

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD YOUNGSVILLE, NC 27596</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 000	INITIAL COMMENTS  An annual and follow up survey was completed on 7/22/25. 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 5 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
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. 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.	V 114		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD YOUNGSVILLE, NC 27596</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 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure disaster drills were conducted quarterly and on each shift. The findings are:</p> <p>Review on 7/18/25 of the facility's disaster drill log from July 2024-July 2025 revealed: -One of the scheduled staff failed to conduct a disaster drill for the 2nd quarter (April, May, June) of 2025. -One of the scheduled staff failed to conduct a disaster drill for the 1st quarter (January, February, March ) of 2025. -One of the scheduled staff failed to conduct a disaster drill for the 4th quarter (October, November, December) of 2024. -One of the scheduled staff failed to conduct a disaster drill for the 3rd quarter (July, August, September) of 2024.</p> <p>Interview with client #2 on 7/18/25 revealed: -Staff did disaster drills with them. -They went into the bathroom for emergency drills.</p> <p>Interview with client #3 on 7/18/25 revealed: -He had not done any fire or disaster drills with staff at the facility.</p> <p>Interview on 7/22/25 with the President/Licensee revealed: -He and staff #1 are the only staff working at the facility with the clients. -They did drills with the clients. -"I thought we had to do only one disaster drill per quarter." -He didn't realize they had to do disaster drills during each shift. -He confirmed the facility failed to ensure disaster</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD</b> <b>YOUNGSVILLE, NC 27596</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 114	Continued From page 2  drills were conducted quarterly on each shift.	V 114		
V 116	27G .0209 (A) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD</b> <b>YOUNGSVILLE, NC 27596</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 116	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to assure that medications were only dispensed by a registered pharmacist, physician, or other health care practitioner authorized by law affecting one of three clients (#3). The findings are:</p> <p>Review on 7/18/25 of client #3's record revealed: -Admission date of 7/5/25. -Diagnoses of Severe Intellectual Disorder, Autism Spectrum Disorder and Mood Disorder. -Physician's order dated 7/17/25 for the following medication: Lurasidone Hydrochloride 60 milligrams (mg) (Bipolar Disorder), one tablet twice daily Metformin HCL 500 mg (Diabetes), one tablet in evening Divalproex Sodium Extended Relief 500 mg (Bipolar Disorder), 2 tablets at 5:00 pm Olanzapine 2.5 mg (Bipolar Disorder), one tablet daily Propranolol 10 mg (High Blood Pressure), one tablet twice daily Propranolol 10 mg, two tablets at noon -There was no physician's orders for the above medication prior to 7/17/25.</p> <p>Observation on 7/18/25 at approximately 2:20 PM of client #3's medication bin revealed: -Two plastic weekly medication dispensers. -There were 10 boxes that contained the above medication. -Five of the boxes were AM doses and the other five boxes were PM doses of the medication.</p>	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD</b> <b>YOUNGSVILLE, NC 27596</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 116	Continued From page 4  Interview on 7/18/25 with staff #1 revealed: -The President/Licensee put client #3's medication in the weekly medication container. -He gave client #3 his medication from the weekly medication container since he was admitted to the facility. -"I was only doing what I was told to do, you need to talk to [the President/Licensee] about [client #3's] medication." -He confirmed the facility failed to assure that medications were only dispensed by a registered pharmacist, physician, or other health care practitioner authorized by law.  Interviews on 7/18/25 and 7/22/25 with the President/Licensee revealed: -Client #3 came to the facility with his medication in the weekly medication packet. -Client #3's father put the pills in the medication container for the 1st week. -"I put [client #3's] medication in weekly medication container" for week 2 last Saturday or Sunday (7/12 or 7/13). -They administered client #1's medication daily since he was admitted to the facility on 7/5/25. -He did not realize putting the clients' medications in the medication dispenser was an issue. -He confirmed the facility failed to assure that medications were only dispensed by a registered pharmacist, physician, or other health care practitioner authorized by law.	V 116			
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall	V 118			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD</b> <b>YOUNGSVILLE, NC 27596</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 118	<p>Continued From page 5</p> <p>only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by 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>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to have physician's orders affecting one of three clients (#3). The findings are:</p> <p>Review on 7/18/25 of client #3's record revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD</b> <b>YOUNGSVILLE, NC 27596</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 118	<p>Continued From page 6</p> <p>-Admission date of 7/5/25. -Diagnoses of Severe Intellectual Disorder, Autism Spectrum Disorder and Mood Disorder. -There were no physician's orders for the medications below.</p> <p>Observation on 7/18/25 at approximately 2:20 PM of client #3's medication bin revealed:</p> <p>The following medications were available for administration-</p> <p>-Lurasidone Hydrochloride 60 milligrams (mg) (Bipolar Disorder) -Metformin HCL 500 mg (Diabetes) -Divalproex Sodium Extended Relief 500 mg (Bipolar Disorder) -Olanzapine 2.5 mg (Bipolar Disorder) -Propranolol 10 mg (High Blood Pressure)</p> <p>Review on 7/18/25 of the July 2025 MAR for client #3 revealed: -Staff administered the medication above to client #3 on 7/1 thru 7/16.</p> <p>Interview on 7/22/25 with the President/Licensee revealed: -Client #3 was admitted on 7/5 and staff administered his medication daily. -He talked to client #1's father about getting the physician's orders and/or a FL2 when client #3 was admitted to the facility. -"I never got orders or a FL2, [client #3's father] just kept dragging his feet." -He confirmed there were no physician's orders for client #3.