

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/22/2025
NAME OF PROVIDER OR SUPPLIER RENEWED BEGINNINGS HOME INC		STREET ADDRESS, CITY, STATE, ZIP CODE 13113 LAKEMORE DRIVE CHARLOTTE, NC 28278		
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V 000	INITIAL COMMENTS A follow up survey was completed on 5-22-25. Deficiencies were cited. This facility is licensed for the following service service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children Or Adolescents. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their	V 108		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 108	<p>Continued From page 1</p> <p>equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that 3 of 3 audited staff had current first aid/cardiopulmonary resuscitation (CPR) training,(staff #3, the Associate Professional (AP) and the Qualified Professional (QP) The findings are:</p> <p>Review on 5-20-25 of staff #'3's record revealed: -Date of hire: 4-26-25. -No documentation of CPR/First Aid training.</p> <p>Review on 5-20-25 of the AP's record revealed: -Date of hire: 3-19-25. -No documentation of CPR/First Aid training.</p> <p>Review on 5-20-25 of the QP's record revealed: -Date of hire: 4-28-25. -No documentation of CPR/First Aid training.</p> <p>Interview on 5-21-25 with staff #3 revealed: -"..Me and [Associate Professional] always work together." -Received CPR/First Aid training when hired (4-24-25) with the Executive Director/Licensee.</p> <p>Phone call to the AP on 5-21-25 was not returned by survey exit.</p>	V 108		

Division of Health Service Regulation

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V 108	Continued From page 2 Interview on 5-20-25 with the QP revealed: -Received CPR/First Aid training with the ED/Licensee (4-26-25). Interview on 5-20-25 with the ED/Licensee revealed: -She does CPR/First Aid training in house when staff are hired. -She completed the training for staff #3, AP and the QP. -She is not certified to train CPR/First Aid. -She was not aware that she needed to be certified to train CPR/First Aid. "I took the class (CPR/First Aid) online but I didn't pass the class. It (rule) doesn't say you have to be a certified trainer to teach the class. It just says you have to take the class."	V 108		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe medications and failed to keep current the MAR for all drugs administered affecting 2 of 3 audited clients (client #2 and #3). The findings are:</p> <p>Review on 5-15-25 of client #2's record revealed:</p> <p>-Date of admission: 11-26-24.</p> <p>-Age: 14 years.</p> <p>-Diagnoses: Attention Deficit Disorder (ADHD); Intellectual disability Disorder (IDD); Post-Traumatic Stress Disorder; Disruptive Mood Disorder.</p> <p>-Physicians' order for the following medications:: Norethindrone 0.35 milligrams (mgs) (1-21-25), one by mouth daily (birth control); Aripiprazole 15(mg) (antipsychotic) (1-28-25), one by mouth in the morning; Cyproheptadine 4mg's</p>	V 118			

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>(antihistamine) (1-28-25), one by mouth in the morning and evening; Sertraline HCL (hydrochloric acid) 25mg's (1-28-25) (depression), one by mouth daily; Aptensio XR (extended release) 40mg (ADHD), (2-25-25) one by mouth in the morning; Lamotrigine 150mg (bi-polar), one by mouth in the morning.</p> <p>-Review of client #2's MAR for April 1, 2025 to May 15, 2025 revealed no documentation of administration for the above medications on April 17, 2025.</p> <p>Review on 5-15-25 of client #3's record revealed:</p> <p>-Date of admission: 12-5-24.</p> <p>-Age: 16 years.</p> <p>-Diagnoses: ADHD; Unspecified Trauma and Stressor Related Disorder; Mild IDD; Adjustment Disorder; Autism.</p> <p>-Physicians' order dated 3-14-25 for Clonidine HCL (sleep) 0.2mg, one by mouth at bedtime.</p> <p>-Review of client #3's MARs for April 1, 2025 to May 15, 2025 documented Clonidine 0.1mg one by mouth at bedtime.</p> <p>Review on 5-15-25 of client #3's medications revealed clonidine 0.2mg.</p> <p>Interview on 5-15-25 with client #2 revealed:</p> <p>-"Yes," she takes medications everyday.</p> <p>-"No," she had not missed any medications.</p> <p>Interview on 5-15-25 with client #3 revealed:</p> <p>-"I take my medications everyday, I don't miss taking my medications. They (staff) make sure I take them everyday."</p> <p>-"I take something (medications) to help me sleep and to help me not hurt myself. I don't know the names (medication names)."</p> <p>Interview on 5-15-25 with the home manager</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <p>revealed:</p> <ul style="list-style-type: none"> -The facility transitioned to using an electronic MAR in March 2025. -The Executive Director (ED)/Licensee hired a nurse (unknown date) to assist with monitoring medication administration. The nurse was responsible for transcribing medication orders into the electronic system. -"They get their meds (medications) everyday, I'm sure of that. I don't know why they (staff) did not sign off that time (6:30 doses on 4-17-25). It must have just been an oversight. I check the MARs every time I am here (in the facility), two to three times a week. I did not catch that (missing initials on 4-17-25)." -"[client #3's] clonidine order was changed in March (3-14-25), she was taking the 0.1mg and it was changed to the 2mg. She (nurse) put it in the system (electronic MAR) wrong but [client #3] is taking the right dose." <p>Interview on 5-15-25 with the ED/Licensee revealed:</p> <ul style="list-style-type: none"> -The staff are responsible for documenting medication administration when they administer medications. -"[Home manager] and [QP] are supposed to review the MARs when they are there (at the facility) and the nurse reviews the them (MARs) weekly." -"She (nurse) doesn't come to the home (facility), she signs into [electronic system] and looks at the MARs. She doesn't come on site, but I'm working with her to start actually coming to the home (facility) at least monthly to monitor the meds (medications)." <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

