensure timely updates on any changes in medication and that documentation needed for these changes is shared promptly."</p> <p>Review on 04/16/2025 of POP Addendum #2 dated 04/16/2025 written by the Licensee revealed: -Document signed and dated by licensee.</p> <p>The facility served clients between 13-16 years old and diagnosed with, ADHD, PTSD, Mild IDD, Autism Spectrum Disorder, Anxiety Disorder, Disruptive Mood Dysregulation Disorder, and Fetal Alcohol Syndrome. Clients' #1, #2, and FC #3 had a combined total of 353 undocumented medication administration entries. Staff administered medications to Client #1 and FC #3 without physicians' orders. Staff administered medication to Client #2 at the wrong time 41 times between February 11, 2025 and March 31, 2025. Clients' #1, #2, and FC #3 had a combined total of 42 MAR medication transcription errors with route, quantity, and/or instructions for</p>	V 118		

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V 118	Continued From page 17 administration. FC #3 did not have a MAR for the month of January 2025. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the North Carolina Health Care Personnel Registry (HCPR) was accessed prior to hire for 2 of 2 Staff (#1 and #2) and 1 of 1 Qualified Professional (QP). The findings are: Review on 04/08/2025 of Staff #1's personnel record revealed: -Date of Hire: 12/28/2024. -HCPR verification check: 04/08/2025. Review on 04/08/2025 of Staff #2's personnel record revealed: -Date of Hire: 11/13/2024. -HCPR verification check: 04/08/2025.	V 131		

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V 131	Continued From page 18 Review on 04/08/2025 of QP's personnel record revealed: -Date of Hire: 07/01/2024. -HCPR verification check: 07/24/2024. Interviews on 04/08/2025 and 04/24/2025 with the QP revealed: -Was responsible for the HCPR verification checks for the agency. -"I did not realize that his (Staff #2) HCPR check had not been completed." -"When I realized I had to do my own HCPR check it was already late." Interview on 04/24/2025 with the Licensee revealed: -"We (Licensee and QP) take full responsibility for not running the HCPR checks prior to hire. That was an administrative oversight." -Would ensure HCPR verification checks were completed prior to hire for all potential new hires moving forward.	V 131		
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	V 132		

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V 132	<p>Continued From page 19</p> <p>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.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure that the North Carolina Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel, provide evidence that alleged acts were investigated, and protect clients during an investigation. The findings are:</p> <p>Review on 04/08/2025 of the facility records revealed:</p> <ul style="list-style-type: none"> -There was no evidence of an investigation for the allegation made by Former Client (FC) #3 that Staff #2 pushed him to the ground and punched him in the eye on 04/01/2025. -There was no evidence to support systems were put in place to protect clients during the investigation after physical abuse allegations were made against Staff #2 on 04/01/2025. -There was no notification to HCPR for Staff #2 	V 132		

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V 132	<p>Continued From page 20</p> <p>for the alleged physical abuse incident dated 04/01/2025.</p> <p>Review on 04/08/2025 of the North Carolina Incident Response Improvement System (IRIS) from 01/01/2025-04/07/2025 revealed:</p> <ul style="list-style-type: none"> -There was no IRIS report submitted for the allegation of physical abuse incident dated 04/01/2025 for FC #3. <p>Interview on 04/08/2025 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Investigated the alleged physical abuse incident dated 04/01/2025 against Staff #2, but the documentation was not completed. -Staff #2 was suspended pending the investigation, but the documentation was not completed. -HCPR was not notified of the alleged abuse incident dated 04/01/2025 for Staff #2. <p>Interview on 04/24/2025 with the QP revealed:</p> <ul style="list-style-type: none"> -"This is the first incident that we have had, and we were not knowledgeable of the requirements." <p>Interview on 04/08/2025 with the Licensee revealed:</p> <ul style="list-style-type: none"> -FC #3 reported the above abuse incident dated 4/01/2025 to her. -"We (Licensee and QP) investigated (allegation made by FC #3 that Staff #2 pushed him to the ground and punched him in the eye on 04/01/2025)." -"We are going to type up the internal investigation today (04/08/2025)." -"[Staff #2] got suspended on the 1st (04/01/2025)." -HCPR was not notified of the alleged abuse incident dated 04/01/2025 for Staff #2. 	V 132		

