

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER AMAT GROUP HOMES LLC (STRICKLAND)		STREET ADDRESS, CITY, STATE, ZIP CODE 735 WEST STRICKLAND ROAD DUNN, NC 28334		
(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 complaint survey was completed on July 10, 2025. The complaint was unsubstantiated (intake #NC00231083). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current client and 1 former client.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and	V 110		

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

TITLE

(X6) DATE

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V 110	<p>Continued From page 1</p> <p>(7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interview the facility failed to ensure 1 of 1 paraprofessional (#1) demonstrated knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 7/2/25 of staff #1's record revealed: -Hire Date: 7/25/24. -Job Title: Paraprofessional.</p> <p>Review on 7/2/25 and 7/3/25 of FC #5's record revealed: -No admission or discharge date documented. -Diagnoses of Hyperlipidemia, Hypothyroidism, Hypertension, Epilepsy, Intermittent explosive disorder, Narcolepsy, morbid obesity and Unspecified Intellectual Disability.</p> <p>Review on 7/2/25 of FC #5's Progress Notes dated 6/5/25 revealed: -"From the week the 19-5-25 to week 5-23-25, He run away 2 times and the police bring him one time, the second time, the boss [Licensee] catch him on ..the new house on the corner...On 06/07/25, he asked for phone. I will him 5after, he talk I ask the phone , I go made call me B""h,...I take the phone and I go to the office somebody</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>yell to me, He is going...man bring him to the group. At 11:00 he ran again away after he hit my back with the phone, I go behind him and I call the boss and [staff #2] the boss said go behind him tell him, I need to speak to him...came back home at 3:00pm. He run again away this time, I tell everybody to enter n the van and we gets behind him...He was already disappear on the wood, we continue to the road..[Staff #2] continue to search for him...Night time, I hear the police beatin the door I open the door, they asking me for [FC #5] I show them his room and they weak up him and took him to the Police Station for his safety."</p> <p>Attempted interview during survey 7/2/25 - 7/10/25 FC #5 was discharged and not available for interview.</p> <p>Interview on 7/2/25 and 7/3/25 staff #1 stated: -She worked at the facility since May 20, 2025. -She worked as a Certified Nursing Assistant. -Her duties included cleaning, cooking, administering medications and observed clients. -She did not work with the clients on their goals. -FS #5 had eloped and when he returned he wanted to use the phone. -The next day, FC #5 said he needed to call his mom and stayed on the phone for a long time. -"It was like a fire boom" -She asked why him (FC #5) why he never wanted to bring the phone back. -FC #5 threatened to throw the phone at her then threw the phone and it hit her in the side. -She picked up something like yarn, FC #5 had, and threw it at him. -FC #5 continued to call her derogatory names. -She told him to stop and walked away, as FC #5 continued to call her names she responded "your mama."</p>	V 110		

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V 110	Continued From page 3 -She realized she made a "mistake" throwing the yarn. -She informed the Licensee/Qualified Professional about the incident. Interview on 7/9/25 a local sheriff deputy stated: -He received a case about a week or two about staff #1 assaulting FC #5 with a telephone. -He went to the emergency room to visit to investigate. -FC #5 alleged staff #1 hit him in the back several times. -The hospital reported there were no injuries or signs of an assault and released FC #5. -He closed his investigation with no finding. Interview on 7/9/25 the House Manager stated: -FC #5 called her from the hospital and said staff #1 threw something at him first. -She called staff #1 who reported the client was "lying." -She informed the Licensee/Qualified Professional of allegations. Interview on 7/2/25 and 7/3/25 the Licensee/Qualified Professional stated: -She was not aware of staff #1 throwing an item at FC #5.	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:	V 111		

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V 111	<p>Continued From page 4</p> <p>(1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an assessment was completed for 1 of 3 current clients (#4) and 1 of 1 former clients (FC) audited (#5) prior to the delivery of services. The findings are:</p> <p>Finding #1 Review on 7/2/25 and 7/3/25 of client #4's record revealed:</p>	V 111		

