

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2025
NAME OF PROVIDER OR SUPPLIER THE CHELSEA HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 109 CHELSEA LANE WILMINGTON, NC 28409		
(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 survey was completed on July 23, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a 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		

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

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 7/22/25 - 7/23/25 of facility records from 7/1/24 - 6/30/25 revealed:</p> <ul style="list-style-type: none"> - (1/01/25 - 3/31/25): no fire drills documented on the 1st shift. - (4/1/25 - 6/30/25); no fire drills documented on the 1st and 2nd shifts. - (4/1/25 - 6/30/25); no disaster drills documented on the 2nd shift. - (7/01/24 - 9/30/24): no fire or disaster drills documented on the 3rd shift. <p>Interview on 7/22/25 client #1 stated:</p> <ul style="list-style-type: none"> -She would "run outside" if there were a fire. -She would go to another country if there were a hurricane or tornado. <p>Interview on 7/23/25 client #2 stated:</p> <ul style="list-style-type: none"> -She had not completed any fire drills and disaster drills since her arrival in July. - She was unsure where she would exit in a fire or disaster. <p>Interview on 7/23/25 client #3 stated:</p> <ul style="list-style-type: none"> -She was unsure how often she practiced fire and disaster drills. -She went outside for fire drills. <p>Interview on 7/22/25 staff #1 stated:</p> <ul style="list-style-type: none"> -She had worked with the facility for 1 year. -Fire and disaster drills were completed monthly. -She hadn't personally completed a drill on her shift in recent months <p>Interview on 7/23/25 the Group Home Manager</p>	V 114		

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V 114	Continued From page 2 stated: -She had worked with the facility since February, 2025. -Fire and disaster drills were completed each month and all shifts were covered. -There were three shifts that fire and disaster drills were scheduled to be completed within (7am - 3pm, 3pm - 11pm, and 11pm - 7am) Interview on 7/22/25 - 7/23/25 the Program Director stated: - There were 3 shifts throughout the week. - 1st shift was 7am - 3pm. - 2nd shift was 3pm - 11pm. - 3rd shift was 11pm - 7am. - Moving forward, she would ensure that all shifts were covered in fire and disaster drills.	V 114		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.	V 132		

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V 132	<p>Continued From page 3</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel. The findings are:</p> <p>Review on 7/22/25 - 7/23/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 8/22/22. - Diagnoses included Autistic Disorder, Mild-Intellectual Disability, Attention-Deficit Hyperactivity Disorder, and Major depressive Disorder. <p>Review on 7/23/25 Performance Improvement Plan (PIP) and Discharge dated 7/11/25 and 7/22/25 revealed:</p> <p>(7/11/25)</p> <ul style="list-style-type: none"> - "Issue Began: 7/8/2025." - "Staff was overheard yelling and cursing at a consumer." - Employee was suspended pending the outcome of the investigation. <p>(7/22/25)</p> <ul style="list-style-type: none"> - "Issue Began: 7/8/2025." 	V 132		

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V 132	<p>Continued From page 4</p> <ul style="list-style-type: none"> - "Staff was overheard yelling and cursing at a consumer." - "Staff was reported yelling at consumer [client #1], while giving her a shower. [Former staff (FS) #6] was overheard screaming at [client #1] stating "What is wrong with you, I'm just trying to give you a shower" [FS #6] yelled at [client #1] stating that she [client #1] had called her a b***h. [Client #1] then screamed at her and [FS #6] stated that is it, I'm done. I'm not showering you, you can just stink all day. I'm done. [FS #6] could be heard saying are you done. Can I give you a shower? [Client #1] could be heard saying yes mam several times to [FS #6's] questions. At this point GHM (Group Home Manager), [GHM] walked in and assisted calming [client #1]." - On 7/11/25 management met with FS #6 to "address a complaint regarding her conduct." - FS #6 denied making the alleged statements. - The allegation was substantiated and FS #6 was terminated on 7/22/25. <p>Interview on 7/22/25 client #1 stated:</p> <ul style="list-style-type: none"> - Facility staff treated her good and she could not recall anyone yelling at her. -She would "knock some good sense" into anyone that treated her poorly. <p>Interview on 7/23/25 the Group Home Manager stated:</p> <ul style="list-style-type: none"> - She arrived at approximately 7am for a morning shift and heard FS #6 yelling at client #1 in the bathroom. - FS #6 was yelling at client #1 to cooperate with being bathed and client #1 was replying "yes, ma'am." - She heard FS #6 yell "I'm just going to let you stink. I'm not going to wash you." - She heard client #1 respond "I don't stink." 	V 132		

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V 132	Continued From page 5 - She entered the bathroom and let FS #6 know that her interaction was not appropriate and was told by FS #6 that client #1 was "being ugly to her today." - She reported the incident to her management team and FS #6 was suspended pending the outcome of an investigation. Interview on 7/23/25 the Program Director stated: - The allegation was reported and an investigation was started immediately. - FS #6 had been suspended pending the outcome of the investigation and terminated on 7/22/25. - She thought the allegation had been reported, but there may have been some confusion and delay due to a switch in Qualified Professionals in recent weeks. - She would ensure that HCPR notification was completed.	V 132		
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;	V 366		

