

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER REJUVENATING LIVES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2541 AMANDA PLACE WINTERVILLE, NC 28590		
(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>A complaint survey was completed on April 30, 2025. The complaint was unsubstantiated (intake #NC00229795). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services.</p> <p>This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 2 current clients and 2 former clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care 	V 107		

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

TITLE

(X6) DATE

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V 107	<p>Continued From page 1</p> <p>Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have complete personnel records affecting 2 of 4 audited staff (#2 and #3) and Licensee/Qualified Professional (L/QP)). The findings are:</p> <p>Review on 4/30/25 staff #2's personnel record revealed: -Hire Date: -Job Title: Paraprofessional -No documentation of a job description.</p> <p>Review on 4/30/25 of staff #3's personnel record revealed:</p>	V 107		

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V 107	Continued From page 2 -Hire Date: Job Title: Paraprofessional -No documentation of a job description. Interview on 4/30/25 the Licensee stated: -She kept the staff personal records in the office located in a neighboring city and she did not bring staff #3's personal record. -Staff #3 had worked for two weeks. -She understood personal staff were required to have complete personal records and will assess her system for keeping records in the facility.	V 107			
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 record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hiring facility staff affecting 2 of 4 staff (staff #3 and Qualified Professional (QP). The findings are: Review on 4/30/25 of staff #3's personnel record revealed:	V 131			

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V 131	Continued From page 3 -Date of hire Unknown. -No documentation that the HCPR was accessed. Review on 4/30/25 of the QP personnel record revealed: -Date of hire 12/2/24. -The the HCPR was accessed on 2/9/25. Interview on 4/30/25 with the Licensee revealed: -She completed the HCPR checks for potential staff. -She did not know the HCPR had to be accessed prior to hire. -Staff #3 had worked approximately 2 weeks. -She would provide staff #3's HCPR to the surveyor by 5:00pm on 4/30/25 No additional documentation for HCPRs was received.	V 131		
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	V 133		

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V 133	Continued From page 4 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 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	V 133		

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V 133	Continued From page 5 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 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	V 133		

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V 133	Continued From page 6 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 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	V 133		

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V 133	Continued From page 7 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 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. (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. (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: (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. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins	V 133		

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V 133	<p>Continued From page 8</p> <p>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 ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting 2 of 4 staff (staff #3 and Qualified Professional (QP)). The findings are:</p> <p>Review on 4/30/25 of staff #3's personnel record revealed: -Date of hire Unknown. -No criminal background check was requested.</p> <p>Review on 4/30/25 of the QP personnel record revealed: -Date of hire 12/2/24. -The the criminal background was requested on 2/20/25.</p> <p>Interview with the Director/Licensee #1 on 4/30/25 revealed: -She was responsible to request the background checks for all potential staff. -Staff #3 had worked approximately 2 weeks. -She would provide evidence of staff #3's criminal background check to the surveyor by 5:00pm on 4/30/25.</p> <p>No additional documentation for background checks were received.</p>	V 133		

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V 273	<p>27G .5102 Community Respite - Staff</p> <p>10A NCAC 27G .5102 STAFF</p> <p>(a) The Program Director shall be either:</p> <p>(1) a graduate of a college or university with a four-year degree in human service-related field; or</p> <p>(2) a high school graduate or equivalent with at least three years of experience in human service programming.</p> <p>(b) It shall be the responsibility of the Program Director to determine the appropriate ages of staff to provide respite services.</p> <p>(c) The following minimum staff requirements apply to community center-based respites:</p> <p>(1) During waking hours, in a facility that serves four or more clients, a minimum of two staff members shall be on duty when five or fewer clients are in the facility. If more than five clients are being served, a minimum ratio of one staff member for every additional five or fewer clients shall be maintained.</p> <p>(2) During waking hours, in a facility that serves three or fewer clients, a minimum of two staff members shall be on duty unless emergency backup procedures are sufficient to allow only one staff member on duty.</p> <p>(3) During sleeping hours, a minimum of two staff members shall be available in the immediate area unless emergency backup procedures are sufficient to allow only one staff member on duty.</p> <p>(4) On occasions when only one client is in the facility, a minimum of one staff member shall be on duty during waking and sleeping hours.</p> <p>(d) In a private home respite, at least one respite provider approved according to guidelines established by the governing body and who has a basic understanding of the client's disability shall supervise the client at all times.</p>	V 273		