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V 111	<p>Continued From page 5</p> <ul style="list-style-type: none"> -No admission date documented. -Diagnoses of Schizophrenia and Major Neurocognitive Disorder. -No evidence of an admission assessment to the facility. <p>Interview on 7/3/25 client #4 stated:</p> <ul style="list-style-type: none"> -He had been at the facility for a month. -He was at another facility, - "I have no idea" why he was moved to the current facility. -He was in the hospital then he came to his facility after he was discharged from the hospital. <p>Finding #2 Review on 7/2/25 and 7/3/25 of FC #5's record revealed:</p> <ul style="list-style-type: none"> -No admission or discharge date documented. -Diagnoses of Hyperlipidemia, Hypothyroidism, Hypertension, Epilepsy, Intermittent explosive disorder, Narcolepsy, morbid obesity and Unspecified Intellectual Disability. -No evidence of an admission assessment to the facility. <p>Attempted interview during survey 7/2/25 - 7/10/25 FC #5 was discharged and not available for interview.</p> <p>Interview on 7/8/25 FC #5's guardian representative stated:</p> <ul style="list-style-type: none"> -FC #5 was moved from a sister facility on 4/4/25. <p>Interview on 7/9/25 the House Manager stated:</p> <ul style="list-style-type: none"> -Client #4 was moved to the current facility "did not have anything to do with him." -There was confusion at client #4's previous home resulting in another client moved into client #4's bedroom while he was at the hospital. -FC #5 was moved to the current facility due to 	V 111		

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V 111	Continued From page 6 his elopements. Interview on 7/2/25, 7/3/25 and 7/10/25 the Licensee/Qualified Professional stated: -Client #4 was moved because of "his medication changes and he was about to start acting up." -She did not want the other clients talking about what he did. -FC #5 was moved to the facility n 4/1/25. -FC #5 was moved due to him trying to have sex with a another client and making sexual comments. -The facility had not completed an admission assessment or transfer documentation to the current facility. -The facility policy was to note the date of the move and inform the guardian of the facility change.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;	V 112		

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V 112	<p>Continued From page 7</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement goals and strategies to address the needs of 1 of 3 current clients audited (#2) and 1 of 1 former clients (FC) (#5). The findings are:</p> <p>Finding #1 Review on 7/2/25 of client #2's record revealed: -Admitted 2/14/25. -Diagnosis of Disorganized Schizophrenia. -Treatment Plan dated 1/29/25 revealed no residential goals or strategies.</p> <p>Interview on 7/2/25 client #2 stated: -His goals included he "owns a store in Asheville" and "taxes are do in September." -He wanted to leave the group home by September.</p> <p>Interview on 7/8/25 client #2's guardian representative stated: -Client #2 was admitted to the facility due to not taking his medications and multiple</p>	V 112		

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V 112	Continued From page 8 hospitalizations. -Client #2 should have a budgeting goal. Finding #2 Review on 7/2/25 and 7/3/25 of FC #5's record revealed: -No admission or discharge date documented. -Diagnoses of Hyperlipidemia, Hypothyroidism, Hypertension, Epilepsy, Intermittent explosive disorder, Narcolepsy, morbid obesity and Unspecified Intellectual Disability. -Treatment Plan dated 3/3/25 revealed no goals or strategies to address sexualized behaviors. Attempted interview during survey 7/2/25 - 7/10/25 FC #5 was discharged and not available for interview. Interview on 7/2/25, 7/3/25 and 7/10/25 the Licensee/Qualified Professional stated: -She was responsible to developing treatment plans. -She was trying to admit client #2 to a day program. -FC #5 was transferred/discharged from sister facility due to trying to have sex with another client.	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	V 114		

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V 114	<p>Continued From page 9</p> <p>and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(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 ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 7/2/25 of the facility's records for fire and disaster drills revealed: -No disaster drills held during the 1st quarter of 2025 (January - March) or 2nd quarter of 2025 (April - June).</p> <p>Interview on 7/3/25 client #1 stated: -He had not participated in any fire or disaster drills at the facility.</p> <p>Interview on 7/2/25 client #2 stated: -He had not participated in any fire or disaster drills at the facility.</p> <p>Interview on 7/3/25 client #4 stated: -"I don't think so" any fire or disaster drill were held at the facility.</p>	V 114		

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V 114	Continued From page 10 Interview on 7/2/25 staff #1 stated: -She had not held a disaster drill. Interview on 7/2/25 the Director/Qualified Professional stated: -There was only 1 shift for the facility. -Fire and Disaster drills were completed at the same time. -Fire and Disaster drills were held monthly and as needed. -She was sure Disaster drills were completed.	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 clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118		

