

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER VIRTUE, INC MEANTIME HOME VI		STREET ADDRESS, CITY, STATE, ZIP CODE 3387 E HWY 150 LINCOLNTON, NC 28092		
(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 and complaint survey was completed on May 12, 2025. The complaint was unsubstantiated (intake #NC00229589). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facility for Children and Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 4 former clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105		

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

TITLE

(X6) DATE

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V 105	Continued From page 1 can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to implement its written policies regarding screening, assessments, and disposition affecting 2 of 2 current Clients (#1-2) and 4 of 4 Former Clients (FC #3-6). The findings are:</p> <p>Review on 4/24/25 and 4/25/25 of the facility's "screening and assessments" policy revealed: -"Effective Date: 3-27-25...Screening policy: Individuals may be screened by VIRTUE, Inc. (Licensee) or through MCO (Local Management Entity/Managed Care Organization (LME/MCO)) and through interviews with VIRTUE, Inc. Program Staff. If referrals for admission to VIRTUE, Inc. are received through the local Area Program they will meet all single portal regulations (if applicable) as promulgated by the state and/or LME (LME/MCO)...As required by ETRI (Emergency Transitional Residential Services) services VIRTUE will submit not accept and reason for non acceptance to designated party." -"Assessments Policy: The governing body shall assess referred consumers in order to determine their suitability for placement in its programs. The assessment will be conducted...prior to the delivery of services. Due to the nature of ETRI services in cases of emergency some may take the place of. Service and habilitation programming shall be provided according to an assessment plan..."</p> <p>Review on 4/22/25, 4/24/25, and 4/29/25 of Client</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>#1's record revealed: -Age: 15 -Date of Admission: 3/21/25 -Diagnoses: Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder (ADHD), Conduct Disorder, Impulse Control Disorder-Unspecified dysfunctional (sexual disinhibition), and Reactive Attachment Disorder. affecting 2 of 2 current Clients (#1-2) and 4 of 4 former clients (FC #3-6). -No documentation of screening, assessments, or disposition completed prior to admission.</p> <p>Review on 4/22/25, 4/24/25, and 4/29/25 of Client #2's record revealed: -Age: 17 -Date of Admission: 2/12/25 -Diagnoses: ADHD, Oppositional Defiant Disorder (ODD), Unspecified mood disorder, Conduct Disorder, Post Traumatic Stress Disorder (PTSD), and Borderline Intellectual Functioning. -Comprehensive Clinical Assessment (CCA) dated 2/3/25 by an outside Licensed Professional (LP) that recommended a higher level of care than the facility was licensed to provide: "Chief Complaint...he transitioned to a level III group home in July 2024...He left the group home without authorization on December 7, 2024...During this time of AWOL (absent without leave), client received pending criminal charges to include Breaking/Entering into a motor vehicle, financial transaction car theft, larceny of a motor vehicle, identity theft, obtaining property by false pretenses. He also endorsed using a vape and weed pen to smoke marijuana as well as drink occasional alcohol...Client is in need of another level III residential setting... Recommendations: Client is recommended for a Residential Treatment - Level III setting..." -No documentation of screening, assessments,</p>	V 105		

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V 105	<p>Continued From page 4</p> <p>or disposition completed prior to admission.</p> <p>Review on 4/22/25, 4/24/25, and 4/29/25 of FC #3's record revealed: -Age: 15 -Date of Admission: 3/10/25 -Date of Discharge: 4/16/25 -Diagnoses: Anxiety Disorder-Unspecified and ADHD-Combined type. -No documentation of screening, assessments, or disposition completed prior to admission.-</p> <p>Review on 4/22/25, 4/24/25, and 4/29/25 of FC #4's record revealed: -Age: 16 -Date of Admission: 3/12/25 -Date of Discharge: 4/17/25 -Diagnoses: ADHD, Autism Spectrum Disorder, Mild Intellectual Developmental Disabilities (IDD), and Disruptive Mood Dysregulation Disorder. -CCA addendum dated 3/3/25 by an outside LP that recommended a higher level of care than the facility was licensed to provide: "...currently residing in a level 3 group home setting. Client transferred from level 4 PRTF (Psychiatric Residential Treatment Facility) setting in 04/2024. [FC #4]'s behaviors escalated on Sunday 01/12/2025. Client engaged in verbal and physical aggressive behaviors...He used excessive profanity towards staff and the police officers who were called to assist with deescalating the situation. [FC #4] physically assaulted a staff, he punched and choked the staff. Client eloped from the facility multiple times on 1/12/2025...Client was admitted to a psychiatric inpatient admission...on 1/13/2025 until 1/27/2025 for stabilization...Clinical recommendations are for [FC #4] to receive PRTF level IV services..." -No documentation of screening, assessments,</p>	V 105		

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V 105	<p>Continued From page 5</p> <p>or disposition completed prior to admission.</p> <p>Review on 4/24/25 and 4/29/25 of FC #5's record revealed: -Age: 13 -Date of Admission: 2/17/25 -Date of Discharge: 2/28/25 -Diagnoses: ADHD, ODD, Unspecified Mood Disorder, Unspecified Trauma and Stressor-related disorder, and Conduct disorder. -Referral form dated 2/5/25: "...recommended for a lateral move to another PRTF. The treatment team is in the process of searching for another PRTF as the member's current placement is scheduled to discharge him on 2/15/2025. The member's current behaviors include property destruction, physical and verbal aggression, and AWOL attempts." -No documentation of screening, assessments, or disposition completed prior to admission.</p> <p>Review on 4/24/25 and 4/29/25 of FC #6's record revealed: -Age: 16 -Date of Admission: 2/19/25 -Date of Discharge: 2/24/25 -Diagnoses: ADHD, Other Trauma and Stressor-related disorder, and ODD. -No documentation of screening, assessments, or disposition completed prior to admission.</p> <p>Review on 4/28/25 of an email received and dated 4/28/25 from VIRTUE revealed: -"Requested Information Emergency Transitional Residential Intervention will provide a service gap need that will reduce avoidable emergency department visits and 'placements' in higher levels of care that are not clinically appropriate. This service is designed to remove barriers to access needed treatment,</p>	V 105		

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V 105	<p>Continued From page 6</p> <p>streamline and standardize the assessment process, and address whole person care needs. This service provides a safe and healthy treatment environment with supports wrapped around them. This service is intended to support the youth in a safe and healthy environment, prevent abuse and neglect, and provide short term treatment and further assessment, if needed, a time of transition. Priority population for this service includes youth who can be diverted from crisis facilities and Eds (emergency department), and in some instances youth stepping down from a crisis facility, inpatient, or ED. These youth presenting in crisis, however, do not meet the imminent danger to self or others threshold and can be diverted short term while a sound long term plan is formulated and executed. These are youth who present with acute mental health and/or behavioral issues but do not require inpatient hospitalization."</p> <p>Interview on 4/30/25 with FC #5's Department of Social Services legal guardian revealed: -"He (FC #5) was in a PRTF and had a lateral recommendation. They (previous PRTF) discharged him with the same recommendations. In the meantime, they (facility) said they would take him. It wasn't his level of care." -The facility was aware of his current behaviors.</p> <p>Interview on 5/5/25 with the Qualified Professional (QP) revealed: -"Those conversations (screening, assessments, and disposition) are happening...may not be documented." -"On occasions it has to be done the day of admission."</p> <p>Interviews on 4/22/25, 4/24/25, 4/29/25 and 5/5/25 with the Administrator #1/Evidence Based</p>	V 105		