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V 366	Continued From page 6 (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 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	V 366		

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V 366	Continued From page 7 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 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.	V 366		

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V 366	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level III incidents. The findings are:</p> <p>Review on 7/22/25 - 7/23/25 of client #1's record revealed: - Admission date of 8/22/22. - Diagnoses included Autistic Disorder, Mild-Intellectual Disability, Attention-Deficit Hyperactivity Disorder, and Major depressive Disorder.</p> <p>Review on 7/22/25 of facility records from 1/1/25 - 7/22/25 revealed no level III incident reports for an allegation of abuse against former staff (FS) #6.</p> <p>Review on 7/23/25 Performance Improvement Plan (PIP) and Discharge dated 7/11/25 and 7/22/25 revealed: (7/11/25) - "Issue Began: 7/8/2025." - "Staff was overheard yelling and cursing at a consumer." - Employee was suspended pending the outcome of the investigation. (7/22/25) - "Issue Began: 7/8/2025." - "Staff was overheard yelling and cursing at a consumer." - "Staff was reported yelling at consumer [client #1], while giving her a shower. [Former staff (FS) #6] was overheard screaming</p>	V 366		

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V 366	<p>Continued From page 9</p> <p>at [client #1] stating "What is wrong with you, I'm just trying to give you a shower" [FS #6] yelled at [client #1] stating that she [client #1] had called her a b***h. [Client #1] then screamed at her and [FS #6] stated that is it, I'm done. I'm not showering you, you can just stink all day. I'm done. [FS #6] could be heard saying are you done. Can I give you a shower? [Client #1] could be heard saying yes mam several times to [FS #6's] questions. At this point GHM (Group Home Manager), [GHM] walked in and assisted calming [client #1]."</p> <ul style="list-style-type: none"> - On 7/11/25 management met with FS #6 to "address a complaint regarding her conduct." - FS #6 denied making the alleged statements. - The allegation was substantiated and FS #6 was terminated on 7/22/25. <p>Interview on 7/22/25 client #1 stated:</p> <ul style="list-style-type: none"> - Facility staff treated her good and she could not recall anyone yelling at her. -She would "knock some good sense" into anyone that treated her poorly. <p>Interview on 7/23/25 the Group Home Manager stated:</p> <ul style="list-style-type: none"> - She arrived at approximately 7am for a morning shift and heard FS #6 yelling at client #1 in the bathroom. - FS #6 was yelling at client #1 to cooperate with being bathed and client #1 was replying "yes, ma'am." - She heard FS #6 yell "I'm just going to let you stink. I'm not going to wash you." - She heard client #1 respond "I don't stink." - She entered the bathroom and let FS #6 know that her interaction was not appropriate and was told by FS #6 that client #1 was "being ugly to her today." - She reported the incident to her management 	V 366		

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V 366	Continued From page 10 team and FS #6 was suspended pending the outcome of an investigation. Interview on 7/23/25 the Program Director stated: - The allegation was reported and an investigation was started immediately. - FS #6 had been suspended pending the outcome of the investigation and terminated on 7/22/25. - She thought the allegation had been reported, but there may have been some confusion and delay due to a switch in Qualified Professionals in recent weeks. - A level II IRIS report had been completed following surveyor entry on 7/22/25.	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 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;	V 367		

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V 367	Continued From page 11 (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 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	V 367		

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V 367	<p>Continued From page 12</p> <p>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:</p> <ul style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report Level III incidents as required to the LME (Local Management Entity) within 72 hours. The findings are:</p> <p>Review on 7/22/25 - 7/23/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 8/22/22. - Diagnoses included Autistic Disorder, Mild-Intellectual Disability, Attention-Deficit Hyperactivity Disorder, and Major depressive Disorder. 	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/23/2025
NAME OF PROVIDER OR SUPPLIER THE CHELSEA HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 109 CHELSEA LANE WILMINGTON, NC 28409		
(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	<p>Continued From page 13</p> <p>Review on 7/22/25 of facility records from 1/1/25 - 7/22/25 revealed no level III incident reports for an allegation of abuse against former staff (FS) #6.</p> <p>Review on 7/23/25 Performance Improvement Plan (PIP) and Discharge dated 7/11/25 and 7/22/25 revealed:</p> <p>(7/11/25)</p> <ul style="list-style-type: none"> - "Issue Began: 7/8/2025." - "Staff was overheard yelling and cursing at a consumer." - Employee was suspended pending the outcome of the investigation. <p>(7/22/25)</p> <ul style="list-style-type: none"> - "Issue Began: 7/8/2025." - "Staff was overheard yelling and cursing at a consumer." - "Staff was reported yelling at consumer [client #1], while giving her a shower. [Former staff (FS) #6] was overheard screaming at [client #1] stating "What is wrong with you, I'm just trying to give you a shower" [FS #6] yelled at [client #1] stating that she [client #1] had called her a b***h. [Client #1] then screamed at her and [FS #6] stated that is it, I'm done. I'm not showering you, you can just stink all day. I'm done. [FS #6] could be heard saying are you done. Can I give you a shower? [Client #1] could be heard saying yes mam several times to [FS #6's] questions. At this point GHM (Group Home Manager), [GHM] walked in and assisted calming [client #1]." - On 7/11/25 management met with FS #6 to "address a complaint regarding her conduct." - FS #6 denied making the alleged statements. - The allegation was substantiated and FS #6 was terminated on 7/22/25. 	V 367		

