STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411232	A. BUILDING: _____ B. WING _____	07/11/2025

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TOYA'S PROJECT, LLC	1995 BLUE ROCK COURT GREENSBORO, NC 27405

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on July 11, 2025. The complaint was unsubstantiated (Intake #NC00231119). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B: Supervised Living for Minors with Developmental Disability. This facility is licensed for 3 and has a current census of 2. The survey sample consisted of 2 current clients.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or	V 107		

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V 107	Continued From page 1 neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure each staff member who provides care or services meets the minimum level of education affecting staff (1 and #2). The findings are: Review on 7/10/25 of staff #1's record revealed: -Date of Hire: 10/11/23; -Title: Direct Support Professional; -No proof of education was provided. Review on 7/10/25 of staff #2's record revealed: -Date of Hire: 8/22/23 -Title: Direct Support Professional;	V 107		

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V 107	Continued From page 2 -No proof of education was provided. Interview on 7/10/25 with the Human Resource (HR) Specialist revealed: -"I don't show anything else in my system;" -"[Contracted Provider's] employee files did not reflect ... proof of education in the system;" -Proof of education should have been received by the agency's HR assistant at orientation; -The HR assistant employed during that time is no longer with the agency. Interview on 7/10/25 with staff #1 revealed: -"I did not provide proof of my diploma to the agency." Interview on 7/10/25 with staff #2 revealed: -"I didn't show it (diploma) when I got hired." Interview on 7/10/25 with the Qualified Professional (QP) revealed: -"I was unaware there was no proof of education for staff #1 and staff #2 in their employee files." Interview on 7/10/25 with the Director revealed: -"I found out today from [QP]." Staff #1 and staff #2 did not have proof of education in their employee files."	V 107		
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.	V 114		

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V 114	Continued From page 3 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that fire and disaster drills were conducted at least quarterly and for each shift. The findings are; Review on 7/10/25 of the facility's fire and disaster drills from July 2024 to July 2025 revealed: -No documentation of a disaster drill having been conducted from April 2025 to May 2025 for first (6am to 2pm) and third shifts (11pm to 6am); -No documentation of a fire drill having been conducted from April 2025 to June 2025 for first shift (6am to 2pm); -No documentation of a fire drill having been conducted from July 2024 to September 2024 for first shift (6am to 2pm); -No documentation of a disaster drill having been conducted from July 2024 to September 2024 for second shift (3pm to 11pm); -No documentation of a fire drill having been	V 114		

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V 114	Continued From page 4 conducted from October 2024 to December 2024 for first (6am to 2pm) and third shifts (11pm to 6am); No documentation of a disaster drill having been conducted from October 2024 to December 2024 for third shift (11pm to 6am). Interview on 7/10/25 with client #1 revealed: -He participated in fire and disaster drills. "They (facility) practiced yesterday, I initially did not know what to do because I was watching tv." Interview on 7/10/25 with client #2 revealed: -He participated in fire and disaster drills. "They (facility) just had one (drill) the day before yesterday." Interview on 7/10/25 with the Director revealed: -"I misinterpreted the schedule and thought it (schedule) meant complete one drill each month for each shift."	V 114		
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,	V 367		

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V 367	Continued From page 5	V 367		

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.
(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

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V 367	Continued From page 6 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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure Level II incident reports were submitted to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours as required affecting clients (#1 and #2). The findings are:	V 367		

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V 367	Continued From page 7 Review on 7/9/25 of client #1's record revealed: -Date of Admission: 6/26/23; -Diagnoses: Moderate, Intellectual Developmental Disability; Attention Deficit Hyperactivity Disorder, Autistic Disorder; and Oppositional Defiant Disorder; -Age: 12; -Incident report dated 5/16/25, client #1 had marks on his face. Review on 4/14/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -Incident report dated 5/16/25 was submitted on 6/5/25. Interview on 7/10/25 with the Director revealed: -She was unaware the IRIS report was submitted late. Interview on 7/10/25 with the Qualified Professional revealed: -She was unaware of when she submitted the IRIS report; -"I completed an internal incident report. I was speaking with the Care Manager, and he told me, 'I needed to complete an IRIS report;'" -"I know it (IRIS report) was after the 72 hours."	V 367		