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V 105	Continued From page 7 Protective Interventions (EBPI) Trainer/QP revealed: -Clients stayed at the facility for 30-45 days. -"We (facility) are short term with ETRI." -Was approached by the LME/MCO about providing ETRI services and the facility agreed. -"...referrals come through [LME/MCO] for ETRI services..." -ETRI is "...a scope of work. It is something they (LME/MCO referrals) do in lieu of (provide services outside of license)." -"...our understanding is that we are able to accept them (clients referred for higher levels of care) for a short period of time because our understanding is that they are here for a short time until accepted (to their higher level placement). If they do come in for a higher level of care, certain presenting behaviors...would be a reason not to accept." -"Some strategies or interventions for ETRI are built in." -"They (Division of Health Service Regulation) haven't said anything. Our understanding is that the state sought out ETRI to keep children out of hospital and DSS (department of social services lobbies)." -"Pretty much any referrals come through [LME/MCO] for ETRI services..." -"We have children (clients) who come in who are non leveled, some level II, and some that are level III...but still wanting ETRI, [LME/MCO] asking if they can come into the home..." -"...we follow the guidelines that are within ETRI and 1300." -"It (ETRI) was designed to bring whatever level care they were and stabilize." -"...Within the service (ETRI), as I understand it, we are allowed to bring in a child at a different level of care...to get him to the next level..." -Can not provide for a higher level of care	V 105		

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V 105	Continued From page 8 "...outside of the context of ETRI." -"Our understanding with them [LME/MCO], they are working within state rules that is allowable (to admit a client needing a higher level of care)." -"...The way [LME/MCO] has set us up to receive children...It is built in to that SOW (Scope of Work), our referrals come in through [LME/MCO]. they are looking at those clients first." -"...doing our own screening and assessments prior to (admission)..." -"We look at the information they (LME/MCO) send us..." but acknowledged that they did not have any documentation of screening or assessments completed prior to admission. -"In terms of screening, their (LME/MCO) role is mostly to make sure we receive the referral form, clinical documents and we see who is actually coming in..." -"During the CFT (Child and Family Team Meeting), [LME/MCO] is looking for higher levels of care...doing assessments to level [FC #4] down." This deficiency is cross referenced into 10A NCAC 27G .1301 Scope (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 105		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem;	V 111		

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V 111	<p>Continued From page 9</p> <p>(2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete assessments prior to the delivery of services and develop strategies to address the presenting problems affecting 2 of 2 current Clients (#1-2) and 4 of 4 Former Clients (FC #3-6). The findings are:</p> <p>Review on 4/22/25, 4/24/25, and 4/29/25 of Client #1's record revealed: -Age: 15</p>	V 111		

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V 111	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Date of Admission: 3/21/25 -Diagnoses: Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder (ADHD), Conduct Disorder, Impulse Control Disorder-Unspecified Dysfunctional (sexual disinhibition), and Reactive Attachment Disorder. -Child and Family Team (CFT) notes dated 4/1/25 and 4/15/25 do not discuss behavioral concerns. -Referral form dated 3/6/25: "...No current placement options available but the member (Client #1) currently cannot return home due to family dynamics and family's reported concerns for members behaviors..." No specific behaviors were listed in the referral form. -No documentation of assessment prior to the delivery of services. -No evidence of strategies to address the clients presenting problems prior to the establishment and implementation of the treatment plan. <p>Review on 4/22/25, 4/24/25, and 4/29/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Age: 17 -Date of Admission: 2/12/25 -Diagnoses: ADHD, Oppositional Defiant Disorder (ODD), Unspecified Mood Disorder, Conduct Disorder, Post Traumatic Stress Disorder (PTSD), and Borderline Intellectual Functioning. -CFT notes dated 3/25/25 and 4/8/25 address cursing and smoking toward staff. -Referral form dated 12/6/24: "Child (Client #2) ran from level III placement and was discharged..." -No documentation of assessment prior to the delivery of services. -No evidence of strategies to address the clients presenting problems prior to the establishment and implementation of the treatment plan. <p>Review on 4/22/25, 4/24/25, and 4/29/25 of FC</p>	V 111		

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V 111	<p>Continued From page 11</p> <p>#3's record revealed: -Age: 15 -Date of Admission: 3/10/25 -Date of Discharge: 4/16/25 -Diagnoses: Anxiety Disorder-Unspecified, and ADHD-Combined Type. -CFT notes dated 4/1/25 and 4/15/25 do not discuss behavioral concerns. -Referral from dated 3/4/25: "[FC #3]'s behaviors have been escalating at the non-leveled placement that he is currently at..." No specific behaviors were listed in the referral form. -No documentation of assessment prior to the delivery of services. -No evidence of strategies to address the clients presenting problems prior to the establishment and implementation of the treatment plan.</p> <p>Review on 4/22/25, 4/24/25, and 4/29/25 of FC #4's record revealed: -Age: 16 -Date of Admission: 3/12/25 -Date of Discharge: 4/17/25 -Diagnoses: ADHD, Autism Spectrum Disorder, Mild Intellectual Developmental Disabilities (IDD), and Disruptive Mood Dysregulation Disorder. -Referral form dated 3/7/25: "[FC #4] is a 16 year old male who is currently residing in a Level III Group home however member's discharge date is set for next Friday...due to the increase in his behaviors...current behaviors include verbal and physical aggression, non-compliance, AWOL (absent without leave), and property destruction..." -No documentation of assessment prior to the delivery of services. -No evidence of strategies to address the clients presenting problems prior to the establishment and implementation of the treatment plan.</p>	V 111		

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V 111	<p>Continued From page 12</p> <p>Review on 4/24/25 and 4/29/25 of FC #5's record revealed:</p> <ul style="list-style-type: none"> -Age: 13 -Date of Admission: 2/17/25 -Date of Discharge: 2/28/25 -Diagnoses: ADHD, ODD, Unspecified Mood Disorder, Unspecified Trauma and Stressor-Related Disorder, and Conduct Disorder. -CFT note dated 2/25/25: discharge discussed due to elopement attempt. -Referral from dated 2/5/25: "...the member's (FC #5) current behaviors include property destruction, physical and verbal aggression, and AWOL attempts." -No documentation of assessment prior to the delivery of services. -No evidence of strategies to address the clients presenting problems prior to the establishment and implementation of the treatment plan. <p>Review on 4/24/25 and 4/29/25 of FC #6's record revealed:</p> <ul style="list-style-type: none"> -Age: 16 -Date of Admission: 2/19/25 -Date of Discharge: 2/24/25 -Diagnoses: ADHD, Other Trauma Stressor-Related Disorder, and ODD. -CFT note dated 2/25/25: "Member (FC #6) eloped, was picked up by the police, and refused to return the home..." -No documentation of assessment prior to the delivery of services. -No evidence of strategies to address the clients presenting problems prior to the establishment and implementation of the treatment plan. <p>Interview on 5/5/25 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Screenings and assessments prior to admission, 	V 111		