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V 273	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews the facility failed to provide minimum staffing requirements of two staff when three or fewer clients were in the facility. The findings are:</p> <p>Observation on 4/29/25 from 11:37am thru 2:02pm of the facility revealed: -Client #1 and client #2 in their bedrooms. -Staff #2 and staff #3 on duty at the facility. -Staff #2 left the facility at 11:37am and returned to the facility at 2:02pm.</p> <p>Record review on 4/29/25 of client #1's record revealed: Admission Date of 4/25/25 -Diagnoses included Mild intellectual disabilities, Bipolar Disorder, Major Depressive Disorder, Schizoaffective Disorder, Major Depressive Disorder, Bipolar Disorder and Conduct Disorder</p> <p>Record review on 4/29/25 of client #3's record revealed: -Admission date of 4/8/25. -Diagnoses unknown. Psychological Evaluation scheduled for 4/30/25.</p> <p>Interview on 4/29/25 client #1 stated two staff had always worked at the facility.</p> <p>Interview on 4/29/25 client #2 stated she always saw two staff at the facility on all shifts.</p> <p>Interview on 4/29/25 staff #2 revealed: -Two staff worked all shifts at the facility. -She left the facility on 4/29/25 from 11:37am-2:02pm due to a medical appointment.</p>	V 273		

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V 273	Continued From page 11 -She had only left the facility once during her shift that once and it was not a normal occurrence. Interview on 4/29/25 staff #3 revealed: -He worked first shift. -Two staff always worked. -Staff #2 had not left the facility during the shift when they previously worked together. Interview on 4/30/25 staff #1 stated she had always worked shifts with another staff and 2 staff worked each shift. Interview on 4/30/25 with the Licensee revealed: -Another staff had not been scheduled to relieve staff #2 during her medical appointment. -There were always two staff that worked at the facility during each shift. -She understood the staffing requirements.	V 273		
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	V 366		

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V 366	Continued From page 12 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; (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	V 366		

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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 366	Continued From page 13 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: (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 14</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 4/29/25 of Former Client (FC) #4's record revealed: -12 year old female. -Admitted 4/25/25. -Discharged 4/26/25. -Diagnoses of Reactive Attachment Disorder of Childhood and Post Traumatic Stress Disorder.</p> <p>Finding #2 Review on 4/29/25 of FC #5's record revealed: -15 year old female. -Admitted 4/12/25. -Discharged 4/14/25. -Diagnoses of Disruptive Mood Dysregulation Disorder and Oppositional Defiant Disorder.</p> <p>Review on 4/29/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No submitted reports for FC #4 or FC #5.</p> <p>Review on 4/29/25 of the facility documentation revealed: -A client communication sheet noted police called on 4/13/25 at 9:55pm for FC #5 elopement and 4/25/25 for FC #4 elopement. -No facility's incident reports.</p> <p>Review on 4/30/25 of a local police report dated</p>	V 366		

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V 366	<p>Continued From page 15</p> <p>4/25/25 revealed: -Date and time reported 4/25/25 at 1:00pm. -FC #4 had been located 4/25/25 at 1:05pm at a nearby store and returned to the facility by the responding officer.</p> <p>Review on 4/30/25 of a local police report dated 4/13/25 revealed: -Date and time reported 4/13/25 10:00pm. -FC #5 had been located on a neighboring road at 10:00pm. -FC #5 was returned to the facility 4/13/25.</p> <p>Review on 4/30/25 of the facility's "Incident Reporting/Incident Response" policy effective 2/26/24 revealed: -"[Facility] shall respond by: ...assigning person(s) to be responsible for implementation of the corrections and preventative measures...maintaining documentation..."</p> <p>Interview on 4/30/25 the Qualified Professional (QP) stated: -She had no incident reporting or incident response documentation responsibilities.</p> <p>Interview on 4/30/25 the Administrator stated: -He had responded to the facility on 4/25/25 for the incident with FC #4. -He had not documented the details of his response for the incident. -The Licensee had completed all the paperwork for the incident.</p> <p>Interview on 4/30/25 the Licensee stated: -FC #4 eloped from the facility on 4/25/25 and was discharged on 4/26/25 to the Department of Social Services Legal Guardian. -FC #5 eloped from the facility on 4/13/25 and was discharged on 4/13/25 to a psychiatric</p>	V 366		