</p>	V 118		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD</p>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD</b> <b>YOUNGSVILLE, NC 27596</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 133	Continued From page 7  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 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	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD</b> <b>YOUNGSVILLE, NC 27596</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 133	Continued From page 8  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 subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (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: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD</b> <b>YOUNGSVILLE, NC 27596</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 133	Continued From page 9  conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. 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. (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: (1) The failure of the provider to employ an individual on the basis of information provided in 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	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD YOUNGSVILLE, NC 27596</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 133	Continued From page 10  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 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. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD YOUNGSVILLE, NC 27596</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 133	<p>Continued From page 11</p> <p>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 review and interview, the facility failed to ensure a criminal history record check was requested within five business days of making the conditional offer of employment affecting one of three audited staff (the Qualified Professional). The findings are:</p> <p>Review on 7/18/25 of a personnel record for the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-Date of hire was 7/1/24.</li> <li>-A criminal history record check was requested on 5/24/24 by a previous provider.</li> <li>-No documentation a criminal history record check was requested by the President/Licensee.</li> </ul>	V 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD</b> <b>YOUNGSVILLE, NC 27596</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 133	Continued From page 12  Interview on 7/22/25 with the President/Licensee revealed: -The Qualified Professional was not a direct care staff. -The Qualified Professional came to the facility on a monthly basis. -Staff were always here at the facility and the Qualified Professional was never alone with the clients. -He didn't know he needed to request an additional background check for her. -He accepted the criminal history check the other agency requested . -He confirmed the facility failed to ensure the criminal history record check was not requested within five business days of making the conditional offer of employment for the Qualified Professional and staff #1.	V 133		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a clean, attractive and orderly manner. The findings are:  Observation on 7/18/25 at approximately 10:10 AM revealed: -Den area-One of the 3 windows was cracked at the top. There were 2 cracks in the upper pane of glass approximately 24 inches long. A 3rd crack	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD YOUNGSVILLE, NC 27596</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 736	<p>Continued From page 13</p> <p>was approximately 4 inches long. A fourth crack was approximately 2 inches long. The 3 back cushions of the couch were sagging, the cushions inside of couch were sagging and hanging out of couch.</p> <p>-Dining room area-There was a paper grocery bag covering one of the glass panels.</p> <p>-Bathroom in empty bedroom-One of the metal pieces to towel rack was missing. Counter top surrounding sink had peeling paint. There was peeling paint on cabinet door towards bottom. White caulk like stains and rust stains inside of tub.</p> <p>-Kitchen area-Counter top doors near sink-3rd drawer was off track. Approximately 10 of the wooden floor panels were separated.</p> <p>-Half bath near kitchen-Inside portion of door had a grayish stain.</p> <p>-Client #1's bedroom-There were approximately 15 pieces of cotton and pieces of paper on carpet.</p> <p>Interview on 7/18/25 with staff #1 revealed:</p> <p>-Client #1 threw a rock at the window in den from the outside and broke the window.</p> <p>-Client #1 broke the window about 2 weeks ago.</p> <p>-Someone came out about 2 weeks ago to replace that window, however the window was not the right size.</p> <p>-He acknowledged all of the above issues with the facility.</p> <p>Interview on 7/22/25 with the President/Licensee revealed:</p> <p>-The window in the den area was broken for less than 30 days ago.</p> <p>-He was aware the facility needed a few repairs.</p> <p>-He acknowledged all of the above issues with the facility.</p> <p>-He confirmed the facility was not maintained in a</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD</b> <b>YOUNGSVILLE, NC 27596</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 736	Continued From page 14  clean, attractive and orderly manner	V 736		
V 784	27G .0304(d)(12) Therapeutic and Habilitative Areas  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s).  This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure the area in which therapeutic and habilitative activities were routinely conducted was separate from sleeping areas. The findings are:  Observation on 7/18/25 at approximately 10:10 AM revealed: -There was no bedroom to accommodate staff working in the group home overnight.  Interview on 7/18/25 with staff #1 revealed: -"I stay overnight most of the time." -He worked at the facility about 4 days a week. -He "sometimes" worked 7 days a week at the facility. -"At one point the dining room area was supposed to be a staff bedroom." -He was not sure what happened with that	V 784		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD</b> <b>YOUNGSVILLE, NC 27596</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 784	Continued From page 15  "project." - "I sleep on the couch in the den whenever I work at the facility." - "I have been sleeping on the couch overnight for the last 3-4 months." - The clients sat in the den area and watch the television. - The clients did other activities in the den area during the day.  Interview on 7/18/25 with the President/Licensee revealed: - No one slept in the empty client bedroom. - Staff are not allowed to sleep at the facility overnight. - He didn't know staff #1 was sleeping on the couch in the den at night.	V 784			