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V 111	Continued From page 13 "those conversations are happening...may not be documented." -"On occasions it (assessment) has to be done the day of admission." Interviews on 4/22/25, 4/24/25 and 5/5/25 with the Administrator #1/Evidence Based Protective Interventions (EBPI) Trainer/QP revealed: -Reviewed the admissions criteria with the QP, the therapist and the Administrator #2. -"Some strategies or interventions, for ETRI (Emergency Transitional Residential Interventions) are built in (to the referral)." -Would only list ETRI on the screening form as an intervention "...but it is known through the [Local Management Entity/ Managed Care Organization (LME/MCO)]." -"Once through ETRI services, [LME/MCO] sends to us...and we see who is actually coming in the home and the location of where they are coming from." -"We look at the information (referrals) they (LME/MCO) send us." -"We work on their treatment plan every 2 weeks. We are updating what strategies, plans they have, where they are going..." This deficiency is cross referenced into 10A NCAC 27G .1301 Scope (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 111		
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	V 112		

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V 112	<p>Continued From page 14</p> <p>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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement a treatment plan within 30 days of admission, affecting 2 of 2 current Clients (#1-2) and 2 of 4 Former Clients (FC #3-4). The findings are:</p> <p>Review on 4/22/25, 4/24/25 and 4/29/25 of Client #1's record revealed: -Age: 15 -Date of Admission: 3/21/25</p>	V 112		

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V 112	<p>Continued From page 15</p> <p>-Diagnoses: Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder (ADHD), Conduct Disorder, Impulse Control Disorder-Unspecified Dysfunctional (sexual disinhibition), and Reactive Attachment Disorder.</p> <p>-Child and Family Team (CFT) notes dated 4/1/25 and 4/15/25 do not discuss behavioral concerns.</p> <p>-Referral form dated 3/6/25: "...No current placement options available but the member (Client #1) currently cannot return home due to family dynamics and family's reported concerns for members behaviors..." No specific behaviors were listed in the referral form.</p> <p>-No documentation of a treatment plan developed.</p> <p>Review on 4/22/25, 4/24/25 and 4/29/25 of Client #2's record revealed:</p> <p>-Age: 17</p> <p>-Date of Admission: 2/12/25</p> <p>-Diagnoses: ADHD, Oppositional Defiant Disorder, Unspecified Mood Disorder, Conduct Disorder, Post Traumatic Stress Disorder, and Borderline Intellectual Functioning.</p> <p>-CFT notes dated 3/25/25 and 4/8/25 address cursing and smoking toward staff.</p> <p>-Referral form dated 12/6/24: "Child (Client #2) ran from level III placement and was discharged..."</p> <p>-No documentation of a treatment plan developed.</p> <p>Review on 4/22/25, 4/24/25, and 4/29/25 of FC #3's record revealed:</p> <p>-Age: 15</p> <p>-Date of Admission: 3/10/25</p> <p>-Date of Discharge: 4/16/25</p> <p>-Diagnoses: Anxiety Disorder-Unspecified, and ADHD-Combined type.</p> <p>-CFT notes dated 4/1/25 and 4/15/25 do not</p>	V 112		

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V 112	<p>Continued From page 16</p> <p>discuss behavioral concerns.</p> <p>-Referral from dated 3/4/25: "[FC #3]'s behaviors have been escalating at the non-leveled placement that he is currently at..." No specific behaviors were listed in the referral form.</p> <p>-No documentation of a treatment plan developed.</p> <p>Review on 4/22/25, 4/24/25, and 4/29/25 of FC #4's record revealed:</p> <p>-Age: 16</p> <p>-Date of Admission: 3/12/25</p> <p>-Date of Discharge: 4/17/25</p> <p>-Diagnoses: ADHD, Autism Spectrum Disorder, Mild Intellectual Developmental Disabilities, and Disruptive Mood Dysregulation Disorder.</p> <p>-Referral form dated 3/7/25: "[FC #4] is a 16 year old male who is currently residing in a Level III Group home however member's discharge date is set for next Friday...due to the increase in his behaviors...current behaviors include verbal and physical aggression, non-compliance, AWOL (absent without leave), and property destruction..."</p> <p>-No documentation of a treatment plan developed.</p> <p>Review on 4/24/25, 4/28/25, and 4/29/25 of facility incident reports dated 2/17/25 to 4/15/25 revealed:</p> <p>-4/6/25 - FC #4 eloped from the facility for a duration of "2-3 minutes" and crossed the highway.</p> <p>-4/12/25 - FC #4 eloped from the facility and left sight of staff. LE was called. No duration of time that the client was gone from the facility.</p> <p>-4/15/25 -FC #4 was in a physical altercation with a peer which resulted in staff using a physical intervention to move FC #4 from one location to another.</p>	V 112		

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V 112	Continued From page 17 Treatment plans were requested and not provided during the course of the survey between 4/22/25 to 5/12/25. Interview on 5/5/25 with the Qualified Professional (QP) revealed: -He would gather the information for treatment plans. -"[Administrator #1/Evidence Based Protective Interventions (EBPI) Trainer/QP and # 2] are responsible for treatment planning." Interviews on 4/22/25 and 4/24/25 with the Administrator #1/EBPI Trainer/QP revealed: -"They (clients) only stay 30-45 days." -In regard to treatment plan responsibilities, "...we do the CFT every two weeks." -"We work on their treatment plan every 2 weeks. We are updating what strategies, plans they have, where they are going..." -"The ETRI services are different." -"They (clients) are gone in 2 to 3 weeks." This deficiency is cross referenced into 10A NCAC 27G .1301 Scope (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth;	V 113		

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VIRTUE, INC MEANTIME HOME VI