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V 118	<p>Continued From page 11</p> <p>(E) name or initials of person administering the drug. (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 reviews, observation and interviews the facility failed to administer medications on the written order of a physician and failed to keep the MARs current for 2 of 3 audited current clients (#1 and #4). The findings are:</p> <p>Review on 7/2/25 and 7/3/25 of client #1's record revealed: -Admitted 10/8/24 -Diagnoses of Bipolar Disorder, Hyperkalemia, Adjustment Disorder with mood anxious, Polysubstance Abuse, Chronic Obstructive Pulmonary Disease (COPD) and Hypertension. -No signed physician order for Magnesium Oxide 400 mg (Supplement) daily and Polyethylene Glycol 3350 (stool softer) daily.</p> <p>Review on 7/2/25 of client #1's physician orders dated 5/27/25 revealed: -Budesonide 0.5 mg twice daily. (COPD)</p> <p>Review on 7/2/25 of client #1's MARs from 4/1/25 - 7/2/25 revealed: -Magnesium Oxide 400 mg documented daily from 4/1/25 - 6/30/25.</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>-Budesonide 0.5 mg was not documented as administered from 5/1/25 - 7/2/25.</p> <p>Observation on 7/2/25 at approximately 1:40pm of client #1's medications revealed: -Budesonide 0.5 mg and Polyethylene Glycol 3350 was not available.</p> <p>Interview on 7/3/25 client #1 stated: -He received his medications daily. -He was unsure of the medications he took. -He was taking a breathing treatment. -He last had a breathing treatment a month or two ago.</p> <p>Finding #2 Review on 7/2/25 and 7/3/25 of client #4's record revealed: -No admission date documented. -Diagnoses of Schizophrenia and Major Neurocognitive Disorder.</p> <p>Review on 7/3/25 of client #4's signed physician orders dated 6/24/25 -Equetro 300 mg daily. (Bipolar)</p> <p>Observation on 7/2/25 at 1:47pm of client #4's medications revealed: -Equetro 300 mg was not available onsite for review.</p> <p>Interview on 7/3/25 client #4 stated: -He received his medications daily. -He was unsure what medications he took.</p> <p>Interview on 7/2/25 and 7/3/25 staff #1 stated: -She administered client #1's Budesonide 0.5 mg as needed.</p> <p>Interview on 7/9/25 the House Manager stated:</p>	V 118		

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V 118	Continued From page 13 -Client #1 was supposed to receive the Budesonide daily for COPD. -She was unsure about client #4's Equetro 300 mg. -She would follow up on the client's medications. Interview on 7/2/25 and 7/10/25 the Licensee/Qualified Professional stated: -Sometimes new medications were not available at the facility right away.	V 118		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in	V 366		

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V 366	Continued From page 14 Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and	V 366		

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V 366	<p>Continued From page 15</p> <p>(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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to implement a policy governing their response to Level I, II and III incidents as required. The findings are:</p>	V 366		

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V 366	<p>Continued From page 16</p> <p>Finding #1 Review on 7/2/25 of client #2's record revealed: -Admitted 2/14/25. -Diagnosis of Disorganized Schizophrenia.</p> <p>Review on 7/2/25 of Former Staff (FS) #4 stated: -Hire date: 1/5/25. -Termination date: Unknown</p> <p>Review on 7/2/25 of client #2's written statement revealed: "...March back up money in saving account 480... [FS #4] drafted 280 which left me 30 i told him he could pay...me 100 dollars i didn't me made aware....</p> <p>Finding #2 Review on 7/2/25 and 7/3/25 of FC #5's record revealed: -No admission or discharge date documented. -Diagnoses of Hyperlipidemia, Hypothyroidism, Hypertension, Epilepsy, Intermittent explosive disorder, Narcolepsy, morbid obesity and Unspecified Intellectual Disability.</p> <p>Review on 7/2/25 of FC #5's Progress Notes revealed: -"5-22-25 run away, go back with the ambulance from emergency." -6-5-25 From the week the 19-5-25 to week 5-23-25, He run away 2 times and the police bring him one time, the second time, the boss [Licensee] catch him on ..the new house on the corner...On 06/07/25, he asked for phone. I will him 5after, he talk I ask the phone , I go made call me B""h,....I take the phone and I go to the office somebody yell to me, He is going...man bring him to the group. At 11:00 he ran again away after he hit my back with the phone, I go</p>	V 366		

