STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0921007	A. BUILDING: _____ B. WING _____	R-C 07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABC CARE LP	228 GAIL RIDGE LANE WENDELL, NC 27591

(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 A complaint and follow up survey was completed on 7/24/25. The complaint was unsubstantiated (intake #NC00231159). A deficiency was 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 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients and 1 former client.	V 000		
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; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and	V 367		

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V 367	Continued From page 1 (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 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:	V 367		

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V 367	Continued From page 2 (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 review and interview the facility failed to report level II incident reports to the Local Management Entity/ Managed Care Organization (LME/MCO) within 72 hours. The findings are: Reviews on 7/15/24 and 7/21/25 of client #2's record revealed: - Admitted: 2/19/22 - Diagnoses: Schizoaffective Disorder Depressed Type, Hypothyroidism - Internal incident report dated 6/7/25 with the following: - "Level I" - "On 6/7/25 at approximately 0817 hours (8:17 am), [client #2] reported to staff that he was	V 367		

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V 367	Continued From page 3	V 367		

having thoughts of suicide. At 0822 (8:22 am), [staff #1] called [Qualified Professional] (QP). QP talked to [client #2] and asked if he having thoughts or did he want to commit suicide. Resident (client #2) reported he wanted to and staff called ambulance."

Review on 7/15/25, 7/21/25 and 7/24/25 of former client (FC) #7's record revealed:
- Admitted: 5/21/25
- Diagnosis: Schizophrenia
- Discharged: 6/10/25
- Internal incident report dated 5/28/25 with the following:
  - "On 5/28/25, at approx. (approximately) 1800 hours (6:00 pm), [FC#7] left the group home, his residence. Staff conducted a search inside the facility and outside on facility grounds. The search produced negative results and the police were called at approx. 1915 hours (7:15 pm). [FC#7] was resturned to the facility by the police at approx. 2100 hours (9:00 pm)."
- Discharge notice dated 6/10/25:
  - FC#4 eloped from the facility on 6/10/25
  - Police were contacted and located FC#7
  - Police requested Emergency Medical Services transport FC#7 to a local hospital

Review on 7/15/25 and 7/21/25 of the Incident Response Improvement System (IRIS) revealed:
- No level II reports from the facility

Interviews on 7/15/24 and 7/21/25 the QP reported:
- She was responsible for submitting IRIS reports
- She did not complete an IRIS report for client #2's hospitalization due to suicidal thoughts
- "Thought it was a Level I because he (client #2) requested to go himself"

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V 367	Continued From page 4 - Client #2 was transported to the hospital by ambulance - She thought she completed the IRIS report for FC#7 on 5/28/25 since she received a confirmation number from the IRIS system - "I was under the impression that once a number was assigned, the entry in the IRIS was complete. I will review the manual" - She did not have an incident report for FC#4's elopement on 6/10/25 Interviews on 8/19/24, 8/23/24, and 8/28/24 the House Manager reported: - The QP was responsible for submitting IRIS reports - Staff recorded the incidents in a book at the facility and they are responsible for ensuring the QP got the reports - He was not aware that there were Level II reports that had not been submitted This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		