3387 E HWY 150
LINCOLN, NC 28092

Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation

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V 113	<p>Continued From page 19</p> <p>Based on record reviews and interviews, the facility failed to maintain complete client records affecting 2 of 2 current Clients (#1-2) and 4 of 4 Former Clients (FC #3-6). The findings are:</p> <p>Review on 4/22/25, 4/24/25, and 4/29/25 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -Age: 15 -Date of Admission: 3/21/25 -Diagnoses: Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder (ADHD), Conduct Disorder, Impulse Control Disorder-Unspecified Dysfunctional (sexual disinhibition), and Reactive Attachment Disorder. -No documentation of services provided or progress made towards outcomes. <p>Review on 4/22/25, 4/24/25, and 4/29/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Age: 17 -Date of Admission: 2/12/25 -Diagnoses: ADHD, Oppositional Defiant Disorder, Unspecified Mood Disorder, Conduct Disorder, Post Traumatic Stress Disorder, and Borderline Intellectual Functioning. -No documentation of services provided or progress made towards outcomes. <p>Review on 4/22/25, 4/24/25, and 4/29/25 of FC #3's record revealed:</p> <ul style="list-style-type: none"> -Age: 15 -Date of Admission: 3/10/25 -Date of Discharge: 4/16/25 -Diagnoses: Anxiety Disorder-Unspecified, and ADHD-Combined Type. -No documentation of services provided or progress made towards outcomes. <p>Review on 4/22/25, 4/24/25, and 4/29/25 of FC #4's record revealed:</p>	V 113		

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V 113	<p>Continued From page 20</p> <p>-Age: 16 -Date of Admission: 3/12/25 -Date of Discharge: 4/17/25 -Diagnoses: ADHD, Autism Spectrum disorder, Mild Intellectual Developmental Disabilities, and Disruptive Mood Dysregulation Disorder. -No documentation of services provided or progress made towards outcomes.</p> <p>Review on 4/24/25 and 4/29/25 of FC #5's record revealed: -Age: 13 -Date of Admission: 2/17/25 -Date of Discharge: 2/28/25 -Diagnoses: ADHD, Oppositional Defiant Disorder, Unspecified Mood Disorder, Unspecified Trauma and Stressor-related Disorder, and Conduct Disorder. -No documentation of services provided or progress made towards outcomes.</p> <p>Review on 4/24/25 and 4/29/25 of FC #6's record revealed: -Age: 16 -Date of Admission: 2/19/25 -Date of Discharge: 2/24/25 -Diagnoses: ADHD, Other Trauma Stressor-Related Disorder, and Oppositional Defiant Disorder. - No documentation of services provided or progress made towards outcomes.</p> <p>Interview on 4/28/25 with Staff #1 revealed: -About therapeutic activities, "...when I come through, we doing work. This is not a teen baby-sitting place. Change boys to men in here. We working and doing programs..."</p> <p>Interview on 4/23/25 with Staff #2 revealed: -"Between 9AM and 10AM doing therapeutic</p>	V 113		

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V 113	Continued From page 21 activities. Like goals, depending on the day of week. Pick [online video streaming] to watch educational activities and make them (clients) write. Then pick a movie from about 10:30 to 12. Like a Disney movie, PG...Usually get on [video game systems] til 2:30 or 3..." Interviews on 4/25/25 and 5/7/25 with Administrator #1/ Evidence Based Protective Interventions (EBPI) Trainer/Qualified Professional on revealed: -"At least one/two therapeutic activities per day, part of VIRTUE (Licensee) policy, documented on the back of the sheet to ensure that something is being done for the client...documenting the outcomes toward specific activities...We also use if for performance type stuff...In terms of performance or increases. It is not required in that pie format (documentation)." -"We work on their treatment plan every 2 weeks. We are updating what strategies, plans they have, where they are going. What they are transitioning with..."	V 113		
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.	V 132		

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V 132	<p>Continued From page 22</p> <p>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.</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 record reviews 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 within 24 hours and failed to complete the investigation of alleged acts as required and failed to report the results of the investigation within five working days of the initial notification. The findings are:</p> <p>Review on 4/22/25, 4/24/25, and 4/28/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No incidents reported into IRIS.</p> <p>Review on 4/22/25, 4/24/25, and 4/28/25 of facility incident report completed by Qualified Professional (QP) dated 4/15/25 revealed:</p>	V 132		

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V 132	<p>Continued From page 23</p> <p>-Former Client (FC) #4 engaged in a physical altercation with another client. FC #4 became combative and verbally aggressive with staff.</p> <p>-Staff engaged Evidence Based Protective Interventions and attempted to escort FC #4 to his assigned space.</p> <p>-FC #4 became physically aggressive with staff.</p> <p>-No allegations of abuse or neglect from FC #4 regarding the incident.</p> <p>Review on 4/29/25 of facility records revealed:</p> <p>-HCPR 24-hour initial report form completed for both Staff #1 and #2 but neither were dated.</p> <p>-No documentation or confirmation that the HCPR reports form had been submitted.</p> <p>-Internal investigation dated 4/17/25 regarding allegations against Staff #1 and #2 had not been completed.</p> <p>Interview on 4/23/25 and with local Department of Social Services (DSS) revealed:</p> <p>-Initiated a report of abuse against the facility on 4/16/25.</p> <p>-Staff #1 and #2 were alleged to have hit FC #4.</p> <p>-Staff #1 and #2 were not to be working at the facility during the investigation.</p> <p>-Referral had been made to local Law Enforcement (LE).</p> <p>-Could not confirm if FC #4 had a black eye.</p> <p>Interview on 4/23/25 with local LE officer revealed:</p> <p>-"They (facility) are not doing any internal investigations."</p> <p>-"Well, it is possible (child abuse). It could be a physical assault..."</p> <p>-"Need to follow up with the victim (FC #4)...See how bad it was (black eye)..."</p> <p>Interview on 4/24/25 with FC #4's legal guardian</p>	V 132		

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V 132	<p>Continued From page 24</p> <p>revealed: -"He (FC #4) shared that two staff got physical , flipped him out of a chair and dragged him to his room...he said they punched him in the face..."</p> <p>Interviews on 4/22/25 and 4/24/25 with the Administrator #1/Evidence Based Protective Interventions (EBPI) Trainer/QP revealed: -Was not aware of the allegations against staff #1 and #2 until DSS came to the facility on 4/16/25. -Had not completed an IRIS report..."we do an IRIS report for elopement...we planned to." -"We have never had an incident like this..." -Was not aware that HCPR had to be notified.</p> <p>Interview on 4/24/25 with the Administrator #2 revealed: -"Don't have an answer other than a better reason for what should be reported (in regard to making the HCPR report late)."</p> <p>Interview on 5/5/25 with the Administrator #1/EBPI Trainer/QP revealed: -"I called and spoke with HCPR and explained (the situation)...they were late, if there was something additional that I needed to do." -"She (HCPR) told me to mail or fax them in...I mailed them." -Could not remember what day she spoke to HCPR or mailed the reports. "I want to say when you (Division of Health Regulation) made me aware..." -"We have never been here before." -"The main thing that I am waiting on is the DSS report (in order for the facility to make a finding)...the night of the incident we were told they had a report and they would send it to us." -"The things I have, it may not be enough to make a determination." -Had not completed the internal investigation.</p>	V 132			