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V 366	Continued From page 16 residential treatment facility. -She had contact with staff regarding the incidents and gave instruction to contact police. -Staff completed the client communication sheet. -She was responsible for incident reporting and responding. -There was no documentation detailing staff instruction, police contact or corrective actions in response the incidents. -She had installed cameras and window alarms on all windows of the facility as a preventative.	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	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-293	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/30/2025
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V 367	Continued From page 17 (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously 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:	V 367		

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V 367	<p>Continued From page 18</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in 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 4/29/25 of Former Client (FC) client #4's record revealed: -12 year old female. -Admitted 4/25/25. -Discharged 4/26/25. -Diagnoses of Reactive Attachment Disorder of Childhood and Post Traumatic Stress Disorder.</p> <p>Finding #2</p>	V 367		

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V 367	<p>Continued From page 19</p> <p>Review on 4/29/25 of FC #5's record revealed: -15 year old female. -Admitted 4/12/25. -Discharged 4/14/25. -Diagnoses of Disruptive Mood Dysregulation Disorder and Oppositional Defiant Disorder.</p> <p>Review on 4/29/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No submitted reports for FC #4 or FC #5.</p> <p>Review on 4/30/25 of the facility's "Incident Reporting/Incident Response" policy effective 2/26/24 revealed: -"[Facility] shall report all level II incidents...within 72 hours of becoming aware of the incident..."</p> <p>Review on 4/29/25 of the client communication sheet revealed: -Police called on 4/13/25 at 9:55pm due to FC #5 elopement. -Police called on 4/25/25 at 12:45pm to do missing report for FC #4.</p> <p>Review on 4/30/25 of a local police report dated 4/25/25 revealed: -Date and time reported 4/25/25 at 1:00pm. -FC #4 had been located 4/25/25 at 1:05pm at a nearby store and returned to the facility by the responding officer.</p> <p>Review on 4/30/25 of a local police report dated 4/13/25 revealed: -Date and time reported 4/13/25 10:00pm. -FC #5 had been located on a neighboring road at 10:00pm. -FC #5 was returned to the facility 4/13/25.</p> <p>Interview on 4/30/25 staff #1 stated: -FC #4 had eloped from the facility on 4/25/25</p>	V 367		

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V 367	<p>Continued From page 20</p> <p>about 1:15pm and she immediately called the police. -FC #4 was walking on a street close to the facility and police returned her to the facility at 1:30pm.</p> <p>Interview on 4/30/25 the Qualified Professional (QP) stated: -She had no incident reporting or incident response documentation responsibilities. -She could not recall the date FC #5 eloped but she thought it was around 9:00pm. -FC #5 ran off after she took her medication. -The local police and the Licensee were contacted immediately.</p> <p>Interview on 4/30/25 the Administrator stated: -He was not fully aware of the incident reporting requirements and the Licensee had completed all the paperwork for the incident.</p> <p>Interview on 4/30/25 the Licensee stated: -FC #4 eloped from the facility on 4/25/25 and was discharged on 4/26/25 to the Department of Social Services Legal Guardian. -FC #5 eloped from the facility on 4/13/25 and was discharged on 4/14/25 to a psychiatric residential treatment facility. -She had contact with staff regarding the incidents and gave instruction to contact police. -Staff completed the client communication sheet. -She was responsible for incident reporting and responding. -She had not submitted no IRIS report submitted. -She had installed cameras and window alarms on all windows of the facility as a preventative. -She had not delegated the submission of IRIS reports yet because she did not want to give staff access to the facility's national provider identifier number.</p>	V 367		

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V 367	Continued From page 21 -She would ensure future incidents were reported as required.	V 367			