

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION    |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL080-173</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>05/22/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ACE PROGRAM</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1155 CHILDREN'S CIRCLE<br/>ROCKWELL, NC 28138</b> |  |  |
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| V 000  | <p>INITIAL COMMENTS</p> <p>A complaint survey was completed on May 22, 2025. The complaints were unsubstantiated (intake #NC00230629 and intake #NC00230636). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 8 and has a current census of 7. The survey sample consisted of audits of 1 current client.</p>  | V 000   |  |  |
| V 132  | <p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(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:</p> <p>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.</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</p> | V 132   |  |  |

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

TITLE

(X6) DATE

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| V 132  | <p>Continued From page 1</p> <p>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:<br/>Based on record review and interview, that facility failed to ensure the North Carolina Healthcare Personnel (HCPN) was notified of all allegations against health care personnel and failed to provide evidence that all alleged acts were investigated. The findings are:</p> <p>Review on 5/22/25 of Client #1's record revealed:<br/>-Admission date of 12/27/24.<br/>-Diagnoses of Oppositional Defiant Disorder and Attention-Deficit Hyperactivity Disorder.<br/>-Age: 15 years old.</p> <p>Reviews on 5/21/25 and 5/22/25 of incident reports for Client #1 revealed:<br/>-A Level III incident report submitted in the North Carolina Incident Response Improvement System (IRIS) dated 5/20/25 revealed:<br/>-Incident date of 5/17/25 at 8:30 PM.<br/>-In the section titled Allegation of Abuse, Neglect and Exploitation, allegations of verbal abuse and physical abuse were checked.<br/>-Client #1 alleged "staff (unnamed) had been physically and verbally abusive by not allowing him to go outside."<br/>-No documentation the allegations made by Client #1 were investigated.<br/>-Internal incident report dated 5/16/25 revealed:<br/>-Client #1 made an allegation he had been</p> | V 132   |  |  |

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| V 132  | <p>Continued From page 2</p> <p>verbally and physically abused by (unnamed) staff.<br/>-No documentation of actions that the allegations made by Client #1 were investigated</p> <p>Interview on 5/21/25 with Client #1 revealed:<br/>-He was in respite care from his hospital discharge on 5/20/25.<br/>-He believed Staff #1 was verbally abusive toward him when Staff #1 "screamed" at him for not cleaning his room and not allowing him to go outside even though he had an injured ankle he sustained from stepping in a hole during an elopement episode.<br/>-"He mostly yells at me if I don't do something the way he wants it done."<br/>-"He screams at me saying I can do better."<br/>-"I talked to [Staff #2] and told him I didn't want to be screamed at."<br/>-"Nobody physically touched me. I lied about that. They (staff and peers) know better because I would report them ..."</p> <p>Interview on 5/21/25 with Staff #2 revealed:<br/>-Client #1 eloped on 5/16/25 and was found by law enforcement at a local store where he told law enforcement staff were physically and verbally aggressive toward him.<br/>-Client #1 did not provide any specific information about what staff or how staff were aggressive toward him.<br/>-He didn't ask Client #1 for any additional information about staff being aggressive because Client #1 was being transported by emergency responders to a hospital to have his ankle medically examined.<br/>-He denied he, Staff #1 or any other staff "screamed" at Clients #1-#7; however, Staff #1 did raise his tone of voice when he wanted to get a client's attention and get his point across to a</p> | V 132   |  |  |

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| V 132  | <p>Continued From page 3</p> <p>client who was not listening.<br/>-He denied having any knowledge of any staff physically abusing Client #1.</p> <p>Interview on 5/21/25 with Staff #1 revealed:<br/>-He denied he yelled, screamed or cussed at Clients #1-#7 "because such things will only escalate clients if they are already mad."<br/>-"I have a firm voice with the (clients) with giving them instructions to do something or not do something but I don't yell or cuss at them."<br/>-He denied he had used any physically aggressive acts toward Clients #1-#7.</p> <p>Interview on 5/22/25 with the Program Manager revealed:<br/>-He confirmed Client #1 had been in respite care since his hospital discharge on 5/20/25.<br/>-He completed the 5/20/25 IRIS report for Client #1 with the information gathered on 5/19/25.<br/>-"Honestly I didn't think about doing an internal investigation."<br/>-Was an oversight that he did not include staff information under the Health Care Personnel Registry Section of the report.<br/>-No internal investigation was made into Client #1's allegations of verbal and physical abuse because "we (Licensee) do not want to muddy the water."<br/>-He learned from the Director of Operations that they (Licensee) do not conduct internal investigations related to abuse allegations; allegations were instead reported to the county department of social services (DSS).<br/>-No documentation whether DSS investigated Client #1's allegations of verbal and physical abuse against staff.</p> <p>Interview on 5/22/25 with the Chief Executive Officer (CEO) and the Director of Operations</p> | V 132   |  |  |

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| V 132  | Continued From page 4<br><br>(DO) revealed:<br>-Client #1 was protected after he made the<br>allegations of staff abuse by having him placed in<br>respite after his hospital discharge.<br>-They (Licensee) did not conduct internal<br>investigations into client allegations of abuse<br>against staff; the allegations were reported to<br>DSS to investigate.<br>-"We don't want to impede their (DSS')<br>investigation by doing our own."<br>-No evidence whether DSS investigated Client<br>#1's allegations of verbal and physical abuse<br>against staff to include in an internal investigation.<br>-CEO and DO planned to follow up regarding the<br>issue of internal investigations to ensure<br>compliance. | V 132   |  |  |