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V 179	<p>27G .1301 Residential Tx - Scope</p> <p>10A NCAC 27G .1301 SCOPE</p> <p>(a) The rules of this Section apply only to a residential treatment facility that provides residential treatment, level II, program type service.</p> <p>(b) A residential treatment facility providing residential treatment, level III service, shall be licensed as set forth in 10A NCAC 27G .1700.</p> <p>(c) A residential treatment facility for children and adolescents is a free-standing residential facility which provides a structured living environment within a system of care approach for children or adolescents who have a primary diagnosis of mental illness or emotional disturbance and who may also have other disabilities.</p> <p>(d) Services shall be designed to address the functioning level of the child or adolescent and include training in self-control, communication skills, social skills, and recreational skills. Children or adolescents may receive services in a day treatment facility, have a job placement, or attend school.</p> <p>(e) Services shall be designed to support the child or adolescent in gaining the skills necessary to return to the natural, or therapeutic home setting.</p> <p>(f) The residential treatment facility shall coordinate with other individuals and agencies within the client's system of care.</p>	V 179		

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NAME OF PROVIDER OR SUPPLIER VIRTUE, INC MEANTIME HOME VI		STREET ADDRESS, CITY, STATE, ZIP CODE 3387 E HWY 150 LINCOLNTON, NC 28092		
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V 179	<p>Continued From page 26</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to operate within the scope of their license, failed to provide services to address the functioning level of the children or adolescents and failed to coordinate services affecting 2 of 2 current Clients (#1-2) and 4 of 4 Former Clients (FC #3-6). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0201 Governing Body Policies (V105). Based on interviews and record reviews, the facility failed to implement its written policies regarding screening, assessments, and disposition affecting 2 of 2 current Clients (#1-2) and 4 of 4 Former Clients (FC #3-6).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V111). Based on record reviews and interviews, the facility failed to complete assessments prior to the delivery of services and develop strategies to address the presenting problems affecting 2 of 2 current Clients (#1-2) and 4 of 4 Former Clients (FC #3-4).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record reviews and interviews, the facility failed to develop and implement a treatment plan within 30 days of admission, affecting 2 of 2 current Clients (#1-2) and 2 of 4 Former Clients (FC #3-4).</p> <p>CROSS REFERENCE: 10A NCAC 27G .1303 Operations (V182). Based on observations, record reviews, and interviews, the facility failed to provide appropriate educational services affecting 2 of 2 current Clients (#1-2) and 3 of 4 Former Clients (FC #3, 5-6).</p>	V 179		

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V 179	<p>Continued From page 27</p> <p>Review on 4/23/25 and 4/24/25 of the Division of Health Service Regulation (DHSR) facility's folder revealed:</p> <ul style="list-style-type: none"> -Facility was licensed for Program Code 27G .1300 Residential Treatment Facilities for Children or Adolescents. -No evidence of a waiver to provide Emergency Transitional Residential Intervention (ETRI) services. <p>Interview on 4/30/25 with the Local Management Entity/Managed Care Organization (LME/MCO) Care Coordinator revealed:</p> <ul style="list-style-type: none"> - "ETRI is emergency transition...They (clients) will go to that facility." - "Had never been told that they (the facility) were not an emergency placement." <p>Interview on 4/29/25 with the Administrator #1/Evidence Based Protective Interventions (EBPI) Trainer/Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Had not spoken with anyone at DHSR within Mental Health Licensure about ETRI. - "...referrals come through [LME/MCO] for ETRI services..." <p>Review on 5/7/25 of the Plan of the Protection signed and dated 5/7/25 by the Administrator #1/EBPI Trainer/QP revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? VIRTUE (Licensee) will only except admissions with the recommendation for Level II or lower level of care.</p> <p>VIRTUE will request waiver with regard to ETRI Services if applicable.</p> <p>VIRTUE will update policy to reflect that MCO (LME/MCO) assures that Clinical documents are</p>	V 179		

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V 179	<p>Continued From page 28</p> <p>present for screening and assessment to be completed prior to admission. The word or will be removed.</p> <p>VIRTUE will ensure that documentation of assessment clearly indicates assessment took place prior to admission and date accordingly. VIRTUE will include within current assessment documentation that addresses developing treatment plans for members who reach 30 days and beyond in placement. VIRTUE will include documentation that reflects development of educational plans for members prior to admission.</p> <p>Describe your plans to make sure the above happens.</p> <p>Administrator 1 and Administrator 2 will notify MCO on 5-7-25 that the aforementioned measures will take place effective immediately. Administrator 1 will complete Policy update(s), assessment form, assessment documentation, documentation of educational plans on 5-7-25."</p> <p>Review on 5/8/25 of the amended Plan of the Protection signed and dated 5/7/25 by the Administrator #1/EBPI Trainer/QP revealed: -"What immediate action will the facility take to ensure that safety of the consumers in your care?..."</p> <p>VIRTUE will update policy to reflect the Clinical documents are present for screening and assessment to be completed prior to admission. The word or will be removed..."</p> <p>The facility served clients aged 13 to 17 years old with diagnoses including but not limited to Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Autism Spectrum, Reactive Attachment Disorder, Oppositional Defiant Disorder, Conduct Disorder, Unspecified Trauma and Stressor-related Disorder,</p>	V 179		

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V 179	Continued From page 29 Intellectual Developmental Disability, and Impulse Control. The facility was licensed for .1300 Residential Treatment Services, however, they were not operating within the scope of their license and were only admitting clients for short term ETRI services. The facility had admitted 3 clients (Client #2 and FC #4-#5) from a higher level of care with recommendations for and awaiting placement in either a Level III or Level IV facility. The facility did not have documentation of having completed their own screenings and assessments prior to admission, nor were assessments completed prior to the delivery of services. Strategies and interventions were not developed to address the needs of the clients. Four clients (Clients #1-2 and FCs #3-4) remained in the facility past 30 days and no treatment plans had been developed. There was no documentation to show that educational services had been provided for 5 of the 6 clients served. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 179		
V 182	27G .1303 (B-G) Residential Tx - Operations 10A NCAC 27G .1303 OPERATIONS (b) Family Involvement. Family members or other responsible adults shall be involved in development of plans in order to assure a smooth transition to a less restrictive setting. (c) Education. Children and adolescents residing in a residential treatment facility shall receive appropriate educational services, either through a facility-based school, 'home-based' services, or through a day treatment program. Transition to a public school setting shall be part of the treatment plan.	V 182		

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V 182	<p>Continued From page 30</p> <p>(d) Age Limitation. If an adolescent has his 18th birthday while receiving treatment in a residential facility, he may continue in the facility for six months or until the end of the state fiscal year, whichever is longer.</p> <p>(e) Clothing. Each child or adolescent shall have his own clothing and shall have training and help in its selection and care.</p> <p>(f) Personal Belongings. Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.</p> <p>(g) Hours of Operation. Each facility shall operate 24 hours per day, at least five days per week, at least 50 weeks per year, excluding legal holidays.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to provide appropriate educational services affecting 2 of 2 current Clients (#1-2) and 3 of 4 Former Clients (FC #3, 5-6). The findings are:</p> <p>Review on 4/22/25, 4/24/25, and 4/25/25 of Client #1's record revealed: -Age: 15 -Date of Admission: 3/21/25 -Diagnoses: Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder (ADHD), Conduct Disorder, Impulse Control Disorder-Unspecified Dysfunctional (sexual disinhibition), and Reactive Attachment Disorder. -No documentation in the record regarding appropriate educational services or school</p>	V 182		