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V 367	<p>Continued From page 14</p> <p>Interview on 7/22/25 client #1 stated:</p> <ul style="list-style-type: none"> - Facility staff treated her good and she could not recall anyone yelling at her. -She would "knock some good sense" into anyone that treated her poorly. <p>Interview on 7/23/25 the Group Home Manager stated:</p> <ul style="list-style-type: none"> - She arrived at approximately 7am for a morning shift and heard FS #6 yelling at client #1 in the bathroom. - FS #6 was yelling at client #1 to cooperate with being bathed and client #1 was replying "yes, ma'am." - She heard FS #6 yell "I'm just going to let you stink. I'm not going to wash you." - She heard client #1 respond "I don't stink." - She entered the bathroom and let FS #6 know that her interaction was not appropriate and was told by FS #6 that client #1 was "being ugly to her today." - She reported the incident to her management team and FS #6 was suspended pending the outcome of an investigation. <p>Interview on 7/23/25 the Program Director stated:</p> <ul style="list-style-type: none"> - The allegation was reported and an investigation was started immediately. - FS #6 had been suspended pending the outcome of the investigation and terminated on 7/22/25. - She thought the allegation had been reported, but there may have been some confusion and delay due to a switch in Qualified Professionals in recent weeks. - A level II IRIS report had been completed following surveyor entry on 7/22/25. 	V 367		

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V 500	Continued From page 15	V 500		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an</p>	V 500		

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V 500	<p>Continued From page 16</p> <p>involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report to the Department of Social Services (DSS) in the county where services are provided all allegations of client abuse by health care personnel. The findings are:</p> <p>Review on 7/22/25 - 7/23/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 8/22/22. - Diagnoses included Autistic Disorder, Mild-Intellectual Disability, Attention-Deficit Hyperactivity Disorder, and Major depressive Disorder. 	V 500		

Division of Health Service Regulation

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V 500	<p>Continued From page 17</p> <p>Review on 7/23/25 Performance Improvement Plan (PIP) and Discharge dated 7/11/25 and 7/22/25 revealed: (7/11/25)</p> <ul style="list-style-type: none"> - "Issue Began: 7/8/2025." - "Staff was overheard yelling and cursing at a consumer." - Employee was suspended pending the outcome of the investigation. <p>(7/22/25)</p> <ul style="list-style-type: none"> - "Issue Began: 7/8/2025." - "Staff was overheard yelling and cursing at a consumer." - "Staff was reported yelling at consumer [client #1], while giving her a shower. [Former staff (FS) #6] was overheard screaming at [client #1] stating "What is wrong with you, I'm just trying to give you a shower" [FS #6] yelled at [client #1] stating that she [client #1] had called her a b***h. [Client #1] then screamed at her and [FS #6] stated that is it, I'm done. I'm not showering you, you can just stink all day. I'm done. [FS #6] could be heard saying are you done. Can I give you a shower? [Client #1] could be heard saying yes mam several times to [FS #6's] questions. At this point GHM (Group Home Manager), [GHM] walked in and assisted calming [client #1]." - On 7/11/25 management met with FS #6 to "address a complaint regarding her conduct." - FS #6 denied making the alleged statements. - The allegation was substantiated and FS #6 was terminated on 7/22/25. <p>Interview on 7/22/25 client #1 stated:</p> <ul style="list-style-type: none"> - Facility staff treated her good and she could not recall anyone yelling at her. -She would "knock some good sense" into anyone that treated her poorly. 	V 500		

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V 500	<p>Continued From page 18</p> <p>Interview on 7/23/25 the Group Home Manager stated:</p> <ul style="list-style-type: none"> - She arrived at approximately 7am for a morning shift and heard FS #6 yelling at client #1 in the bathroom. - FS #6 was yelling at client #1 to cooperate with being bathed and client #1 was replying "yes, ma'am." - She heard FS #6 yell "I'm just going to let you stink. I'm not going to wash you." - She heard client #1 respond "I don't stink." - She entered the bathroom and let FS #6 know that her interaction was not appropriate and was told by FS #6 that client #1 was "being ugly to her today." - She reported the incident to her management team and FS #6 was suspended pending the outcome of an investigation. <p>Interview on 7/23/25 the Program Director stated:</p> <ul style="list-style-type: none"> - The allegation was reported and an investigation was started immediately. - FS #6 had been suspended pending the outcome of the investigation and terminated on 7/22/25. - She thought the allegation had been reported, but there may have been some confusion and delay due to a switch in Qualified Professionals in recent weeks. - DSS notification had been completed following surveyor entry on 7/22/25. 	V 500		