STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-613	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M & S SUPERVISED LIVING, LLC	7311-A FRIENDSHIP CHURCH ROAD BROWNS SUMMIT, NC 27214

(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 and follow up survey was completed on June 11, 2025. The complaint was unsubstantiated (intake #NC00230231). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and has a current census of 3. The survey sample consisted of an audit of 1 former client.	V 000	RECEIVED JUN 30 2025 DHSR-MH Licensure Sect	
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	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-613	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M & S SUPERVISED LIVING, LLC	7311-A FRIENDSHIP CHURCH ROAD BROWNS SUMMIT, NC 27214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 1 Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident 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	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-613	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M & S SUPERVISED LIVING, LLC	7311-A FRIENDSHIP CHURCH ROAD BROWNS SUMMIT, NC 27214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 2 located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement corrective	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-613	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M & S SUPERVISED LIVING, LLC	7311-A FRIENDSHIP CHURCH ROAD BROWNS SUMMIT, NC 27214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 3 measures to prevent similar incidents and failed to immediately notify the Local Management Entity/Managed Care Organization of the incidents. The findings are: Review on 6/10/25 of Former Client (FC#1)'s record revealed: -Admission date of 8/1/13. -Discharge date of 5/1/25. -Diagnoses of Impulse Control Disorder. Moderate Intellectual Developmental Disability (IDD), Hypertension, Seizure Disorder, Diabetes, Chronic Renal Failure, Bilateral hearing loss. Review on 6/10/25 of facility incident reports revealed: -4/5/25 at 8:25 pm, FC#1 verbally threatened harm to self, his housemates and staff. FC#1 expressed to the Director/Qualified Professional (Director/QP) he wanted to move to another group home. The Director/QP told FC#1 there was a "process" to be moved and she (QP) would "check" on this. -4/5/25 at 10:30 pm, FC#1 walked outside the facility and began hitting his housemates' windows and poured paint from a bucket on himself and the porch before Staff #1 returned FC#1 to the inside of the facility, got him into the shower, and FC#1 calmed down in his room. -4/5/25 at 12:10 am, FC #1 walked out of his room, "cursed" and "charged at" Staff #4, and then called 911. The 911 call led to a law enforcement response to the facility, and FC#1 was taken to a hospital where he was admitted for behavioral care. -4/9/25 at 7:30 pm, FC#1 was returned to the facility from his hospital discharge, refused his medication until the Director/QP responded to the facility. FC#1 was observed by Staff #1 packing	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-613	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M & S SUPERVISED LIVING, LLC	7311-A FRIENDSHIP CHURCH ROAD BROWNS SUMMIT, NC 27214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 4 his personal belongings with the assumption he was moving out of the facility. -4/18/25 at 6:56 pm, FC#1 refused his medication and verbalized threats toward his housemates and staff including threats about "killing" day program staff. FC#1 then began "ripping up" his money, throwing his radio and attempted to break the TV. Although Staff #1 removed the items due to safety concerns, FC#1 continued to verbalize threats to harm his housemates, staff and neighbors. The Director/QP responded to FC#1 at the facility with no further incident. -4/25/25 at 7:30 pm, FC#1 went onto the facility's porch and began screaming at the neighbors, went into the driveway and began "kicking" the facility vehicle before he walked down the driveway and "slumped down" in a side ditch. FC #1 then returned to the facility where he ran through the facility, "grabbed the house phone, went into the bathroom and called 911 so they could take him to the hospital." Review on 6/10/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No Level II incident reports from the facility about FC #1's hospital admissions on 4/5/25 and 4/25/25 with documentation of immediate notifications to the required persons. Interview on 6/10/25 with FC#1 revealed: -He had 2 hospital admissions while he lived at the facility. -"I called 911 because I wanted to go to the hospital and get out of the group home." -His last hospitalization from the facility led him to two placements in alternative family living facilities. Interview on 6/10/25 with the Director/QP revealed:	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-613	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M & S SUPERVISED LIVING, LLC	7311-A FRIENDSHIP CHURCH ROAD BROWNS SUMMIT, NC 27214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 5 -FC #1 had called 911 himself on 4/5/25 and 4/25/25 to be taken to the hospital because he no longer wanted to be at the facility. -FC#1 had been in placement at her facility for 16 years and had a history of threatening harm to himself, his housemates and staff. -During 2025, he began acting out threatening behaviors toward his housemates and staff such as "lunging forward" saying he was going to beat them, kill facility and day program staff, "terrorizing" his housemates by "beating" their bedroom windows from outside the facility, refusing his medications, and saying he no longer wanted to be at the facility. -She told FC #1 there was a "process" for him to move to another facility. -She issued a written notice of discharge for FC#1 because FC#1 no longer wanted to be in placement at her facility and his behaviors were "getting more aggressive with his threats and behaviors" which were safety concerns. Interview on 6/11/25 with the Director/QP's designee revealed: -She worked as a consultant to the Director/QP. -The Director/QP was out for medical reasons. -The Director/QP probably did not submit IRIS reports for the Level II incidents on 4/5/25 and 4/25/25 because FC#1 called 911 himself to be taken to and admitted into the hospital.	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	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-613	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M & S SUPERVISED LIVING, LLC	7311-A FRIENDSHIP CHURCH ROAD BROWNS SUMMIT, NC 27214

(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	Continued From page 6 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 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.	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-613	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M & S SUPERVISED LIVING, LLC	7311-A FRIENDSHIP CHURCH ROAD BROWNS SUMMIT, NC 27214

(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	Continued From page 7 (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 (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.	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-613	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M & S SUPERVISED LIVING, LLC	7311-A FRIENDSHIP CHURCH ROAD BROWNS SUMMIT, NC 27214

(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	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit all Level II incident reports to the Local Management Entity/Managed Care Organization as required. The findings are: Review on 6/10/25 of Former Client (FC#1)'s record revealed: -Admission date of 8/1/13. -Discharge date of 5/1/25. -Diagnoses of Impulse Control Disorder. Moderate Intellectual Developmental Disability (IDD), Hypertension, Seizure Disorder, Diabetes, Chronic Renal Failure, Bilateral hearing loss. Review on 6/10/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No Level II incident reports from the facility about FC #1's hospital admissions on 4/5/25 and 4/25/25 with documentation of immediate notifications to the required persons. Interview on 6/11/25 with the Director/Qualified Professional (Director/QP)'s designee revealed: -The Director/QP probably did not submit IRIS reports for the Level II incidents on 4/5/25 and 4/25/25 because FC#1 called 911 himself to be taken to and admitted into the hospital.	V 367	QP will review IRIS reporting rules and guidelines. QP will review/train on IRIS and keep updated of reporting rules will contact [redacted] with Trillium/MCO regarding reporting incident into IRIS. QP will complete update into IRIS based on recommendation from [redacted] QP will review all incidents to ensure reporting is correct. QP will complete this by 7/15/2025	