

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-422</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>RADIANCE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 WARREN HAYNES DRIVE ASHEVILLE, NC 28804</b>		
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V 000	INITIAL COMMENTS  An annual and follow up survey was completed on 6/26/25. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups.  This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 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		

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

TITLE

(X6) DATE

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V 108	Continued From page 1  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.  This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure training in First Aid/Cardiopulmonary Resuscitation (FA/CPR) for 1 of 3 audited staff (Staff #2).  Record review on 6/25/25 for Staff #2 revealed: -Date of hire: 1/27/25 -There was no documentation of FA/CPR training.  Interview on 6/25/25 with the Office Manager (OM) revealed: -"Staff #2 had FA/CPR training somewhere else and was supposed to get me a copy."  Interview on 6/25/25 with the Clinical Director/Qualified Professional revealed: -The OM is responsible for keeping up with trainings and notifying when trainings are due. -"We don't have really good systems in place ...too many hands touching ...things fall in the cracks."	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205      ASSESSMENT AND	V 112		

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STATE FORM

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V 112	Continued From page 3  -Age: 15 years old. -Diagnoses: Conduct Disorder, Depression, Generalized Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Opioid Use Disorder, Alcohol Use Disorder, Cannabis Use Disorder. -There was no treatment plan provided to review.  Interview on 6/25/25 with the Clinical Director/Qualified Professional revealed: -"Paperwork doesn't come back to me and I forget to follow up on it." -Plans were completed and signed electronically. -"The PCP (Person Centered Plan) would have been sent back to [Agency Director (AD)] who is communicating with the agency for admission. [AD] sends the goal sheet to whomever is making the referral ..." -"We're only doing respite ...our goal is just that they abide by rules"	V 112		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift.	V 114		

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V 114	<p>Continued From page 4</p> <p>Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 6/24/25 of fire drills revealed: -There was no documentation of a fire drill having been conducted on 1st or 3rd shifts in the quarter from October-December 2024. -There was no documentation of a fire drill having been conducted on 3rd shift in the quarter from January-March 2025. -There was no documentation of a fire drill having been conducted on 1st or 3rd shifts in the quarter from April-June 2025.</p> <p>Review on 6/24/25 of disaster drills revealed: -There was no documentation of a disaster drill having been conducted on 2nd or 3rd shifts in the quarter from October-December 2024. -There was no documentation of disaster drills having been conducted on 1st, 2nd or 3rd shifts in the quarter from January-March 2025. -There was no documentation of a disaster drill having been conducted on 1st, 2nd or 3rd shifts in the quarter from April-June 2025.</p> <p>Interview on 6/24/25 with Client #1 revealed: -Had been at the facility almost 5 months.</p>	V 114			

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V 114	Continued From page 5  -There had been 1 fire drill since he had been at the facility.  Interview on 6/24/25 with Client #2 revealed: -She was admitted almost a month ago. -About a week ago Staff #1 told her where to go if there was a fire drill but she did not actually evacuate.  Interview on 6/24/25 with Staff #1 revealed: -He was basically the house parent; making appointments, grocery shopping and making sure the house ran smoothly. -Had a master schedule before he left for a few months in January 2025. There was no schedule when he returned in April 2025. -"I haven't created a new schedule ...I will do that before I leave this week."	V 114		
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	V 118		

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V 118	<p>Continued From page 6</p> <p>clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be 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> </p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MAR current affecting 1 of 1 client (#2).</p> <p> </p> <p>Review on 6/24/25 of Client #2's record revealed: -Date of admission: 2/24/25. -Age: 15 years old. -Diagnoses: Conduct Disorder, Depression,</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>Generalized Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Opioid Use Disorder, Alcohol Use Disorder, Cannabis Use Disorder. -There were no physician's order provided for review.</p> <p>Review on 6/24/25 of MARs for 4/1/25-6/24/25 for Client #2 revealed: -Guanfacine 1milligram (mg) was documented as administered daily 4/1/25-5/5/25, 5/7/25-5/14/25, 5/16/25-6/5/25, 6/7/25-6/24/25 without an order. (80 doses) -Bupropion XL (extended release) 150mg was documented as administered daily 4/1/25-5/5/25, 5/7/25-5/14/25, 5/16/25-6/5/25, 6/7/25-6/24/25 without an order. (80 doses) -Lamotrigine 100mg was documented as was documented as administered daily 4/1/25-4/3/25 without an order. (3 doses). -Lamotrigine 200mg was documented as was documented as administered daily 4/4/25-5/5/25, 5/7/25-5/14/25, 5/16/25-6/5/25, 6/7/25-6/24/25 without an order. (76 doses) -Hydroxyzine 50mg was documented as administered daily 4/1/25-4/23/25, 4/25/25-5/3/25, 5/5/25-5/14/25, 5/16/25-6/23/25 without an order. (79 doses) -Melatonin was documented as administered daily 4/1/25-4/16/25, 4/18/25-4/23/25, 4/25/25-5/3/25, 5/5/25-5/14/25, 5/16/25-6/23/25 without an order. (78 doses)</p> <p>Interview on 6/25/25 with Client #2 revealed: -He knew names and dosages of medications he was administered daily.</p> <p>Interview on 6/25/25 with the Clinical Director/Qualified Professional revealed:</p>	V 118		