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V 132	Continued From page 21 Interview on 04/24/2025 with the Licensee revealed: -"As a new provider, I was not aware of the process. I will review the rule area and ensure I follow processes correctly."	V 132		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of	V 133		

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V 133	Continued From page 22 Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public	V 133		

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V 133	Continued From page 23 records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal	V 133		

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V 133	Continued From page 24 history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina	V 133		

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V 133	<p>Continued From page 25</p> <p>Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to check the criminal history for 1 of 1 Qualified Professional (QP) within 5 days of making the conditional offer of hire. The findings are:</p>	V 133		

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V 133	Continued From page 26 Review on 04/08/2025 of QP's personnel record revealed: -Date of Hire: 07/01/2024. -A QP job description. -The background check was completed on 07/24/2024. Interview on 04/24/2025 with the QP revealed: -"I did it (background check on myself) when I was told I was responsible for auditing employee files." Interview on 04/24/2025 with the Licensee revealed: -"It (background check not completed within 5 days of condition offer of hire) was an administrative oversight."	V 133		
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	V 366		

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V 366	Continued From page 27 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; (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	V 366		

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V 366	Continued From page 28 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: (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.	V 366		

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V 366	<p>Continued From page 29</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to level II and III incidents. The findings are:</p> <p>Review on 04/08/2025 of the facility's incident reports from 01/01/2025-04/07/2025 revealed: 04/01/2025- Former Client (FC) #3's allegation that Staff #2 pushed him to the ground and punched him in the eye during a physical restraint incident. 04/03/2025- FC #3's physical aggression, property destruction, Emergency Medical Services (EMS) Transport, and Involuntary Commitment Incident.</p> <p>Reviews on 04/08/2025 and 04/24/2025 of the facility's records revealed: There was no documentation to support that the above incidents had been evaluated to: -Attend to the health and safety needs of the individuals involved in the incident. -Determine the cause of the incident. -Developed and implemented corrective measures according to provider specified timeframes not to exceed 45 days. -Developed and implemented measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days. -Assign person(s) to be responsible for implementation of the corrections and preventive measures.</p> <p>Reviews on 04/08/2025 and 04/24/2025 of the North Carolina Incident Response Improvement</p>	V 366		

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V 366	Continued From page 30 System (IRIS) from 01/01/2025-04/07/2025 revealed: -There were no reports submitted for the above incidents. Interview 04/24/2025 with the Licensee revealed: -"As a new provider, we were not aware that it (risk/cause/analysis) had to be done. Moving forward, we will devise a form to ensure that we are meeting the incident response requirements."	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	V 367		

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V 367	Continued From page 31 or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the	V 367		

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V 367	<p>Continued From page 32</p> <p>definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit a level II and III incident to the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services are provided within 24 hours and 72 hours of becoming aware of the incidents. The findings are:</p> <p>Review on 04/08/2025 of Former Client (FC) #3's record revealed: -Admitted: 11/25/2024. -Discharged: 04/04/2025. -Diagnosed with Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, Nocturnal Enuresis Disorder, Primary Insomnia, Fetal Alcohol Syndrome, Attention Deficit Hyperactivity Disorder, Other Epilepsy, Anxiety</p>	V 367		

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V 367	<p>Continued From page 33</p> <p>Disorder, and Mild Intellectual Developmental Disability.</p> <p>Reviews on 04/08/2025 and 04/24/2025 of the North Carolina Incident Response Improvement System (IRIS) from 01/01/2025-04/07/2025 revealed:</p> <ul style="list-style-type: none"> -There was no Level II incident report for FC #3's physical aggression, property destruction, Emergency Medical Services (EMS) Transport, and Involuntary Commitment Incident dated 04/03/2025. -There was no Level III incident report for FC #3's allegation that Staff #2 pushed him to the ground and punched him in the eye during a physical restraint incident dated 04/01/2025. <p>Interview on 04/24/2025 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Did not report the above incidents in IRIS. -"She (Licensee) is supposed to be looking into IRIS reporting. I will be responsible for reporting in IRIS moving forward." <p>Interview on 04/24/2025 with the Licensee revealed:</p> <ul style="list-style-type: none"> -Did not report the above incidents in IRIS. -"Moving forward, we will report all required incidents in IRIS." 	V 367		