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V 182	<p>Continued From page 31</p> <p>attendance since admission.</p> <p>Review on 4/22/25, 4/24/25, and 4/25/25 Client #2's record revealed: -Age: 17 -Date of Admission: 2/12/25 -Diagnoses: ADHD, Oppositional Defiant Disorder (ODD), Unspecified Mood Disorder, Conduct Disorder, Post Traumatic Stress Disorder, and Borderline Intellectual Functioning. -No documentation in the record regarding appropriate educational services or school attendance since admission.</p> <p>Review on 4/22/25, 4/24/25, and 4/25/25 of FC #3's record revealed: -Age: 15 -Date of Admission: 3/10/25 -Date of Discharge: 4/16/25 -Diagnoses: Anxiety Disorder-Unspecified, ADHD-Combined type. -A Child and Family Team (CFT) Meeting note dated 04/01/2025, "Requested update on school enrollment." -No other documentation in the record regarding appropriate educational services or school attendance since admission.</p> <p>Review on 4/24/25 and 4/25/25 of FC #5's record revealed: -Age: 13 -Date of Admission: 2/17/25 -Date of Discharge: 2/28/25 -Diagnoses: ADHD, ODD, Unspecified Mood Disorder, Unspecified Trauma and Stressor-Related Disorder, and Conduct Disorder. -No documentation in the record regarding appropriate educational services or school attendance since admission.</p>	V 182		

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V 182	<p>Continued From page 32</p> <p>Review on 4/24/25 and 4/29/25 of FC #6's record revealed: -Age: 16 -Date of Admission: 2/19/25 -Date of Discharge: 2/24/25 -Diagnoses: ADHD, Other Trauma Stressor-Related Disorder, and ODD. -No documentation in the record regarding appropriate educational services or school attendance since admission.</p> <p>Observations on 4/22/25 and 4/24/25 approximately between 10AM-12PM revealed: -Clients #1 and #2 were present in the facility and not in school. -Clients #1 and #2 were in the common area watching videos.</p> <p>Interview on 4/22/25 with Client #1 revealed: -"They haven't put me in school."</p> <p>Interview on 4/23/25 with Staff #2 revealed: -"I don't know protocol, who can go to school." -Client #1 was supposed to start day treatment. -Client #2's guardian reported that he couldn't go to school. -FC #3 wasn't going to school. -"[FC #4] was going to [local school]."</p> <p>Interviews on 4/24/25 and 4/29/25 with the Administrator #1/Evidenced Based Protective Interventions (EBPI) Trainer/QP revealed: -"They (clients) are supposed to be enrolled (in school) prior to placement. If not, then they (the facility) enroll them. DSS (Department of Social Services) is supposed to get them enrolled. " -"...We enroll them into day treatment," if clients were not previously enrolled in school. -"...Generally...that (school) is something we go</p>	V 182		

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V 182	Continued From page 33 over in CFTs...we talk about...education...And then we document on CFT form." -[FC #4] was in school." This deficiency is cross referenced into 10A NCAC 27G .1301 Scope (V179) for a Type A1 rule violation and must be corrected within 23 days.	V 182		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal	V 366		

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V 366	Continued From page 34 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 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	V 366		

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V 366	<p>Continued From page 35</p> <p>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</p> <p>(3) immediately notifying the following:</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 written policies governing their response to incidents. The findings are:</p> <p>Review on 4/24/25, 4/28/25, and 4/29/25 of</p>	V 366		

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V 366	<p>Continued From page 36</p> <p>facility incident reports dated 2/17/25 to 4/15/25 revealed:</p> <ul style="list-style-type: none"> -2/17/25 - Former Client (FC) #5 eloped from the facility and Law Enforcement (LE) was called. No duration of time that client was gone from the facility. -2/24/25 - FC #6 was aggressive and eloped. LE was called. No duration of time that client was gone from the facility. -2/28/25 - FC #5 eloped from the facility and LE was called. No duration of time that client was gone from the facility. -4/6/25 - FC #4 eloped from the facility for a duration of "2-3 minutes" and crossed the highway. -4/12/25 - FC #4 eloped from the facility and left sight of staff. LE was called. No duration of time that the client was gone from the facility. -4/15/25 -FC #4 was in a physical altercation with a peer which resulted in staff using a physical intervention to move FC #4 from one location to another. <p>Reviews on 4/28/25 and 5/1/25 of the facility's records revealed:</p> <p>There was no documentation to support that the above incidents had been evaluated to:</p> <ul style="list-style-type: none"> -Attend to the health and safety needs of the individuals involved in the incident. -Determine the cause of the incident. -Develop and implement corrective measures according to provider specified timeframes not to exceed 45 days. -Develop and implement 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. 	V 366		

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V 366	Continued From page 37 Interview on 4/22/24 with the Qualified Professional revealed: -Was responsible for completing incident reports and reporting to both the Administrator #1/Evidence Based Protective Interventions (EBPI) Trainer/Qualified Professional (QP) and Administrator #2. Interview on 5/5/25 with the Administrator #1/EBPI Trainer/QP revealed: -Was responsible for ensuring all documentation for incidents was completed. -"Our expectations of having incidents that were not level I was not something that we thought was gonna happen..."	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;	V 367		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	<p>Continued From page 38</p> <p>(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.</p> <p>(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:</p> <p>(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.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident.</p> <p>(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).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the</p>	V 367		

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V 367	<p>Continued From page 39</p> <p>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:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that 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 interviews and record reviews, the facility failed to report incidents appropriately and timely. The findings are:</p> <p>Reviews on 4/22/25, 4/24/25, and 4/28/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No reports had been submitted.</p> <p>Review on 4/28/25 of local Law Enforcement (LE) Communication log revealed: -LE responded to the facility on the following</p>	V 367		

