

Division of Health Service Regulation

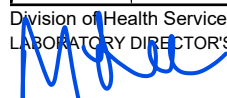
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2025
NAME OF PROVIDER OR SUPPLIER STATESVILLE DAY PROGRAM		STREET ADDRESS, CITY, STATE, ZIP CODE 190 COMMERCE BOULEVARD STATESVILLE, NC 28625		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on 5/14/25. The complaints were substantiated (intake #NC00229529). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities. This facility has a current census of 48. The survey sample consisted of audits of 1 current client	V 000		
V 318	130 .0102 HCPR - 24 Hour Reporting 10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report an allegation of exploitation to the Health Care Personnel Registry (HCPR)	V 318	V 318 The Regional Administrator will in-service the Program Manager on completing IRIS reports and HCPR sections. The Regional Administrators will review all IRIS reports for completion and accuracy. In the future, the regional administrator will ensure all IRIS reports are completed with the HCPR section as deemed necessary.	7/13/25

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

TITLE

(X6) DATE



IDD Regional Administrator 5/20/25

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V 318	<p>Continued From page 1</p> <p>within 24 hours of becoming aware of the allegation. The findings are:</p> <p>Review on 5/14/25 of the Former Staff #1 personnel record revealed:</p> <ul style="list-style-type: none"> -Hired: 2/13/12. -Terminated: 4/17/25. <p>Review on 5/13/25 of the Incident Response Improvement System (IRIS) report for Client #1 submitted 4/21/25 revealed:</p> <ul style="list-style-type: none"> -Date of incident: 4/4/25. -No Health Care Personnel allegation submitted 2025. <p>Interview on 5/14/25 with the Program Director revealed:</p> <ul style="list-style-type: none"> -Was made aware of the incident on 4/8/25, and the incident occurred 4/4/25. -Former Staff#1 was terminated on 4/17/25 after the internal investigation was completed. -Had issues determining where to complete the "Exploitation" allegations in the IRIS report. -Provided training for current staff, coaching during monthly meetings on 5/13/25. 	V 318		