Division of Health Service Regulation

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V 131	Continued From page 6	V 131		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to access the Health Care Personnel Registry (HCPR) prior to making an offer of employment affecting 2 of 3 audited staff (staff #1) and the Associate Professional (AP). The findings are:</p> <p>Review on 5-20-25 of staff #1's record revealed: -Date of hire: 4-26-25. -HCPR accessed on 5-1-25.</p> <p>Review on 5-20-25 of the AP's record revealed: -Date of hire: 3-19-25. -HCPR accessed on 4-8-25.</p> <p>Interview on 5-20-25 with the Executive Director/Licensee revealed: -"They (new staff) don't start working in the home (facility) until we do all the checks. That date (hire date on the job offer) is the date we enter them into our system but they don't actually start</p>	V 131		

Division of Health Service Regulation

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V 131	Continued From page 7 working until the HCPR and background check comes back." -"I will start putting the start date they (staff) start working in the home (facility) on the job offer form." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this	V 133		

Division of Health Service Regulation

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V 133	Continued From page 8 subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 9</p> <p>subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <p>(1) The level and seriousness of the crime.</p> <p>(2) The date of the crime.</p> <p>(3) The age of the person at the time of the conviction.</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in</p>	V 133		

Division of Health Service Regulation

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V 133	Continued From page 10 the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 11</p> <p>Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to request a criminal history record check</p>	V 133		

Division of Health Service Regulation

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V 133	Continued From page 12 within 5 days of making a conditional offer of employment affecting 1 of 3 audited staff (the Associate Professional/AP). The findings are: Review on 5-20-25 of the AP's record revealed: -Date of hire: 3-19-25. -Criminal record check completed on 4-8-25. Interview on 5-20-25 with the Executive Director/Licensee revealed: -"They (new staff) don't start working in the home (facility) until we do all the checks (background). That date (hire date on the job offer) is the date we enter them into our system but they don't actually start working until the HCPR and background check comes back." -"I will start putting the start date they (staff) start working in the home (facility) on the job offer form." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/22/2025
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V 296	<p>Continued From page 13</p> <p>adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure the minimum staff ratio of two</p>	V 296		

Division of Health Service Regulation

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V 296	<p>Continued From page 14</p> <p>staff for up to 4 adolescents. The findings are:</p> <p>Review on 5-15-25 of client #1's record revealed: -Date of admission: 2-8-25. -Age: 11 years. -Diagnoses: Unspecified Trauma and Stressor Related Disorder, Major Depressive Disorder.</p> <p>Review on 5-15-25 of client #2's record revealed: -Date of admission: 11-26-24. -Age: 14 years. -Diagnoses: Attention Deficit Disorder (ADHD); Intellectual disability Disorder (IDD); Post-Traumatic Stress Disorder; Disruptive Mood Disorder.</p> <p>Review on 5-15-25 of client #3's record revealed: -Date of admission: 12-5-24. -Age: 16 years. -Diagnoses: ADHD; Unspecified Trauma and Stressor Related Disorder; Mild IDD; Adjustment Disorder; Autism.</p> <p>Review on 5-20-25 of the facility's staff schedule for April 1, 2025 to 5-26-25 revealed: -The facility runs two shifts Monday through Friday, 2pm to 10pm and 10pm to 8:30am and Saturday and Sunday staff are scheduled 8am to 8pm and 8pm to 8am. -In the month of April 2025, only one staff was scheduled to work per shift from 4-1-25 to 4-5-25. On 4-7-25 only one staff scheduled after 5am. One staff schedule per shift on 4-28-25. One staff scheduled from 9:30pm to 8:30am on 4-29-25. One staff scheduled on 4-30-25 from 10:30pm to 8:30am. -In the month of May 2025 (5-1-25 to 5-20-25), one staff was scheduled to work 2pm to 10:30pm on 5-1-25. One staff per shift scheduled 5-2-25 to 5-3-25. One staff scheduled from 8am to 9am</p>	V 296		