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V 367	<p>Continued From page 40</p> <p>dates:</p> <ul style="list-style-type: none"> -2/17/25 - missing person -2/24/25 - physical disturbance -2/28/25 - runaway -4/12/25 - missing person -4/17/25 - abuse <p>Review on 4/24/25, 4/28/25, and 4/29/25 of facility incident reports revealed:</p> <ul style="list-style-type: none"> -2/17/25 - Former Client #5 eloped from the facility and LE was called. No duration of time that client was gone from the facility. Completed by the Qualified Professional (QP). -2/24/25 - FC #6 - LE called due to aggression and elopement. Completed by the QP. -2/28/25 - FC#5 LE was called. No duration of time that client was gone from the facility. Completed by the QP. -4/6/25 - FC #4 eloped for a duration of "2-3 minutes" and crossed the highway. Completed by Administrator #1/ Evidence Based Protective Interventions (EBPI) Trainer/QP. -4/12/25 - FC #4 eloped. Left sight of staff and LE was called. No duration of time that the client was gone from the facility. Completed by Administrator #2. <p>Interview on 4/22/24 with the QP revealed:</p> <ul style="list-style-type: none"> -LE had not responded to the facility. -Was responsible for completing incident reports and reporting to both the Administrator #1/EBPI Trainer/QP and Administrator #2. -Could complete IRIS reporting but had not done so. <p>Interviews on 4/22/25, 4/24/25, and 5/7/25 with the Administrator #1/EBPI Trainer/QP revealed:</p> <ul style="list-style-type: none"> -Had not completed an IRIS report yet. -"We do an IRIS for elopement...We planned to." -"We haven't done any IRIS." 	V 367		

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V 367	Continued From page 41 -Had just recently sent staff through an IRIS training recently. The last class was 4/2/25. -Would review the incident reports and contact the "appropriate folks, DSS, [LME/MCO], whatever body she is supposed to contact." -The QP and Administrator #2, along with herself, were responsible for inputting incidents in IRIS. -"Our expectation of having incidents that were not level I was not something that we though was gonna happen..." -Did not document interviews from her internal investigation regarding incident on 4/15/25, "I felt like I had the information. I didn't wait to do my documentation..." Interview on 4/24/25 with the Administrator #2 revealed: -There had been "...a couple of incidents since the last person has taken the training (IRIS)." -"I don't have an answer (as to why there have not been IRIS input). A better understanding of what should be reported and what shouldn't." -Confirmed she had a copy of the IRIS manual and "can look at the protocol." -"We need to make sure it's done."	V 367		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully	V 536		

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V 536	<p>Continued From page 42</p> <p>completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p>	V 536		

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V 536	<p>Continued From page 43</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs</p>	V 536		

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V 536	Continued From page 44 shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

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V 536	<p>Continued From page 45</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, 3 of 5 audited staff (Staff #1-2 and the Administrator #1/ Evidence Based Protective Interventions (EBPI) Trainer/QP) failed to implement practices and display competencies that emphasized the use of alternative to restrictive interventions. The findings are:</p> <p>Review on 4/22/25, 4/24/25, and 4/29/25 of Former Client (FC) #4's record revealed: -Age: 16 -Date of Admission: 3/12/25 -Date of Discharge: 4/17/25 -Diagnoses: Attention-Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Mild Intellectual Developmental Disabilities, and Disruptive Mood Dysregulation Disorder. - No de-escalation strategies or alternative interventions identified for client.</p> <p>Review on 4/22/24 and 4/29/24 of Staff #1's personnel record revealed: -Date of Hire: 6/20/24 -Job Title: Direct Care Worker Paraprofessional -EBPI training: EBPI Interventions - Base; dated 8/15/24</p> <p>Review on 4/22/25 and 4/29/25 of Staff #2's personnel record revealed: -Date of Hire: 2/1/25 -Job Title: Direct Care Worker Paraprofessional</p>	V 536		

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V 536	<p>Continued From page 46</p> <p>- EBPI training: EBPI Interventions - Prevent; dated 2/17/25; Trainer was the Administrator #1/EBPI Trainer/QP.</p> <p>Review on 4/29/25 of the Administrator #1/EBPI Trainer/QP record revealed: -Date of Hire: job description signed 1/1/23. -Job description: QP -Job title: Administrator. -Date of EBPI training: EBPI Interventions - Prevent Trainer expiration 5/31/25.</p> <p>Review on 4/25/25 of a facility internal incident report dated 4/15/25 revealed: -"Describe the incident...[FC #4] became physically aggressive to peer and staff..." -"Rationale for use of intervention...Intervention was necessary to prevent harm to peers, staff and [FC #4], and to deescalate aggressive behavior using approved EBPI strategies in accordance with safety protocols..." -"...to ensure the safety and emotional regulation of all members, staff instructed everyone to take a refocus. All complied except for [FC #4], who remained combative and verbally aggressive. Staff continued to offer coping strategies and redirection, but [FC #4] refused all attempts and did not return to his personal space when prompted. Staff positioned themselves using EBPI protocol on either side of [FC #4] to guide him safely toward his room..." -Incident report completed by QP on 4/15/25.</p> <p>Review on 4/24/25 of written statement dated 4/15/25 by Staff #1 revealed: -"...member [FC #4] was prompted numerous times to return to his assigned area, and he continued to refuse, and became verbally disrespectful. That's when myself and [Staff #1] explained to [FC #4] that he was about to be</p>	V 536		

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V 536	<p>Continued From page 47</p> <p>escorted to his assigned area..."</p> <p>"...After being prompted [FC #4] jumped up out of the chair...and began to attack staff...we were able to use the training we are taught to escort him to his assigned area..."</p> <p>Review on 4/24/25 of written statement dated 4/15/25 by Staff #2 revealed:</p> <p>"...so I shut down J space (common area/game room) everyone complied except [FC #4]...so we went back in there to prompt him several more times and he didn't comply, so we utilized our training to take an approach and escort him down the hall & at this time he became aggressive..."</p> <p>Interviews on 4/28/25 and 5/6/25 with Staff #1 revealed:</p> <p>-Was taught hands on, de-escalation and restraints "...but we don't do them (restraints)."</p> <p>"...Better off to de-escalate the situation."</p> <p>-FC #4 "...we had to escort him down the hall...He had to come out of the room. It was programming and game time..."</p> <p>"[FC #4] didn't want to go (to his assigned area). He was in the entertainment area..."</p> <p>"...he was out of area. He wasn't destroying the area. I would have let him sit there out of area, for the safety of others. He wasn't trying to harm us. We tried to prompt him to go to his room...we have to make sure all the kids (clients) were in their assigned area. He has a history of property damage, and we didn't want to leave him in that area."</p> <p>"We prompted him several times to go to his area for his safety so we could assess the situation..."</p> <p>Interviews on 4/23/25 and 5/6/25 with Staff #2 revealed:</p> <p>-On 4/15/25 Client #1 reported that FC #4 had hit</p>	V 536		