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V 118	Continued From page 8  -"Paperwork doesn't come back to me and I forget to follow up on it." -"Admission paperwork goes to [office manager]" who then uploads it into electronic system. -"Doctors orders for Client #2 should have been included in admission paperwork" ...The staff on duty would be taking in orders and documenting on the MAR. "They are supposed to tell the person to take the kid back until they have the (medication) orders."	V 118		
V 123	27G .0209 (H) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.  .  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 1 of 2 clients (#2). The findings are:  Review on 6/24/25 of Client #2's record revealed: -Date of admission: 2/24/25. -Age: 15 years old.	V 123		

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V 123	<p>Continued From page 9</p> <p>-Diagnoses: Conduct Disorder, Depression, Generalized Anxiety Disorder, Attention Deficit Anxiety Disorder, Disruptive Mood Dysregulation disorder, Post Traumatic Stress Disorder, Opioid Use Disorder, Alcohol Use Disorder, Cannabis Use Disorder.</p> <p>Review on 6/24/25 of MARs for 4/1/25-6/24/25 for Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-Guanfacine was documented as not administered on 5/16/25 due to staff forgetting to give.</li> <li>-Bupropion was documented as not administered on 5/16/25 due to staff forgetting to give.</li> <li>-Lamotrigine was documented as refused on 5/4/25 due to upset stomach.</li> <li>-Lamotrigine was documented as not administered on 5/16/25 due to staff forgetting to give.</li> <li>-Melatonin was documented as refused on 5/4/25 due to upset stomach.</li> </ul> <p>Request on 6/25/25 for missed medication forms/incident reports from 4/1/25-6/24/25 revealed there were no documented reports to review.</p> <p>Interview on 6/25/25 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-He knew names and dosages of medications he was administered.</li> <li>-He had never refused any medications and staff never forgot to administer.</li> </ul> <p>Interview on 6/25/25 with the Clinical Director/Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-Was not aware a pharmacist or physician need to be contacted for missed or refused medications.</li> <li>-Will add medication errors to their incident report</li> </ul>	V 123		

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V 123	Continued From page 10 form.	V 123		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to date of hire for 1 of 3 audited staff (#2). The findings are:  Record review on 6/25/25 for Staff #2 revealed: -Date of hire: 1/27/25 -Date of HCPR check: no documentation was available.  Interview on 6/25/25 with the Office Manager revealed: -She was responsible for conducting the hiring background checks. -"I know I did his HCPR ...I don't know why it isn't in his file."	V 131		

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V 536	Continued From page 11	V 536		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p><b>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</b></p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully 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>	V 536		

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V 536	Continued From page 12  (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher 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 they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence	V 536		

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V 536	Continued From page 13  by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs 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.	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-422</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>RADIANCE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 WARREN HAYNES DRIVE ASHEVILLE, NC 28804</b>		
(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 14</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on personnel record reviews and staff interviews, the facility failed to ensure that all staff completed training in alternatives to restrictive intervention initially and annually for 2 of 3 audited staff (Staff #2, Clinical Director/Qualified Professional (CD/QP)). The findings are:</p> <p>Record review on 6/25/25 for Staff #2 revealed: -Date of hire: 1/27/25 -There was no documentation of initial alternatives to restrictive intervention training.</p> <p>Record review on 6/25/25 for the CD/QP revealed: -Date of Hire: 12/29/09 -There was no current documentation of NCI+ training completed within the year.</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-422</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2025</b>
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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 536	Continued From page 15  Interview on 6/25/25 with CD/QP revealed: -Completed NCI+ training initially and annually as required. -The trainer was typically delayed in sending certificates after training. -Staff #2 completed NCI+ training individually on 2/15/25 but she had not received his certification. -She and 4 other employees had completed the NCI+ training a couple months ago but had not received certification. -She was not aware that as a licensed clinician she could attest to the de-escalation training.	V 536		