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V 366	<p>Continued From page 17</p> <p>behind him and I call the boss and [staff #2] the boss said go behind him tell him, I need to speak to him...came back home at 3:00pm. He run again away this time, I tell everybody to enter n the van and we gets behind him...He was already disappear on the wood, we continue to the road.. [Staff #2] continue to search for him...Night time, I hear the police beatin the door I open the door, they asking me for [FC #5] I show them his room and they weak up him and took him to the Police Station for his safety."</p> <p>Attempted interview during survey 7/2/25 - 7/10/25 FC #5 was discharged and not available for interview.</p> <p>Interview on 7/8/25 FC #5's Guardian Representative stated: -FC #5 eloped from the group home about 10 times.</p> <p>Interview on 7/3/25 staff #2 stated: -FC #5 eloped several times. -FC #5 eloped twice in one day. -FC #5 was returned to the home by a "man: during 1 incident. -She had follow FC #5 in the car until he "disappeared on the corner." -FS #5 had eloped and when he returned he wanted to use the phone. -The next day, FC #5 said he needed to call his mom and stayed on the phone for a long time. -"It was like a fire boom" -She asked why him (FC #5) why he never wanted to bring the phone back. -FC #5 threatened to throw the phone at her then threw the phone and it hit her in the side. -She picked up something like yarn, FC #5 had, and threw it at him. -FC #5 continued to call her derogatory names.</p>	V 366		

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V 366	<p>Continued From page 18</p> <ul style="list-style-type: none"> -She told him to stop and walked away, as FC #5 continued to call her names she responded "your mama." -She realized she made a "mistake" throwing the yarn. -She informed the Licensee/Qualified Professional about the incident. <p>Interview on 7/9/25 a local sheriff deputy stated:</p> <ul style="list-style-type: none"> -He received a case about a week or two about staff #1 assaulting FC #5 with a telephone. -He went to the emergency room to visit to investigate. -FC #5 alleged staff #1 hit him in the back several times. -The hospital reported there were no injuries or signs of an assault and released FC #5. -He closed his investigation with no finding. <p>Interview on 7/9/25 the House Manager stated:</p> <ul style="list-style-type: none"> -FC #5 called her from the hospital and said staff #1 threw something at him first. -She called staff #1 who reported the client was "lying." -She informed the Licensee/Qualified Professional of allegations. -The Licensee/Qualified Professional was responsible for incident reports. <p>Interview on 7/2/25 the Licensee/Qualified Professional stated:</p> <ul style="list-style-type: none"> -Client #2 stated FS #4 stole his money. -FC #5 eloped several times. -She was not aware of the allegation of abuse against staff #1. -She had not completed an incident report for client #2 and FC #5. -She had not completed in IRIS report as the police was not called. 	V 366		

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V 367	Continued From page 19	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously</p>	V 367		

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V 367	Continued From page 20 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 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	V 367		

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V 367	<p>Continued From page 21</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are:</p> <p>Review on 7/2/25 of the North Carolina Incident Response Improvement System (IRIS) revealed no level II or III incident report for client #2's allegation of abuse or FC #5's elopements.</p> <p>Refer to V366 for client #2's allegation of stolen money and Former client #5's allegation of abuse.</p> <p>Interview on 7/2/25 the Licensee/Qualified Professional stated: -Client #2 stated FS #4 stole his money. -FC #5 eloped several times. -She was not aware of the allegation of abuse against staff #1. -She had not completed an incident report for client #2 and FC #5. -She had not completed in IRIS report as the police was not called.</p>	V 367		

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V 736	Continued From page 22	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 7/2/25 at approximately 10:35am a tour of the facility revealed: -A portion of the kitchen counter appeared to be missing about 6 inches under the dish strainer and the ceiling light was blown. -The ceiling fan/light did not have any bulbs, there was plywood covering the fire place. -The den area off the front door lights did not work. -The hall bathroom and the toilet lid and toilet lid cover on the floor, there was water around the base of the toilet and various stain and debris on the floor and baseboards. -Client #1's bedroom had brownish stains on the wall.</p> <p>Interview on 7/3/25 the Licensee/Qualified Professional stated: -She would ensure maintenance of the home was completed.</p>	V 736		