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V 536	<p>Continued From page 48</p> <p>him.</p> <p>- "everyone would be in their room...until we figured out what happened..."</p> <p>- FC #4 wouldn't go back to his room.</p> <p>- "...gave 3-4 prompts (for FC #4) to go to his room..."</p> <p>- "When me and [Staff #2] grabbed him to control position to move him down the hallway, he became aggressive to move..."</p> <p>- "[Staff #2] had grabbed his one arm. I came in and grabbed the other arm..."</p> <p>- "[FC #4] was in the game room and didn't move until someone tried to escort him..."</p> <p>- "When we tried to move him, he became aggressive..."</p> <p>- "...used training to get him up..."</p> <p>- Was taught in EBPI how to put a client in escort position, de-escalation, and restraints.</p> <p>- "We didn't try to put him in a restraint."</p> <p>- Was trying to "escort him to a different location."</p> <p>- "But he (FC #4) had shut down. Gave him prompts to move and asked him to move...he wasn't moving."</p> <p>Interviews on 4/22/24 and 5/5/24 with the QP revealed:</p> <p>- Was not present for the incident on 4/15/24 but was the one who filled out the incident report.</p> <p>- "everything we learn (in EBPI) is how to do non-contact."</p> <p>- Had not been trained to do restraints.</p> <p>- "We do not put our hands on clients."</p> <p>Interviews on 4/29/25, 4/30/25, and 5/5/25 with the Administrator #1/EBPI Trainer/QP revealed:</p> <p>- Was the cofounder of VIRTUE (Licensee) and was the Administrator.</p> <p>- Job description was for QP as that was what her role in the facility most consisted of.</p> <p>- Had been told by both Staff #1 and #2 that FC #4</p>	V 536		

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V 536	<p>Continued From page 49</p> <p>was being aggressive.</p> <p>-Had been told the situation with FC#4 was an "escort."</p> <p>- "An escort isn't hands on."</p> <p>- "With [FC #4], one minute he is fine and one minute he is not. If he escalated that could change in a matter of minutes."</p> <p>- "Those other clients were coming into that space and would not have been fair to not allow the other clients their free time. They were needing to transition, they couldn't because [FC #4] wouldn't transition."</p> <p>- It was not fair to the other clients to interfere with their free time while FC #4 was in that room refusing to leave.</p> <p>- "...he was cursing and refusing."</p> <p>- "...[FC #4] chose to go in this room and refused to leave."</p> <p>- It would be acceptable to put hands on a client if he is harming himself or others, property damage or disrupting the program if there is a threat for the safety of others.</p> <p>- EBPI was taught primarily not to restrain, to use communication and not physical restraint.</p> <p>- would teach how to restrain as "a last resort."</p> <p>- The difference between the EBPI certificates, prevent versus base "...would be the level of instructor that you are...An instructor that would teach other instructors is base. An instructor to give to staff is prevent."</p> <p>Interviews on 4/30/25 and 5/5/25 with Chief Executive Officer of EBPI revealed:</p> <p>- Wrote the curriculum and trained the trainers.</p> <p>- Prevent was de-escalation and hands-off, base was defensive and blocks, and base plus was restrictive interventions, therapeutic holds and walks.</p> <p>- An "escort" would need to be trained in base plus. "Anything touching a client is base plus."</p>	V 536		

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V 536	<p>Continued From page 50</p> <p>- "If a client doesn't want to move, don't move them."</p> <p>- "Why bother if he is not bothering anyone...not harming anyone, why cause a problem."</p> <p>- Administrator #1 was a prevent trainer.</p> <p>- The staff didn't use de-escalation techniques they were taught regarding the incident dated 4/15/25.</p> <p>- "They should have backed out of that room without escalating (FC #4)."</p> <p>- "They (staff) escalated by approaching him (FC #4). You want to back off and leave him alone."</p> <p>Review on 5/7/25 of the Plan of the Protection signed and dated 5/7/25 by the Administrator #1/EBPI Trainer/QP revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care? VIRTUE clarified with Primary Solutions Owner and EBPI developer that certificates for staff will be reissued and future staff will receive certificates from portal EBPI site to alleviate incorrect certificates being distributed. Further, verified differences in Prevent, Base, Base Plus. VIRTUE will continue to provide all aspects of EBPI and make sure certificates clearly document what is received. In addition, VIRTUE will continue to ensure that all staff present and future receive ALL aspects of EBPI training. All EBPI Trainers for VIRTUE will obtain updated certificates.</p> <p>Describe your plans to make sure the above happens.</p> <p>VIRTUE will update certificates for current staff to reflect that all aspects of EBPI Training was received. VIRTUE will put it staff file documentation of the correct training received."</p> <p>Review on 5/9/25 of the amended Plan of the Protection signed and dated 5/9/25 by the</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER VIRTUE, INC MEANTIME HOME VI		STREET ADDRESS, CITY, STATE, ZIP CODE 3387 E HWY 150 LINCOLNTON, NC 28092		
(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 536	<p>Continued From page 51</p> <p>Administrator #1/EBPI Trainer/QP revealed: -" What immediate action will the facility take to ensure the safety of the consumers in your care?...</p> <p>In effort to ensure training adherence for EBPI training VIRTUE will implement the following measures: VIRTUE will establish a system for staff to provide feedback on the training received. This will help identify any gaps in understanding and ensure continuous improvement in training delivery. VIRTUE will monitor staff performance to ensure that the training is being applied correctly. This includes observing mock interaction scenarios and reviewing incident reports to ensure adherence to EBPI principles. In mock interaction scenarios staff will play role of member (client) with staff to demonstrate correct implementation. This will ensure that staff remain updated on the best practices and are able to apply them effectively. By implementing these measures, VIRTUE will ensure that the EBPI training is adhered to and utilized in the manner intended, thereby maintaining the safety and well-being of the members in our care."</p> <p>Describe your plans to make sure the above happens...</p> <p>VIRTUE will include documentation in each staff file that training adherence measures have been completed."</p> <p>The facility served clients aged 13 to 17 years old with diagnoses including but not limited to ADHD, PTSD, Autism Spectrum, Reactive Attachment Disorder, ODD, Conduct Disorder, Unspecified Trauma, IDD, and Impulse Control. The staff in the facility said they had been trained in using techniques of de-escalation, blocks, and restraints even though the facility utilized a hands-off approach. On 4/15/25, FC #4 had been</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER VIRTUE, INC MEANTIME HOME VI		STREET ADDRESS, CITY, STATE, ZIP CODE 3387 E HWY 150 LINCOLNTON, NC 28092		
(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 536	Continued From page 52 previously engaged in an altercation with a peer and was in a common area refusing to move to a different area. It was time for the other clients to transition to this common area for free time and as he was refusing to move, Staff #1 and #2 initiated what they called an "escort" to assist him in moving. An "escort" would only work if the client were willing and able to move on his own accord. Staff #1 and #2 engaged this client, who was refusing to move, by telling him that they were going to escort him to his assigned area rather than implementing communication strategies to defuse and de-escalate FC #4's behaviors. This interaction heightened an already tense situation. According to EBPI training curriculum, an escort was a physical intervention requiring training in EBPI Base Plus. The Administrator #1/EBPI Trainer/QP stated that all facility staff were trained in EBPI Base Plus, although their training certificates did not reflect this, was unable to describe the difference between the various EBPI training curriculums that were listed on her own and facility staffs' training certificates, and incorrectly identified an escort as an intervention that was not hands-on. 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.	V 536		