Division of Health Service Regulation

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V 296	<p>Continued From page 15</p> <p>and from 4pm to 8am on 5-4-25. One staff scheduled from 2pm to 4pm and 10pm to 8:30am on 5-5-25. One staff scheduled from 10pm to 8:30am on 5-6-25. One staff scheduled from 2pm to 10pm on 5-7-25. One staff scheduled from 10:30pm to 8:30am on 5-8-25 to 5-15-25.</p> <p>Interview on 5-22-25 with client #1 revealed: -"It use to be just one (staff per shift) but starting tomorrow it'll be two (two staff per shift)."</p> <p>Interview on 5-22-25 with client #2 revealed: -"Just one, It's usually just one staff here (at the facility), but since you (Division of Health Service Regulations) came it gonna be two now."</p> <p>-Interview on 5-22-25 with client #3 revealed: -"One (staff per shift), but starting this weekend it will be two working, starting this Saturday (5-24-25)."</p> <p>Interview on 5-21-25 with staff #1 revealed: -"Yes ma'am, there are shifts where only one staff work. It's suppose to be two but we have been working short. I've worked by myself for the last 3 weeks now." -"No, there haven't been any incidents on my shift."</p> <p>Interview on 5-21-25 with staff #2 revealed: -"I'm PRN (as needed) so I'm not there a lot. Yeah, I've worked by myself several times. I'm not sure of all the dates, I would say 3 or 4 times (she has worked by herself)."</p> <p>Interview on 5-21-25 with staff #3 revealed: -"Denied working by herself." -"No, ma'am, I've never worked alone. Me and [Associate Professional] always work together."</p>	V 296		

Division of Health Service Regulation

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V 296	<p>Continued From page 16</p> <p>Interview on 5-21-25 with FC #4 revealed: -"Yeah, we (staff) worked alone sometimes. I didn't have to work by myself a lot but there would be times when nobody (staff) showed up or staff would call in and you would have to do the shift alone, not sure of the exact dates but there were a few times."</p> <p>Interview on 5-20-25 with the home manager revealed: -"Yes, the schedule I gave you, that's the schedule. This is how we have been working. We are short staffed. We have been short staffed for a while, so yeah we have been working with only one staff on a shift." -"I fill in when I can on some shifts, but I only work 20 hours a week. If staff need me, if there is an emergency I come in. There has only been one time I was called to come in, Staff (staff #3) called me because [client #3] was having an issue (unknown date) before school that morning."</p> <p>Interview on 5-20-25 with the Qualified Professional (QP): -She was hired on 4-28-25 and has only been at the facility for two weeks. -She only works 15 hours per week. -"We are prioritizing staffing. [Home manger] and me are filling in some. I'm working with [Executive Director (ED)/Licensee] on staffing."</p> <p>Interview on 5-21-25 with the ED/Licensee revealed: -"That schedule (staff schedule) that [home manager] gave you is incorrect. [home manager] and [QP] are filling in when there is only one staff scheduled. I can send you an updated schedule with them added." -"Her (QP) contract states a minimum of 15 hours</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/22/2025
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V 296	Continued From page 17 per week but I believe she is working more than 15 hours per week."	V 296			
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be	V 367			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/22/2025
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V 367	Continued From page 18 erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the 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	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/22/2025
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V 367	<p>Continued From page 19</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure all level II and III incidents were reported to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours of learning of the incident.</p> <p>Review on 5-15-25 and 5-20-25 of the NC IRIS (North Carolina Incident Response Improvement System) from 4-1-25 to 5-15-25 revealed: -No documentation of an incident that occurred on 5-5-25 documenting client #2 engaged in sexual activity with a fellow peer while at school. -No documentation of incidents that occurred on 4-30-25, 5-6-25 and 5-8-25 while client #3 was at school, documenting client #3's self-harming behavior, attempted to go absent without leave (AWOL) from school property, or client #3's suicidal ideations.</p> <p>Interview on 5-20-25 with the house manager revealed: -The Qualified Professional (QP) and the Executive Director/Licensee are responsible for the IRIS reports. -"The QP was doing them (IRIS for client#3's</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 20</p> <p>incidents on 4-30-25, 5-6-25 and 5-8-25) but the [ED/Licensee] told her we (facility) didn't have to do them (IRIS) because it (incidents) didn't happen here (at the facility)."</p> <p>Interview on 5-20-25 with the Qualified Professional revealed: -"I was told (ED) we did not need to complete the IRIS because the incidents (client #2 incident on 5-5-25, Client #3 incidents on 4-30-25, 5-6-25 and 5-8-25) did not happen on our property."</p> <p>Interview on 5-20-25 with the Executive Director/Licensee revealed: -The QP is responsible for completing the IRIS reports. -She was unaware that IRIS reports needed to be completed for incidents occurring out of the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		